

**DME Updates for Case Managers – July 22, 2020, 10:00 a.m. (Natasha Kester & David Ward)**

<b>Q</b>	1. Do the changes in coverage for nebulizers, sleep studies etc. only apply to those in Home Health or other populations as well?
<b>A</b>	<i>Changes apply to all members who qualify for TXIX services.</i>
<b>Q</b>	2. Currently with Medicare if a DME provider knows it is not covered, they will not submit for a denial to show to ADvantage due to Medicare penalizing them for too many denials. Will SoonerCare be enforcing this same policy? If so, how do we prove to ADvantage that the item was requested under SoonerCare and denied if we need to request under ADvantage waiver.?
<b>A</b>	<i>Medicare rules do not apply with ADvantage and SoonerCare. The denial from SoonerCare is required to request the item through the ADvantage waiver.</i>
<b>Q</b>	3. What if a member does not have a medical provider?
<b>A</b>	<i>The case manager should support the member in obtaining appropriate medical care through a process of education and referral.</i>
<b>Q</b>	4. Regarding the HCA-52A in section VII, will a correction be done to add the wipes?
<b>A</b>	<i>Correction has been done and form reposted.</i>
<b>Q</b>	5. I have a member who attends the VA for health care. Is the VA contracted with Sooner Care? If not, will the member have to obtain a SoonerCare contracted PCP just to get the order for incontinent supplies/DME?
<b>A</b>	<i>DME and Supplies requires the ordering physician to be SoonerCare contracted.</i>
<b>Q</b>	6. Grab bars are excluded as noted, however, what about handheld shower wands? The initial slides only note "bath chair".
<b>A</b>	<p><i>The below items are excluded for coverage by SoonerCare:</i></p> <ul style="list-style-type: none"> <li>• <i>handheld showers</i></li> <li>• <i>toilet seat risers</i></li> <li>• <i>grab bars</i></li> <li>• <i>tub bars (Clamped or Mounted)</i></li> <li>• <i>reachers</i></li> <li>• <i>bed wedges</i></li> <li>• <i>transfer benches</i></li> <li>• <i>Bath Stools/Benches</i></li> <li>• <i>hip kits (includes reacher-sock aide-shoe horn-button hook)</i></li> <li>• <i>Stool safety frames</i></li> <li>• <i>Bottom Buddies</i></li> <li>• <i>Adaptive Utensils</i></li> <li>• <i>PERS</i></li> </ul> <p><i>If these are not covered by SoonerCare, ADvantage waiver will maintain coverage of these items through the waiver using existing rules.</i></p>
<b>Q</b>	7. We are currently completing reassessments for Advantage plans beginning in September 2020, so are we required to have the DME submit requests through Title XIX for any incontinence supplies now? Even though per Natasha this is not even approved yet?
<b>A</b>	<i>ADvantage will continue to authorize following the current process.</i>
<b>Q</b>	8. With an addendum or new plan is it anticipated that the timeline for approval/denial will be the same. If a plan is submitted within the 30 days prior to the current plan ending will the member get notification in time to request Advantage consideration prior to the current authorization ending?
<b>A</b>	<i>OHCA tries to deliver a decision within 72 hours of receipt. Turnaround times can change dependent on the number of requests received</i>
<b>Q</b>	9. Will environmental modifications for Advantage now fall under this new process?
<b>A</b>	<i>There will be no change in current processes for Environmental Mods, PERS, or installed grab bars.</i>

Q	10. For Advantage members if we have a change on a previous authorized line do we submit the change thru Advantage or does it need to be requested by the DME thru SoonerCare?
A	<i>If submitted 8/1 or after it will need to be requested by the DME thru SoonerCare and the plan will need to be submitted for a change through Harmony so that the current line can be ended.</i>
Q	11. What is the limit on incontinent supplies, same as current??
A	<i>Standard of Care limits are listed in the Guideline posted on the DME page of the OHCA Public website, however member can receive units above this if medically necessary.</i>
Q	12. What to do if issues with uncooperative MD, PA or NP???
A	<i>For ADvantage waiver: If the case manager's advocacy efforts have failed in the effort to obtain an Rx when required, please submit a PQ documenting those efforts. For DDS: please contact Julie Whitworth or Paula Green with documentation of CM efforts.</i>
Q	13. Is the 6mths RX to be done before the end date of current plan??
