DME ADVISORY COMMITTEE MEETING
MINUTES
(The meeting of January 11, 2011 was moved due to weather)
January 18, 2011

ATTENDEES:

Members Present
Justin Decker – Alliance Rehab & Medical Equipment
Mike Henry-Option Care
David Hosman-BJC Home Medical Equipment
Patrick Naeger-HealthCare Equipment and Supply Company
Gary Schermerhorn-Bender's Prescription Shop
Michael Seidel-United Seating and Mobility
Karen Atkins – Mobility First and MAMES
Lynn Kelley – Home Parenteral Services

Consultants Present
Matt Chegwidden – Hogan Consulting
Dr. Tim Hogan

MHD Agency Staff Present
Dawn Cain (Phone)
Jennifer Crull
Mary Heet
Glenda Kremer
Julie Trimble
Pam Wheeler
Cindy Wininger-Watson
Jayne Zemmer

Visitors Present
Melissa Fisher – Progressive Medical Equipment

Welcome/Introductions/Announcements

Patrick Naeger, HealthCare Equipment and Supply Company and chairman of the Durable Medical Equipment (DME) Advisory Committee, opened the meeting and asked for corrections or additions to the meeting minutes of July 13, 2010. David Hosman, BJC Home Medical Equipment, made a motion to approve the minutes, Lynn Kelley, Home Parenteral Services, seconded the motion. The motion passed.

MHD Update:

Clinical Services:
Mr. Naeger asked for the MO HealthNet Division (MHD) update from Glenda Kremer, MHD – Clinical Services. Ms. Kremer stated at this time there was no new information to share regarding the upcoming budget.

Mr. Naeger advised the committee he was invited by a Legislative member to attend a meeting at the Capitol this afternoon. He will make a case that DME

providers cannot take additional reduction to their MHD reimbursement. He will share the outcome with the committee.

Expenditure Reports

Expenditure reports were disbursed for review and comment. Ms. Kremer, MO HealthNet Division, stated based on the reports, by July 2011, MHD should meet the projected saving of 10 million dollars. The reductions include wheelchair restrictions/reduction in skilled nursing facilities, change/reduction in oxygen reimbursement, and reimbursement reduction to 96.5% of the Medicare fee schedule for all codes except complex rehab codes which are reimbursed at 100% of the Medicare fee schedule. The policy changes and reductions to wheelchairs in skilled nursing facilities made a significant impact. Mr. Hosman and Mr. Naeger reviewed the figures and reported that if the numbers continue at the current rate from 2009 – 2011 there could be an estimated 10.9 million in savings overall.

Matt Chegwidden, Hogan Consulting, stated from the consultant side, there was no uptake that can be seen in number of claims/prior authorization requests. Mr. Chegwidden further explained that with the lower levels wheelchairs not being available it was felt there might be an increase in requests for higher level wheelchairs.

Gary Schermerhorn, Bender's Prescription Shop, asked if the saving was what was anticipated, Glenda stated that yes it was equivalent depending on what the rest of the year holds.

Additional review and discussion of the expenditure reports was held, but not limited to, wheelchairs in nursing facilities and accessories as well as oxygen savings. The committee was pleased to have reached the reduction previously requested from the Governor and Legislature.

K0005:

Ms. Kremer advised K0005, ultra lightweight wheelchair, will be changed from requiring a Certificate of Medical Necessity (CMN) to requiring a Prior Authorization (PA). MHD hopes to issue a bulletin around mid March to notify providers of the effective date for the change. This will allow 45 days for the existing CMN's to process.

Justin Decker, Alliance Rehab & Medical Equipment, asked if the K0009 will also be moved to PA; Ms. Kremer stated it should also be considered for PA.

Power Wheelchairs:

Ms. Kremer stated the need to review the medical necessity for a Group 4 power wheelchair (PWC) and asked the committee why a Group 3 PWC cannot meet the medical need of a participant.

Mr. Decker stated he uses a Group 4 when the participant is in a work environment and needs a longer battery life. Terrain and durability would also be factors to consider.

Mr. Chegwidden stated in rural Missouri, participants lives in locations where suspension and durability are necessary; accessibility would be the medical need.

