

**DME ADVISORY COMMITTEE MEETING
MINUTES**

January 25, 2017

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
Gary Schermerhorn – Benders Prescription Shop
Amy Ogle – Hannibal Medical Supplies
Chris Cobb – Cox
Mike Williams –

Consultants Present

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

MHD Agency Staff Present

Cindy Wininger-Watson
De'Nel Holliday
Nanci Nikodym
Tara Shahangian
Amanda Gibbon
Julie Distler
Kelly Schneiders
Steve Calloway

Visitors Present

Shelly Smith – MMAC

Welcome/Introductions/Announcements

Meeting called to order. Introductions were made with welcoming of our two new members. Gary Schermerhorn advised that the minutes from the July 2016 meeting did not include him in attendance. A motion was made and minutes approved with note that they be amended to include Gary. Cindy stated she would correct and send again after the meeting.

MHD Update

De'Nel advised the committee of personnel changes. Dr. Parks, Brian Kincade and Jayne Zemmer have all retired effective January 1, 2017. She stated Jay Ludlam is the interim Director for MHD, Jennifer Tidball for DSS and Nanci Nikodym replaced Jayne Zemmer.

Provider Communications duties have been moved to the staff of our fiscal agent, Wipro. They have a tier type procedure in place to assure all provider questions or issues will be addressed. Please be patient with this transistion.

With the upcoming changes regarding Managed Care, there is movement of employees within MHD, some being new positions. If the providers have any difficulties getting information or to the right person to assist them, please let us know.

Questions were presented regarding the Managed Care plans, how many, eligibility, etc. De'Nel tried to get a representative for Managed Care but they were unavailable. De'Nel is willing to take any of their questions to our Managed Care Unit for answers.

OPEN DISCUSSION

Face to Face – Dave Hosman

Dave requested an update as to where MHD is with the upcoming Affordable Care Act, Face to Face requirement. Jayne had drafted a Regulation amendment. De'Nel is in the process of finalizing. Home Health Alliance has supplied a form as an example that can be used as a templet listing all things that must be kept in the participants records. The form will not be required by MHD but as a tool for the providers. The committee would like for us to keep our requirements mirrored as close to Medicare as we can to keep their records consistent. Concern was expressed with face to face vs Cyber Access. Who is required to maintain the face to face? De'Nel stated further discussion will need to be done within MHD.

Justin met Jason Smith who is on the Ways and Means committee, put together a panel of 20 people to come to a round committee and make suggestions for changes they would like to see within Medicare. Justin's suggestion is for Medicare to implement a system similar to Cyber Access. He also suggested that providers would no longer be allowed to advertise supplies or equipment on television by stating if they have Medicare or Medicaid, it would be free or very little cost. If they want to advertise their product, they should do just that. There is a push from other members of the panel to require co-payments for emergency room visits, outpatient services, etc. Pat stated it is difficult to collect a co-payment from the patient and they cannot be made to pay the co-payment.

Provider Monitoring Log

Under the Medical Fragile Adult Wavier program there is Rehab Center monitoring services per the local Family Support Office requiring a form to be completed and send in on a quarterly basis. Dave wants to know why this serviced is necessary as it is a manual process and is time consuming. It was stated this wavier is ran by Department of Health and Senior Services (DHSS) and the requirement is within DHSS, not MHD. DHSS is wanting to track service used to services recommended. Dave and Pat would like to know why DHSS doesn't collect the data from MHD. Nanci stated we do provide a yearly report to DHSS for services provided through all wavers but DHSS would rather have the data gathered by the DME provider. Dave asked who they could talk to about this procedure. De'Nel stated she would find a contact and get back with the committee.

Fee Schedule to Match Medicare 2018

Per the CURES Act, the Medicaid fee schedule is supposed to match the competitive bid fee schedule effective January 1, 2018 instead of the original date of January 1, 2019. Dave wants to know if we were aware of this and what we are going to do. As a provider, if Medicaid goes to this pricing, they will have to start limiting the amount of Medicaid participants they serve which in turn will limit access for the Medicaid participants. De'Nel stated she would have to gather additional information and she is not sure if Medicaid is required to make the reduction in our fee schedule. She asked Dave if he could provide a link or bullet point outlining the CURES Act to assist her in gathering the information need and discuss with Budget.

Pat feels with the change in leadership, there could be change regarding the ACA. He stressed the importance of contacting your representative and pushing for change.

Managed Care PA Requirements

Managed Care, specifically Missouri Care, PA requirements differ from the fee for service participants. MHD will PA diapers for 1 year. Missouri Care only allows a 3 month approval. This is putting more of a burden on the DME provider and their billing staff. In some cases, they are losing money on diapers as they had already been dispensed. With the upcoming change, billing staff will have to learn 3 different Medicaid plans. Missouri Care states they only do 3 months due to frequent change of participant eligibility. Pat stated he would rather deal with the change of eligibility than the 3 month PA approvals. He stressed again the importance of contacting your representative and getting a stop put on the managed care transition. He feels it will cost the State more in the end.

There was conversation as to how often a participant can change eligibility. It was said the participant can change every month. It was expressed that this was catastrophic and they should be limited to once or twice a year. On a monthly basis makes it almost impossible to get the changes into the system so claims can process correctly.

A question was asked as to what population would be included in Managed Care. De'Nel referred to the recently posted bulletin which outlines the population who will be covered under managed care. It is low income custodial parents, pregnant women and children.

Complex Rehab Budget

Based on the cost report, the total expenditures for complex rehab did not meet the allotted dollar amount approved by legislation for fiscal year 2017. Justin stated he would like to see the remaining manually priced item that are not considered complex rehab move to 90% of MSRP.

Additional Qualifying Diagnoses for Power Wheelchair in the Nursing Home

Justin requested an additional diagnosis be added to the required list for participants residing in a nursing facility. While it does not happen often, he has a participant who has 3 limbs that are not functioning. Therefore, he cannot propel a manual wheelchair. A power wheelchair is needed.

Justin and Matt will work on wording for a bulletin. MHD will consider.

Heavy Duty Group 2 Custom Wheelchair for Nursing Home Participants

Due to limited availability of a Group 2, single power, heavy duty wheelchair, Justin asked if MHD would allow a Group 3 heavy duty single power function wheelchair for participants in a nursing facility. Currently only a Pacesaver Scout RF4 is available as a Group 2 heavy duty. Justin found a Group 3 can be provided for \$200 less than the Pacesaver Scout. K0837 and K0858 will need to be added to the SNF criteria. All in attendance agrees this should be considered. MHD will move forward with this policy change.

NEW BUISINESS

BiPAP and CPAP Supplies

Currently all supplies are included in the rental fee. Pat would like to visit the policy and considered allowing the supplies to be reimbursed separately from the rental. We would stay with the 6 mo period

between masks. Provider must check in with participant prior to delivery. No auto ship would be allowed. MHD will need to research the fiscal impact.

Meeting adjourned

Next Meeting – October 25, 2017, 10:30, Room 210