A	<i>For ADvantage: most DME items are authorized for one year. Same for DDS.</i>
Q	14. Is there going to be something sent to all providers and persons about these changes?
A	<i>Globals have been sent out along with posted and discussed in previous Board, Tribal and MAC meetings.</i>
Q	15. If we know the Advantage member will not meet the criteria due to no medical dx such as neurogenic bladder and only has a dx of incontinence, do we still need to go through the title 19 process?
A	<i>The process still needs to be followed as ADvantage will need the denial notice to be able to approve on the ADvantage plan.</i>
Q	16. What should the CM do if the Member's PCP sends an order to a non-Advantage DME company, and the item is denied- that DME company may not know to try and request through Advantage, or may not attempt to contact the Member's Advantage CM.
A	<i>In monthly monitoring with the member, the case manager should be asking about new needs and any actions taken by the member to address them.</i>
Q	17. DDS Waiver - Will the current approvals continue to the end of the working POC or will addendums be required?
A	<i>DDS has provided training to case managers since this training was held. Some DME authorizations will be end dated 12.31.20. Depending on the dates of the POC an addendum may be necessary.</i>
Q	18. Is it the Case Manager's responsibility to complete the order form and send to member's physician for forwarding to DME?
A	<i>No, unless the process has broken down and advocacy efforts are required. These advocacy efforts should be documented to support billing.</i>
Q	19. Unfortunately, I missed the beginning of the presentation. Did Natasha say when these changes will be effective? We have several physicians and patients waiting to start services. We watched the initial webinar and thought this was starting on July 1 2020.
A	<i>Changes will be effective 8/1/2020</i>
Q	20. In regard to incontinence under SoonerCare, what is the Case Manager's responsibility to write a plan if the Case Manager didn't write the plan because someone else wrote it? Thanks!
A	<i>For ADvantage, if a case manager is assigned a member receiving DME/supply items, they should add these to the plan. The plan is intended to be a comprehensive view of all services and supports the member is receiving, regardless of payer source. Same for DDS.</i>
Q	21. Can you please give us the list of covered diagnosis again for the criteria for non-sterile gloves and incontinent supplies as the covered "primary reason" on Face to Face encounter? thank you.

A	<i>For members to qualify for non-sterile gloves under SoonerCare member must be incontinent and must have a genitourinary or gastrointestinal infection for a resistant organism such as C-Diff or MRSA. Guidelines will be posted on the DME webpage of the OHCA Public Website.</i>
Q	22. For Adv. MSU can a complete list be submitted to case managers with clarity one all DME ADvantage WILL cover, I foresee this being a big confusion for all. Thanks.
A	<i>This is planned.</i>
Q	23. If a member is approved for guard liners under advantage waiver before 8/1/2020, and then wants to increase guard liners after 8/1/2020, would ADvantage waiver still pay for that or would the member then need to go through SoonerCare since there is a change in incontinence supplies?
A	<i>Any changes after ADvantage has changed over to SoonerCare authorizations will need to be submitted through SoonerCare. Same for DDS.</i>
Q	24. I don't think the VA is contracted with SoonerCare because I have had a member try to schedule SoonerRide transportation for an appointment and they refused to transport stating they would have to arrange with the VA.
A	<i>Physicians can be pulled up on the Secure Provider Portal to see if they are contracted.</i>
Q	25. Do SoonerCare contracted PCPs understand that they are going to be required to submit orders for all this DME? I know it's been a chore for CMs to get orders for nutritional supplements, increased incontinence supplies, etc. in the past.
A	<i>Provider offices who currently serve TXIX members and order equipment and supplies are used to suppling clinical documentation to the DME providers.</i>
Q	26. Do we do all changes in Harmony and will OHCA have access to Harmony effective 8/1/2020?
A	<i>For DME covered by SoonerCare, the items should be added to the ADvantage plan as with any other State Plan or Medicare service. OHCA will not utilize Harmony for SoonerCare DME items.</i>
Q	27. Will the CM still need to get signature pages to add DME to the plan then?
A	<i>No, unless the signature is required for other reasons (new plan, reassessment, etc.).</i>
Q	28. What is the standard of care limit on incontinent supplies?
A	<i>Standard of Care limits are listed in the Guideline posted on the DME page of the OHCA Public website, however member can receive units above this if medically necessary.</i>
Q	29. Are the Physician's aware they are going to need to obtain the documents from the website?
