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Scenario:

1. Like for Pharmacy, if a DME provider (contracted with a health plan) provides supplies prescribed by a physician who is not contracted with a health plan, will the health plans still pay for the items prescribed? **As long as facility has contract, if DME provider is INN, the it will be paid as INN**

Enrollment:

1. Will the MCO Plans have specific portals for eligibility? **Eligibility through state portal**
When will this be available for new referrals and existing patients? **NCTracks.**

Documentation:

1. Will any documentation and medical coverage criteria requirements change from payer to payer? **All PHPs using standard protocols - Changes not expected.**

O2 testing? – **We will Follow State Guidance**

Is the Medicaid NC CMN (Cert of Medical Necessity) form still required for all plans?
For UHC- The form is posted online, but not required. A notification made to our online portal and clinical provided should contain all needed information.

2. Will items covered only under the pharmacy benefit currently be available to be paid under the DME benefit. (i.e. Continuous Glucose Monitors)? **For Pharmacy we will pay as the state pays. For example: If an item is only covered under the pharmacy benefit and not DME with NC Medicaid FFS, then the same coverage would apply with UHC. DME: Use Chapter 4 page 42 for what is covered. Example of items covered under the pharmacy benefit (in alignment with NC Preferred Drug List):**

- Diabetic supplies (AccuChek products are preferred)
 - Test strips
 - Lancets
 - Lancing devices
 - Control solution
- Continuous Glucose Monitors (Dexcom and FreeStyle Libre 2 are preferred)
 - Receivers / Readers
 - Sensors

3. How will MCOs handle exceeding quantity limits? **Our DME policy is consistent with state. Will deny if over limit unless EPSDT or other SCA exceptions.**

4. Will managed care plans be paying for items that are not currently paid under FFS? (i.e. Wound Care) **Similar to #2 above.**

5. How will MCOs handle non-covered supplies? Typically denied, except EPSDT/med nec.

Authorizations:

1. Is there reciprocity for authorizations between health plans when a beneficiary switches from one plan to another? Specifically concerning the DME industry because of rentals and other care that is continual. i.e., Does PA follow? UHC model built around PA following member transition (In & out). PAs honored for life of original approval period/end date.

2. How are the Health Plans handling retroactive eligibility? Managed via State/Department. UHC uses eligibility dates received from State. If no PA was provided, would need to be re-requested.

Claims Processing:

1. When will claims processing information be available? (I.e. Payer ID for Electronic Claims)
Starting day 1. Payer ID 87226, see Chapter 11 for more info.

2. How are local code items going to be handled by each Health Plan? Example, Any item on the Medicaid fee schedule with a "W" or "T" code. Are we to bill the local code, or the cross-walked HCPCs code? Please bill the HIPAA compliant HCPC code/ as well as the "W" code. We will operate off a crosswalk and work with DHHS to discuss the concerns around using non-HIPAA compliant codes.

3. Is there an expectation that Health Plans will accept claims in the same format as described In the attached document from the Medicaid manual 5A-2, specifically regarding rentals and enteral supply kits? (Snip Below). For the DME Rent to Purchase editing in place today we edit on calendar month.

Looking at the "Rental Equipment" section, you can see the billing rules for rentals are somewhat unique to NC Medicaid. A CPAP rental, for instance, would look something like: Date delivered 3/19/20, date picked up 10/20/20.

1. 3/19/20-3/31/20
2. 4/1/20-4/30/20
3. 5/1/20-5/31/20
4. 6/1/20-6/30/20
5. 7/1/20-7/31/20
6. 8/1/20-8/31/20
7. 9/1/20-9/30/20
8. 10/1/20-10/20/20

If we were following Medicare billing rules, the rental would look more like

1. 3/19/20-4/18/20
2. 4/19/20-5/18/20
3. 5/19/20-6/18/20
4. 6/19/20-7/18/20
5. 7/19/20-8/18/20
6. 8/19/20-9/18/20

7. 9/19/20-10/18/20

8. 10./19/20-11/18/20

• Block #/Description	• Instruction
• 24a. Date(s) of Service, From/To	• Your entry depends upon the services: <ul style="list-style-type: none"> • Customized Equipment: You may enter either the date of the physician's prescription or the date of delivery to the beneficiary's home as the date of service. Place the date in the FROM block. Enter the same date in the TO block. • Other Purchased Equipment - DME and EN: Enter the date the item is delivered to the beneficiary in the FROM block. Enter the same date in the TO block. • Rental Equipment - DME and EN: For the month being billed, enter the first day in that month that the item is at the beneficiary's residence in the FROM block. Enter the last day in that month that the item is at the beneficiary's residence in the TO block. Do NOT span calendar months. <ul style="list-style-type: none"> • EXAMPLE: An enteral pump is provided from 3/25/02 through 5/15/02. Submit three claims. On March's claim, enter 032502 in the FROM block and 033102 in the TO block. On April's claim, enter 040102 in the FROM block and 043002 in the TO block. On May's claim, enter 050102 in the FROM block and 051502 in the TO block. • Service and Repairs: Enter the date that the item is serviced or repaired in the beneficiary's home as the date of service. If the item is removed from the beneficiary's home for service or repairs, enter the date that it is returned. Place the date in the FROM block. Enter the same date in the TO block. • DME-Related Supplies: Enter the date that the item is delivered to the beneficiary's residence in the FROM block. Enter the same date in the TO block. • EN Supply Kits: Enter the date in the month that the therapy begins in the FROM block. If the therapy is continued from the prior month, enter the first of the month in the FROM block. <ul style="list-style-type: none"> • Enter the last day of therapy for the month in the TO block. If the therapy extends into the next month, enter the last day of the current month in the TO block. Do NOT span calendar months. • See the EXAMPLE under Rental Equipment for guidance. • EN Individual Supply Items: Enter the date that the item is delivered to the beneficiary in the FROM block. Enter the same date in the TO block. • EN Formulas: Enter the service dates for the formula in the FROM and TO blocks.
• 24b. Place of Service	• Enter 12 to show the items are provided at the beneficiary's residence.

Contracted Provider:

1. The provider manual has limited billing information when it comes to DME-specific billing. The Medicaid Manuals 5A-1, 5A-2, 5A-3 and 5B are extremely detailed and important for billing staff to prepare billing systems for submitting claims. Are there any expectations for billing manuals to be released from the Health Plans? [The UnitedHealthcare Administrative Guide is available on our website](https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/NC-UHCCP-Care-Provider-Manual.pdf)

Other Questions:

- Will portal have DME information or will we go to NCTracks. UHC follows CMS Guidelines/Above policies. Clinical (DME) (coverage and reimbursement) Policies are on portals (provided by State of NC). Links:
 - <https://www.uhcprovider.com/content/dam/provider/docs/public/admin-guides/comm-plan/NC-UHCCP-Care-Provider-Manual.pdf>
 - [https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-DME-Orthotics-Prosthetics-Policy-\(R0109\).pdf](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-DME-Orthotics-Prosthetics-Policy-(R0109).pdf)
 - <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/nc/durable-medical-equipment-nc-cs.pdf>

- Codes not listed on fee schedule (eg hospital bed)? UHC coverage for different HCPC code? Likely a SCA based on medical necessity and discussion whether there is an alternative that can be leveraged prior to benefit accommodation. May establish Gap/Fill if/as needed.
- Submit PA with DOS that fall into effective date of transition?: Not recommended (unless new). Member data will not be synced until after transition
- Existing PA, FFS that needs renewal in 90 day– what is expected TAT on these? Currently assessing work-load based on forecasts.