

Idaho Medicaid Big Sky AMES Provider Meeting Minutes

Date / Time of Meeting	Friday, December 21, 2018 1:30 pm – 3:00 pm	
Location	Conference Room D-West, 3232 Elder St, Boise, ID	
Medicaid Participants	Provider Participants	DXC Participants
Stacey Connolly	Laura Clary, Brownfield	Ivy Abel
William Deseron	Sara Iseman, Lincare	Darla Callaway
Tracy Lombard	Angie Dancer, Norco	Natasha Derrick
Jayme Salvadori	Melissa Farrar, Norco	Kristi Harris
Susan Scheuerer	Nicole Kissler, Norco	Robert Hughes
Angela Williams	Michael Johnson	

Meeting Content

Topics Discussed	Action Item	Responsible
Welcome and Introductions		
<p>Meeting Administration</p> <p>Determined meeting frequency would change to semi-annual on a Thursday.</p> <p>Agenda solicitations will be well in advance (approximately a month) to allow for posting in the newsletter.</p> <p>Meeting contact change to MCPT@dhw.idaho.gov.</p>	Send 2019 meeting invites.	William Deseron
<p>Provider Feedback – Webpages</p> <p>www.idmedicaid.com; www.medunit.dhw.idaho.gov</p> <p>Norco said it was user friendly.</p>		
<p>Provider Feedback – Provider Handbook</p> <p>Providers would like to see limitations listed somewhere. As each participant potentially has different allowed units checking eligibility would be the only way to know for sure.</p>		
Provider Feedback – DMEPOS PA Handbook		
<p>DME Utilization Project</p> <p>A MedicAide newsletter article in November stated that DME should default to rental except as stated in the provider handbook. We'll be looking into putting an RR on the fee schedule instead of listing exemptions in the handbook.</p> <p>We're currently working on reorganizing our DME benefits. Most items under \$350 will not be required to be rental. On those items providers can choose whether to bill purchase or rental based off the physician's order and medical need.</p> <p>We anticipate taking off approximately 40 items from requiring a prior authorization.</p>		

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<p>What is the reason for claim reprocessing this week?</p> <p>Claims that were hitting the wrong benefit are being reprocessed. Most claims are paying the same, but there are 11,000 claims that Norco has seen reprocessed. It causes a lot of manual work on the providers part especially with EOB.</p> <p>It would be better if reprocessing could be done after the first year.</p> <p>DXC will look into reaching out to providers and review their reprocessing schedule.</p>		
<p>What do we do if we get referrals for items that don't meet medical necessity (Formula in particular)?</p> <p>Medicaid is developing a form based off WA and OR to help providers communicate when a participant is going to be liable for services.</p> <p>Providers could submit a PA for denial. They would need to explicitly state that on their cover sheet or it may be returned as no PA needed. If the participant is under 21, you may have the family submit an EPSDT request with their physician.</p>		
<p>How do suppliers view/define 'over-the-counter' (OTC)?</p> <p>Primarily formula.</p> <p>Providers don't usually deal in over the counter products like formula.</p>		
<p>An article on the PDAC is being published in the MedicAide newsletter.</p>		
<p>An article on physician script frequency is being published in the MedicAide newsletter. We are matching Medicare.</p>		
<p>Participant is requesting specific brand of incontinence supply. Will Medicaid pay more to meet higher costs?</p> <p>Medicaid's definition of medical necessity would not allow this. The participant would have to buy them out of pocket.</p>		
<p>We bought a supply of special gloves two years ago, but we didn't use them until 2017. The invoice is too old to use for manual pricing. What are our options?</p> <p>Resubmit claim with current MSRP or send in a claim review and appeal.</p>		