Comagine Health

Comagine Health Medical Alert Devices (MADS) Review Process

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Objective

Provide overview of Comagine Health's Durable Medical Equipment (DME) Medical Alert Devices (MADS)

- Provide a clear understanding of the process
- Improve efficiency, effectiveness, and clarity for providers

DME MADS

- Comagine Health will review for medical necessity and provide prior authorization for Medical alert devices and services
  - This includes coverage of personal emergency response system (PERS) devices and services, as well as medication management devices (MMD) and services to qualified Medicaid beneficiaries in accordance with the requirements of this section and the D. C. Medicaid DME/POS Provider/Supplier Billing Manual.
- Each provider of Medicaid reimbursable PERS services shall be;
  - An approved home and community-based services (HCBS) provider such as an emergency response center
  - Shall comply with Section 1904 (Provider Qualifications) and Section 1905 (Provider Enrollment Process) of Chapter 19 of Title 29 DCMR.
- Comagine Health will conduct medical necessity reviews for MADs within 5 business days

Who should get DME MADS?

- PERS may be recommended for
  - Individuals who live alone, or who are alone for a significant part of the day
  - Individuals with no regular caregiver for extended periods of time
  - Individuals who would otherwise require extensive routine supervision
  - Individuals at risk of an emergency due to medical, functional impairments, or a disability

Who should get DME MADS?

- MMD may be approved for individuals
  - With assessment results indicating eligibility according to the MMD approval checklist
  - Without a recent assessment, but with clinical documentation indicating eligibility according to the MMD approval checklist
  - With ongoing prescriptions in place (i.e., prescriptions with no end date)

Medication Management Device (MMD) Request Checklist

Version: 6/7/2021

Department of Health Care Finance
Medication Management Device (MMD)
Request Checklist

Please check all that apply:

Medication Management Assessment (at least one from this section)

Six or more Medications (M1)		
Adherent with medication prescribed by physician (M3)	1. Adherent 80% of the time 2. Adherent less than 80% of the time	
Managing Medications – How medications are managed (for example, remembering to take medicines, opening bottles, taking correct dosage, reminders for topicals and injectables) (G1d)	Performance 1. Set-up help only 2. Supervision 3. Limited assistance 4. Extensive assistance 5. Maximal assistance	

Health Condition Assessment (one from cognitive or vision + one disease diagnosis)

Cognitive Skills for daily decision making (C.1)	1. Modified independence 2. Minimally impaired 3. Moderately impaired	
Vision (D4)	1. Minimal difficulty 2. Moderate difficulty 3. Severe difficulty	
Diabetes (I1u)	1. Primary diagnosis/current diagnosis 2. Diagnosis present – receiving active treatment 3. Diagnosis present/not receiving active treatment	
Congestive Heart Failure (I1m)	1. Primary diagnosis/current diagnosis 2. Diagnosis present – receiving active treatment 3. Diagnosis present/not receiving active treatment	
Hypertension (I2)	1. Primary diagnosis/current diagnosis 2. Diagnosis present – receiving active treatment 3. Diagnosis present/not receiving active treatment	
Depression (I1p)	1. Primary Diagnosis/current diagnosis 2. Diagnosis present – receiving active treatment 3. Diagnosis present/not receiving active treatment	
Mental Illness - Anxiety (I1n), Bipolar Disorder (I10), Schizophrenia (I1q)	1. Primary Diagnosis/current diagnosis 2. Diagnosis present – receiving active treatment 3. Diagnosis present/not receiving active treatment	

- Please feel free to attach any supporting documents you wish to be considered in the approval process

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Required Documents

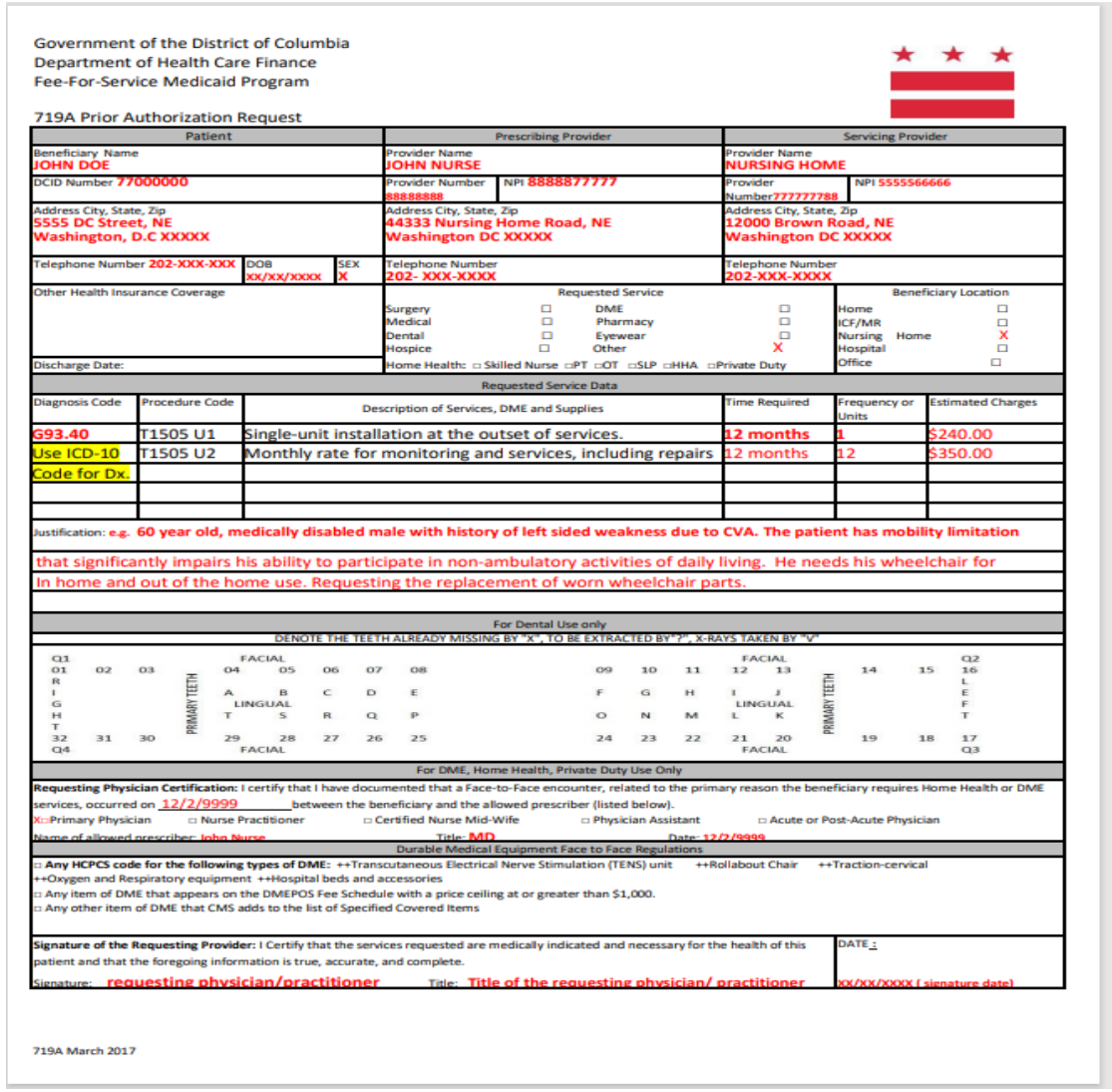
- DC Medicaid approved 719A form
  - Completed in its entirety to include duration and number of units requested
- The 719A form used to request prior authorization must include;
  - Diagnosis related to the need for the DME MADS item
  - The appropriate descriptions
  - HCPCS code(s)
  - Cost
- A face-to-face encounter signed by a Physician, Nurse Practitioner or Physician Assistant, which is related to the primary reason the patient requires PERS
- Medical Justification for the PERS services must be documented on the 719A form justification section
- An interRAI assessment from DC CareConnect or Supporting Clinical documents from a physician

DME MADS HCPC Codes

Authorizations should be issued to the appropriate provider number according to the following fee schedule:

Service	Procedure Code	Modifier	Notes
PERS – installation	S5160		Single-unit installation at the outset of services. This is generally one unit across the life of services, unless there's a lapse between periods of service. This does not include services the month of installation.
PERS – services	S5161		Monthly rate for monitoring and services, including repairs or replacements of equipment. For a year's worth of services, must authorize 12 units.
MMD – installation	T1505	U1	Single-unit installation at the outset of services. This is generally one unit across the life of services, unless there's a lapse between periods of service. This does not include services the month of installation.
MMD – services	T1505	U2	Monthly rate for monitoring and services, including repairs or replacements of equipment. For a year's worth of services, must authorize 12 units.