A	<i>Provider offices who currently serve TXIX members and order equipment and supplies are used to suppling clinical documentation and appropriate forms if applicable to the DME providers.</i>
Q	30. Has this update been submitted to all medical providers...it is sometimes impossible for them to respond now for basic request?
A	<i>Globals have been sent out along with posted and discussed in previous Board, Tribal and MAC meetings.</i>
Q	31. If CMS approval is not obtained by 8/1/2020, will this change be moved back and how will we know?
A	<i>CMS approval will be effective 8/1/2020. This will be the effective date of the change. However, the rates will not be voted on by the OHCA Board until 9/16/2020. So once approved, we will make the new rates effective 8/1/2020, and recycle claims for dates of service on or after 8/1/2020.</i>
Q	32. Where can we find the required diagnoses for oral nutritional supplements? Advantage denied member with Alzheimer's for nutritional supplement.
A	<i>Follow the regular ADvantage process for oral nutritional supplements.</i>
Q	33. Are all physicians in Oklahoma SoonerCare contracted?

A	<i>No. You can look up physicians on the SoonerCare Secure Provider Portal to see if they are contracted.</i>
Q	34. Can you explain further on how to submit changes to already authorized lines after 8-1-20, You mentioned submitting it through Harmony.
A	<i>For DME covered by SoonerCare, the items should be added to the ADvantage plan as with any other State Plan or Medicare service. OHCA will not utilize Harmony for SoonerCare DME items.</i>
Q	35. Is there a list of Dx's that will fall into the category of incontinent supply approval going to be listed on OHCA website training?
A	<i>There is not a comprehensive list of medical diagnosis. Each PA will be looked at on a case by case basis.</i>
Q	36. Will eyeglasses and hearing aids be covered?
A	<i>There are no coverage changes for eyeglasses or hearing aids.</i>
Q	37. Where do we get the form that needs to be filled out by the physician?
A	<i>Forms can be found on the OHCA Public website on the Forms page.</i>
Q	38. Are the medical incontinence forms going to be different than the current advantage documents we are using currently?
A	<i>ADvantage will use the OHCA form for incontinence supplies.</i>
Q	39. DDS Since the provider take the person to the doctor would there not be a specific form to take to the doctor and get that back to us for the person that needs it?
A	<i>Case managers have been given the current guidelines and forms required for DME. Provider agencies are being informed of the changes and what their role is in requesting DME supplies.</i>
Q	40. What are the waiver requirements to pick up items, like an electric floor lift, when the vendor will not submit to Title 19 for a denial due to the reimbursement cost of the item?
A	<i>Please work with waiver staff if issues arise. Issues will be addressed on a case by case basis.</i>
Q	41. Where do we obtain the Order Form?
A	<i>Forms can be found on the OHCA Public website on the Forms page.</i>
Q	42. Where is the form located for 21 and older for incontinence supplies to send to doctor for Advantage CM?
A	<i>Forms can be found on the OHCA Public website on the Forms page.</i>
Q	43. Will Case managers continue to use the incontinence order form provided in Harmony to have the PCP fill out or will we be getting SoonerCare forms?
A	<i>The OHCA form will be used and the word merge in Harmony will be taken down.</i>
Q	44. So, just to be clear, it is the Case Managers responsibility to get the face to face with the physician when they are doing a SOC or an Reassessment?...Or does the Case Manager complete the plan and the DME would be required to get the forms completed?
A	<i>Members are responsible to see their physician's according to their health needs.</i>
Q	45. Will the CM be required to do a 5 day follow up on state plan approved items such as incontinence supplies?
A	<i>For ADvantage, case managers should always ensure members receive necessary medical equipment and supplies. 5-day follow-up monitoring is required for delivery of ADvantage services; however it is good practice to monitor monthly to ensure service delivery, or more often depending on the needs of the member.</i>
Q	46. With the funds that the Advantage Waiver will be saving by not paying for as much DME, will there be any future changes to what the program can offer, or will reimbursement rates be increased possibly?
A	<i>The funding the DHS currently spends on DME, will be transferring to OHCA. Similar amounts of DME will be purchased, but just different agencies paying for those items. OHCA was not appropriated additional funding to cover the DME</i>

	<i>expenditures, so DHS will still be responsible for the funding until appropriations are given or transferred to OHCA.</i>
Q	47. If this is delayed after 8-1 and we have already started process through SoonerCare would we need to go back into service plan and submit like we would prior to Harmony? Therefore, the CM would request withdraw that service line for "state paid" (ZS) then resubmit as prior to 8-1-2020 only if this new process is delayed by CMS?
