

## Idaho Medicaid Big Sky AMES Provider Meeting Minutes

<b>Date / Time of Meeting</b>	Thursday, December 19, 2019 1:30 pm – 3:00 pm		
<b>Location</b>	Conference Room D-West, 3232 Elder St, Boise, ID		
<b>Medicaid Representatives</b>	<b>Provider Participants</b>	<b>DXC Representatives</b>	
William Deseron	Steve Binns, Vic's Pharmacy	Darla Callaway	
Susan Scheuerer	Laura Clary, Brownfield	Kristi Harris	
Angela Williams	Melissa Farrar, Norco	Robert Hughes	
Craig Fisher	Tia Galloway, Maag Prescription and Medical Supply		
Katrina Maxfield	Terry Jordan, Norco		
Cindy Brock	Dawn Jorgensen, Norco		
	Nicole Kissler, Norco		
	Kevin Lawhorn, Pure Vita Co.		
	Leona, Maag Prescription and Medical Supply		
	Gary Rench, Sandcreek Medical		
	Brent Seward, Norco		

### Meeting Content

**Text in red are updates that occurred after the meeting; including responses to questions and additional provider discussion pertinent to the provider group. Meeting minutes are sent to attendees for comment with these changes before being finalized and published.**

Topics Discussed	Action Item	Responsible
<b>Welcome and Introductions</b>	N/A	N/A
<p style="text-align: center;"><b>Idaho Medicaid Provider Handbook Updates</b></p> <p>Providers are encouraged to read the <a href="#">Suppliers</a> handbook updates in January. Updates include:</p> <ul style="list-style-type: none"> <li>Clarify recurring billing practices;</li> <li>Clarify coverage for new participants with pre-existing services;</li> <li>Clarify covered nutritional products and billing; and</li> <li>Provide additional information about prior authorization process.</li> </ul>	N/A	N/A
<p style="text-align: center;"><b>DME Utilization Project</b></p> <p>The project is pending review. It may be cancelled. As a reminder the project will ensure the system is configured with limitations, bucketing and purchase or rental requirements. The expectation is by enforcing automatic bucketing of items, prior authorizations can be decreased.</p>	N/A	N/A
<p style="text-align: center;"><b>Proposed Policy: Oxygen for Cluster Headaches</b></p> <p>Providers are encouraged to read the proposed policy in the <a href="#">December MedicAide</a> newsletter. Comments are being accepted until January 2<sup>nd</sup>.</p> <p>Norco expressed concern about the requirement to discontinue treatment if the participant hasn't experienced a cluster headache within two months. The provider believes a discontinuation order from the physician may be required due to FDA regulations.</p>	N/A	N/A

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<p>The Department was unable to find a regulation to support this. A physician's order being present doesn't require Medicaid to reimburse for a service. The Department will remove the language regarding discontinuation of treatment and leave the language around the treatment being no longer reimbursed by the Department.</p> <p>No additional comments were received as of January 9, 2020. A finalized version will be published in the Medic Aide newsletter.</p>		
<p style="text-align: center;"><b>Proposed Policy: Oxygen Services</b></p> <p>Providers are encouraged to read the proposed policy in the <a href="#">December MedicAide</a> newsletter. Comments are being accepted until January 2<sup>nd</sup>.</p> <p>Norco believes that CMS is reconsidering the CMN requirement and inquired if the Department could proactively consider it as well.</p> <p>The Department was unable to find communication from CMS around removing this requirement. However, after reviewing current CMN requirements from CMS's contractor, Noridian Healthcare, it was determined that the proposed policy needed clarification around using a CMN as a physician's order.</p> <p>No additional comments were received as of January 9, 2020. A finalized version will be published in the Medic Aide newsletter.</p>	N/A	N/A
<p style="text-align: center;"><b>Proposed Changes to Prior Authorization Requirements</b></p> <p>Providers are encouraged to read the proposed changes in the <a href="#">January MedicAide</a> newsletter. Comments are being accepted until February 28<sup>th</sup>.</p> <p>Providers requested the Medical Care Unit consider removing the prior authorization requirement on K0006 and K0007. Sand Creek Medical would also like the various accessories reviewed. There was concern around requiring physical therapy seating and mobility evaluation for the K0003. It was felt that the evaluation was not cost effective and created additional administrative burden without utility.</p> <p>The Medical Care Unit intends this to be an ongoing process. The current proposed changes are their initial wave. Additional codes will be considered and proposed in the future.</p>	Review requested codes for consideration of removal of prior authorization requirements and seating and mobility evaluations.	Medical Care Unit
<p style="text-align: center;"><b>Electronic Visit Verification</b></p> <p>EVV should not apply to Suppliers per CMS guidance. It does however, apply to Home Health Agencies providing DME or DMS.</p>	N/A	N/A
<p style="text-align: center;"><b>Enteral Nutrition Modifiers and NDC</b></p> <p>Providers are encouraged to read the article in the <a href="#">January MedicAide</a> newsletter. Any products administered orally will no longer require an NDC. The BA and BO modifiers will still be required for enteral nutrition.</p>	N/A	N/A

