Managed Care and Clinical Training: Approaching an Evolving Concern

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The system of delivering audiology and speech-language pathology services has changed dramatically over the past decade due in large part to the adoption of managed care as our nation’s response to spiraling medical costs. Managed care can be defined as the comprehensive planning and coordination of services, patient and provider education, quality assurance, and cost control. This perspective seems to be a benign and sensible approach to a complex problem. However sensible, the result is that audiologists and speech-language pathologists need to develop new knowledge and skills in order to deliver services successfully. It is essential that clinicians have a grounded understanding of reimbursement protocols specific to particular payment systems. Equally important for success are the abilities to market our services to specific consumer groups and ethically dispense products to support treatment outcomes.

University training programs can and must play an active role in considering how audiology and speech-language pathology will be practiced within the managed care environment. One way to accomplish this is by integrating managed care principles into the curriculum of university programs (Vekovius, 1995).

Curriculum changes that incorporate key managed care concepts (e.g., payment systems, marketing, pricing of services and products) will prepare our students to perform successfully in the workplace. Curricular enhancement that addresses managed care concepts could take the form of topic-specific lectures or the integration of these concepts throughout several course offerings. The American Speech-Language-Hearing Association (ASHA) suggests that students will strengthen their understanding of managed care principles by applying them to their clinical practicum experiences and by having the conceptual foundation of managed care principles infused into clinically oriented courses (ASHA’s Governmental & Social Policies Coordinating Committee, 1996). Creating these essential curricular changes will enhance the ability of university audiology and speech-language pathology programs to achieve this mission.

One of the common concerns expressed by both extern site supervisors and recent graduates during exit surveys conducted at The University of Akron (exit surveys, May 1999, August 1999, December 1999, May 2000) is that students are not being prepared adequately for the realities of the managed care workplace. Those individuals involved in clinical instruction need to respond to these concerns by embedding managed care information into many stages of student training, and most importantly, training that occurs at the university clinic. This article will describe specific strategies that may be used by university speech and hearing clinics to provide students with key learning experiences that are consistent with the current challenges of working in a managed care marketplace. Our experiences at the University of Akron Audiology and Speech Center will be used to illustrate ways in which university clinics can work toward meeting the needs of students who will be practicing in the managed care environment.
THE TRADITIONAL MODEL OF PROVIDING CLINICAL PRACTICUM: NO LONGER MEETING STUDENT NEEDS

Traditionally, the matriculation of students in graduate programs in audiology or speech-language pathology has included exposure to the literature of the professions, didactic teaching of clinical methods in the diagnosis and treatment of communication disorders, and practice with these methods under the tutelage of faculty members. In addition to meeting basic requirements, individual students often became attracted to treating a specific disorder or type of client. With a particular career goal in mind, students may have concentrated their studies and clinical practica experiences in a directed manner. Traditional clinical foci, such as lesson planning, log notes, and conferencing, allowed students to learn clinical techniques and understand the processes of clinical change. Those individuals responsible for training future audiologists and speech-language pathologists wanted to provide each student with the most important tools needed to be successful. However, exposure to various styles of documentation, billing considerations, and marketing issues often may be limited within the university context.

Providing the tools for success certainly remains the primary mission of all university audiology and speech-language pathology programs. However, the traditional model of relying solely on didactic teaching and specialized clinical practice no longer equips our students with the range of skills needed to succeed in the demanding and changing work environment of the 21st century. As noted recently by ASHA (ASHA Governmental & Social Policies Coordinating Committee, 1996), “Managed Care is here to stay. Audiologists and speech-language pathologists need to be prepared to practice in a managed care environment if they are to practice at all” (p. 7). Several key concepts of managed care can be added to the protocols of university speech and hearing clinics and can enrich clinical practica experience. Critical skill sets that need to be taught may include payment systems, product dispensing, and marketing.

SOLUTION ONE: PAYMENT SYSTEMS

Understanding the monetary value of services and the way service fees are assigned can be a critical starting place as students begin their relationship with managed care practices. The two major payment systems used for audiology and speech-language pathology services are “fee for service” (in which the consumer is the patient who pays a predetermined fee) and “third-party payment” (in which the consumer is an insurance company, public health care practitioners, or private health maintenance organization that sets or negotiates the fee it will pay for services rendered to patients enrolled in its plan). Both systems can, and should, be a part of the fiscal protocol of university speech and hearing clinics. Students need to have a working knowledge of both systems and how each can affect service delivery, communication with clients, and, ultimately, the students’ ability to earn a living.

