



May 17, 2023

Diane Chau  
Medical Director  
Molina Healthcare  
200 Oceangate, Suite 100  
Long Beach, CA 90802

Dear Ms. Chau:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to express concern regarding Molina Healthcare of Nevada's application of its speech coverage policies relating to prior authorization processes and the use of standardized test scores to determine eligibility under its Nevada Medicaid program.

ASHA is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders.

ASHA appreciates Molina Healthcare's efforts to incorporate our documents and resources into your guideline updates. We strive to bring top notch resources to payers and members alike and look forward to our continued collaboration, including a conversation regarding additional resources that would be helpful for payers like you.

Currently, ASHA staff have been using Molina Healthcare's clinical policy on speech therapy coverage (policy number 269) to provide guidance to our members.<sup>1</sup> However, we would like to highlight and discuss two specific concerns—received from multiple SLPs in Nevada—related to application of the prior authorization process that do not appear to align with policy number 269, as outlined below.

### **Prior Authorization Decision Timeframe**

ASHA requests clarification on reports about Molina Healthcare of Nevada's current practice regarding adherence to the 14-calendar day timeframe for responses to providers' prior authorization requests. Some SLPs are reporting that prior authorization requests are being automatically denied when Molina has not evaluated or responded to the request within the 14-day time period. This automatic denial then triggers the appeals process, which takes significant time for providers, who have limited bandwidth to handle processing problems they cannot control. Prior authorization best practice would be to respond well within this 14-day period, which is considered a long prior authorization window within the insurance industry. In cases where the plan does not respond to the provider within that 14-day window, it would be helpful to allow providers to resubmit with the expectation that the plan would be required to respond within a shorter timeframe, since the window of response has now extended beyond the contracted 14-calendar day timeframe. The provider should not be forced to engage in the appeals process at that time. However, our members' reports indicate that they are being penalized for Molina's process challenges. This is problematic for many reasons, but most importantly, it causes interruptions for patients requiring medically necessary care.

## Standardized Score Requirements

ASHA would also like to discuss concerns raised by our members regarding Molina Healthcare of Nevada's coverage determinations based on severity judgements as indicated by standardized test scores. Our members report that providers are receiving prior authorization decisions allowing limited or no visits if standardized test scores fall below the "severe" level. This is not in alignment with Molina Healthcare's clinical policy number 269. Establishing such a severity standard for coverage determinations is arbitrary and does not consider the many methods of assessment that providers use in addition to standardized tests. Standardized tests are not the most appropriate or accurate testing method for every patient. This standard, if applied, will eliminate care for many patients who have functional deficits that fall outside the severe range but still require continued medically necessary services to facilitate participation in activities of daily living and to maintain their quality of life. ASHA would like to discuss this practice further and to share research that shows the significant difference that speech-language pathology services make for individuals who score below the "severe" range for a variety of clinical diagnoses.

ASHA requests a meeting to discuss these concerns **regarding Molina Healthcare of Nevada's prior authorization requirements and limiting coverage for individuals who do not qualify as severely impaired.** We look forward to a discussion with you at your earliest convenience and will reach out to schedule a meeting. If you or your staff have any questions, please contact Jacob Manthey, ASHA's director of health care policy, private health plans reimbursement, at [jmanthey@asha.org](mailto:jmanthey@asha.org), or Caroline Bergner, ASHA's director of health care policy, Medicaid, at [cbergner@asha.org](mailto:cbergner@asha.org).

Sincerely,



Robert M. Augustine, PhD, CCC-SLP  
2023 ASHA President

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<sup>1</sup> Molina Healthcare. (Dec. 2022). Molina Clinical Policy. Speech Therapy: Policy No. 269. <https://www.molinahealthcare.com/~media/Molina/PublicWebsite/PDF/Common/Molina%20Clinical%20Policy/Speech-Therapy.pdf>.