

**DME ADVISORY COMMITTEE MEETING
MINUTES**

July 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
Patrick Naeger - HealthCare Equipment and Supply Company

Consultants Present

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

MHD Agency Staff Present

Cindy Wininger-Watson
De'Nel Holliday
Tara Shahangian
Amanda Gibbon

Visitors Present

Shelly Smith – MMAC
John Effinger- Mo Assistive Technology
Marty Exline- Mo Assistive Technology

Welcome/Introductions/Announcements

Meeting called to order, introductions made, minutes approved.

MHD Update

De'Nel discussed the clarification draft bulletin made by Cindy in regard to the Skilled Nursing facility wheelchair policy and would like to post as soon as possible. If there are any suggestions or changes, let Cindy know. Policy was updated and bulletins posted regarding Gastrostomy tubes, Mic-Key buttons and the addition of Huntington's disease diagnoses to the list of allowed diagnoses which qualify for power and custom wheelchairs for participants residing in a skilled nursing facility.

The committee was advised that a bulletin had been posted in June regarding the increase in quantity for cannulas, an increase in reimbursement for the low profile trachea tubes and the addition of the diagnosis of Huntington's disease to the qualifying criteria for a custom or power wheelchair in a skilled nursing facility.

There is a recommendation for a new committee member for prosthetics; his name is Christopher Cobb with Cox Health. Cindy has his contact information if committee members are interested in asking him to join. De'Nel is not sure what all is needed to approve or ask Christopher to come aboard to the committee. Cindy said Chris was agreeable to represent this aspect of the committee as long as the other members approved it. Chris was recommended to join the committee board by Mike. DME board is in need of recommendations for a replacement for

Mike Henry's previous position in the oxygen and respiratory business. Dave Hosman has someone in mind and will reach out to see if the person would be interested.

MHD is in process of developing policy to allow a 3 month rental for a manual wheelchair for kids with certain circumstances. There is system work to be done making the process longer than we thought it would be. Staff will continue to implement as time allows.

De'Nel stated she would be completing a bulletin for the 2% rate increase information. She will also complete a bulletin stating when the mass adjustments will be occurring whenever she gets the information from Admin/MMIS.

OPEN DISCUSSION

- 1) **MO Assistive Technology** – MHD requested Marty Exline and John Effinger of Missouri Assistive Technology to join the meeting and give a presentation regarding the advantages and cost savings in covering iPads versus Augmentative Communication Devices (ACDs). They also explained the differences between the two items, including demonstrations.. According to Marty and John, Vermont, Colorado, Massachusetts, Oklahoma, and Minnesota have begun to cover iPads using HCPCS code E2510. De'Nel wanted to know who would pay for the mounts, if they are covered, what the cost would be, and what the reimbursement rate would be. She also wanted to know if the mount and accessories should be paid separately in order to save on cost.

Marty's vision of who would provide these devices would be Teltex; this company provides iPads to a lot of states, both through the regular DME program as well as waiver programs throughout the country. They can pre-install the apps and supply the cases, etc. Justin stated that the Bureau of Special Healthcare Needs already covers/provides these. De'Nel stated that they would still need access to the original dedicated devices for the participants who cannot point at a screen and who need eye gaze modifications.

Concern from the committee was voiced regarding who would provide the IPAD since the DME providers are required to be accredited. MHD advised we would have to have further discussions with other States to see how they are handling the purchase and delivery of the IPAD as an ACD. A motion was made and approved for MHD to further investigate the possibility of adding coverage to DME policy to allow reimbursement for an IPADs as ACDs.

- 2) **Medicare Rate Reductions** – Pat talked about the huge cuts in reimbursement that are coming down by Medicare and the DME providers are trying to get this delayed through legislation at the federal level. A bill was introduced by Congressman Fred Upton (federal government). There was extensive discussion by the DME committee members regarding specific congressional actions and delays in implementation proposed. Regardless, the bill did not pass to delay the rate reductions. MAMES has expressed via the media the potential negative impact on small business providers. MHD is researching how this will affect the division in the future. There is a potential of higher utilization rates in hospitals and higher levels of care that would occur as a result of this change in reimbursement rates. Mike Seidel attended the DME lobbying day in D.C. He participated in a session with CMS, and he will forward a copy of the PowerPoint that was presented. Mike states

that there is a lot of good information within the presentation that clarifies aspects of the change.

Wheelchairs –Karen asked that MHD review the policy on seats and widths for manual wheelchairs. Currently, they are covered with an approved PA. However, the length of time it takes for the review to be completed is longer than the accessories that just need a CMN approval. Matt and Karen plan to meet and discuss together. MHD is currently working on this; however, the delay is related to the system work that will be required to implement.

- 3) 4) **Coverage for Non-Invasive Ventilators** – Dave Hosman stated that there may be some exceptions that MHD should consider. It would be for a very narrow group of individuals (i.e. ALS patients who do NOT have a trach yet, end stage COPD, etc.) Kelly stated that it would be difficult to put them under an edit because there are many subjective things such as non-compliance, etc. Tim said that since invasive vents are covered, it would need additional documentation requesting the bi-pap to avoid a tracheostomy, Tim believes this would be approved. Dave stated that they are getting denied because the invasive has been tried and failed in the hospital. Tim stated that the approval for a try-and-fail situation would depend on the reasoning as to why they are in the hospital. It has to be reviewed and a determination made on whether it is considered chronic vs. acute; acute has potential recovery. It has to be clear that this is going to be long-term ventilation due to chronic need as opposed to an acute need. Dave stated that he will get examples of denials he has received so research can be done on this issue.

New Business

- 1) **K0606** – Justin Decker stated this has increased exponentially this last year. Zoll-Cardiac Vests will be investigated further because of the exponential increase.
- 2) **Pressure Mapping Machine** – Justin wants to know if this could be added to the Exceptions process. It was decided it could not because it is not a medical item, and therefore, not medically necessary. MHD will not prohibit the providers from billing the client because it is not a covered service. This will have to be a DME provider's business decision, like other non-covered items. There was some hesitation about billing the client but De'Nel reassured that these can be billed directly to the client because they are NOT MO HealthNet covered services.

Motion made to adjourn the meeting. motion seconded; passed. Meeting adjourned

Next meeting: Wednesday, October 26, 2016 (cancelled)