A	<i>Yes, that is correct unless directed otherwise via Bulletin, etc.</i>
Q	48. I am hearing that the "children's population medical providers" are aware of their involvement and role in obtaining incontinence supplies, what about our elderly population's PCP's? Are the case managers responsible for explaining to the member's PCP that they are the ones needing to fill out the incontinence form?
A	<i>The case manager need not advocate in this process unless there is a problem that develops.</i>
Q	49. Which form will be used for Advantage Enteral Nutritional Formula?
A	<i>ADvantage will not cover enteral nutritional formula, only oral nutritional formula. There is no change in that process.</i>
Q	50. For Advantage waiver audit purposes, will case manager be required to do 5 day follow ups for the incontinent supplies/DME authorized by SoonerCare?
A	<i>Answered above.</i>
Q	51. If a member is currently authorized by Advantage for incontinence supplies and an increase is needed it is to be submitted to SoonerCare after August 1st. If OHCA denies then the member loses the service they had because you are saying to end the Advantage line when submitting change. So what would be the benefit of requesting any change until the current authorization expires. This is potentially long delays in services to the member.
A	<i>The CM would not need to submit the Harmony plan change to end the ADvantage auth until they are sure the approval has gone through under the SoonerCare benefit.</i>
Q	52. In the past we have been told that Orthotics will not be covered for adults....is this still the case?
A	<i>Orthotics/Prosthetics is not a covered benefit for adults.</i>
Q	53. Once the supplies are requested after the Aug 1st date and they are asking for a change. Does the CM manager need to do anything such an addendum if an increase is needed in either incontinent supplies? How would the CM proceed? Would they be responsible for call the DME and/or the doctor to get the increase approved and added to the plan?
A	<i>This would be treated as a new request under SoonerCare. The member should contact their PCP.</i>
Q	54. Many DDS clients see Nurse Practitioners rather than Medical Doctors are Nurse Practitioners typically SoonerCare providers as well and able to provide medical necessity?
A	<i>Nurse Practitioners are allowed provider types-the member should verify with their provider whether or not the provider is a contracted SoonerCare provider.</i>
Q	55. If there is a delay with getting medical necessity information to process claims, will DDS Case Managers be able to put a limited amount of medical supplies on the DDS Waiver until claim is processed?
A	<i>For current plans, yes, units may be added until a SoonerCare prior authorization determination has been made.</i>
Q	56. Does a denial for medical supplies need to be obtained annually to be added to the DDS Waiver, or if it was received once is that enough for all future DDS Plans of care?
A	<i>Additional guidance will be provided at a later date.</i>

**DME Updates for Case Managers Webinar – July 29, 2020, 1:00 p.m. (Natasha Kester & David Ward)**

<b>Q</b>	1. Is there a change in the standard amount of incontinence supplies numbers?
<b>A</b>	<i>Standard of Care limits are listed in the Guideline posted on the DME page of the OHCA Public website, however member can receive units above this if medically necessary.</i>
<b>Q</b>	2. On the DME the tub-mounted grab bars, shower chairs, handheld showerheads, toilet seat risers, free-standing toilet rails, etc. will all go through TXIX now?
<b>A</b>	<i>The below items are excluded for coverage by SoonerCare:</i> <ul style="list-style-type: none"> <li>• <i>handheld showers</i></li> <li>• <i>toilet seat risers</i></li> <li>• <i>grab bars</i></li> <li>• <i>tub bars (Clamped or Mounted)</i></li> <li>• <i>reachers</i></li> <li>• <i>bed wedges</i></li> <li>• <i>transfer benches</i></li> <li>• <i>Bath Stools/Benches</i></li> <li>• <i>hip kits (includes reacher-sock aide-shoe horn-button hook)</i></li> <li>• <i>Stool safety frames</i></li> <li>• <i>Bottom Buddies</i></li> <li>• <i>Adaptive Utensils</i></li> <li>• <i>PERS</i></li> </ul>
<b>Q</b>	3. Providers will submit a HCA-52A form for incontinence supplies. Is there a designated form to submit to SoonerCare for bathroom equipment, misc items such as reachers, med planners, bedside rails? Or what form would the provider use?
