

## Reply from Medicaid on the questions from the NDALC.

6. Nevada Medicaid Presentation to Address Questions Established Following the August Item Regarding a Mobility Device User and the Issues that Happened when the Mobility Device Broke. The Following Points were Suggested and Provided to Medicaid:
  - a. Reach out and invite somebody from Medicaid to come and present to the Council.
  - b. Identify this is a problem.

This is in fact a problem that we have become aware of in recent months. There is a nationwide supply shortage with obtaining all kinds of medical equipment including wheelchairs and parts especially power chairs as they need computer chips to function. There are documents that are to be included when a request is submitted according to policy that has been created from federal guidelines, I have included the link to the policy below. The forms I have attached to this email that the treating physician, therapist, and medical equipment provider all completes their portions for new power mobility equipment. Not everything single question needs to be complete; it is an all-inclusive list for the most complex mobility items. For a repair I have included that form as well. Typical reasons for any of these to be denied are that not all documents are provided so that an actual decision can be made. Sometimes for various reasons documentation is outside of allowable timeframes to accept and even things as seemingly simple like an invoice isn't provided so we are not able to determine reimbursement amount for the provider. It has been found that some providers manipulate documents for higher reimbursement. Those providers are referred to our fraud unit.

1. In the last few months, I have been having one on one discussions with the DME companies walking them through what is needed and missing, giving extensions, and even submitting to administration for possible exceptions to ensure recipients are receiving the much needed items.
  2. I am also currently in the process of updating policy to allow a larger timeframe for documents to be submitted and simplifying what invoices are needed. I am also reviewing Medicare policy as they do things a little different on these items than we.
- c. How can we speed this up? Is there an express program that we can put in line for repairs? So that instead of having a 21-daytime line to process that, can we do it down to 7 days for a repair?
    1. The only express type area that we have is when someone is being discharged from the hospital and needs life sustaining equipment for their home.
    2. The state required timeframe of working documentation is 4 days from any prior authorization received with all needed documentation.
    3. If all documentation is not provided, then 2 days to request additional info giving the equipment provider 5 days to provide back to us and another 4 to process once received.

4. If documentation never arrives the prior authorization is denied but there is 30 days to request a reconsideration or a peer to peer where the treating physician can talk to our physician reviewer for clarity.

It acceptable for me to review repair policy and make changes based on federally guidelines, Medicare practices, standard of care, and budgetary allowances. Typically when changes are ready it takes anywhere between 3-6 months to take effect due to going through public hearing practice requirements.

- d. Clarify who within Medicaid makes AT decisions.

Policy within Medicaid is written by me but we have a fiscal agent (Gainwell Technologies) that actually reviews all the documents and completes the medical review.

- e. How can a consumer advocate on their behalf in that process?

Having a transparent relationship with their physician and medical equipment provider helps, choosing a medical equipment provider that understands the necessity of operating according to policy, and utilizing the phone numbers on their documents to receive any clarity that might be needed. We have district office throughout the state that assists and advocates for recipients. Recipients can also request a hearing after a decision or even contact our office prior to a decision. I am also not averse to recipients contacting me directly, I frequently receive phone calls or emails from recipients. Below is the email address that a recipient would use to reach me.