Mr. Naeger asked about a Community Integration Standard.

Glenda answered that based on information received; this came from the home health program. When Home Health Programs were developed, one requirement was that the patient be home bound to receive services. CMS will no longer allow states to require a patient to be homebound to receive home health services. DME has never followed the requirement that the patient had to be homebound to receive DME items. Home Health Programs can no longer have that requirement either.

Ms. Kremer stated MHD does not want to make the Group 4 completely unavailable but it should be limited to only participants with a medical need for this level of PWC.

The committee will research to see if there is a definition for medical need for a Group 4 PWC.

Items not covered by Medicare/3rd Party:

Mr. Naeger presented the topic of the requirement of a copy of the denial letter/EOB from a 3rd party insurance carrier or Medicare to process MHD claims for certain items. Example diapers; Blue Cross doesn't cover and MHD does. Currently when requesting payment from MHD, the provider must receive a denial from Blue Cross and submit to MHD with the claim. Mr. Naeger is requesting a process to assist in not having to go through the paperwork of receiving a denial every month from the 3rd party insurance. Glenda stated the provider may obtain a blanket denial from the 3rd party insurer stating the item would never be covered by the particular individual's policy. This denial would be accepted by MHD's Third Party Liability Unit for one year. The denial would still have to be submitted with each claim, but the 3rd party insurer would not have to be billed every month. The denial must be specific to the individual and their policy (and that information must be indicated on the denial letter).

Six Month Medical Necessity Renewal:

Mr. Hosman asked if the authorization of items requiring a CMN could be moved to a 12 month approval instead of a 6 month approval. Ms. Kremer stated that the concerns come with repairs. If it is approved for one year then, provider could submit additional claims for repairs that have not been previously reviewed by the consultant for medical necessity. Mr. Hosman asked if it could be considered by procedure code; Ms. Kremer stated she would have to look into that.

Mary Heet, MHD stated that often a provider will ask for a life time purchase/rental of something when the patient may have a temporary condition. Some DME providers are telling doctors they don't rent certain items, making the need to purchase the item instead; a real concern of fraud.

DMEPOS Competitive Bid Area (KC):

Mr. Hosman stated this agenda item was requested before the bulletin for Medicare crossover claims within a competitive bid area was published; he believes that bulletin covers the issue.

To clarify, Medicare beneficiaries whose permanent residence is in one of the metropolitan statistical areas affected by the competitive bid program, only contracted suppliers will be eligible to provide competitive bid items. If Medicare denies reimbursement for a service that was provided by a non-contract supplier, the service is not covered by MHD.

Karen Atkins, Mobility First and MAMES chairperson, stated the contracted bid winners are only repairing items they provided to the participant, leaving some participants who cannot be served. Does committee have any information to assist with this issue?

Ms. Kremer asked how the bid process worked. The committee explained that the bid is for the whole area; some companies may bid for all 10 areas. The bid winner signed a government contract to supply the bid item. Wheelchair repairs were not competitively bid; thus by Medicare policy they don't have to cover repairs; even though they won the bid for supplying the item. The warranty is only for one year, and then the bid winner is done with the patient. Ms. Kremer stated this is something MHD really could not do anything about. Mr. Chegwidden advised Ms. Atkins to contact Able Care and see if they will assist this participant.

E0464 Non-invasive Ventilator:

Mike Henry, Option Care, has a scenario that has been brought to his attention involving the request for E0464, pressure support non-invasive ventilator. Currently this is not a covered service through the DME program.

Mr. Henry described a specific patient situation where an Exception request for a non-invasive ventilator had been submitted to the Exceptions unit 3 times and each time the Exceptions unit has requested additional information from the physician. Ms. Heet, MHD, advised she is familiar with this case and explained her understanding is the medical record documentation indicates the patient is refusing the physician recommended treatment (which is a covered service). Ms. Heet stated that the physician needs to call the Exceptions unit or send documentation/medical records with the Exceptions request clearly stating the medical necessity for the ventilator.

Mr. Henry asked that the E0464 non-invasive ventilator be considered for coverage through the DME program. The budget impact of adding coverage through the DME program is a concern and is why this code has been kept on the individual review process through Exceptions. Due to budget restraints, coverage through the DME program cannot be considered at this time.