<b>A</b>	<i>Please review the guidelines for different items on the DME page of the OHCA Public website. If there is a specific form required it will be listed. All other items will require clinical documentation that medically justifies the need for the item being requested.</i>
<b>Q</b>	4. Does the physician, PA or NP have to be an authorized SoonerCare provider?
<b>A</b>	<i>Yes.</i>
<b>Q</b>	5. Will the list of eligible bath equipment be sent to everyone who registers for this webinar?
<b>A</b>	<i>For ADvantage waiver providers, a bulletin will be sent with the most current information once information on rates and eligible items have been obtained.</i>
<b>Q</b>	6. Will letters be mailed to the Members to let them know about the changes? This way they do not think it is because they have a CM that does not know their job?
<b>A</b>	<i>For ADvantage: Case managers will educate members on the new process. Same for DDS, DDDS also plans to send a letter to members and providers.</i>
<b>Q</b>	7. Will SoonerCare be authorizing for a year supply at a time for incontinent supplies?
<b>A</b>	<i>If medically necessary services can be approved up to 1 year.</i>
<b>Q</b>	8. Is MSRP suggested retail price?
<b>A</b>	<i>Yes – MSRP is Manufactures Suggested Retail Price.</i>
<b>Q</b>	9. Will SoonerCare cover nutritional supplements for those who do not have a feeding tube but are malnourished?
<b>A</b>	<i>Oral nutritional supplements will be covered under a waiver program for adults.</i>
<b>Q</b>	10. So the medical record will be able to be requested by Provider and the ordering physician will be able to send an electronic copy of medical record? Like an e-prescription?
<b>A</b>	<i>Medical Records will need to be securely sent to the DME providers. The physician and the DME provider will need to work together in getting the information .</i>
<b>Q</b>	11. Will the Waiver program cover grab bars that need to be installed since SoonerCare will not be covering these?
<b>A</b>	<i>Yes PERS, and installed grab bars will not change from their current process. A denial is not required for those 2 items from SoonerCare before ADvantage can authorize. Same for DDS.</i>
<b>Q</b>	12. The request for incontinence supplies needs to be requested 6 months in advance?

A	<i>Request for continuation of services can be submitted to SoonerCare 30 days in advance.</i>
Q	13. How will the DME provider know to initiate PA's for new members? Currently a new member and member information are not listed in provider's harmony until the approved begin date. Or if provider gets an order directly how will they know who the member's case manager is so they can follow up?
A	<i>Either the member or the physician will need to supply the DME company of members choice the script/order.</i>
Q	14. If CM has to put on service plan for incontinence; will DME supply us with a copy of request for DME?
A	<i>The DME and the Member will both receive the denial notice and should be able to provide a copy to the CM per their request.</i>
Q	15. Members are required to have a face to face with the physician within 6 months prior to auth date. So are orders only going to be able to be approved for 6 months? If approved for 12 months do they have to have a face to face before end date?
A	<i>Member has to have had a face-to-face visit with their physician within six-months of the date of the request.</i>
Q	16. If member is on Advantage and DDS who is the payor source for environmental home modifications?
A	<i>Megan Parkhurst 7/29/20 1:47 pm : The process for EM will not change. The waivers will continue to cover using the same process that is currently used.</i>
Q	17. Do you fully anticipate that this change WILL go into effect on Saturday?
A	<i>Yes, but the rates will not take effect until 9/17/2020. Claims will be recycled for all claims with dates on or after 8/1/2020.</i>
Q	18. Can you provide a link that will take us to the recordings?
A	<i>Recordings will be posted on the Training page of the OHCA public website</i>
Q	19. Since this presentation only listed Bath Chair what about all of the other DME such as Grab Bars (inside and outside of the bathroom), E0247 & E0248 Transfer Benches, E0244 Toilet Risers, E0243 Toilet Safety Frames, E0246 Shower/Tub Stools, E0246 Tub Mounted Bars, E1399 Handheld Showers - Adaptive Utensils - Bed Wedges - Pill Minders - Hip Kit - Reachers, etc?