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<p>The GD modifier is being terminated nationally. Idaho Medicaid will be using the SC modifier in its place for enhanced reimbursement.</p> <p>Providers are reminded about the least costly definition for medical necessity. It's concerning to hear that some providers are turning away participants who are requesting organic foods, and other providers are filling those requests and charging Medicaid for enhanced reimbursement. An organic food, which is more costly than alternatives, would only be covered if it had a medical application the alternatives did not. Organic is not a medical treatment.</p>		
<p style="text-align: center;"><b>Non-Purchased Equipment, Not Returned</b></p> <p>No progress has been made on this issue.</p> <p>Norco inquired if the Department could reimburse for tracking devices on their equipment, so they could retrieve it if the participant does not return the item after Medicaid has determined it is no longer medically necessary.</p> <p style="color: red;">The Department is unable to reimburse a provider for a tracking device as it is not a service to the participant.</p>	<p>Develop policy to support providers after a rental period ends.</p>	<p>Medicaid – Division of Policy and Innovation</p>
<p style="text-align: center;"><b>Rolling months</b></p> <p>This issue should be resolved. Providers should be billing on the last day of the month, if the month is shorter than the one the item was dispensed in. For example, items initially supplied on January 29<sup>th</sup> would be billed on February 28<sup>th</sup> and March 29<sup>th</sup>.</p> <p style="color: red;">The change was completed in August 15, 2019. Due to the extent of the system impact the update was not able to be retroactive.</p>	<p>N/A</p>	<p>N/A</p>
<p style="text-align: center;"><b>Defining Short-Term</b></p> <p>According to the Suppliers, Idaho Medicaid Provider Handbook, "DME must be new when dispensed unless specifically requested and authorized by the Department as used on a case by case basis. This includes equipment that is issued or authorized as "rent-to-purchase." It does not apply to short-term rental equipment." The Department is defining short-term as 90-days.</p> <p>Sandcreek Medical expressed concerns about the viability of supplying only new devices. It would create a large inventory of used devices for the Supplier.</p> <p style="color: red;">The language requiring dispensing new DME has been in the handbook since at least August 2010 when Molina (now DXC) became the Department's MMIS. It is most likely even older.</p> <p>IDAPA 16.03.09 only requires a year warranty. The Department's concern around used medical devices is the purchase of a device that will not last the reasonable used lifetime (RUL) and incur additional tax payer expense.</p>	<p>N/A</p>	<p>N/A</p>

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<p>Norco commented that Medicare requires the Supplier to ensure the device lasts the RUL, which would alleviate that issue.</p> <p>Given provider concerns, the Department will not be implementing the 90-day definition. For the time being the Department will not make any change to the existing language. The Department would be interested in working with the provider group in updating IDAPA to reflect CMS RUL standards and removing the requirement to dispense new DME.</p>		
<p style="text-align: center;"><b>DXC Claims Reprocessing</b></p> <p>Norco expressed concerns around the administrative burden involved with reconciliation of claims reprocessing. One example is recent reprocessing of claims with HCPCS A7038, which caused many hours of manual labor. The reprocessing did not affect reimbursement.</p> <p style="color: red;">The systems team was contacted regarding the concern. Unfortunately, they were unable to find a way to change how the remits are generated with reprocessing. They will work with the provider relations consultants (PRC) at DXC to ensure notices or reprocessing contain additional information such as the date range of claims being affected and when they anticipate reprocessing to occur.</p>	N/A	N/A
<p style="text-align: center;"><b>Rural Reimbursement</b></p> <p>Norco requested this be added to future agendas. They would like discussions to continue.</p>	Forward request to Financial Operations and add to next agenda.	Medicaid – Division of Policy and Innovation
<p style="text-align: center;"><b>Medicaid Expansion</b></p> <p>Medicaid has enrolled approximately 55,000 new participants for coverage on January 1, 2020. Providers may see them listed differently when checking eligibility, but the benefits will be the same as existing Medicaid participants.</p>	N/A	N/A

If you would like to be added to the contact list for these meetings, or you have an issue you would like to appear on the next meeting's agenda, e-mail your request to [MCPT@dhw.idaho.gov](mailto:MCPT@dhw.idaho.gov).