**Michigan Department of Health and Human Services**
Medical Services Administration

# Durable Medical Equipment and Supplies
# Medicaid Provider Liaison Meeting

**Microsoft Teams Meeting**
**Wednesday, April 7, 2021**
**1:00 p.m. – 2:00 p.m.**

## MINUTES

## Welcome and Introductions

Lisa Trumbell opened the meeting and introductions were made.

## Healthy Michigan Plan Updates

### COVID-19 Public Health Emergency

Marie LaPres shared that as of April 7, 2021, 897,623 beneficiaries are enrolled in the Healthy Michigan Plan. The Healthy Michigan Plan, as with other Medicaid programs, has experienced a steady increase in enrollment for the duration of the current COVID-19 public health emergency, which is attributed to the Michigan Department of Health and Human Services (MDHHS) suspension of Medicaid case closures during this time. The federal public health emergency declaration was scheduled to expire on April 30, 2021; however, the Biden administration recently announced that it will be extended through December 31, 2021.

### Work Requirements

In January 2020, MDHHS began the process of implementing work requirements for non-exempt Healthy Michigan Plan beneficiaries as a condition of continued eligibility in the program, in accordance with Centers for Medicare & Medicaid Services (CMS)-approved waiver authority. On March 4, 2020, MDHHS stopped implementation of work requirements pursuant to a court order from the United States District Court for the District of Columbia in Young et al. v. Azar et al. The Biden Administration subsequently informed the State of Michigan on April 6, 2021 that waiver authority for the implementation of work requirements as a condition of continued enrollment in the Healthy Michigan Plan is rescinded.

## MSA-1656 Update

MDHHS staff are in the process of revising the MSA 1656-Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices form. The revisions aim to increase efficiency in the form text, remove duplication, and clarify form field instructions. Providers will be notified via a Medicaid L-Letter when the revised form is available. In addition, MDHHS staff offered to conduct webinars with providers to discuss the changes at that time.

## COVID-19 Temporary DMEPOS Policy Updates

Lisa Trumbell shared a list of temporary policy changes affecting DMEPOS providers that have been enacted in direct response to the COVID-19 public health emergency. While MDHHS

may terminate the policies listed below at any time, there are currently no plans to do so as the federal public health emergency remains in effect. Providers are invited to contact Provider Support with any questions related to these bulletins. MDHHS staff and meeting attendees continued to discuss policies listed below. Medicaid bulletins can be accessed on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

- **MSA 20-14** - COVID-19 Response: Home Delivery of Durable Medical Equipment and Medical Supplies
- **MSA 20-36** - COVID-19 Response Policies: Clarification on Notice to Terminate Policies and Processes
- **MSA 20-25** - COVID-19 Response: COVID-19 Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Supplemental Billing Policy to Bulletin MSA 20-14
- **MSA 20-32** - COVID-19 Response: Emergency Temporary Removal of Prior Authorization for Walking Boots and Wheelchair Batteries. Temporary Coverage of Spirometers for Cystic Fibrosis Beneficiaries in the Home Setting
- **MSA 20-35** - Medicaid Compliance with Interim Final Rule CMS 5531: Improving Care Planning for Medicaid Home Health Services; COVID-19 Response: Temporary Waiver of Beneficiary Signature for Home-Delivered DMEPOS
- **MSA 20-62** - COVID-19 Response: Correction to Bulletin MSA 20-35 (CMS-5531 is a permanent rule)

In addition, a meeting attendee asked if telephone telemedicine encounters qualify as the physician/non-physician practitioner face-to-face Affordable Care Act requirement during the COVID-19 Emergency. In response, MDHHS staff shared that during the COVID-19 public health emergency, it is acceptable for the physician/non-physician practitioner (NPP) (Nurse Practitioner [NP], Physician Assistant [PA] or Certified Nurse Specialist [CNS]) to perform the Affordable Care Act (ACA) face-to-face encounter via telephone as long as the patient or his/her legal guardian consents to this method, the physician or NPP documents the consent in the patient's medical record and is HIPAA compliant. MDHHS received approval from CMS via the 1135 Waiver to allow telephonic encounters during the public health emergency.

