

Durable Medical Equipment & Supplies Medicaid Provider Liaison Meeting

Capitol Commons Center
Monday, June 3, 2013
1:00 p.m. to 3:00 p.m.

MEETING MINUTES

Welcome and Introductions

Lisa Trumbell opened the meeting with introductions.

Affordable Care Act (ACA) Ordering/Referring Provider Requirements

Cindy Linn summarized MDCH bulletin MSA 13-17 and the ACA regulations. The ordering/referring provider must be enrolled in the Michigan Medicaid system. Starting July 1, 2013, soft edits will appear on claims for informational purposes. The claim will pay, but Durable Medical Equipment (DME) providers should follow up with non-enrolled ordering physicians. The soft edits are intended to prepare providers for October 1, 2013, when claims will begin to deny if the ordering provider is not enrolled in Medicaid.

Predictive Modeling Project

Steve Schreier, from the MDCH Medicaid Claims Processing Section, gave an overview of the new predictive modeling project described in bulletin MSA 12-65. The project officially began February 22, 2013. MDCH wants to assure claims are being paid correctly before the payment goes to the provider. Medicaid used to pay and chase claims. Predictive modeling is a way to prevent inaccurate or inappropriate payments.

ACA Medicaid Expansion

The Michigan House and Senate are still considering the Medicaid expansion and have concerns as to the sustainability of the expansion. The MDCH budget has been approved for fiscal year 2014 without an appropriation for the Medicaid Expansion. The appropriation for and approval of the Medicaid Expansion is being addressed through House Bill (H.B.) 4714.

Integrated Care Demonstration

Meeting attendees inquired as to when the Integrated Care Demonstration would begin and requested details about the program. Lisa reported that the Request for Proposal (RFP) should be posted on the Department of Management and Budget website soon and the Memorandum of Understanding (MOU) with Centers for Medicare & Medicaid Services (CMS) is slated to go out to CMS soon. The projected implementation date is July, 2014.

A request was made to have the Integrated Care Demonstration included as an agenda item for the next Liaison meeting. This topic will be added to the September Liaison Meeting Agenda.

Michigan Association for Home Care (MAHC), [Formerly Michigan Home Health Association (MHHA)] Prior Authorization (PA) Report Project

MAHC submitted a document with suggested changes to policy regarding prior authorization on repairs. This document is under review internally. MDCH suggested that perhaps MAHC could then host the Labor workgroup this summer to discuss the document. The outcome of the meeting will be shared with all DME providers.

Michigan Medicaid vs. Medicare Competitive Bid Fees

Policy staff has been inundated with calls from out-of-state providers and manufacturers asking if Michigan Medicaid is going to follow Medicare and have a competitive bid on equipment and supplies. Thus far, Policy has not recommended such a change due to potential access to care issues and to keep Michigan-based providers. This could happen in the future; however, it is not being discussed within the department at this time.

An attendee commented that his organization did a study on the limited provider panels and found that it creates longer hospital stays (2.7 extra days) when medical equipment is limited to one provider. Lisa added that there is a group of Senators in Washington, D.C. reviewing whether or not the competitive bid actually saves money for the Medicare program.

The MAHC Director reported that there is a bill to delay the Competitive Bid (H.R. 1717). If it does not pass, then the implementation date is July 1, 2013.

Lisa explained to the group that since Fee-For-Service (FFS) Medicaid rates are statewide, MDCH is not going to decrease any of the rates to the competitive bid areas at this time. In order for providers under the competitive bid (most of whom are out-of-state providers) to get payment from Medicaid, they would need to enroll just like any other provider.

Automatic Refills

Automatic refills are not allowed by Medicaid. The State Auditor General audit process has uncovered some examples of providers automatically refilling monthly supplies. Policy indicates the provider must contact the beneficiary prior to the monthly refill to find out if supplies are needed for the next month and verify the quantity.

Other Issues

MDCH Form MSA-1656

Lisa requested feedback on the on-line version of the MSA-1656 (Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices). Some members reported that therapists (PTs/OTs) are still frustrated with the form as it is repetitive. PTs/OT with form issues should contact the MDCH Program Review Division (PRD) for assistance.

An attendee reported that they are getting just as many returned forms as before. It was suggested that providers have the PT/OT contact the PRD for clarification.

Comments were made by participants that the Medicaid Health Plans (MHPs) do not accept this form. MDCH staff confirmed that the MHPs set their own prior authorization requirements, processes, and forms.

The physician signature is not on the MSA-1656 because the physician does not typically perform the evaluation, except for nursing facility physicians.

If the MSA-1656 (previous versions included) is on file and there has been no functional or medical change in the beneficiary's status, a new evaluation does not have to be completed. Providers only need to complete the appropriate addendum, (Addendum A, Addendum B) along with the prior authorization form (*MSA-1653-D*).

Complex Rehab

A member indicated there are two bills in the House and Senate right now, (H.R. 942 and S.B. 948), proposing a new classification of mobility products into complex rehab. He suggested that perhaps once the Labor workgroup has completed the labor issue, these bills could be discussed in more depth. This topic will be added to future workgroup meeting agendas.

Database

The Medical Supplier database was updated in April due to technical changes and the addition of a few K codes and E1225.

Next Meeting

Monday, September 9, 2013; 1:00 - 3:00p.m., Capitol Commons Complex, 400 S. Pine St., Lansing; Lower Level, Conference Rooms E & F