

Durable Medical Equipment and Supplies Medicaid Provider Liaison Meeting

Capitol Commons Center
Monday, December 10, 2018
1:00 p.m. – 3:00 p.m.

MINUTES

Welcome and Introductions

Cindy Linn opened the meeting and introductions were made.

Healthy Michigan & Other Medical Services Administration (MSA) Updates

Healthy Michigan Plan

Public Act 208 of 2018 was signed into law in June 2018, which made the following changes to the Healthy Michigan Plan:

- Effective July 1, 2019, Healthy Michigan Plan beneficiaries with incomes above 100% of the Federal Poverty Level (FPL) who have been enrolled in the program for 48 cumulative months will be required to contribute 5% of their income toward cost-sharing and engage in a healthy behavior as a condition of continued enrollment in the Healthy Michigan Plan.
- Effective January 1, 2020, the Michigan Department of Health and Human Services (MDHHS) will begin to enforce “community engagement” requirements for all able-bodied Medicaid beneficiaries. As outlined in PA 208 of 2018, non-exempt beneficiaries must attest to participating in a “qualifying event” for at least 80 hours per month as a condition of continued enrollment in the Medicaid program. Beneficiaries who exceed three months of non-compliance with this requirement within a 12-month period will be suspended from Medicaid coverage.

If a beneficiary meets the criteria for being “medically frail” under the terms of PA 208, they may claim an exemption from the 48-month cost-sharing and healthy behavior requirements, as well as community engagement requirements outlined above. MDHHS currently has a list of over 500 diagnoses for which a beneficiary would meet the medically frail criteria.

To implement the provisions of PA 208 of 2018, MDHHS submitted an amendment to its Healthy Michigan Plan Section 1115 Waiver renewal application to the Centers for Medicare & Medicaid Services (CMS). In order for the Healthy Michigan Plan to continue, CMS must either approve all or part of the waiver by December 31, 2018 or grant an extension. Additional information about this process is also available on the MDHHS website at www.michigan.gov/healthymichiganplan.

Prior Authorization Requests for Wheelchair Components

Documenting Individual Need

MDHHS staff reminded meeting attendees to check documentation completed by ordering physicians and physical therapists to ensure all required information is included prior to forwarding to the department with a prior authorization request. This will help to ensure more timely and efficient processing of prior authorization requests. Gretchen Backer further acknowledged that while staff may be able to understand the medical justification for an item when accompanied by incomplete documentation based on their experience and prior knowledge, it is important to document a detailed account of medical necessity to protect MDHHS and the DME provider if the claim is selected for an audit.

Documentation Templates

MDHHS staff also addressed the issue of prescribing providers using templates to refer orders to DME providers, and reminded meeting attendees to check documentation to ensure that the beneficiary's information in the order is accurate and unique to that individual.

Prior Authorization Decision Timeline

In response to ongoing provider concerns related to response times for prior authorization requests, Gretchen Backer reported that the Program Review Division has conducted interviews for a new staff member to review prior authorization requests for wheelchair and rehabilitation equipment, and that they are hoping to fill that position by the end of the month. MDHHS staff and meeting attendees continued to discuss the prior authorization process at length.

21st Century CURES Act/Medicaid Aggregate Expenditures

Lisa Trumbell provided an update on the department's efforts to comply with the provisions of the 21st Century Cures Act, which mandates that Medicaid aggregate expenditures may not exceed Medicare expenditures for durable medical equipment. This requirement is effective March 31, 2019, at which time MDHHS must submit a report to CMS that lists all Medicaid expenditures for durable medical equipment in 2018. If the aggregate amount of Medicaid expenditures exceeds Medicare spending for DME items that are covered by both Medicare and Medicaid, MDHHS must repay the difference in Federal Matching Assistance Percentage (FMAP) funds received. At this time, MDHHS staff anticipate that no funds will need to be repaid based on the 2017 test, and that as a result, no changes to reimbursement rates are planned.

Bulletin MSA 18-36 – Face to Face Claim Requirements

Copies of bulletin MSA 18-36 – Face-to-Face Claim Requirements for Durable Medical Equipment (DME) Providers; Home Health Agencies Providing DME were distributed to meeting attendees and the document was discussed.

Bulletin MSA 18-30 Labor for Repairs

Bulletin MSA 18-30, effective October 1, 2018, provided information on changes to MDHHS coverage of labor for repairs to wheelchairs and power operated vehicles (POVs). MDHHS staff reported that to date, the implementation process appears to be going smoothly, although meeting attendees indicated that more time is needed to assess the new coverage requirements and process from a provider prospective.

Other Issues

Other issues discussed include the following:

- MDHHS first released proposed policy 1833-DME – Continuous Glucose Monitoring Systems (CGMSs) for public comment on August 22, 2018. As a result of the many comments received, the policy was revised and re-issued for public comment on November 29, 2018, with a comment due date of January 3, 2019. Changes to the policy include:
 - Revised calculations on proposed fees;
 - Removal of requirement for a short-term trial period for CGMSs; and
 - In addition to an endocrinologist, a physician or non-physician practitioner that is managing a beneficiary's diabetes may order a CGMS for a beneficiary (this provider must provide documentation that the beneficiary has completed a Medicaid-covered diabetes self-management education [DSME] training program).
- In response to an inquiry, Lisa Trumbell indicated that since the previous DME provider liaison meeting there has been no further discussion within MDHHS about the possibility of providing mileage reimbursement for DME providers to travel to beneficiary's homes to provide repair services. After discussing the issue briefly, MDHHS staff agreed to look into the issue further.

Next meeting: Wednesday, March 13, 2019

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.