

DME ADVISORY COMMITTEE MEETING

MINUTES

January 10, 2023

Members Present

Patrick Naeger, Aero Care

Amy Ogle, Hannibal Med

Christopher Cobb, Cox Health

Michael Henry, Aero Care

Mike Seidel, Numotion

Karen Atkins, Mobility First

Mike Osborn, Alliance Rehab and Medical Equipment

Grace Greninger, Cox Health

Consultants Present

Dr. Tim Hogan

Matt Chegwidde

MMAC Present

Valerie Schmitz

Shelly Smith

Brittney Plassmeyer

MO HealthNet Division (MHD) Staff Present

Jamie Purnell

Julie Phillips

Sarah Becker

Karen Tappel

Lisa Hogg

Amanda Fahrendorf

Beth Bramstedt

Jessica Veit

Julie Schaefer

William Morgan

Erika Peart

Jayna Knipp

Welcome/Introductions/Announcements

Patrick (Pat) Naeger, Chairman, called the meeting to order. He asked for additions or corrections to the October 11, 2022 meeting minutes; none were noted. Mike Henry made the motion to approve the meeting minutes. Tim Hogan gave the second. All approved the meeting minutes. Participants in the room and on the phone introduced themselves.

Old Business

Sarah Becker, MHD, provided an update on items from the previous meeting:

MO HealthNet as a Secondary Payer

Sarah reported MHD did not receive any examples for this issue following the previous meeting. Karen Atkins stated she would submit examples to MHD.

Wheelchair CMN Timeframe

MHD is considering extending authorizations from six (6) months to one (1) year. Sarah reported MHD has inquired with MMIS staff and are awaiting a response.

Therapy Exams for Custom Wheelchairs

The committee would like evaluations provided by physical therapists or occupational therapists when needed for custom or high-end wheelchairs to be reimbursed by MHD. MHD advised this change would require a State Plan Amendment (SPA) and a regulation update. MHD is currently working on a fiscal impact for this. Physicians should continue performing the evaluation until this change is completed.

Face-to-Face Requirement for Wheelchairs

Sarah advised after researching this issue, it was determined that providers should follow MHD policy at this time.

New Business

Hoyer Lift Requiring a Completed Assessment

Pat requested clarification regarding home assessments for Hoyer Lifts. Jessica Veit advised the criteria for pre-certification is on MHD's website. It was stated this is not an actual assessment, but an evaluation to make sure the lift is medically necessary for the patient. The ordering physician, not the DME provider, performs the evaluation.

New Updates for DME Quantities That Meet Medically Unlikely Edits (MUE) Guidelines

MO HealthNet DME quantity limits are required to be the same or less than the Medicare MUE. To comply with this, MHD made recent system updates that changed the quantities MO HealthNet will allow. As a result, some DME providers are receiving denied claims. MHD advised they are working on parameters for codes that are presenting issues with the MUE edit.

Joystick E1028, K0462 Rental

Karen Atkins discussed services that Medicare or a primary insurance covers that MO HealthNet does not, causing DME providers to write off excessive amounts of money. Examples given are the rental of E1028 – hardware for a wheelchairs and K0462 – temporary equipment for members when patient owned equipment is being repaired. She feels MO HealthNet should be paying 20% as a secondary insurance. Amanda Fahrendorf explained how MHD's system works to pay claims as a secondary payer. Sarah will look into this to see if anything can be changed.

Request for Change (RFC) Timeframe for Updates

Mike Osborn stated keying errors are getting better but the timeframe for them to be corrected is taking longer. This is causing participants to have to wait for the needed products. They have been in contact with Provider Communications with no resolve. An example of the errors Mike is still seeing are items that show approved but with the wrong authorized amount. Sarah stated RFCs do have to be mailed but should not take longer than two weeks once received. Sarah also advised to resubmit any pending RFCs and if not complete in the next two weeks, send to her to research. Providers should continue to reach out to Provider Communications for all other issues. When calling them ask for a file number and first name, in case a follow up is needed.

Keying Errors, Including Pricing

MHD reported they are working with MMIS staff to discuss keying errors by WIPRO staff. MHD will continually monitor keying errors in order to provide correction/education to WIPRO staff to reduce/eliminate their occurrence.

E2225 (manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each) Quantity Update to Two (2) Units

Mike Osborn requested a change to code E2225 to allow two (2) units in a nursing home. MHD advised they are working on this, but it will take time to go through the process of approvals and system work.

Managed Care Issues (providers accepting different plans)

Mike Osborn expressed concerns for participants when providers stop accepting managed care plans and the consequences that has on them. William Morgan spoke on behalf of the Managed Care Unit to provide some feedback. Sarah will provide William's email to Mike to discuss in more depth. Discussion was also held to discuss why Managed Care Organizations (MCOs) pay more than Fee for Service (FFS).

MCOs are required to reimburse at least what FFS does, but are allowed to reimburse more. Providers can negotiate rates with MCOs.

Other Issues

- Sarah asked the committee if they had any details about a past change request regarding face-to-face requirements for DME in CyberAccess. Grace Greninger advised this was a request to change the responsibility of the face-to-face requirement for codes in CyberAccess from the DME provider to the physician. Concerns were discussed whether the DME provider can be audited for answers provided in CyberAccess. Amanda stated that DME providers are subject to audit for any item they deliver. The committee would like to move forward if the audit responsibility can be shifted to the physician, instead of the DME provider. MHD advised they will research.
- Karen Atkins inquired if a prescription is needed for wheelchair parts. MHD advised DME providers should have documentation justifying why an item is delivered on file for audit purposes.
- Grace inquired if MHD has considered making changes to the criteria for Oxygen through CyberAccess, as Medicare has made changes. Pat asked Grace to put this on the agenda for the next meeting so that MHD can have time to prepare an answer. Grace added that she also would like consideration for a fee schedule increase similar to Medicare. MHD will look into these issues.
- Amanda announced Lee Gerloff is taking over her duties with the DME program in the Education and Training Unit.

Pat made a motion to adjourn. Mike Seidel gave the second.

NEXT MEETING

April 11, 2023