Sample 719A Form



Government of the District of Columbia
Department of Health Care Finance
Fee-For-Service Medicaid Program

719A Prior Authorization Request

Patient	Prescribing Provider	Servicing Provider
Beneficiary Name JOHN DOE	Provider Name JOHN NURSE	Provider Name NURSING HOME
DCID Number 77000000	Provider Number 88888888 NPI 8888877777	Provider Number777777788 NPI 5555566666
Address City, State, Zip 5555 DC Street, NE Washington, D.C XXXXX	Address City, State, Zip 44333 Nursing Home Road, NE Washington DC XXXXX	Address City, State, Zip 12000 Brown Road, NE Washington DC XXXXX
Telephone Number 202-XXX-XXX DOB XX/XX/XXXX SEX X	Telephone Number 202- XXX-XXXX	Telephone Number 202-XXX-XXXX
Other Health Insurance Coverage	Requested Service Surgery ☐ DME ☐ Medical ☐ Pharmacy ☐ Dental ☐ Eyewear ☐ Hospice ☐ Other X	Beneficiary Location Home ☐ ICF/MR ☐ Nursing Home X Hospital ☐ Office ☐
Discharge Date:	Home Health: ☐ Skilled Nurse ☐PT ☐OT ☐SLP ☐HHA ☐Private Duty	

Requested Service Data

Diagnosis Code	Procedure Code	Description of Services, DME and Supplies	Time Required	Frequency or Units	Estimated Charges
G93.40	T1505 U1	Single-unit installation at the outset of services.	12 months	1	$240.00
Use ICD-10	T1505 U2	Monthly rate for monitoring and services, including repairs	12 months	12	$350.00
Code for Dx.					

Justification: e.g. 60 year old, medically disabled male with history of left sided weakness due to CVA. The patient has mobility limitation that significantly impairs his ability to participate in non-ambulatory activities of daily living. He needs his wheelchair for In home and out of the home use. Requesting the replacement of worn wheelchair parts.

For Dental Use only

DENOTE THE TEETH ALREADY MISSING BY "X", TO BE EXTRACTED BY "/", X-RAYS TAKEN BY "V"

Q1															Q2
01	02	03		04	05	06	07	08		09	10	11	12	13	14	15	16
R																	L
I				A	B	C	D	E		F	G	H	I	J			E
G				LINGUAL									LINGUAL				F
H				T	S	R	Q	P		O	N	M	L	K			T
T																	
32	31	30		29	28	27	26	25		24	23	22	21	20	19	18	17
Q4																	Q3

PRIMARY TEETH — FACIAL — FACIAL — PRIMARY TEETH

For DME, Home Health, Private Duty Use Only

Requesting Physician Certification: I certify that I have documented that a Face-to-Face encounter, related to the primary reason the beneficiary requires Home Health or DME services, occurred on 12/2/9999 between the beneficiary and the allowed prescriber (listed below).

X☐Primary Physician ☐ Nurse Practitioner ☐ Certified Nurse Mid-Wife ☐ Physician Assistant ☐ Acute or Post-Acute Physician

Name of allowed prescriber: John Nurse Title: MD Date: 12/2/9999

Durable Medical Equipment Face to Face Regulations

☐ **Any HCPCS code for the following types of DME:** ++Transcutaneous Electrical Nerve Stimulation (TENS) unit ++Rollabout Chair ++Traction-cervical ++Oxygen and Respiratory equipment ++Hospital beds and accessories

☐ Any item of DME that appears on the DMEPOS Fee Schedule with a price ceiling at or greater than $1,000.

☐ Any other item of DME that CMS adds to the list of Specified Covered Items

Signature of the Requesting Provider: I Certify that the services requested are medically indicated and necessary for the health of this patient and that the foregoing information is true, accurate, and complete.

Signature: requesting physician/practitioner Title: Title of the requesting physician/ practitioner DATE: XX/XX/XXXX (signature date)

719A March 2017

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DME MADS REVIEW PROCESS

- **Request for Clarification-** If submitted documentation does not meet the quality check, an RFI (Request for Information/Clarification) for all missing, incomplete or insufficient documentation will be issued
  - Provider will have two (2) business days to return requested information to Comagine Health

- **Technical Denial**- Comagine Health will issue a **Technical Denial (TD)** to DME MADs providers if requested information is not received within the requested timeframe

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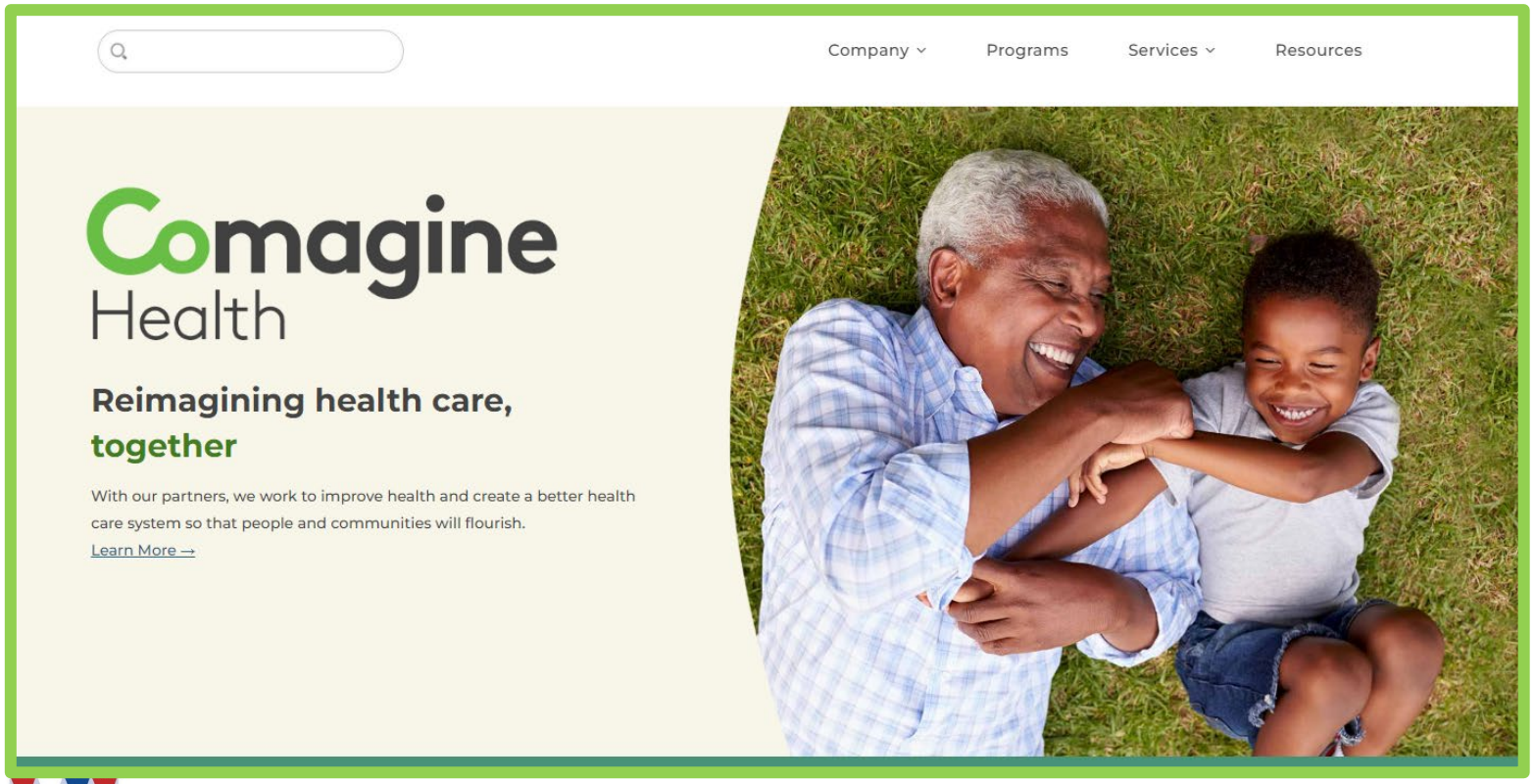
Section 2

How to Log into the Provider Portal and Start a Request

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Comagine Health Provider Portal (CHPP)