At the University of Akron’s Audiology and Speech Center, a majority of our clients pay on a fee-for-service basis. Students are involved in the billing process from the beginning of their clinical experience. Initially, students escort clients to the clinic office for their fiscal interview with the billing secretary. Then, the student is responsible for completing an invoice of services rendered (listed with the corresponding current procedural terminology codes) at each session, for having the attending audiologist or speech-language pathologist sign the invoice, and finally, for returning completed invoices to the billing office (see Appendix A, The University of Akron superbill). By engaging in this process, students learn the specific fees associated with different services and gain familiarity with pricing elements (such as salary paid to the professional, overhead of the physical plant, cost of materials and instruments, and desired profit).

The third-party payment formats encountered at our center include service contracts, private insurance, and public insurance entities such as Medicaid and the Bureau for Children with Medical Handicaps. Students are introduced to these “third parties” through the documentation and reporting requirements that are unique to each. During clinic meetings and classroom discussion, faculty and students learn about fees to be paid by third parties. Contracts with community agencies usually include a discounted fee scale in return for a guaranteed level of utilization and payment. Students learn that payment by public third-party payers (Medicaid, etc.) must be accepted as payment in full and often does not cover the costs incurred. Confronting these issues invites discussion regarding both ethical and pragmatic concerns that are germane to clinical practice.

SOLUTION TWO: PRODUCT DISPENSING

Audiologists have become increasingly involved in the dispensing of hearing aids and assistive listening devices as part of providing full-service care to their patients who have hearing impairments. The actual acquisition cost of a hearing aid and retail pricing often come as a shock to new students. In addition, students need to develop an understanding of the intricacies of cash flow demands. The University of Akron recently added a hearing aid dispensary to the Audiology and Speech Center in order to expose students to realistic expectations for scheduling practices, direct communication with hearing aid manufacturers, pricing structures of product lines, incentive programs, and the calculation of gross income versus net income. Personnel expenses, direct invoicing for products dispensed, and direct supply costs on a business account are all presented. Our goal is that this experience at the university will decrease students’ chances of encountering cash flow problems in the work arena. We aim to prepare students better for the financial planning required in the professional context.
Speech-language pathologists also are becoming increasingly involved in recommending products in the course of assisting their clients. Clinicians who prescribe computer-aided interventions, therapeutic products, and sophisticated software for augmentative communication systems must develop a business skill set similar to audiologists. In these instances, student clinicians have the opportunity to learn the product lines and the peculiarities and strengths of the production process. Communicating directly with the manufacturer for managing repairs and clarifying special patient needs also is an important part of our educational experience.

The discussion of prescribing products is incomplete without serious mention of the ethical considerations and dilemmas that are involved in clinical decision making. ASHA’s Code of Ethics makes several references to issues that must be considered by speech-language pathologists and audiologists when they are involved in recommending products along with their services (ASHA, 1994). Of particular note is the potential for a conflict of interest when a clinician or clinical practice benefits in some monetary fashion from the misrepresentation of product information to clients. Again, this is a situation that our students must be cognizant of as part of their future working world. What better place than the university clinic setting to observe sound decision making regarding product sales to clients in the course of providing service?

**SOLUTION THREE: MARKETING**

Ten years ago, ASHA reported that there were two major marketing issues facing the professions. The first marketing issue was low visibility/utilization of audiology and speech-language pathology in health care settings. The second issue was a lack of awareness of the scope of practice afforded to each discipline (ASHA Ad Hoc Committee on Hospital and Health Services, 1990). The growing number of successful private practices and the increased use of audiologists and speech-language pathologists as members of multidisciplinary teams are evidence that we have improved in these two marketing arenas. However, new marketing challenges have evolved. Developing relationships with third-party payers, determining discernible treatment outcomes, and expanding the definition of consumer (i.e., to include physicians and managed care organizations) are now integral parts of our marketing strategy (ASHA, 2000).

Clients of our university clinic who pay on a fee-per-service basis, although still in the majority, are decreasing in number at an alarming rate. This is often due to obstacles created by the managed care environment of the new century. We no longer simply sell our services to clients, but to a host of intermediaries who control payment. University speech and hearing centers must clearly identify and respond to these service obstacles in order to maximize income and model sound business practices for students. New marketing strategies directed toward third-party payers must be designed. Unfortunately, our ability to market our services successfully to this audience is greatly hindered by historical and cultural factors. Many third-party payers, for example, do not recognize speech-language pathologists and audiologists as independent contractors. Rather, they view what we do as part of agency-provided services or as part of a more comprehensive medical evaluation or procedure.

Several complexities influence servicing clients at our audiology and speech center. We are not members of certain third-party payer “provider networks.” We are not part of a multi-service center. Finally, we do not always communicate clear parameters (duration and outcomes) for our services. This creates a somewhat bleak picture for future clinic income. More significantly, it directly threatens the educational mission of the university—that of providing students with the clinical experiences required for licensure and certification.

