

Durable Medical Equipment and Supplies Medicaid Provider Liaison Meeting

Capitol Commons Center

Monday, May 15, 2017

1:00 p.m. – 3:00 p.m.

MINUTES

Welcome and Introductions

Lisa Trumbell opened the meeting and introductions were made.

Michigan Breastfeeding Initiative

Michigan Department of Health and Human Services (MDHHS) staff from the Maternal Infant Health Program (MIHP) and Women, Infants and Children (WIC) program provided an update on the Michigan Breastfeeding Initiative. Meeting attendees were provided with information regarding WIC and educational resources related to breastfeeding. Lisa clarified that durable medical equipment providers are responsible for providing education to beneficiaries regarding the use and maintenance of breast pumps only; they may assist beneficiaries in identifying additional resources for assistance with breastfeeding, but may not offer medical advice. Attendees were also directed to contact their local WIC program to obtain additional resources for distribution to beneficiaries.

Modernizing Continuum of Care-Nursing Facility

Currently, when a Medicaid beneficiary enters a nursing home, the nursing facility is required to submit a completed MSA-2565 to the local MDHHS office to be processed by the beneficiary's caseworker. Beginning January 1, 2018, enrollment information must be submitted directly into the Community Health Automated Medicaid Processing System (CHAMPS) by the provider. MDHHS staff indicated that it is the responsibility of the nursing facility to notify MDHHS when a beneficiary is discharged. A meeting attendee reported instances in which they were not able to receive reimbursement for services provided to a beneficiary when the nursing home did not notify MDHHS of the beneficiary's discharge. MDHHS staff responded that any provider or the beneficiary's family may contact the local MDHHS office when a beneficiary is discharged from a nursing facility, and the issue was discussed at length.

New Program Review Director

Lisa introduced Gretchen Backer as the new director of the MDHHS Program Review Division. Attendees were invited to contact the Program Review Division with prior authorization concerns, but reminded not to include protected health information when submitting inquiries via email.

Budget/Program Updates

Jackie Prokop provided the following Medicaid budget and program updates:

- The proposed FY 2018 budget is currently under consideration by the legislature, and no major reductions for the Medicaid program are proposed in the current draft of the legislation.
- MDHHS is working to implement the terms of the second waiver for the Healthy Michigan Plan. Under the terms of the waiver beginning April 1, 2018, individuals who have been enrolled in the Healthy Michigan Plan for at least 12 months, have incomes above 100% of the federal poverty level (FPL) and do not meet the criteria for “medically frail” may:
 - Remain on the Healthy Michigan plan if they choose to engage in one or more healthy behaviors; or
 - If they do not agree to engage in one or more healthy behaviors, they will receive insurance coverage from the Federally Facilitated Marketplace (FFM).

Complex Rehab Benefit Category General Discussion

The Centers for Medicare & Medicaid Services (CMS) has approved the use of a separate complex rehab benefit category for beneficiaries with many different equipment needs. In the State of Michigan, non-durable medical equipment (DME) prescribed for beneficiaries with complex rehab needs (e.g., bath chairs) must currently be billed to MDHHS under the DME category, which can result in claims for such equipment being denied. MDHHS staff and meeting attendees discussed at length the state’s efforts to establish a separate complex benefit rehab category as a solution to the issue.

Other Issues

Several other issues were discussed at length, which include:

- Several meeting attendees requested that MDHHS consider providing reimbursement to DME providers for client home visits and labor. In response, MDHHS staff indicated they would revisit the issue.
- Several providers also expressed concern that MDHHS does not provide coverage for wheelchair transit options. In response, staff noted the Department’s research has indicated that with proper training by transportation providers, additional transit accessories are not needed for safe transport of wheelchair users. As a solution to the issue, attendees recommended that providers have the option to bill for transit accessories as separate line items.

- A meeting attendee also reported instances in which prior authorization from a client's primary insurer is received for an item, and the client wishes to waive benefits from a secondary insurer (e.g., Children's Special Health Care Services [CSHCS]) while the secondary insurer's approval decision is pending. In these cases, the provider requested clarification on how to document this situation to provide subsequent repairs to the item. As a response to this issue, providers and beneficiaries are advised that waiving rights to benefits to avoid following policy or submitting medical documentation is not appropriate or recommended. By law Michigan Medicaid has 15 business days to make a determination on a prior authorization request. In addition, prior authorization from Medicaid and/or CSHCS following a primary payer may not be necessary (refer to the Medicaid Provider Manual, Coordination of Benefits Chapter, Section 2.1 – Commercial Health Insurance, Traditional Indemnity Policies, And Military/Veteran Insurance). Required documentation is indicated in the Medical Supplier Chapter of the Medicaid Provider Manual. The Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy and Forms.

Next meeting: Monday, September 11, 2017

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.