DME ADVISORY COMMITTEE MEETING
MINUTES

January 27, 2016

ATTENDEES:

Members Present
Justin Decker – Alliance Rehab & Medical Equipment
Dave Hosman - BJC Home Medical Equipment
Karen Atkins – Mobility First and MAMES
Mike Seidel – United Seating and Mobility
Mike Henry - Option Care
Mike Williams – Cox Health Home Support

Members Absent
Patrick Naeger - HealthCare Equipment and Supply Company
Gary Schermerhorn - Bender's Prescription Shop

Consultants Present
Matt Chegwidden – Hogan Consulting, DME
Dr. Tim Hogan, Hogan Consulting, Oxy & Resp

MHD Agency Staff Present
Cindy Wininger-Watson
Jayne Zemmer
Steve Calloway
Julie Distler
Kelly Schneider
Tara Shahangian
Sara Davenport

Visitors Present
Shelly Smith – MMAC

Welcome/Introductions/Announcements

Pat Naeger was absent. As co chair, Dave Hosman led the meeting. The meeting was called to order and introductions were made. There are a couple areas of concern with the November 2015 minutes. Concerns were noted. State will make the corrections and resend the minutes to the committee. They will be acknowledged at the April 27, 2016 meeting.

MHD Update
Jayne Zemmer touched on the move of Managed Care State wide and advised the supplement has been sent to legislation.

OPEN DISCUSSION

1. **Upgrade of equipment** –As a follow up from the November 2015 meeting, Karen Atkins requested a response from MHD regarding free upgrade of equipment. She reinterated Medicare's policy and requirements. MHD agreed to allow but the provider must clearly document in the patient's chart what was requested and what was dispensed with explanation as to why an upgrade was given. This is necessary in case of an audit by MMAC. It was made clear that this shall not become a regular practice and there shall not be any type of advertisement as this would be enticement and could result in a recoupment of funds.

   Upgrading shall only be allowed for procedure codes K0001 - K0004, manual wheelchairs. Karen requested the change be drafted into a bulletin. The state will consider a bulletin or blast but may simply do a hot tip to educate the providers. Karen did say Medicare requires the upgrade be entered in the HOA field on the claim. There was also talk of adding the GL modifier to our system to identify upgrades as Medicare does. State will take under advisement

2. **Hospital Beds and Hoyers** - Karen stated she was having difficulties with hospital beds and Hoyer's only being approved for 6 months. Julie stated it should be one year unless the physician indicated differently within the Cyber algorithm. Karen is to supply examples to Julie and will educate her physicians.

3. **Non-covered Items and billing patient** - Justin wanted clarification on when they can bill a patient for a non-covered item. He would like to see it in writing via manual/ bulletin. We advised him to handle as he would any other cash patient and to be sure to have some kind of agreement between them and the participant signed. Sara Davenport advised if the patient had spend down, they could bill this to the patient as well. There is a difference non-covered item vs an item that the patient doesn't qualify for. Charging the patient will depend on the item. He was told he cannot bill the patient the difference between our allowable and the cost of a requested upgrade.

   Mike Williams asked if they could bill a patient when they want more supplies than allowed. He was reminded he can submit a medical necessity letter for the excess and file with the claim. If denied and clearly noted in the patients chart, he could charge the patient for the additional supplies and the items over the limit should be handled in a separate transaction.

   The regulation outlining Participant liability well be sent to the committee members for future reference

4. **PA Review Process** - Karen expressed concern for the length of time PA's had been taking to be processed. She did say that things have been better than last 2-3 weeks. They were advised of things causing a slow down at Wipro as far as the holidays, extra time off, family death, etc. Matt Cheggweddin stepped in and said they, the consultants, did have a slowdown period as well but they are now all up and running.

Matt also gave some direction on things the providers can do to speed the time spent per PA. He mentioned faxes being submitted upside down which adds additional time for them to turn every page of a PA that is often 30+ pages. He praised Justin Decker's staff with Alliance Mobility as they circle all items requested and for the K0108's, they write the code by the circle. This saves them from looking back to find the code or item stated in the LMN. Dave suggested a hot tip be sent to providers outlining these small things they can do to help speed up the process. State has taken under advisement.

5. **Secondary Vent** – Dave asked for an update on the State's decision of a secondary vent. We stated that the current process is adequate to meet the needs of those patients needing a second vent. Dave said it isn't often that a second vent is needed but they want to be sure there is access when needed. Julie stated even if we were to add to the algorithm, it will still require a call to the helpdesk. It was agreed to leave things as is. If any provider does have an issue, please contact us and we will further research.

6. **New Vent Codes** – Dave asked if we had made a decision/policy regarding the 2016 HCPCS changes of the vent codes. We let him know Xerox is in the process of updating Cyber to accept the new codes and working on a fix for the current lifetime codes. In the meantime, the old codes are still active and providers can continue to bill.

   Dave inquired about the pricing of the new codes. I told him of our dilemma of not being able to have two different prices as we currently have on two different codes as the system would not know how to process for payment. There is a possibility of a modifier but we do not know what that modifier might be. I advised we set the new codes at Medicare's billing rate of $983.67. He stated Medicare pays for supplies separately and we would need to do the same if we adopt Medicare pricing. Sate will take under advisement.

7. **Complex Rehab** – Justin asked for an update on a decision for the manually priced items that were included in the complex rehab carve out, gait trainers, standers and custom seating. I advised that a decision has not yet been made at this time. He noted the length of time we have already taken to resolve this, going on a year. He stated he would bring the Speaker of the house with him for the next meeting if not soon resolved. The Speaker of the House is familiar with the bill and knows of the intent when the bill was passed.

8. **Bariatric Beds** – Justin asked for the State's decision on moving bariactric beds into cyber.Kelly stated we have very few bariatric beds requested and with the low volume, it was not worth putting into Cyber. She stated the biggest issue they have is the physician obtaining the invoice of cost. Mike Seidel recommended assigning Medicare's reimbursement to the bariatric beds. All members agreed this would be acceptable reimbursement and were fine leaving it in Exceptions if we would establish a fee.
9. State will review Medicare's reimbursement and prepare a PTR to request the change.

New Business

Motion made, Meeting adjourned

Next meeting: Tuesday, January 26, 2016