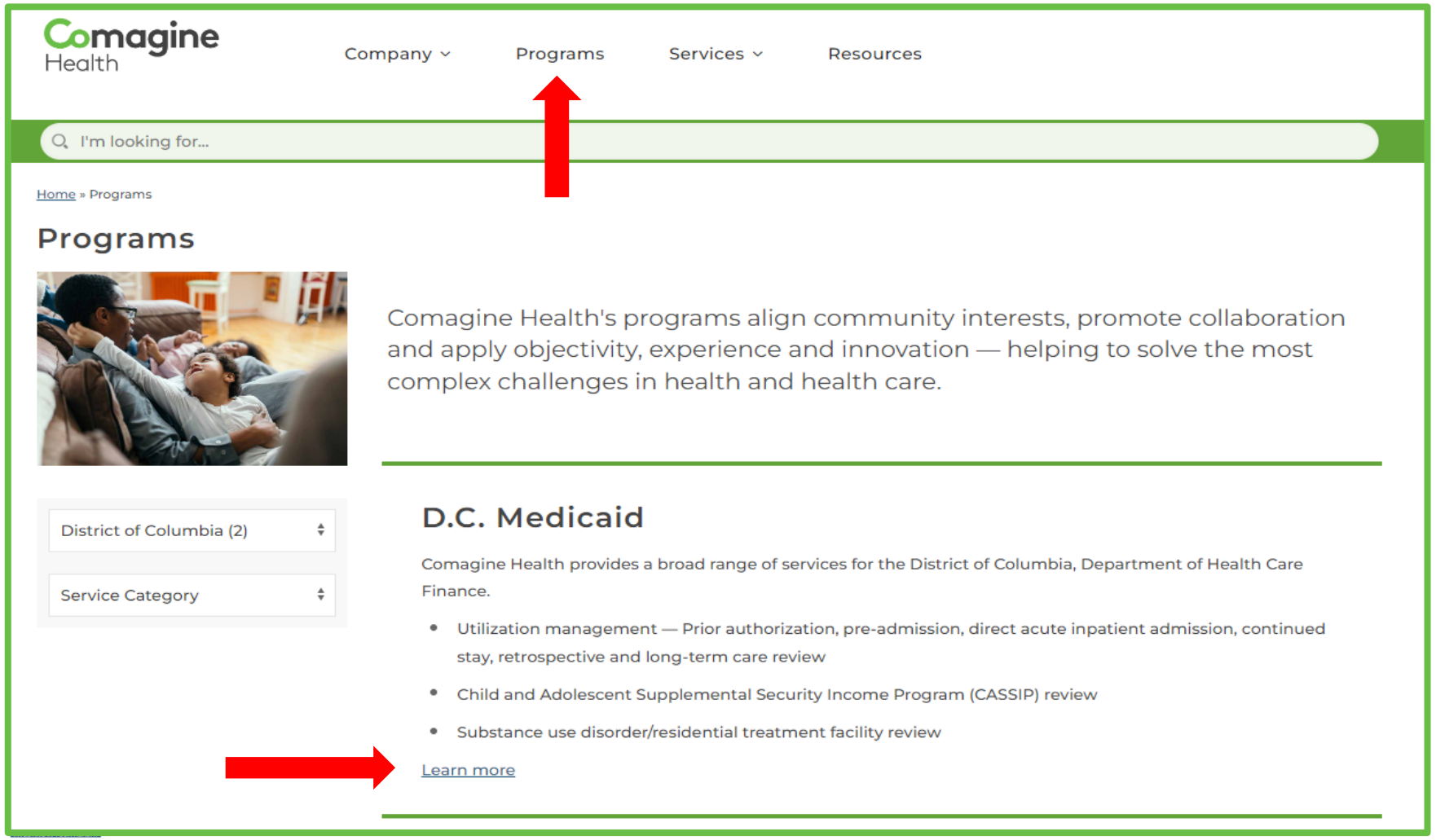
- Submit reviews within the CHPP
- Go to Comagine Health's website - http:www.comagine.org



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Comagine Health Website

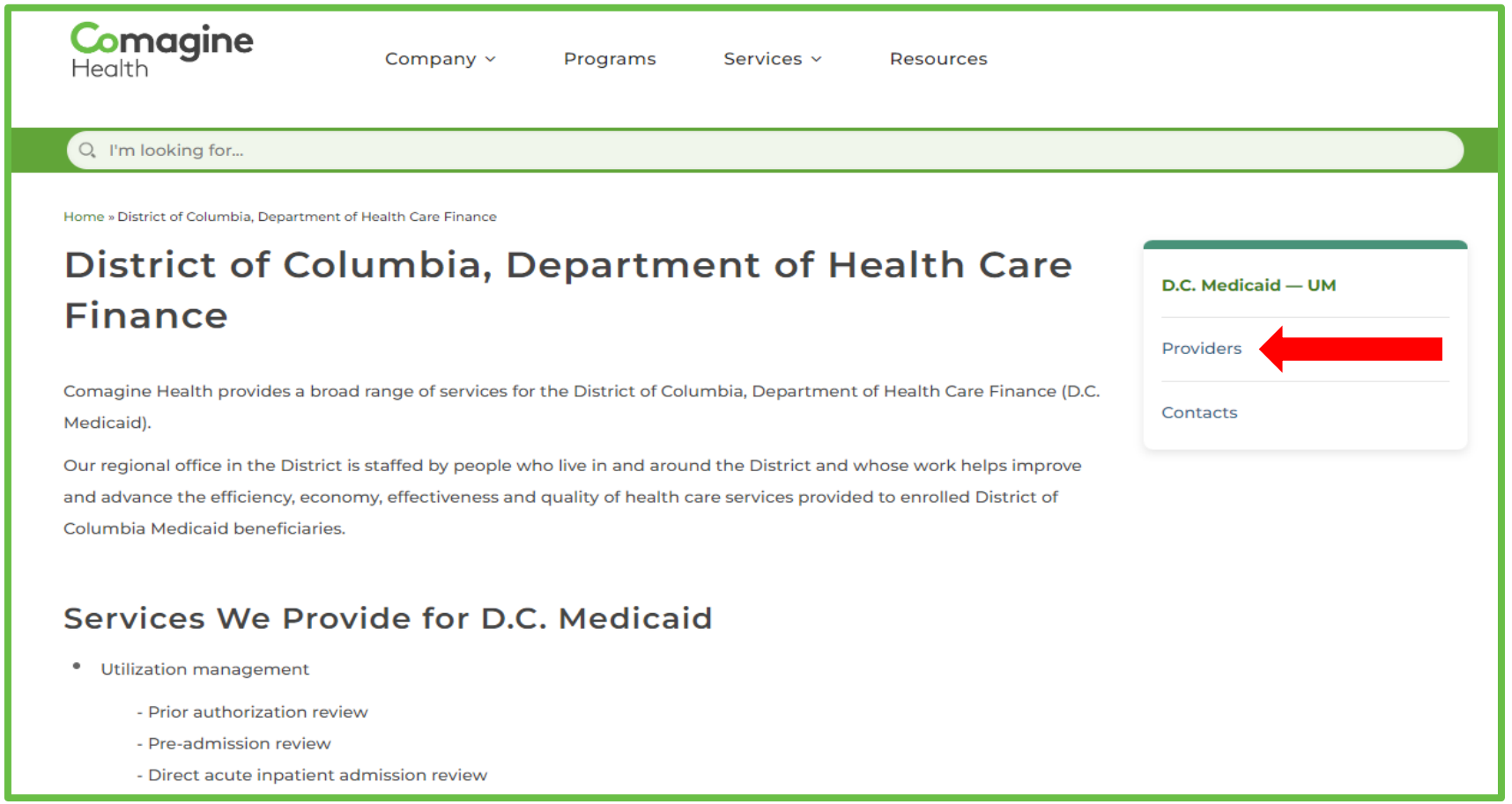
- Click on Programs, find **D.C. Medicaid**, and select ‘Learn more’