One way The University of Akron’s Audiology and Speech Center is responding to marketing challenges is by creating relationships with organizations that “manage” services to specific populations. Currently, we have contracts for services with a Head Start center, a charter school, an educational services center, and a skilled nursing facility. Our contracts state specifically the beginning and ending dates of service, the number of hours of service we will provide, the rate we will charge for the service, and what this rate will include (e.g., materials, generation of reports, consultation). A dollar cap for the service period also is stated (Appendix B). These contracts have provided guaranteed income for our center and valuable clinical work for our students by exposing them to contractual service delivery models. They also have given our center exposure in the community that certainly is a marketing plus!

Becoming part of provider networks also is a goal for The University of Akron’s Audiology and Speech Center. This goal, we have discovered, has its own set of bureaucratic hurdles. Most provider networks operate on the premise that the service provider will bear the lion’s portion of risk, both legally and financially. The university may be prohibited (by law in Ohio and other states) from bearing this risk. We continue to engage in discussions with both community entities that manage health care and university officials who make decisions concerning business relationships. As we create awareness of the problem, we hope that creative solutions will result. In this case, marketing takes on the flavor of traditional awareness/education and public relations. As we involve students in public information experiences, we can impress on them the importance of ongoing marketing endeavors as a means of assisting the public in accessing our services.

**SUMMARY: A NEW MODEL**

The positive vision, which emerges from our university program, is virtually a university speech and hearing clinic “without walls.” We are still practicing in the traditional environment of the audiology and speech center, but we also have a new freedom to take our students out into a
wide variety of other clinical contexts early in their educational experience. Both the students and the clinical faculty are excited about the opportunities of working with various organizations and disciplines. In addition, an awareness of managed care concepts is integrated naturally into the daily regime of the practicum experience. If marketing speech-language pathology and audiology services can be defined as “approaching our practice of the professions in a manner which brings our services and products to our clients in a financially viable way,” creating contractual relationships with community agencies improves service accessibility to our clients (Loavenbruck, 1994, p. 260).

Once simply the laboratory experience for students entering the fields of speech-language pathology and audiology, the university speech and hearing clinic is challenged now to provide students with “other” skills they need while practicing the professions. Recognition and application of managed care practices are emerging as important training concepts. Students can, and should, begin to develop necessary business savvy regarding payment systems, billing, product dispensing, working with manufacturers, and marketing. At The University of Akron, we are giving serious consideration to the pedagogy involved in helping students develop this critical set of skills. We look forward to engaging in dialog and debate with faculty and students across the nation who are responding to the challenges of managed care and its impact on university speech and hearing clinics.

REFERENCES


Contact author: Susan Thomas Frank, MA/CCC-SLP, Director, The University of Akron Audiology and Speech Center, The Polsky Building, Akron, OH 44325-3001. Email: sfrank1@uakron.edu
# Appendix A. University of Akron Superbill

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<td>Balance</td>
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<td>(Area Code) Phone</td>
<td>Medical/Insurance Information</td>
<td>Address, Name Responsible for Payment</td>
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## Audiology Services (CPT Codes)

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<td>92557</td>
<td>Audiologic Evaluation</td>
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<td>92506</td>
<td>Auditory Rehabilitation Evaluation</td>
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<td>92507</td>
<td>Auditory Rehabilitation Individual</td>
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<td>92508</td>
<td>Auditory Rehabilitation Group</td>
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<td>92567</td>
<td>Immittance Only (Tymanometry)</td>
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<tr>
<td>92551</td>
<td>Industrial / Hearing Screening</td>
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<tr>
<td>92585</td>
<td>Auditory Evoked Potential</td>
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<td>92589</td>
<td>Central Auditory Function Tests</td>
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<td></td>
<td>Special Testing (List Tests)</td>
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<td>92510</td>
<td>Aural Rehab – Post Cochlear Implant</td>
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<td>Ear Impressions, Swim Mold, Ear Mold</td>
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## Speech-Language Pathology Services (CPT Codes)

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<td>Speech Evaluation</td>
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<td>Language Evaluation</td>
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<td>99243</td>
<td>Office Consultation</td>
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<td>92507</td>
<td>Speech/Language/Individual Treatment</td>
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<td>92508</td>
<td>Speech/Language/Voice Group</td>
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<td>92510</td>
<td>Aural Rehab-Post Cochlear Implant</td>
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<td>92505</td>
<td>Assessment of Aphasia</td>
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<td>Developmental Testing/Cognitive</td>
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<td>92597</td>
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<td>Other</td>
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## Attending Statement

- **Date of Service:**
- **Referral Source:**
- **Diagnosis:**
- **Recommendation:**
- **Return:** Days: Weeks: Mo/Term: Service Provider

**Signature:**

[ ] Audiologist Licenses #
[ ] Speech/Language Pathologist Licenses #

I hereby authorize payment of benefits due me to be made directly to The University of Akron Audiology and Speech Center. I am financially responsible for these charges.

