DME CHANGES EFFECTIVE AUG. 1, 2020

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AGENDA

- DME to home health changes.
  - Reason.
  - Policy language.
  - Notable coverage changes.
  - Face-to-face requirements.
  - Exiting authorizations.
  - Prior authorization submissions.
  - Prior authorization notifications.
  - Claims submissions.
- Home and Community Based Waiver.
- Resources.

DME TO HOME HEALTH CHANGES

REASON FOR CHANGE

- CMS Home Health Final Rule of 2016.
  - Currently, DME is an optional stand-alone benefit for Oklahoma SoonerCare members. This CMS rule requires states to move DME under home health as a mandatory benefit.

POLICY LANGUAGE

- The term DMEPOS will no longer appear in policy.
- The policy will still refer to DME providers as DME suppliers, but otherwise DME has now been changed to medical supplies, equipment and appliances.
- The place of service has been updated to be any setting in which normal life activities take place, except for inpatient settings.

NOTABLE COVERAGE CHANGES

- Some of the notable changes will be to adult coverage of the following:
  - Nebulizers.
  - C-paps.
  - Sleep studies.
  - Bath chairs.
  - Enteral (tube fed) formulas and supplies.
  - Incontinence supplies.
    - Please note, incontinence supplies for members ages 0-20 **must** be provided by People First Industries.

FACE-TO-FACE REQUIREMENT

- **Face-to-face encounter.**
  - A patient visit in which a practitioner, as defined by 42 C.F.R. 440.70(f), completes a face-to-face assessment related to the primary reason the beneficiary requires durable medical equipment. The face-to-face encounter must occur no more than six months prior to the start of services. The ordering physician must document the face-to-face encounter, including the practitioner who conducted the encounter, and the date of the encounter. Clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record. The face-to-face encounter may occur through telehealth.

EXISTING AUTHORIZATIONS

- For members who have an existing prior authorization through one of the waiver programs, the prior authorization will be valid through the current end date.
- For continuation of services that will be considered under TXIX, requests will need to be submitted to OHCA.

PRIOR AUTHORIZATION SUBMISSIONS

- Must be submitted through the secure SoonerCare provider portal by the DME provider.
- Supporting documents must be uploaded at the time of PA submission.
    - Order or script.
    - Certificate of medical necessity (if applicable).
    - Documentation from member's medical records to support the need for requested service.
- Manually priced items will not be priced at the PA level. They will be priced at the claims level.

PRIOR AUTHORIZATION NOTIFICATIONS

- Member will receive notification of decision via mail to the address listed on the members eligibility file.
- Providers will receive notification through the secure provider portal.
  - For denied or cancelled services, review the remarks section of the PA notice. The remarks section will have detailed information as to why the service was denied or cancelled. Members will also receive this information on the PA notice that is mailed to them.
  - If PA is denied or cancelled, DME provider can obtain additional supporting documentation and resubmit as a **new** PA request.
  - If denial is on a member who currently has eligibility through one of the waiver programs as well, DME provider may reach out to the members case manager. They can contact the members primary physician for additional documentation, if needed, or check if the service may be obtained through the perspective waiver program. Members are not required to go through the TXIX appeals process prior to turning to the waiver program for possible coverage.

CLAIM SUBMISSIONS

- Will require an ordering physician to be on the claim.
- Manually priced items will require the following with claim submission.
  - HCA-50.
  - Cost invoice.
  - MSRP – if no MSRP available, need explanation as to why.
  - Delivery ticket.

HCBS WAIVERS

CASE MANAGER

- Face-to-face encounter must be performed by a medical provider (six months).

- ALL DME and incontinence must be ordered or referred by a medical provider (Physician, P.A. and N.P.).
  - Excludes PERS.
  - Grab bars (installed).

CASE MANAGER

- Services listed on the care plan:
  - Harmony (AD*vantage* waiver).
  - OHCA (Medically Fragile and Living Choice).
  - DDSD (Community, HB, IHSW-A and IHSW-C).

- Liaison between DME provider and member's medical provider.
  - State plan approval or denial.
  - Oral supplements (not covered under state plan).

- Nutritional Supplements.
  - B codes.