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Provider Portal Access

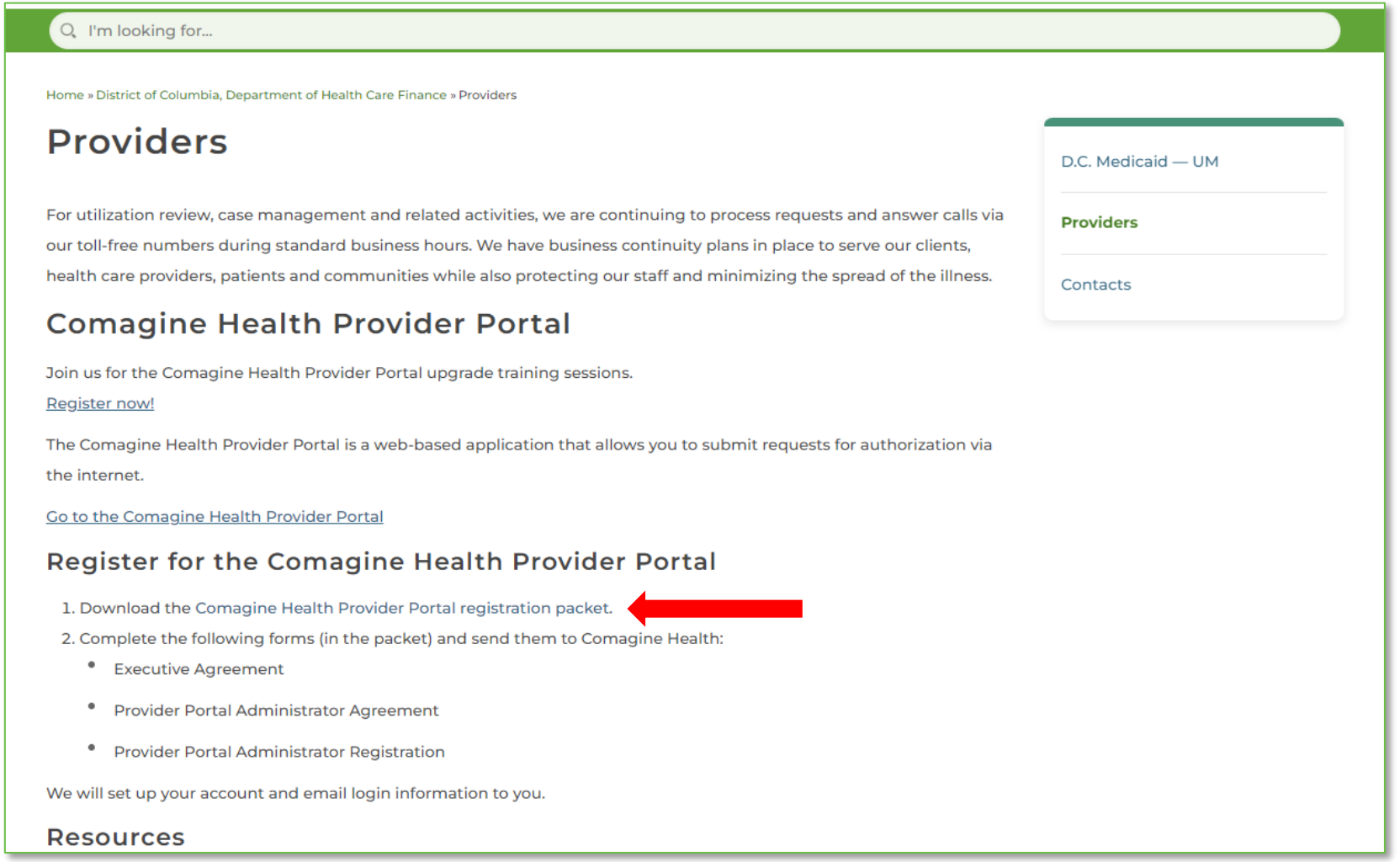
- Select **‘Providers’** on the right-side panel will display the Provider page with the Provider Portal Link



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Provider Registration Packet

On the Provider page, under the Comagine Health Provider Portal section, you will find the link to download the CHPP registration packet



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Submitting a Request for Portal Access

- **Submit via email:**
  - Email: dcmedicaid@comagine.org
- **Submit all completed forms:**
  - Executive Agreement
  - Provider Portal Administrator Agreement
  - Provider Portal Administrator Registration Form
  - Provider Portal User Agreement
  - Provider Portal User Registration Form
- Once Comagine Health processes your registration packet, you will receive an email with your CHPP access information.

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Provider Portal Administrators

- Administrators have additional system access and system tasks to perform
- Staff who need access to the CHPP are required to contact their Administrators
- Provider Portal Administrators are responsible for:
  - Adding all User accounts
  - Managing all User accounts
  - Keeping the User account registration information
  - Resetting the passwords for User accounts and
  - Deactivating User accounts

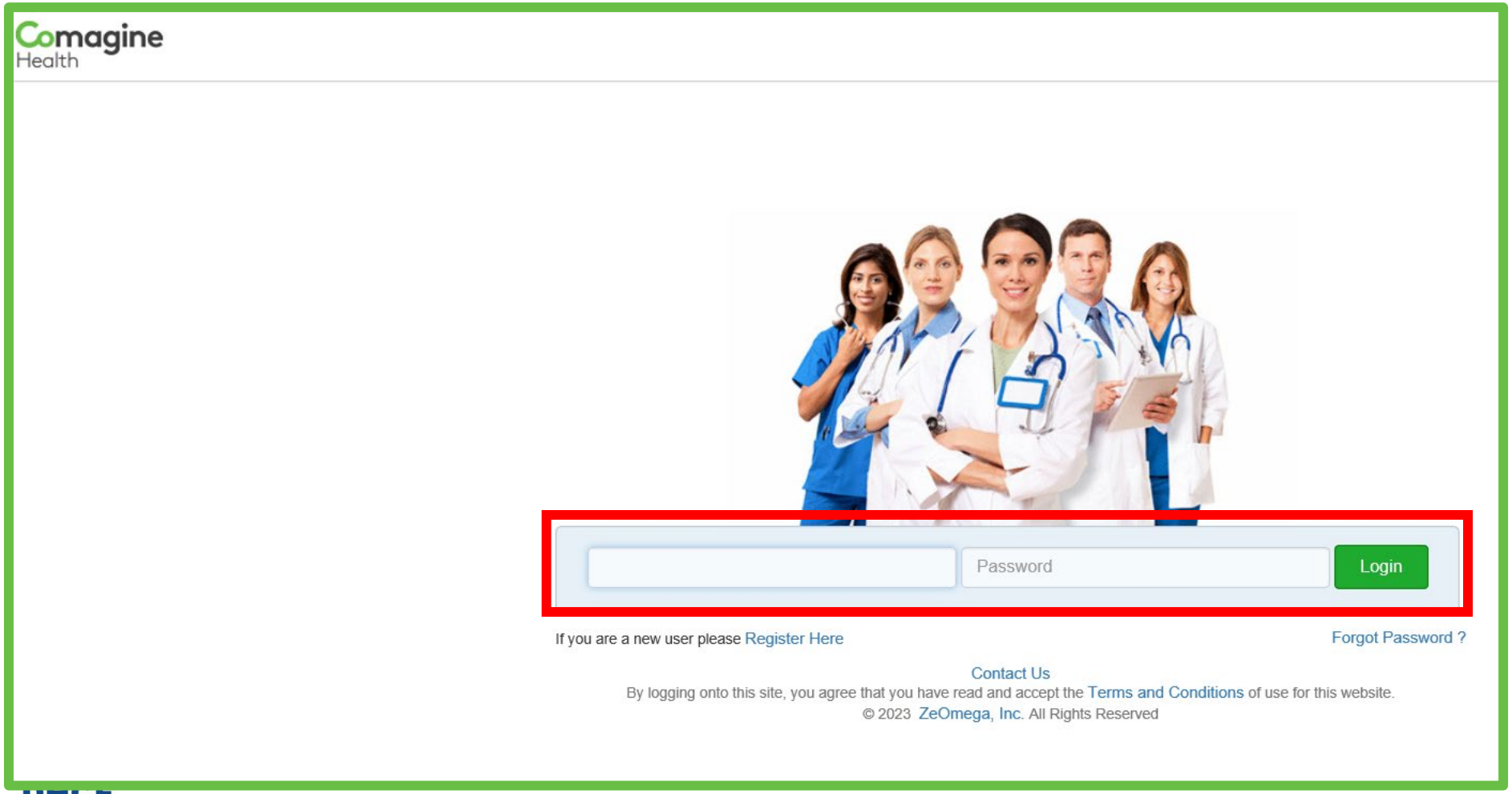
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Provider Portal Access



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How to Log Into the Provider Portal



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Provider Portal Log In

Jiva™



** USER WARNING **

This Provider User And Confidentiality Agreement
by and between Comagine Health.

In order to ensure the integrity, security and confidentiality of information maintained within this system, and, to limit disclosure and use of this data to only that which is permitted by law, I agree to abide by all provisions set forth in my System User Agreement (SUA) with Comagine Health. I hereby acknowledge having received notice of the potential criminal, administrative and/or civil penalties for violating any terms of my SUA. If I have questions about my obligations regarding the terms of my SUA, I understand that I may seek clarification from my organization's System Administrator.