Nursing Home Wheelchairs, Impact on Savings:

Mr. Hosman stated his concern had been answered with the review of the expenditure reports.

Wheelchairs for Nursing Home Patients:

Mr. Naeger has a stroke patient in his 40s, in a nursing facility. MO HealthNet paid for his power wheelchair five years ago. He has a diagnosis of hemiplegia, which is no longer covered under the new guidelines. The new guidelines were recently implemented in DME policy. The committee, consultants and MHD staff were all involved in the development and in agreement of the policy. Mr. Naeger requested consideration to revise policy to allow this type patient a power wheelchair.

The concern from MHD is adding this diagnosis would cause an increase in expenditures. Suggestions on adding hemiplegia with specific guidelines could be considered. It was noted that MHD consultants must follow the policy established by MHD, but they want to give the feedback that can help those participants that are falling through the cracks.

Wheelchair Seat Cushions:

Ms. Kremer presented drafts for pre-cert of wheelchair seat and back cushions. She asked the committee members to review and submit concerns or opinions.

Mr. Chegwidden asked when seat cushions are moved to CyberAccess, would it include replacement cushions? Pre-cert will be required for both new and replacement cushions. Ms. Heet stated the cost must be 60% of the price of the cushion, for replacement over repair.

Ms. Atkins asked if nursing home doctors are allowed to call in to Cyber. Ms. Heet stated that if the nursing home would call instead of the doctor is more useful as they are more familiar with the patient.

Mr. Decker asked if a captain's wheelchair is rebuilt or changed, is the cushion replaceable? Ms. Heet stated that MHD could approve if a solid base was added and a cushion would be needed.

E1028 Quantity:

At this time, the E1028 code has a quantity limit of 5. The committee gave examples were up to 8 swing away bracket can be used at one time. A request was made to increase to 8. Each item does have to be justified, so there is some monitoring of these items. The committee agrees that 8 maximum per day was a reasonable amount. Gary Schermerhorn made the motion to recommend an increase to a maximum of swing away brackets to 8; Mr. Hosman seconded the motion and the committee passed the recommendation. MHD will take in to consideration.

Open discussion and New Business:

- Ms. Kremer advised the committee of the upcoming enhancement to the web-based tool, CyberAccess. Enhancement will include:
    - The ability for the prescriber to request multiple DME services for pre-certification through a single request rather than requesting each service individually. Each service will continue to generate a unique pre-certification number.

- The ability for the DME provider to select multiple procedure codes in a single request.

- Lynn Kelley asked for clarification of primary payer when a participant has coverage of both WIC and MO HealthNet. He was advised MO HealthNet is always the payer of last resort.

- The approval date for a pre-certified DME item is the date the DME provider completes the pre-cert. The approval period for purchased items is 90 days. It can be billed any time within that time period. If an item is dispensed from a "supply closet" at a physician's office or outpatient hospital, and the prescriber portion of the pre-cert is completed but the DME provider is not aware until later, the DME provider will have to call the Help Desk to make the approval effective on the actual dispense date. Dispense date is date that patient receives equipment.

  Mr. Hosman remarked on the increase of utilization for E0483, chest wall oscillating devices. It was noted there has been an increase in marketing for the chest wall oscillating devices. This particular manufacturer is out of Minnesota. Providers out of state are approved if they are the sole provider. Suggest that utilization be looked into and recommend to only cover by medical necessity.

  Ms. Kremer expressed concern with the increased utilization and will further review. Dr. Tim Hogan, Hogan Consulting, recommended we require the use of cough assist device for 90 days prior to consideration for a chest compress system.

- Mr. Hosmann remarked on the increase of E0784, external Insulin pump. Ms. Kremer noted this item was changed from purchase to rent-to-purchase which may be part of the reason for the increased number of participants.

Mr. Naeger announced the George Oestreich, Deputy Director of Clinical Services, MO HealthNet Division will be retiring April 1, 2011.

Lynn Kelly, Home Parenteral Services, moved for the meeting to adjourn; Mr. Hosman seconded the motion. The meeting adjourned.

Our next meeting will be Tuesday, April 5, 2011 at 10:30 am – 3:00 pm.