

DME ADVISORY COMMITTEE MEETING

MINUTES

April 11, 2023

Members Present

Amy Ogle, Hannibal Med

Mike Seidel, Numotion

Karen Atkins, Mobility First

Mike Osborn, Alliance Rehab and Medical Equipment

Consultants Present

Dr. Tim Hogan

Matt Chegwiddden

MMAC Present

Valerie Schmitz

Brittney Plassmeyer

MO HealthNet Division (MHD) Staff Present

Jamie Purnell

Julie Phillips

Sarah Becker

Karen Tappel

Danielle Dodd

Jessica Veit

Julie Schaefer

Desiree Vitale

Lee Gerloff

Erika Peart

Sarah Sullens

Welcome/Introductions/Announcements

Sarah Becker opened the meeting. Introductions were made and participants by WebEx were announced. Mike Seidel led the meeting, as Patrick Naeger could not attend. Mike asked for additions or corrections to the January 10, 2023 meeting minutes. Karen Atkins requested a correction under Therapy Exams for Custom Wheelchairs. Mike Osborn made a motion to approve the meeting minutes with requested change. Karen Atkins gave the second. All approved the meeting minutes.

Old Business

Sarah provided an update on items from the previous meeting:

Wheelchair CMN Timeframe

MHD is researching and waiting for a response from MMIS staff to determine what is required to change the timeframe from six (6) months to one (1) year. Sarah stated MHD will update the committee further at the next meeting.

Therapy Exams for Custom Wheelchairs

Sarah reported that research is complete and MHD is preparing to submit a white paper to MHD Administration for approval. The committee discussed this change would only be for certain cases, not all, and determined that Karen Atkins and Mike Seidel will discuss further and report back; putting this on hold for now. Sarah suggested they reach out to Christopher Cobb for his expertise.

Medically Unlikely Edit (MUE) Guideline Update

Sarah advised she has compiled a list of procedure codes that need to have the MUE edit turned off and is working on the request to be submitted to Centers for Medicare & Medicaid Services (CMS) for approval.

Mike Osborn asked if there was any update on Code E1028. Sarah stated it is on the list to be turned off.

MO HealthNet (MHD) as a Secondary Payer for Non-Covered Items

Sarah advised she reached out to MHD's Medicare expert and also ran a report. It was determined if a participant is Qualified Medicare Beneficiary (QMB) only, MHD pays Medicare's deductibles, co-insurance, and co-payments even if the item is not covered by MHD. The report showed the codes in question are covered. Karen Atkins and Mike Seidel discussed that participants on Medicare Managed Care plans, that are not QMB, are who they are not receiving the 20 percent (%) reimbursement from MHD on for non-covered items. MHD will do further research for clarification on this.

Requests for Change (RFCs)

Sarah asked the committee if there has been improvement on timely processing of RFCs. Mike Osborn stated that it is better. Sarah also inquired if there has been a

reduction in keying errors. Karen Atkins and Mike Osborn both agreed there has been fewer errors.

Face-to-Face Requirement in CyberAccess

Sarah advised after researching this issue, MHD will not move forward to change the requirements, as there is no justification for the fiscal impact.

Criteria Change for Oxygen in CyberAccess

Sarah stated the current criteria in CyberAccess is accurate. Amy Ogle and Jessica Viet discussed various scenarios that came up in the past. Jessica advised a manual review is done if scenario is outside the set criteria.

New Business

Adding Diagnosis Codes for Cushions (Seat and Back)

Karen Atkins requested MHD review the updated list of allowable diagnosis for wheelchairs from Medicare. She is requesting these diagnoses be added to MHD policy. Sarah stated she has been working on this and asked Karen to send a list of the specific diagnosis codes and procedure codes to her so she can prepare the fiscal impact to send to MHD Administration. Karen will provide a list to MHD.

Assistive Technology Professional (ATP) Requirement

Mike Seidel advised in the past the committee requested all complex rehab chairs be provided by an ATP, similar to Medicare guidelines. MHD did not make this change, except for participants in a skilled nursing facility. He is now requesting the ATP requirement be expanded to include all participants receiving complex rehab chairs. This change would require providers supplying complex rehab to follow Medicare guidelines and require an ATP to sign off on them. Karen Atkins agreed. Matt Chegwiddden stated when this was addressed previously, there were fewer ATPs available. The committee further discussed the current availability of ATPs, and the benefits of having ATPs perform the evaluations for consumer protection. This would require the DME company to employ the ATP. Mike Osborn will provide a list of codes that would require the ATP evaluation for MHD to consider. MHD will research.

Other Issues

Mike Seidel asked if there are any new items to discuss. None were mentioned.

Amy Ogle made a motion to adjourn. Mike Osborn gave the second.

Mike Seidel adjourned the meeting.

NEXT MEETING

July 11, 2023