

## **Durable Medical Equipment & Supplies Medicaid Provider Liaison Meeting**

Capitol Commons Center  
Monday, March 4, 2013  
1:00 p.m. – 3:00 p.m.

### AGENDA

#### **Welcome and Introductions**

Cindy Linn opened the meeting; introductions were made. Cindy announced that Sheila Embry has taken over as Director of the Program Review Division since Evelyn Greaux's retirement.

#### **Affordable Care Act Updates**

Jackie Prokop shared that Governor Snyder has announced that he is in favor of the Medicaid Expansion. In the submitted budget, funding for Medicaid Expansion is included. It is projected that the expansion could include around 400,000-500,000 people and would be 100% federally funded in the first three years of the program. If the Medicaid Expansion is approved it will begin in January 2014.

#### **ACA Provider Enrollment (PE) Requirements**

Provider Enrollment summarized the requirements for Durable Medicaid Equipment (DME) providers. Newly enrolled DME providers are considered high-risk and currently enrolled providers are considered moderate-risk. Currently enrolled providers will require a site visit from PE within the next year or so. Also required are background checks and finger printing. The costs of these enrollment requirements will be covered by an application fee that will be assessed. If Medicare has done any of the required testing within the last year, PE will not have to repeat the process.

#### **ACA Ordering/Referring Requirements**

Trish Darnell shared that all durable medical equipment, prosthetic, orthotics and supplies (DMEPOS) claims will require the name and NPI of the ordering physician. There are specific fields on the paper/electronic claim for those items. Please be sure to fill those fields out completely. The ordering provider must be enrolled with Michigan Medicaid. Informational edits are scheduled to begin appearing on claims in July 2013 when the ordering physician is missing from the claim or is not enrolled in the program. Beginning in October 2013 claims will be denied if either of those items is missing from the claim. Around June 2013 there will be a tool in CHAMPS that will allow you to determine whether a provider is enrolled in Michigan Medicaid.

#### **Breast Pumps/Insulin Pumps**

Lisa Trumbell shared that there have been concerns about covering breast pumps due to Medicaid's current payment rate and a problem with hospital grade breast pumps that have been loaned but not returned. Lisa asked meeting attendees whether they are still loaning out breast pumps given this problem. There were several comments received, including one attendee who reported they still loan out pumps but they have the same problem with equipment not being returned. Another attendee added that last year they had 60 breast pumps not returned, equaling a \$60,000 loss for the year.

There has been a lot of push back from manufacturer's regarding insulin pumps.

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### **MSA-1656 Feedback**

February 1, 2013 was the effective date for the MSA-1656 form. Lisa asked for input on whether the form is being returned to the DME providers or whether there are any questions regarding who gathers information and fills out the form. One attendee commented that there was confusion initially, but the issues have been resolved.

One provider asked whether a new MSA-1656 must be submitted when there is already a MSA-1656 on file. Lisa agreed that there would be no new form needed if there is already one on file.

Another provider added that they have received no negative feedback regarding the new MSA-1656 form.

### **Other issues**

One attendee indicated that PA requests for Custom Molded Seating have been denied when there is growth of the patient within the two year period. He added that even when they specify that growth will occur they have been getting PA requests back with a denial. MSA staff responded that if the PA shows that there is growth potential to accommodate the policy requirements, they should not be receiving a denial.

Jackie Prokop explained that the Social Welfare Act requires that MDCH notify providers of any policy changes 30 days prior to implementation of the change and that notification must be completed through mail. Medical Services Administration (MSA) staff requested a legal interpretation to determine if the law could be interpreted to allow e-mail distribution of policy bulletins. The legal department ruled that MDCH could e-mail bulletins; however, we would have to verify provider's receipt. MDCH worked with the Department's legislative liaison, Karla Garcia, to amend the Social Welfare Act to allow e-mailing and/or U.S. postal mailing of provider bulletins. House Bill 5931 was introduced to allow this change and it was passed, effective April 1, 2013.

### **Next Steps**

Next meeting: Monday, June 3, 2013 1:00 - 3:00PM CCC Lower Level Conf. E&F

Please be sure to sign-in upon arrival and provide your email address for electronic notification of future meetings, including minutes from this meeting. – Thanks.