A	<i>The below items are excluded for coverage by SoonerCare:</i> <ul style="list-style-type: none"> <li>• <i>handheld showers</i></li> <li>• <i>toilet seat risers</i></li> <li>• <i>grab bars</i></li> <li>• <i>tub bars (Clamped or Mounted)</i></li> <li>• <i>reachers</i></li> <li>• <i>bed wedges</i></li> <li>• <i>transfer benches</i></li> <li>• <i>Bath Stools/Benches</i></li> <li>• <i>hip kits (includes reacher-sock aide-shoe horn-button hook)</i></li> <li>• <i>Stool safety frames</i></li> <li>• <i>Bottom Buddies</i></li> <li>• <i>Adaptive Utensils</i></li> <li>• <i>PERS</i></li> </ul>
Q	20. Many of our people use their Medicare for PCP and not Sooner Care, so will they receive a denial and us use ADvantage?
A	<i>Is this for items that Medicare does not cover? All items that are paid by Medicare will crossover to TXIX and be paid as usual.</i>
Q	21. Is there a list of Physicians available that are Sooner Care contracted?
A	<i>No. You can look up physicians on the SoonerCare Secure Provider Portal to see if they are contracted.</i>
Q	22. What is the process if the member wants to make changes for example the size or product type of incont. supplies?
A	<i>After the date of the change to SoonerCare, follow the process for SoonerCare authorizations.</i>

Q	23. Will the CM's notify DME's of plan they have submitted that has SoonerCare items on it that will need prior authorization?
A	<i>Member should work with their physician and DME to obtain needed supplies. Case managers may advocate if there are problems.</i>
Q	24. How do you know if a physician is SoonerCare contracted, is there a web site?
A	<i>You can look up physicians on the SoonerCare Secure Provider Portal to see if they are contracted.</i>
Q	25. Who will decide the amount of incontinence supplies? CM or Physician?
A	<i>The physician is the ordering provider.</i>
Q	26. Can you provide written instructions for navigating okhca's website to get to the DME page?
A	<i>DME webpage can be accessed by:</i> <ul style="list-style-type: none"> <li>• <i>Go to OHCA Public website at <a href="http://www.okhca.org">www.okhca.org</a></i></li> <li>• <i>Under Provider click on Medical Authorization Unit</i></li> <li>• <i>Click on Durable Medical Equipment and Supplies</i></li> </ul>
Q	27. So are all the physicians aware of these changes and that they are going to have to do these things for members to receive supplies? Or are we going to have to inform all our members doctors of the changes?
A	<i>Globals have been sent out along with posted and discussed in previous Board, Tribal and MAC meetings.</i>
Q	28. So, for clarification/understanding.....responsibility for obtaining incontinent supplies and medical equipment will lie first with the Member and DME?
A	<i>Yes.</i>
Q	29. What was reason for CMS to make these changes?
A	<i>The reasons for the changes were the Home Health federal regulation final rule and the CURES act.</i>
Q	30. If a plan is already approved and member just wants to change DME companies do we have to go through this new process, or will this fall under prior authorizations?
A	<i>Yes.</i>
Q	31. In general, are health care providers aware of what DMEs are SoonerCare contracted?
A	<i>A list of contracted DME providers can be found on the DME Webpage of the OHCA Public Website.</i>
Q	32. So will the DME company's be working on getting the prior authorizations?
A	<i>For services that need to be submitted thru SoonerCare, once the DME company has received an order, they will work to submit the Prior Authorization request.</i>
Q	33. If the physician is the one deciding how many incontinence supplies a member gets how are CM's to know to add it to plan for reassessment?
A	<i>Through conversations with the member during monthly monitoring.</i>
Q	34. Where on the website that you keep mentioning, will these Q and A's be for this training? And also any other information that you do not have answers for today that you have said you will get back to us on. Where exactly will that info be on the website and when?
A	<i>On the OHCA Public Website, under Providers click on Trainings.</i>
Q	35. So the member will need to contact their provider and request incontinent supplies? Can CM's not do that for the member so that this change does not put added stress on member for being responsible for the services?
A	<i>The intent of the waivers are to support members to be as independent as possible. Replacing the member or the informal supports in managing care is not the role of the case manager. The case manager may advocate if problems arise and the member is unable to complete the process independently.</i>
Q	36. What do we do if the members physician isn't contracted through SoonerCare?
A	<i>Order will have to be done by a contracted physician. If working with a member on a waived program you can reach out to David Ward, Kathleen Kelly or Julie Whitworth.</i>



Q	37. Will DDSD Case Managers need to be a part of this yearly process such as making sure the client sees their PCP 6 months prior to the expiration of the script?