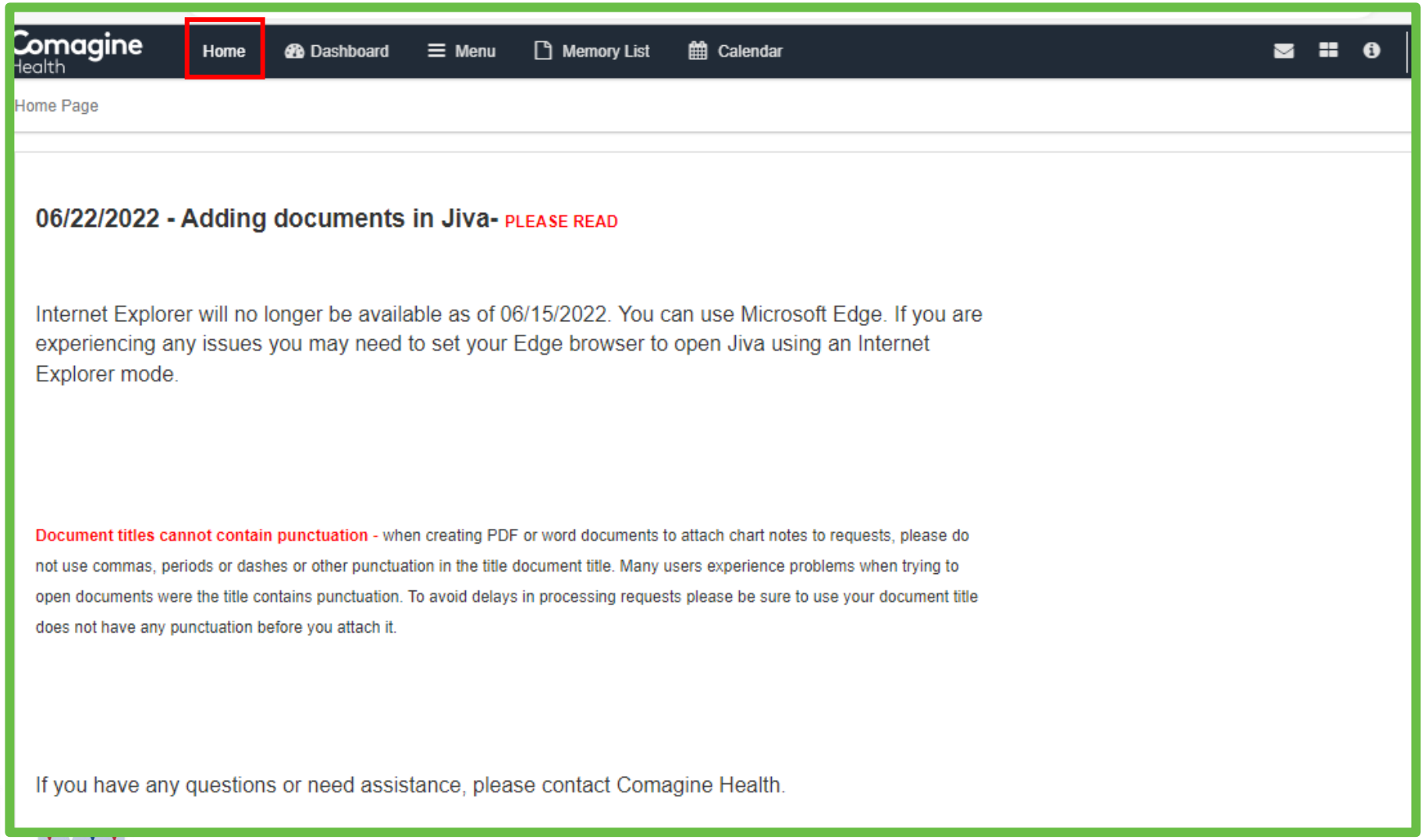
If you agree then click on " I Agree "

I Agree I Disagree

Contact Us

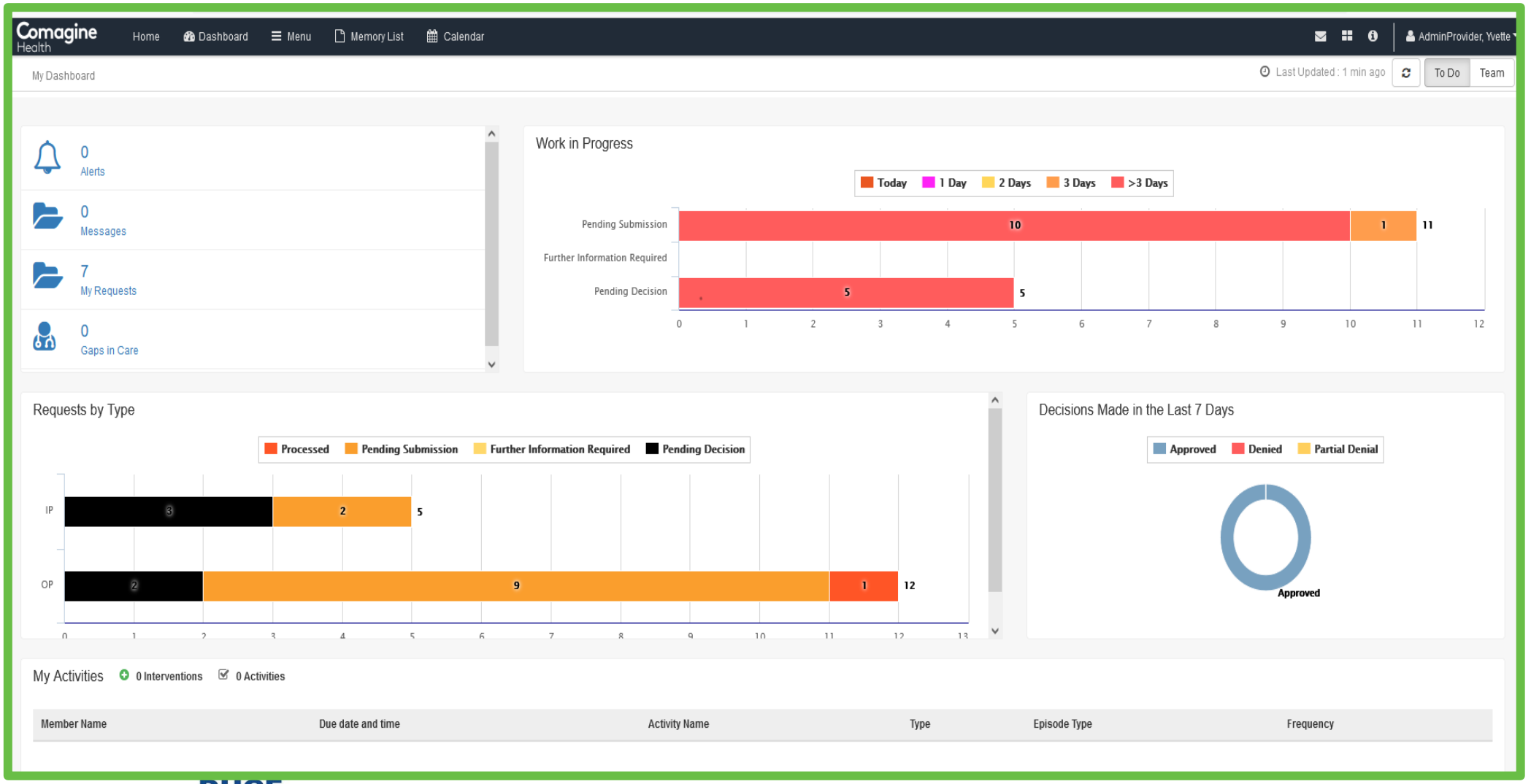
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Provider Home Page – View Posted Announcements



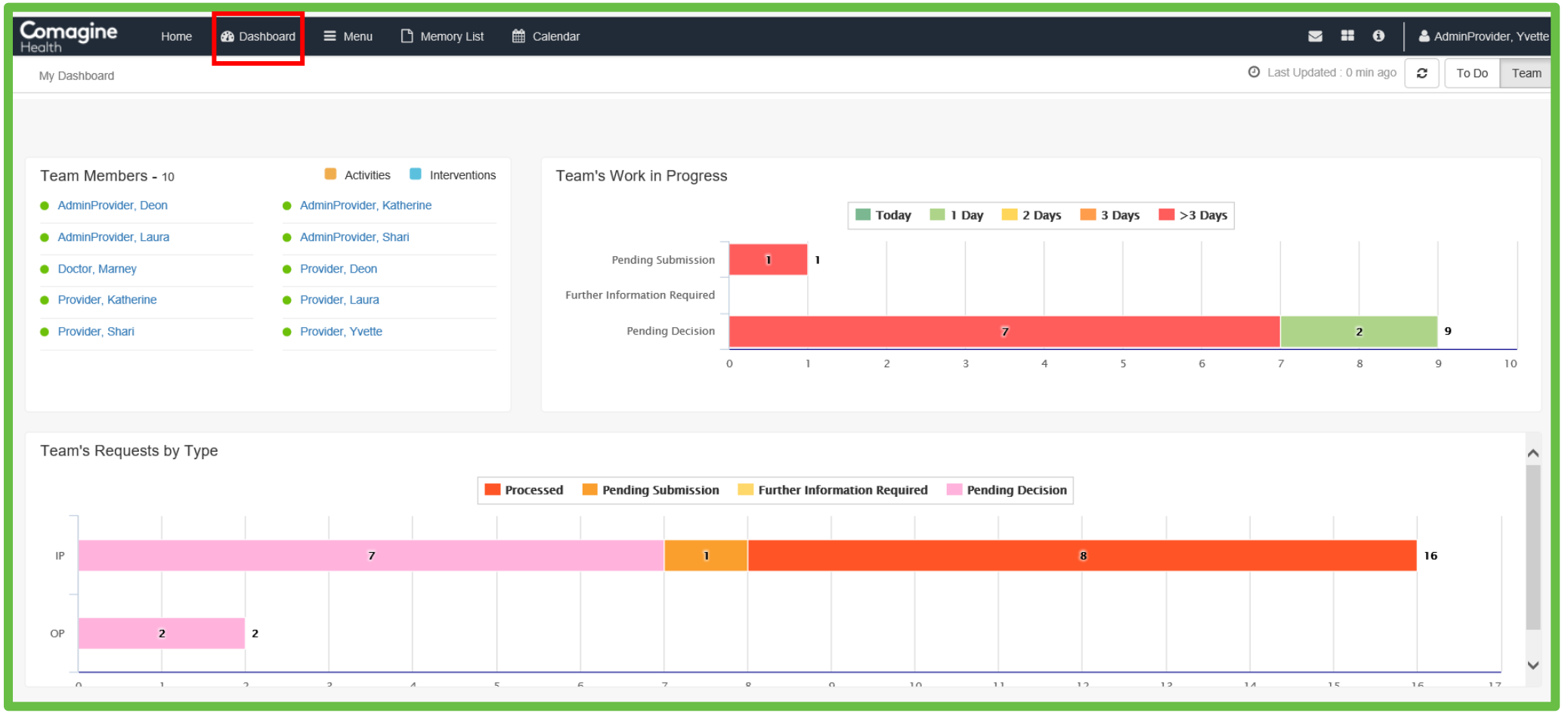
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Provider Dashboard - To Do



