

**DME ADVISORY COMMITTEE MEETING
MINUTES**

April 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 Williams – Cox Health Home Support
Gary Schermerhorn - Bender's Prescription Shop

Members Absent

Patrick Naeger - HealthCare Equipment and Supply Company

Consultants Present

Matt Chegwidde – Hogan Consulting, DME
Dr. Tim Hogan, Hogan Consulting, Oxy & Resp

MHD Agency Staff Present

Cindy Wininger-Watson
Jayne Zemmer
Steve Calloway
Sara Davenport
Kelly Schneider
De'Nel Holliday
Tara Shahangian
Amanda Gibbon

Visitors Present

Shelly Smith – MMAC
Mike Lafond, Abbie

Welcome/Introductions/Announcements

Meeting called to order, introductions made, minutes approved.

MHD Update

De'Nel Holliday advised MHD is finalizing the 1% rate increase for DME providers, effective January 1, 2016. Jayne added that a mass adjustment is in process of being programmed to adjust all claims systematically.

Jayne advised that the State is moving forward with the RFPs for Managed Care (MC) and they should be released soon. There was a discussion on MC plans not recognizing the recent rate increase for Complex rehab equipment including manually priced items. MHD's contract with MC is they have to cover what we cover, but we cannot dictate what they pay. Reimbursement is between the MC plan and the DME providers.

Jayne advised that Rhonda Driver has left her position and that there will be a job search for a replacement for her.

OPEN DISCUSSION

- 1) **Huntington's disease – Wheelchairs** – Karen Atkins requested we add the ICD-10 code for Huntington's disease to the nursing home wheelchair policy. Matt Chegwiddden agreed that there's nothing in the policy that would allow them to approve it. There is a need with minimal fiscal impact. Karen made a motion to add to the policy (nursing homes 13.18.E) and Justin seconded. Passed. MHD will review. If approved, a bulletin will have to sent, and the diagnosis added to the DME manual. ICD-10 language in this subsection also needs to be updated.
- 2) **Negative Pressure Wound Therapy** – Dave Hosman asked for clarification for coverage of Wound Vac supplies. Kelly advised Dave the disposable supplies for a wound vac are covered through the clinic doing the services or the Home Health Agency service. Karen says that the wound vacs are suspending for 60 days (for adults). Kelly will check with the person working that queue and find out what's going on.
- 3) **Non-Compliant Patients / CPAP and BiPAP** - Dave wanted to know what to do when patients do not return their CPAP machine. Sara said that they have had this question before and has checked with MMAC and Admin, and providers have the right to do their normal business practices to go after the participant to get the device back or patient will be liable for payment.
- 4) **Mic-Key Button** –Dave requested a status on the rate increase of the Mic-key button. MHD advised the rate increase had been approved. A bulletin has to be prepared select an effective date and update the fee schedule.
- 5) **Medicaid Face-to-Face** – Dave asked where MHD stood as far as the requirement of a face to face consultation with a physician prior to dispensing said equipment, He stated Medicare is not allowing providers to work from a created form, Jayne and De'Nel met last week with Mary Shantz on the home health side of face-to-face and DME will more than likely be tied into the same form that will be created by MHD. Justin asked if it can be added to Cyber. It could be but not all items are in Cyber, it will have to be looked into. We have until July 2017 to implement. Medicare requires the actual medical record documentation. We are going to try to make it as similar to what the providers are already doing for Medicare. This item will continue to stay on the agenda.
- 6) **Inner Cannula's Reimbursement** –The rate increase has been sent to Administration and is awaiting approval
- 7) **Complex Rehab DME Original** - The bulletin is waiting for the mass adjusted rate. Mike Seidel expressed concern that we hadn't sent out the bulletin yet. De'Nel advised him that everything will go back to 07/01/2015.

MHD is unsure how standers, gait trainers and custom back and seating are going to be handled. We may have to do RFC's on all affected PA's.

Justin feels we are under budget for complex rehab and asked how the remaining monies would be handled. He was advised that this would be the decision of Budget.

- 8) **Non-covered Items Denied for "No PA Required"** - Participants are getting a denial for no PA required when they should be getting a denial for being a non-covered item. Can the non-covered items be updated and seat elevators are added? The Bureau of Special Needs is asking for hard denials before they will pay for items that MHD will not. We will try to escalate the issue at the Bureau of Special Needs.
- 9) **ATP Requirements – Assistive Technology Professional (ATP)** – A request to change the wording in the section of the manual that outlines the requirements for skilled nursing facility patients. It needs to clearly specify that the physician's order/visit is first, and then the ATP can be involved with therapy during the evaluation. ATPs can be physical therapists, occupational therapists or speech language pathologists. The archived bulletin will be retyped for committee review, then release the new bulletin as a clarification. Matt wants to make sure that it is said clearly in the documentation that the ATP must write their own documentation. The clarifying bulletin would also include non-covered denial and the Huntington's disease addition, possibly all in one bulletin.
- 10) **Complex Rehab Pricing/Managed Care Plans** - Justin is going to check his contract with Managed Care Plans as far as reimbursement and restrictions since it's not something we govern.
- 11) **Low Level MWC/Reclining Back 3 Month Rental** – Justin stated that the PA process is not conducive to the usage of a reclining back on a chair. He stated that the children usually need them immediately after surgery and by the time the PA is completed the reclining back is no longer needed. A suggested solution to this was to put the reclining chair back into smart PA so the process can be completed quickly. MHD will review.
- 12) **Claims Denials/Referring Provider** – Policy will soon require the NPI of the referring physician on the claim. System work has been done and will be ready to go upon implementation date. For the time being, edit 018 will post if the referring provider field is blank but the claim should still pay. If the claim is not paying, there could be an additional reason for the denial.

New Business

- 1) **New Member Needed** - Mike Henry has resigned and a replacement is needed. It was suggested that we find someone from Kirksville/Hannibal area. We require an application, resume and/or curriculum vitae. We are also in need of a provider to represent orthotics and prosthetics as a committee member.

- 2) **Medical Necessity on Exceptions** – Dave presented a question at Pat Naeger’s request. Is there a way to do a first month medical necessity for enteral supplies for adults and then get approval from exceptions? Kelly advised they are non-covered items and does not think this can be done. She stated she is willing to back date the exception to first date of service. This will be revisited.
- 3) **Bariatric Beds** - Karen Atkins asked for an update of Bariatric Beds. MHD advised that the PTR was approved to add it to the fee schedule. It’s going to be \$192.50 per month for a year, and then it’s patient-owned. It will stay in the Exceptions unit.

Motion made, Meeting adjourned

Next meeting: Wednesday, July 27th, 2016