[ ][ ]

Signed by responsible person, or insured.

## Next Appointment:

Authorization to release information: I hereby authorize The University of Akron Audiology and Speech Center to release any information necessary to process this claim.

**Signature**

**Date**

Medicaid Provider Number 062003
Federal I.D. Number 34-6002924
Susan Thomas Frank M.A., CCC-SLP/Lic. No. 3061
Director

Audiology and Speech Center
College of Fine and Applied Arts
Akron, Oh 44326-3001
(330) 972-5894

White Copy – ASC
Pink Copy – Client
Yellow Copy - Insurance

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CONTRACTUAL AGREEMENT AND EXPLANATION OF PROPOSAL

Date agreement is entered into: ____________________ by and between The University of Akron Audiology and Speech Center of the School of Speech-Language Pathology (The Center) and ____________________________ (The Facility).

WHEREAS:
Students at ________________________________ are in need of speech-language-hearing services and

WHEREAS:
The Center is a provider of these services and

WHEREAS:
Both parties are mutually interested in meeting the speech-language-hearing needs (evaluation and intervention) of individuals in the __________________ program. The Center and __________________ agree to the following terms and conditions:

Term of Agreement: Term shall be for the remainder of the 1999–2000 federal fiscal year: 1/1/00 through 9/30/00.

At the end of that time period, the agreement will be evaluated by both parties and if agreeable a one-year contract will be negotiated.

Personnel
Speech-language and audiological evaluation and intervention shall be supplied, directly or indirectly, by legally and professionally qualified speech-language pathologists and audiologists employed by The University of Akron’s School of Speech-Language Pathology and Audiology. Students may be used for the provision of some services but when used they will be supervised as per the American Speech-Language-Hearing Association’s Professional Service Board rules and regulations. Personnel shall be mutually agreed upon by The School and the Facility.

Qualifications
The speech-language pathologist and audiologist shall carry professional liability insurance and be certified and licensed, as required by law, from the following agencies.

The American Speech-Language Hearing Association

The State of Ohio Board of Speech Pathology and Audiology

In addition, it is preferred that they meet eligibility criteria for:

Ohio Teacher Certification in Speech-Language Pathology or Audiology

Services to be Rendered and Responsibilities for Each Party
The Center:
Specific direct or indirect services provided by The Center shall be appropriate to the Client’s needs and include (but not be limited to): Speech-language-hearing evaluation, individual or group speech-language therapy, counseling, individual program development, aural rehabilitation, preparation and maintenance of written reports, and/or teacher inservice.
Services shall be provided to students identified through the prescribed screening process and will follow the facility’s schedule.

Invoices will be issued by the Center monthly and payment will be due within 60 days of receipt.

__________________________________________ shall facilitate the provision of services by:

- making the clients available for the services at scheduled appointment times or contacting The Center’s personnel in advance of cancellations,
- providing appropriate facilities in which to conduct the speech-language-hearing services,
- providing a location for records of services rendered and a system of maintaining confidentiality,
- providing secretarial services (for the taking of phone messages and typing of client-related reports),
- obtaining appropriate authorization for the evaluation and treatment, and
- guaranteeing monthly reimbursement for the services.

Compensation

It is the intent of The Center to be fully compensated for the services provided in the most equitable manner for both parties.

The Center will provide and be compensated for services at a rate of ____ per hour. Services shall include but not be limited to complete speech-language and hearing evaluation, individual or group speech-language therapy, counseling, aural rehabilitation, participation in development of individual plans, preparation and maintenance of reports, and/or teacher inservice. Total compensation for services for the time period stipulated in this contract shall not exceed:

Medicaid and other third-party reimbursement may be billed for services provided to the clients who are entitled to coverage through such sources, though the Facility remains responsible for payment of services to the Center.

Termination of the agreement: The agreement can be terminated by either party upon mutual agreement of both parties, upon 30 days prior notice of either party, or failure of either party to comply with terms of the agreement.

Amendment of the agreement: Amendments to this agreement may be made at any time by mutual agreement. They must be put in writing and signed by both parties.

Signatures:

On behalf of On behalf of

_____________________ Audiology and Speech Center
(The Facility)

__________________________
Susan Thomas Frank, Director

__________________________
Associate Director Date
Research Services and Sponsored Programs