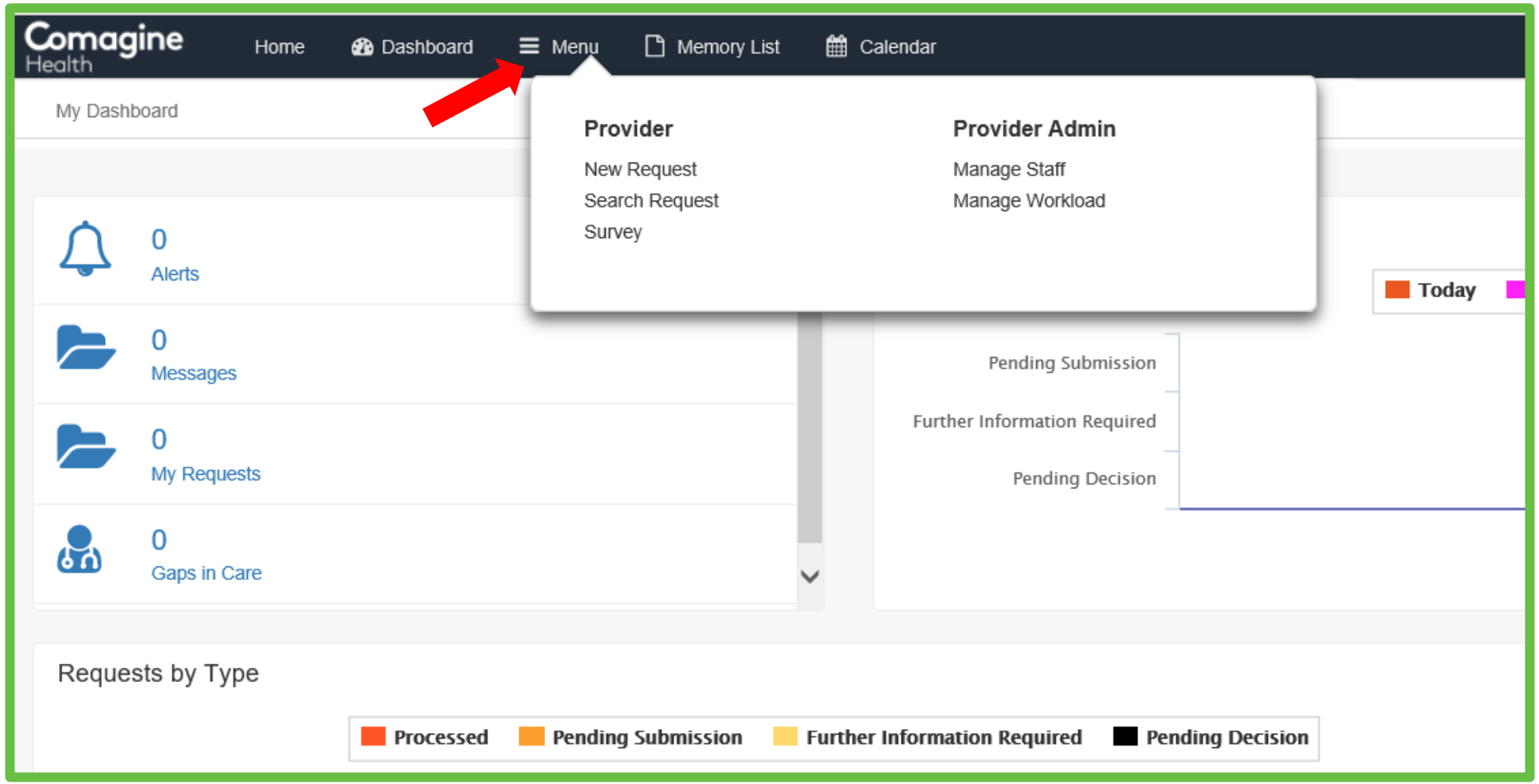
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Provider Dashboard - Teams



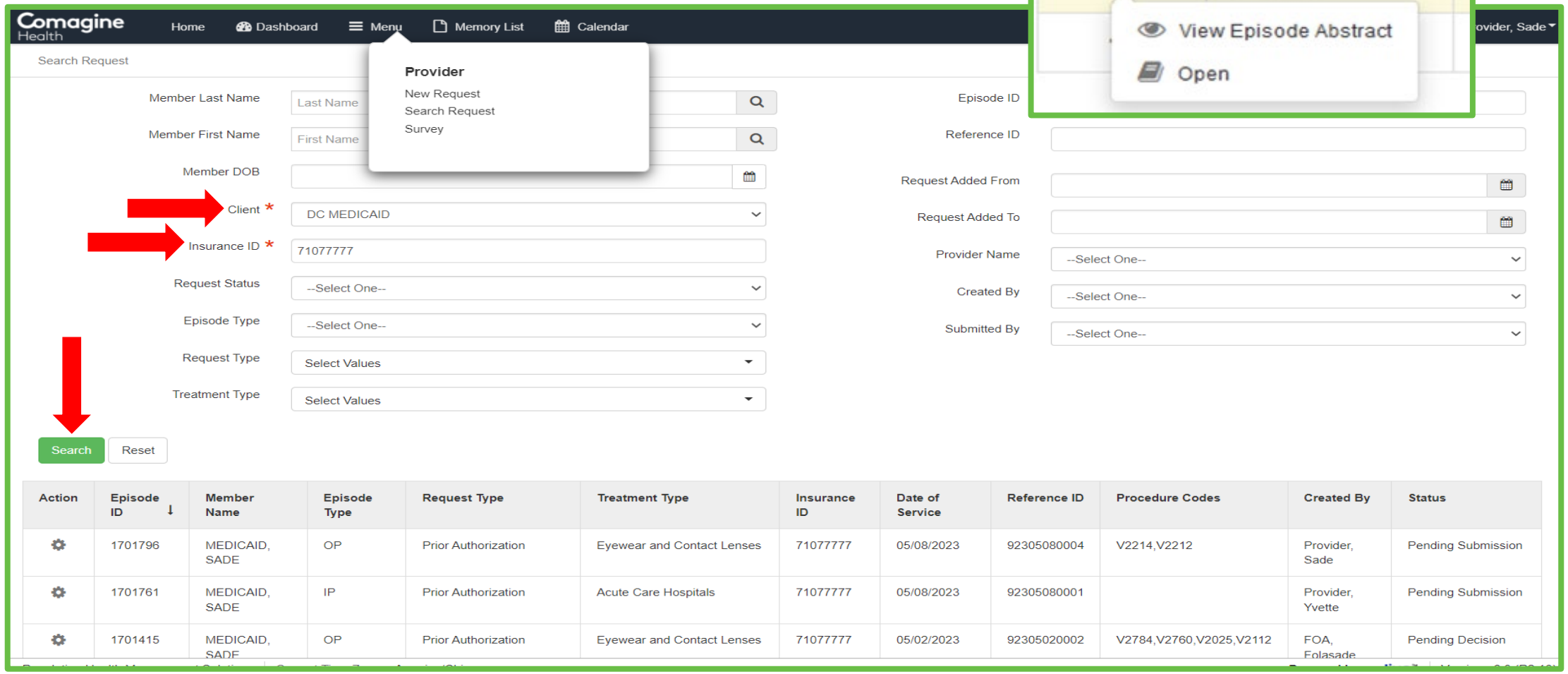
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How to Search or Submit a New Request



