



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

**Andy Beshear
Governor**

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**Eric C. Friedlander
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**Lisa D. Lee
Commissioner**

4/20/2020

AAHomecare, KMESA, NCART, & VCM Group
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To whom it may concern:

Thank you for your letter requesting flexibility during this difficult time. We commit to reducing the burden for our beneficiaries and providers. Please see below for our responses.

1. Provide coverage for short-term oxygen for beneficiaries with acute conditions to ease hospital overflow issues.

DMS Response: This benefit is covered.

2. Allow for coverage and reimburse equipment, supplies, and services provided to patients with a confirmed COVID-19 diagnosis.

DMS Response: All services for Medicaid patients, with a confirmed COVID-19 diagnosis, are covered without prior authorization.

3. Waive all prior authorization and re-authorization requirements for all DMEPOS items and repairs.

DMS Response: Prior authorizations, including re-authorizations, have been lifted during the State of Emergency.

4. Waive prior authorization requirements for exceeding quantity limitations on gloves, incontinence, urological, ostomy, oxygen, suction, ventilators, enteral, and wound care supplies.

DMS Response: There is not a prior authorization requirement, however MCOs may maintain quantity limits for non-COVID-19 positive patients.

5. Reduce burdensome paperwork requirements by allowing the standard prescription documenting any required test results to meet medical policy documentation requirements for a 270-day period.

DMS Response: DMS agrees that it is necessary to reduce this burden only during the State of Emergency.

6. Waive any face-to-face requirements if prescriber couldn't or wouldn't do an office visit, and allow telehealth visits to meet requirements while waiving the video component. Recent federal guidance to reduce barriers to telehealth services is a step in the right direction.

<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf>

DMS Response: This is already being addressed. See provider FAQs:

<https://chfs.ky.gov/agencies/dms/Pages/cv.aspx>

7. Allow an extension of the expiration date of written orders for an additional nine months from the date orders currently expire for recurring medical supply orders and on-going DME rental claims.

DMS Response: DMS agrees to extend the expiration date of written orders until 30 days after the State of Emergency has been lifted.

8. Allow in home sleep testing through an independent testing facility (IDTF) to qualify beneficiaries for PAP devices.

DMS Response: DMS agrees to allow this testing in the home during the State of Emergency.

9. Allow additional oxygen, PAP, ventilator, and suction supplies for patients who become sick or diagnosed with COVID-19.

DMS Response: All services for Medicaid patients, who are COVID-19 positive, are covered without prior authorization.

10. Waive signature requirements for proof of delivery on HME items; including allowance of text, email, photographic, or confirmed shipment receipt from third-party carrier evidence to validate proof of delivery during COVID-19 crisis.

DMS Response: If the DME supplier has challenges obtaining signature delivery of supplies, the supplier is to document COVID-19 on the invoice.

11. Waive all place of service edits that would normally result in a claim denial for HME while a patient is placed in an in-patient facility related to COVID-19.

DMS Response: DMS cannot override correct coding guidelines. Inpatient facilities are included in the directive not requiring a prior authorization.

12. Add coverage without prior authorization for code A4928 (surgical masks, per 20).

DMS Response: The A4928 code has been added, however, any surgical masks supplied through the Commonwealth's emergency response cannot be billed to any insurance. No PA required for those with a COVID-19 diagnosis.

13. Allow minimum of 365-days timely filing for Medicaid and Medicaid managed care plans.

DME Response: DMS will take this under consideration, but there will no changes at this time.

14. Require Medicaid and Medicaid MCO plans suspend all audits to allow DMEPOS suppliers to focus on their emergency activities by:

- a. Exempting providers from future audits on patients with COVID-19.
- b. Discontinue sending new audit/ADR requests and extend existing audits due dates by 180-days.
- c. Extending appeal deadlines by 180-days past the current appeal requirements.

DMS Response: DMS must continue to monitor fraud, waste, and abuse. CMS has not directed an extension in appeal timelines, so DMS will allow the appeals process to continue as-is.

15. Allow any requirements for clinician and/or assistive technology professional in-person engagement for complex rehab wheelchairs and accessories to be met through the use of remote technology.

DMS Response: DMS agrees to this through the end of the State of Emergency.

16. Allow that DMEPOS suppliers be categorized as “essential services” to allow delivery to quarantined areas.

DMS Response: DMS is not responsible for determining whether or not a service is “essential”.

17. Allow prescribers not currently enrolled in Medicaid programs to order DMEPOS.

DMS Response: DMS will allow prescribers not currently enrolled to order DME during the state of emergency, however they enroll with Medicaid in order to get paid.

18. Require a temporary moratorium on reductions in fee schedules for DMEPOS providers to preserve access to care.

DMS Response: DMS cannot direct payment (outside of current regulations and statutes) without CMS approval in place.

19. It is imperative that provider cash flow is not interrupted to ensure providers are able to continue servicing patients in this time of need. Claims adjudication and processing must occur on normal schedule.

DMS Response: DMS has and will continue to ensure MCOs follow prompt payment requirements.

If you have any questions, feel free to contact DMS. Thank you for continuing to serve our Medicaid beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephanie Bates', with a stylized flourish at the end.

Stephanie Bates
Deputy Commissioner
Department for Medicaid Services