

**NH MEDICAID/ NEMED MEETING  
MEDICAID PRIOR AUTHORIZATION UNIT AT SCHALLER ANDERSON  
53 REGIONAL DRIVE  
CONCORD, NH  
SEPTEMBER 6, 2007 / 1:00 P.M.**

**MINUTES**

Attendees: Tamme Dustin (Herron & Smith), Steve DeYoung (Elliot HME), Darryl Coplan (Keene Medical), Jan Soderquist (Rehab Equipment Associates), Agnes Tupper (National Seating & Mobility), Brenda Gauthier (Critical Care Systems), Karyn Estrella (NEMED), Jane Hybsch (DHHS – OMBP), Angela Loring, Kate Wrey, Kim Raynor John Robinson (Schaller Anderson), Marilee Nihan (OMBP Finance)

Meeting commenced: 1:05 p.m.

1. **General discussion and feedback on the transition of prior authorization activities from State staff to Schaller staff from both DME provider and Schaller perspective**
  - Angela felt the turn around time has exceeded expectations. She is happy with provider relationship. Darryl said the transition has been great. Case management, communications great. Steve said customer service has been friendly, positive. John has been pleased but acknowledged they need to work through a few things.
  - Darryl asked about older PA issues. Jane said all Hazen office staff are in the Annex building with her. She meets with them on a daily basis. The goal this month is to clean up all old PAs by mid-Sept. Email Jane if this is not happening for follow up.
  
2. **What is the process for handling provider requests that are urgent for discharge and/or clinical set ups?**
  - Angela said they get a “heads up” on discharges. Sometimes they hear from the hospital but not the vendor. Knowledge of what’s been going on in the hospital helps expedite the PA process.
  - Tamme asked if Schaller asks hospitals for more notice? Angela replied yes but it doesn’t always work out. They also get last minute notice. The PA unit has been working hard to get priors done before discharge. They are making the referrals aware that equipment needs should be arranged in advance.
  - For late discharges, Steve asked if the provider should deliver prior to PA? Angela said you can’t hold up care. John said to call PA unit to get a quick PA. If not, go on faith that PA will be approved based on coverage criteria.
  - Jane said that “prior should mean prior” but she acknowledged exceptions. She wants PA to be done prior but she will sign off on retro if necessary.
  - John was asked if there were patterns where some are worse than others regarding notice. It is different. No one hospital in particular. The referrals have been getting used to the new process as well. They will ask hospitals to step up if necessary.
  
3. **Discussion about requests for retro-active prior authorizations and procedures**
  - Jane wants prior to mean prior.
  - Tamme said that sometimes the primary insurance has a DME maximum but the provider doesn’t know when they have reached the limit. These are for items that Medicaid will cover but the PA has a retro date. If all documentation is provided, will retro PA be issue?
  - Jane said yes. Providers should submit all documentation to support the PA. As long as the primary insurance is maxed, Medicaid would cover.
  - Jan asked about PAs for service i.e. PWC joy stick not working. How should provider handle? Jane said call into the Schaller staff for a verbal. The sooner they are notified, the better.
  
4. **Incontinent supplies for adults, process requirements and implementation timelines; Future directions**
  - Senate bill 826, chapter 288 – legislature has directed Medicaid to fund incontinence for adults. They have adjusted their system to process claims. By close of business on Monday (September 10), provider notice will be sent to providers. PA will be required, similar to incontinence for children. MAB will do this for a while until they decide that PA can be removed. LMN will be required along with PA. Administrative rules are being created for coverage criteria. Area agencies will be informed such as ECI

waiver clients and case managers, acquired brain disorder waiver managers. Jane feels that the recipients who need to be informed will be allowed. They will use different “T” codes for adults with the pediatric allowables. Jane hopes to have implemented by next week. She is working with mid-managers to make sure information is getting out.

- Currently there is an allowable, taking into account RSA. Still a loose end item that they are working out. Legal has been informed. Claims system has been set up with an allowable same as children.
- There is no change in pediatric incontinence. MAB did not get any expanded dollars (funding) to pay for this benefit.
- Area agencies will no longer be providing products for their clients. They could pay for clients that don't meet criteria.
- Marilee said there is no additional funding for this benefit. They are putting together an RFP for children and adult incontinent supplies and will choose one or more vendors. Timeline – RFP out by October 1<sup>st</sup>. 6 – 8 weeks to review proposals. They will ask for samples. They anticipate completing the evaluation with an implementation date of January 1, 2008.
- When asked if a winning supplier would be within the State or national mail order, Marilee said they would look at all possibilities.
- Jane asked for interested parties for bid list. Notify Marilee if interested.

**5. Schedule conference call to discuss RSA 126-A (best pricing)**

- Jane would like to have conference call with NEMED and Attorney Jonathan Gallow. She asked for specific questions in advance of the call so their legal counsel can research.
- NEMED will compile questions and send dates to Jane with dial in.

**6. Medicaid rate setting (HB 43) and implications**

- Marilee said the first section of HB 43 is applicable for DME providers. Medicaid rates must be studied every two years and benchmarked. They need to report to the legislature every two years on preceding year rates. First report due next October 2008. As budget is developed, must be based on this methodology. In September, MAB will be putting together a workgroup, look at rates, benchmark. Their goal is to have a set of alternative rates that legislature can choose from and fund appropriately. This will be coming out in next 6-8 months. Analysis of DME rates and methodologies.
- Tamme asked if a fee schedule be established rather than cost-plus? Marilee understands that cost plus is not best methodology. They will be getting feedback from providers. There will be hearing for public comment.
- Marilee was open to using NEMED as a resource.
- John asked if access was going to be used as benchmark. Marilee said they will take into account.
- MAB will use the following benchmarks (Medicare, Medicaid, private payors, charges)

**7. Development of a standardized fee schedule**

- Confusion on quantity limitations not being published
  - i. Jane said one of first things they will look at is quantity limits. They are moving to a new claims processor in June 2009. MAB wants to have everything in place and reduce manual pricing.
  - ii. Tamme asked how manual pricing will be eliminated. Jane would like to see more codes and rates, less human interaction. Marilee's group has worked hard to clean up old manually priced claims. It is more manageable now.
  - iii. Marilee said they have been trying to statistically price claims then review. Look at benchmarks.
  - iv. Quantity limits will be posted on a continual basis. MAB will keep NEMED apprised as they move forward with that work.

HEW 571 has been approved with an August 20, 2007 effective date. Darryl asked for clarification on DOS vs. Date of billing. Providers are doing more drop-shipping to customer. What is date of service - date of order or date that client receives the product? Tamme said it was her understanding, as the result of an audit, that is it the date of order from the vendor. Jane will publish a clarification in an upcoming bulletin. Darryl said there could be a delay in delivery (back order). Providers should email FAQs to Jane to disseminate information.

Jan said that managed care payors are cost shifting to the State and it is causing a ripple effect. Marilee said she was aware of this and it should be included in their strategy. The State should not have to bear the burden of filling in the gap for private insurers.

Jane suggested meeting again in January 2008. Karyn will work with Jane on meeting dates.

Meeting adjourned: 2:15 p.m.

Submitted by: Karyn Estrella