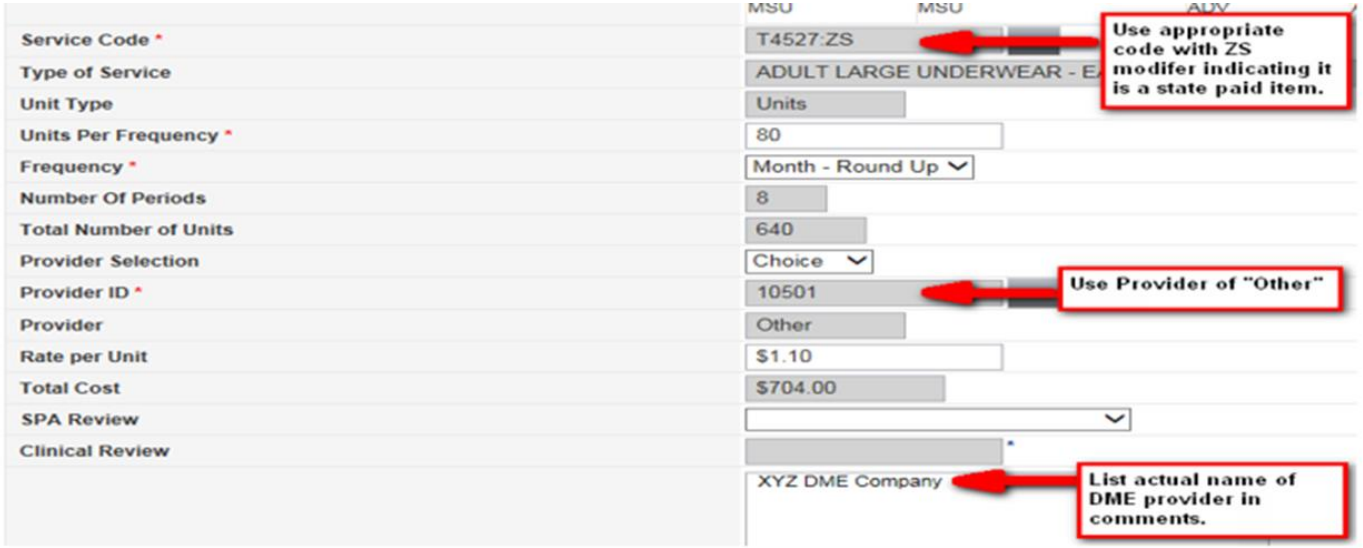
ADVANTAGE WAIVER

- Items still covered under AD*vantage* waiver:
  - A4927 gloves, non-sterile.
  - B4100 food thickener.
  - *Oral nutritional supplement using the appropriate B codes.

- Service plan:
  - Continue to add waiver covered items to the planned service lines in harmony.
  - The planned service line should continue to list the actual DME provider name.
  - Current PA's (authorized in harmony) will remain valid through end date.
  - Plan changes or reauthorizations for DME services will need go through State Plan IF item is not listed for continuation under AD*vantage.*

ADVANTAGE WAIVER

- CM's will continue to add SoonerCare covered item(s) to the planned service lines in harmony.
  - The planned service line will use the correct code for the item with the State Paid modifier (ZS).
  - The provider listed will be Other (similar to adding other non-waiver paid items such as informal supports or transportation).
  - The actual provider will be indicated in the comments box.



ADVANTAGE WAIVER

- Items denied or not covered under the state plan:
  - DME may reach out to the member's case manager for assistance obtaining additional documentation.
  - DME item may be requested to add to the planned service for consideration of payment by the AD*vantage* waiver.

- Request for approval under AD*vantage* Waiver.
  - The DME or the member should provide a copy of the denial letter to the CM.
  - The CM will attach the OHCA denial letter to a plan note using a note type of documentation and note sub-type of TXIX DME denial.
  - Add a planned service line for the appropriate code and provider name.
  - Previously entered State Paid (ZS) modifier will be updated to request withdrawn.
  - A new line will be added to include DME code <u>without</u> the ZS modifier.
  - New line should list the actual DME provider name in the provider field.

MEDICALLY FRAGILE WAIVER AND LIVING CHOICE

- Items still covered under MFW and Living Choice:
  - B4100 food thickener.
  - Oral nutritional supplement using the appropriate B codes.

- Service plan:
  - DME items would now be under state plan (approved).
  - Current PA's will remain valid through end date.
  - Plan changes or reauthorizations for DME services will need go through state plan.

MEDICALLY FRAGILE WAIVER AND LIVING CHOICE

- Items denied or not covered under state plan:
  - DME may reach out to the member's case manager for assistance obtaining additional documentation.
  - DME item may be requested to add to the planned service for consideration of payment by the MFW and Living Choice.

- Request for approval under MFW and Living Choice.
  - The DME or the member should provide a copy of the denial letter to the CM.
  - The CM will submit the OHCA denial letter with an addendum.

DEVELOPMENTAL DISABILITY SERVICES WAIVERS

- Services still covered under DDS waivers:
  - A4927 gloves, non-sterile (unless member meets SoonerCare criteria).
  - B4100 food thickener.
  - Oral nutritional supplement using the appropriate B codes.
  - Ceiling lifts.
  - Van conversations.
  - Architectural Modifications.

- Items denied or not covered under the state plan:
  - Proceed as you would today.
  - The case manager or resources development may be contacted to submit the request for approval through the plan of care review process.

- DDS will use the Oklahoma Medicaid reimbursement methodology and rates to reimburse providers effective 8/1/20.

DEVELOPMENTAL DISABILITY SERVICES WAIVERS

Please direct questions to:

- Julie Whitworth Julie.Whitworth@okdhs.org or 405-618-2049
- Paula Green Paula.Green@okdhs.org or 405-249-5481

RESOURCES

RESOURCES

- www.okhca.org
  - DME webpage.
  - Forms webpage.
- DMEAdmin@okhca.org
- SoonerCareEducation@okhca.org
- www.okhca.org/ltc → provider's post.

OKLAHOMA
Health Care Authority

GET IN TOUCH

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

okhca.org
mysoonercare.org

Agency: 405-522-7300
Helpline: 800-987-7767