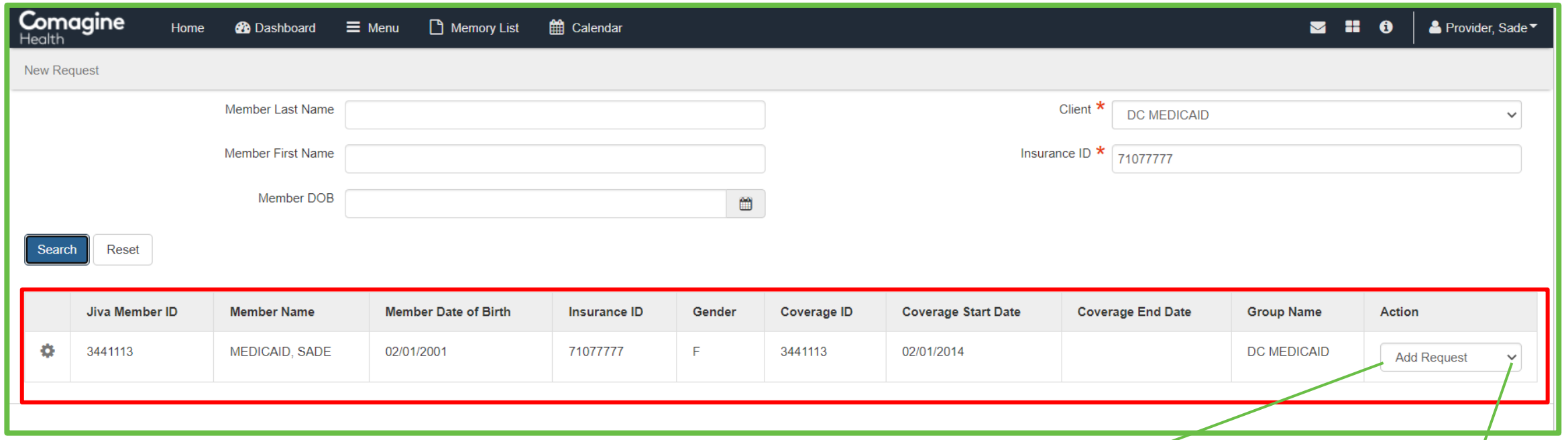
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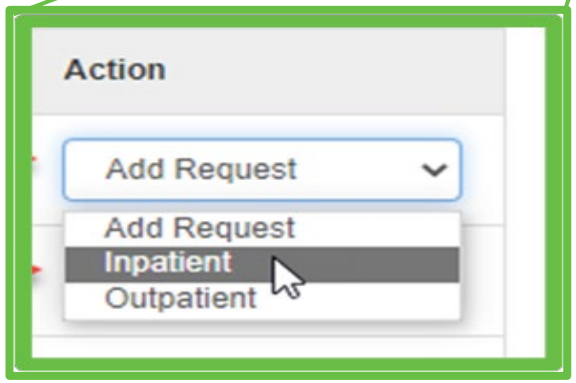
Search Request



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Submit a New Request

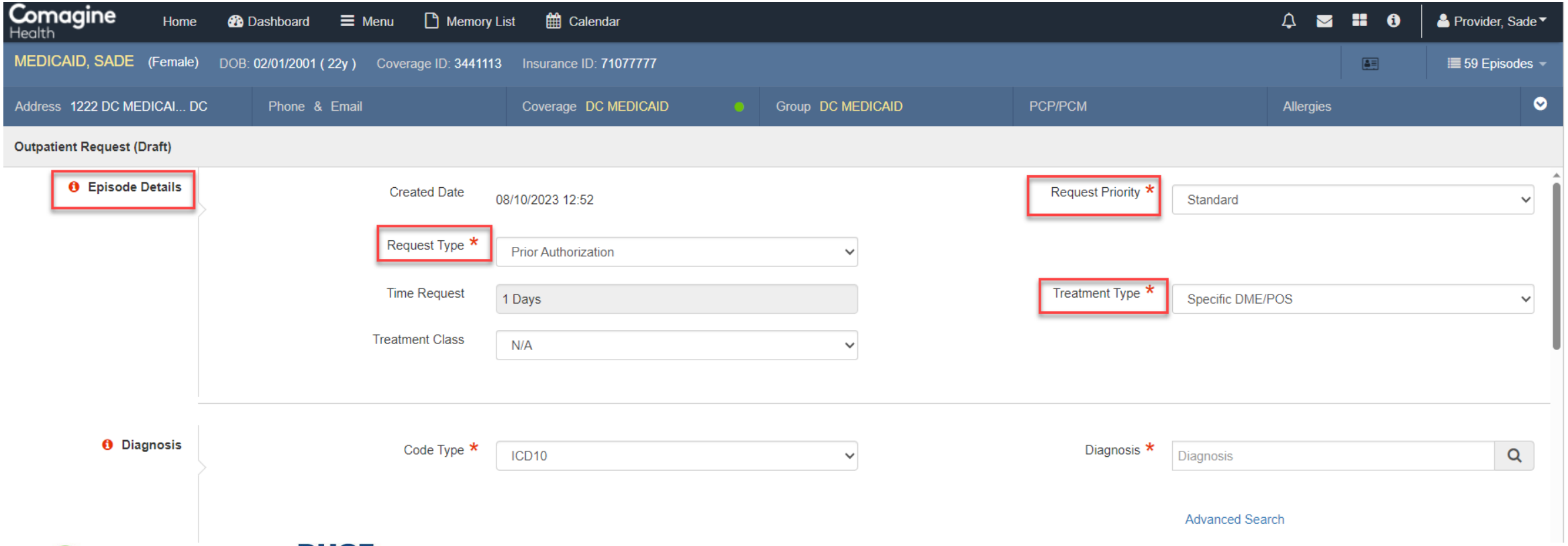




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Submit a New Request

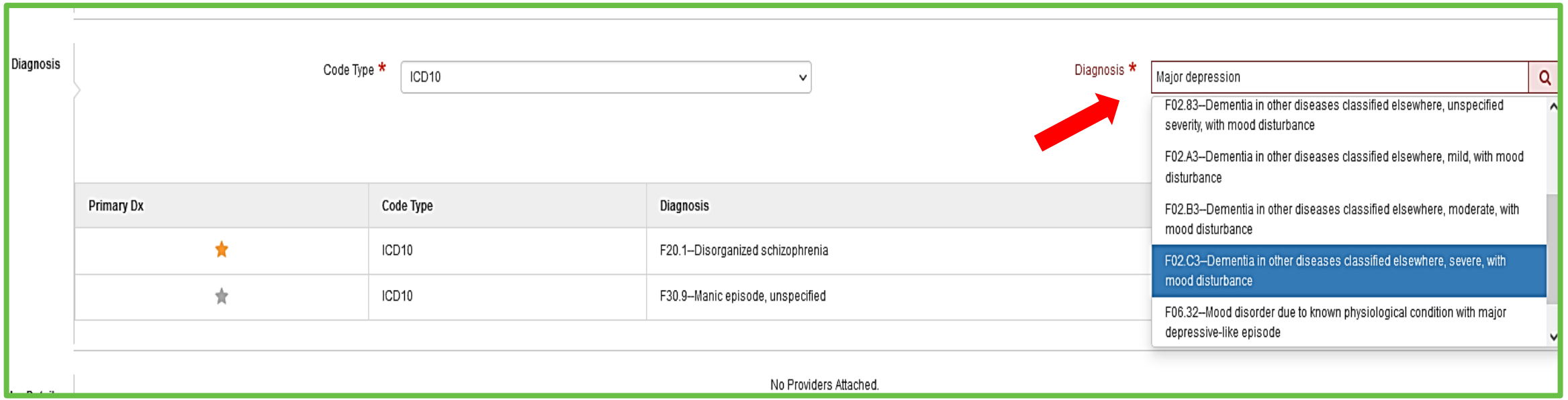
- Enter Episode Details in mandatory fields where there is a red asterisk
- Treatment Class is also a mandatory field (even though no asterisk)



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Submit a New Request, cont.