A	<i>Yes, the CM will include this requirement as part of the planning process. The face-to-face requirement is that the visit must occur within 6 months of the request for supplies.</i>
Q	38. Is the DME order form that the physician completes available to view on the website?
A	<i>Yes on the forms page of the OHCA Public website.</i>
Q	39. Are these members really going to have to change doctors to get incontinence supplies? That sounds horrendous. These people trust their doctors that know them well at this time in their life. They will do without incontinence supplies and have skin breakdown and hospital visits if they are forced to change from a doctor they trust just to get their supplies.
A	<i>A contracted physician is required for services.</i>
Q	40. Does the DME submit the PA on the harmony page?
A	<i>For services being requested thru SoonerCare DME provider will have to submit the request thru the SoonerCare Secure Provider Portal.</i>
Q	41. So it's a 1 time 6-month prior authorization appointment then yearly with the PCP after this to update the script?
A	<i>Yes.</i>
Q	42. Because I just completed Reassessment on all of my Members, does this mean I don't have to worry about this new change until 2021?
A	<i>For ADvantage waiver, existing authorizations will continue through the plan year unless a modification (change in quantity, size, etc.) is needed. At that time, the new process should be followed.</i>
Q	43. If a client's incontinent supplies end on 8/31/20, does a DDSD CM need to end date the units early or let the line run thru 8/31/20 and then OHCA will take over?
A	<i>Authorizations are valid thru the current end date.</i>
Q	44. I thought to be on advantage services the PCP had to be SoonerCare certified; is that incorrect?
A	<i>Yes, that is incorrect.</i>
Q	45. Can the DME not add a note in Harmony to notify CM's of the authorization of incontinent supplies or equipment so we will know when to add to our plan?
A	<i>Case managers should have these conversations with the member during monthly monitoring.</i>
Q	46. I would say if the member is on Advantage then more than likely the PCP is contracted with SoonerCare. Am I wrong?
A	<i>ADvantage does not require that the Member have a Medicaid contracted PCP.</i>
Q	47. Providers will not have info on new members. The member may tell their Dr to send the script to the Provider. But the provider may not have contact info on the member. We come across this often with bad phone numbers. Providers work with case managers to get in contact with some members. A lot of these members are not good at relaying information or understanding what they are supposed to be doing.
A	<i>DME providers will be providing services to all eligible SoonerCare (Medicaid) members, not only those on waivers. DME providers should work with and educate physician's to obtain any missing contact information not included on the prescription.</i>
Q	48. So if we have submitted a DDS plan that has incontinence supplies, we need to get the process for OHCA prior authorization to take it over? End date for these plans are 2021?
A	<i>Current incontinence supply authorizations will be end dated 12.31.20. Between now and 12/31/20 a prior authorization request must be submitted by the DME to SoonerCare for incontinence supplies. The approval or denial of the prior authorization will determine whether or not incontinence supplies will remain authorized on the DDS plan of care.</i>
Q	49. You mentioned that case managers will still be adding supplies to planned services as we have always done. How will case manager know what the medical professional scripts for member? For instance, number count of a particular incontinence supply?
A	<i>Case Manager will discuss with the member and document to the best of the CM's knowledge just as is currently done with informal support and other non-ADvantage paid items.</i>

Q	50. What if a member requests supplies from their doctor but does not relay this information to their case manager or their DME provider? How will we know to add the line in harmony?
A	<i>Case managers should have these conversations, regarding needed supplies and what actions have been taken to obtain the supplies, with the member during monthly monitoring.</i>
Q	51. Do we add service lines for incontinence supplies to plan just as we would old plans at reassessment or do we wait until we receive authorization from DME company?
A	<i>It would be added as a non-ADvantage paid item on the plan with the provider listing of Other if the item is being covered under the SoonerCare Benefit.</i>
Q	52. to clarify any plan submitted after 7/31/2020 will need to have incontinence supplies and other items mentioned today under state plan as payee on service lines??
A	<i>For the ADvantage waiver, we are continuing to authorize incontinence supplies that are now coming due. If incontinence supplies are needed on a plan that is still a month or two out, we are requesting the items be requested through SoonerCare (Medicaid). This will allow us to identify barriers in advance and facilitate a smoother transition once we go fully live.</i>
Q	53. Why are gloves listed on the physician order for incontinence supplies if it is not a requirement for gloves?