## 21st Century CURES Act UPL Updates

The 21st Century CURES act requires that, for certain codes, a state's aggregate Medicaid expenditures may not exceed that state's aggregate Medicare expenditures within the same calendar year for claims in which Medicaid is the primary payer. In March of each year, MDHHS must submit a Medicaid expenditure report to CMS for claims paid on the specified codes in the previous calendar year. If aggregate Medicaid expenditures do exceed those of Medicare, MDHHS is required to repay the difference. If this occurs, MDHHS may need to lower reimbursement rates to providers. In each of the first three reporting years under the CURES Act (2018, 2019, and 2020) Medicaid expenditures were below those of Medicare. MDHHS staff and meeting attendees continued to discuss this issue at length.

## Out-of-State Providers

Lisa Trumbell shared that MDHHS will only reimburse for services provided to Medicaid beneficiaries by out of state providers who are beyond the borderland area under the following circumstances:

- Emergency services as defined by the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and the federal (text added 4/1/21) Balanced Budget Act of 1997 and its regulations; or
- Medicare and/or private insurance has paid a portion of the service and the provider is billing MDHHS for the coinsurance and/or deductible amounts; or
- The service is prior authorized by MDHHS. MDHHS will only prior authorize non-emergency services to out of state/beyond borderland providers if the service is not available within the state of Michigan and borderland areas.

Meeting attendees were referred to the General Information for Providers and Medical Supplier chapters of the MDHHS Medicaid Provider Manual for additional information about coverage of services performed by out of state/beyond borderland providers.

## Other Topics

### Shower Chairs for Adults

Ms. Trumbell clarified that Medicaid will provide reimbursement for Healthcare Common Procedure Coding System (HCPCS) code E0240 – Shower Chair with or without Wheels. This item is manually priced and requires an approved prior authorization (PA) request. If Medicare denies a claim for HCPCS code E0240 using Claim Adjustment Reason Code (CARC) 50-Not Medically Necessary, Medicaid is not allowed to reimburse for the item. Medicaid may only cover E0240 in the case of a Medicare denial if Medicare denies the claim using CARC 96 - Noncovered item. MDHHS staff and meeting attendees continued to discuss this issue.

### Date of Discharge Nursing Facility Issues

Lisa Trumbell shared that the MDHHS was made aware of an issue in the Community Health Automated Medicaid Processing System (CHAMPS) in which claims for durable medical equipment (DME) provided to beneficiaries on the day of discharge from a nursing facility cannot be approved in the system. In response, the department is working to fix the problem. Until the necessary system updates can be made, providers are instructed to submit claims for DME provided on the date of discharge from a nursing facility via Direct Data Entry (DDE), which will be manually processed by MDHHS staff. If a provider believes a claim has been inappropriately denied, they are encouraged to contact Provider Support Staff for assistance. All other rules (e.g., PA requirements, billing other insurance, etc.) apply. Providers will be notified via a Biller Be Aware notice posted to the MDHHS website when the CHAMPS update is complete.

Other issues discussed include:

- **Medicaid Sleep Studies –** a meeting attendee asked if Medicaid will provide coverage for home sleep studies during the current COVID-19 public health emergency. In response, Lisa Trumbell indicated that MDHHS has no plans to begin coverage for this service; however, Medicaid will cover deductible and coinsurance costs for any claim that is approved and paid by Medicare. For beneficiaries enrolled in a Medicaid Health Plan (MHP), providers should check with the MHP for allowable coverage and prior authorization requirements.
- **Continuous Positive Airway Pressure (CPAP) Supply Frequency** – in response to an inquiry, Lisa Trumbell indicated that no changes are currently planned to change allowable frequency of providing CPAP supplies or coverage of cleaning supplies, but that she would look into the issue.

**Next meeting: Wednesday, July 14, 2021**