A	<i>For members to qualify for non-sterile gloves under SoonerCare member must be incontinent and must have a genitourinary or gastrointestinal infection for a resistant organism such as C-Diff or MRSA. Guidelines posted on the DME webpage of the OHCA Public Website.</i>
Q	54. What will be the HCPC codes for incontinence supplies paid for by OHCA?
A	<i>Codes for Incontinence Supplies are listed in the Guideline posted on the DME webpage of the OHCA Public website.</i>
Q	55. Is HCA-52A the form that will be faxed by the DME for Advantage waiver members?
A	<i>Correct, this is the form that will be used by the medical provider and DME provider for incontinent supplies under the SoonerCare benefit.</i>
Q	56. Gloves will be submitted to SoonerCare first and if denied then to Advantage?
A	<i>They can be submitted directly to ADvantage if they do not meet the requirements to be considered under the SoonerCare benefit.</i>
Q	57. I have a couple of reassessments scheduled for next week. If they have incontinent supplies on their plan, do I refer them to their physician for those supplies or go ahead and put it on the plan as I normally would?
A	<i>Please see response to question 52.</i>
Q	58. Are wipes available now under advantage waiver? I saw wipes on the top the HCA-52A form.
A	<i>Wipes are not an ADvantage covered item.</i>
Q	59. What are the requirements for gloves to get from SoonerCare and ADvantage? Some members want them due to covid19.
A	<i>SoonerCare - For members to qualify for non-sterile gloves under SoonerCare member must be incontinent and must have a genitourinary or gastrointestinal infection for a resistant organism such as C-Diff or MRSA. Guidelines posted on the DME webpage of the OHCA Public Website. ADvantage - if there is a need for gloves to provide Member specific care the item should be placed on the plan and will be reviewed on a case by case basis.</i>
Q	60. I completed and IDT yesterday. Plan ends 092320. I will finish and submit tomorrow. So does that member need to get apt with MD to get approved through SoonerCare?
A	<i>Please see response to question 52.</i>
Q	61. I have done reassessments already for MBRs who need incontinent products, but their plan does not go into effect until after 8/1. If I understand correctly, they will have to go to a SoonerCare approved PCP to get this?
A	<i>Please see response to question 52.</i>
Q	62. Does ADvantage pay for gloves? If so, what reasons do they need to qualify?
A	<i>Yes, if there is a need for gloves to provide Member specific care the item should be placed on the plan and will be reviewed on a case by case basis.</i>
Q	63. I thought you just said if Reass plans were in before 7-31, we would NOT have to go through this process?? Did I hear you wrong when you answered question 64??

A	<i>Please see response to question 52.</i>
Q	64. Who needs to Initiate the HCA-52A form to the physician the DME or CM at a change of service/Initial/Recert?
A	<i>The physician or medical provider.</i>
Q	65. Clarification. If new plans submitted by 073120. Member incont supplies will continue to be paid through the waiver???
A	<i>All authorizations already in place in Harmony will remain in place until the auth expires or a change is needed and then would need to go through the SoonerCare process.</i>
Q	66. One thing is if we as case manager are given conditions on the medical supplies because all information is not out yet for us we cannot bill for making corrections due to it is case manager error. When all the information isn't available for us there are bound to be many conditions coming up. This makes it where case managers can't bill for correcting and not fair to case manager.
A	<i>Conditions will not be applied for items that are being authorized under the SoonerCare plan.</i>
Q	67. Did they get CMS approval yet?
A	<i>Still waiting on official CMS approval, but the requested effective date is 8/1/2020.</i>
Q	68. What about toilet risers? What pay source for those?
A	<p><i>The below items are excluded for coverage by SoonerCare::</i></p> <ul style="list-style-type: none"> <li>• <i>handheld showers</i></li> <li>• <i>toilet seat risers</i></li> <li>• <i>grab bars</i></li> <li>• <i>tub bars (Clamped or Mounted)</i></li> <li>• <i>reachers</i></li> <li>• <i>bed wedges</i></li> <li>• <i>transfer benches</i></li> <li>• <i>Bath Stools/Benches</i></li> <li>• <i>hip kits (includes reacher-sock aide-shoe horn-button hook)</i></li> <li>• <i>Stool safety frames</i></li> <li>• <i>Bottom Buddies</i></li> <li>• <i>Adapative Utensils</i></li> <li>• <i>PERS</i></li> </ul>