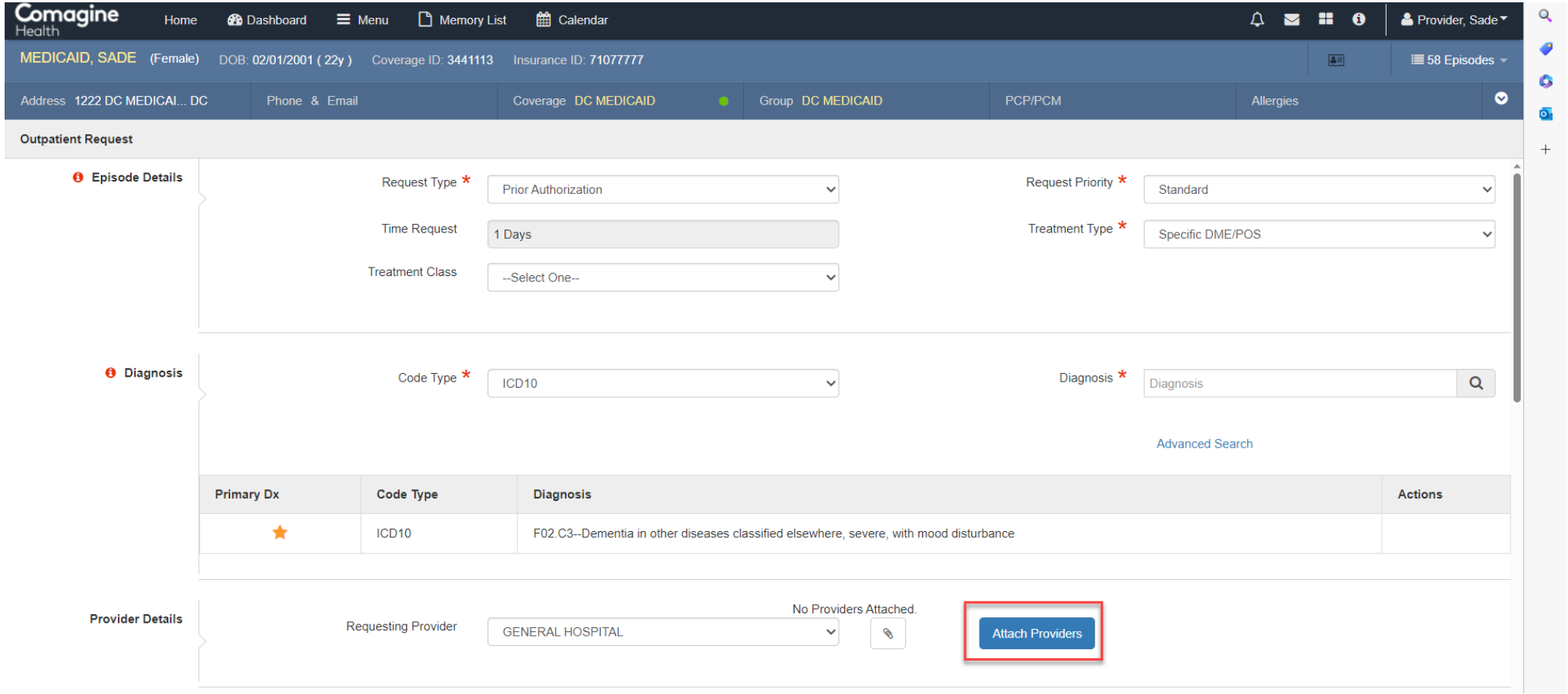
- Enter Diagnosis



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Submit a New Request, cont.

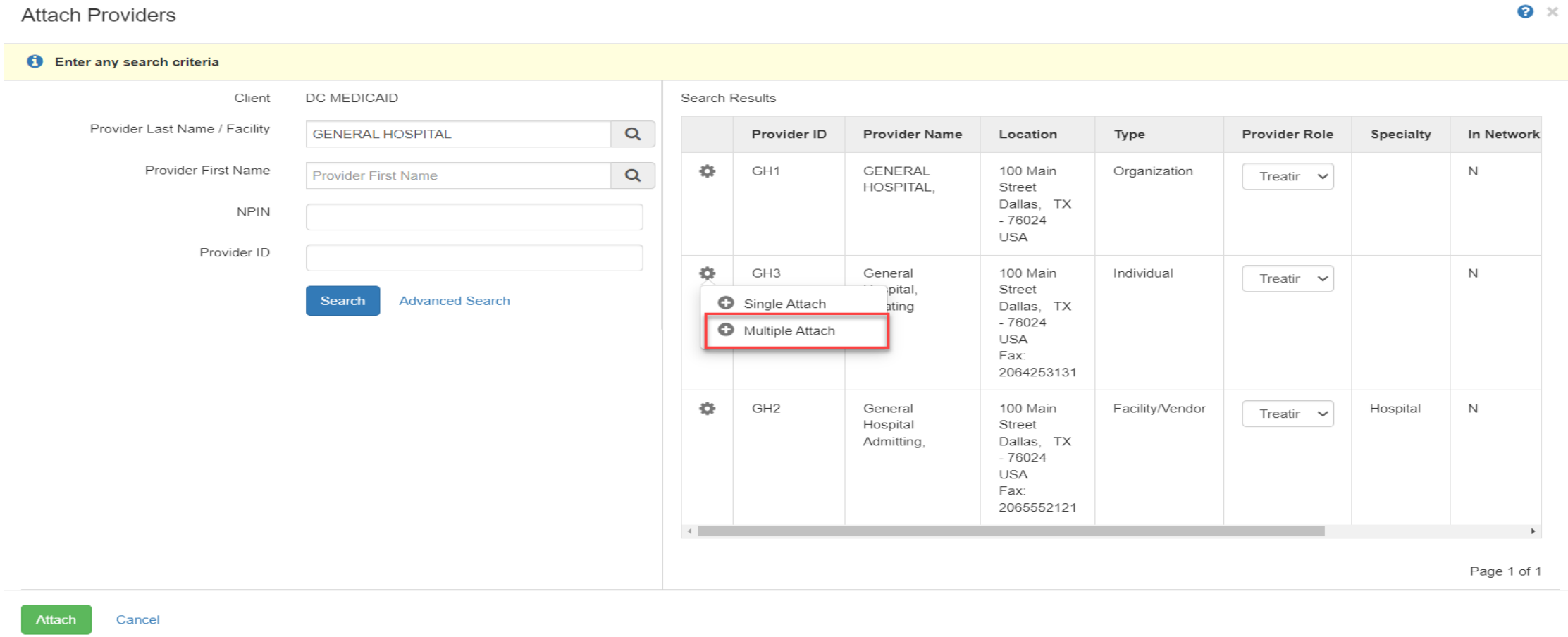
- Attach Providers to Episode



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Steps to Add Providers

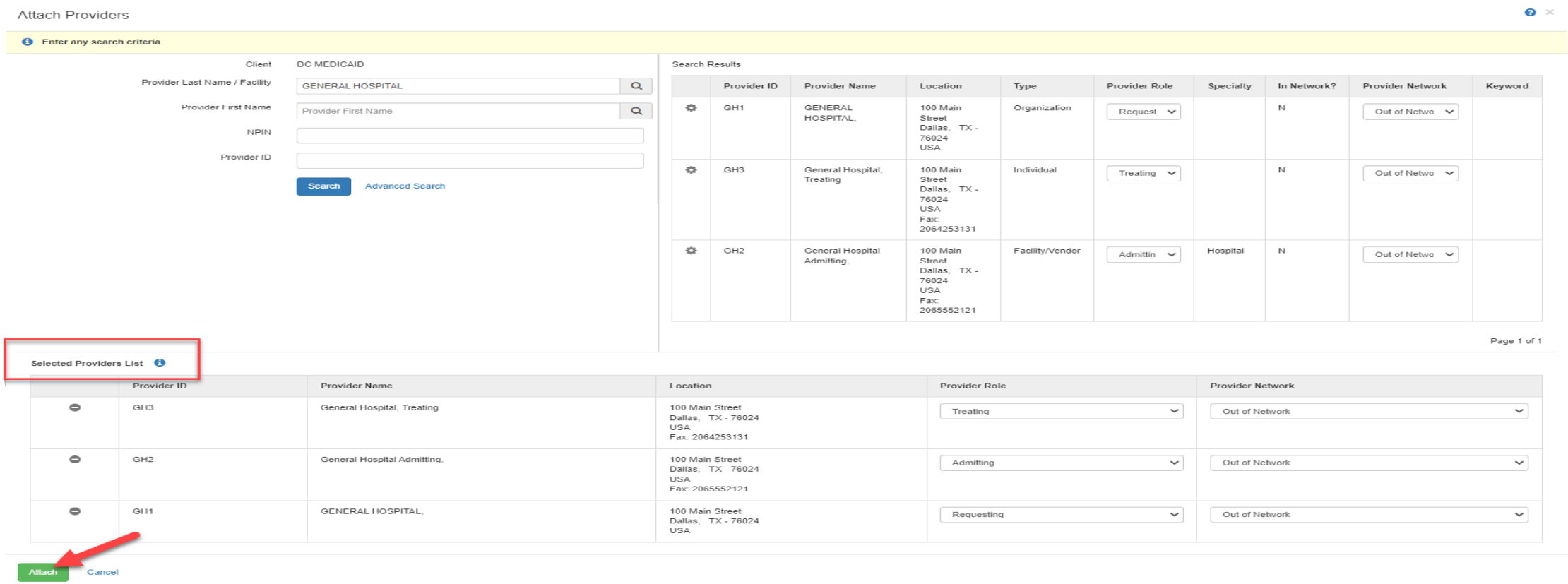
- Use Search or Advanced Search to find providers



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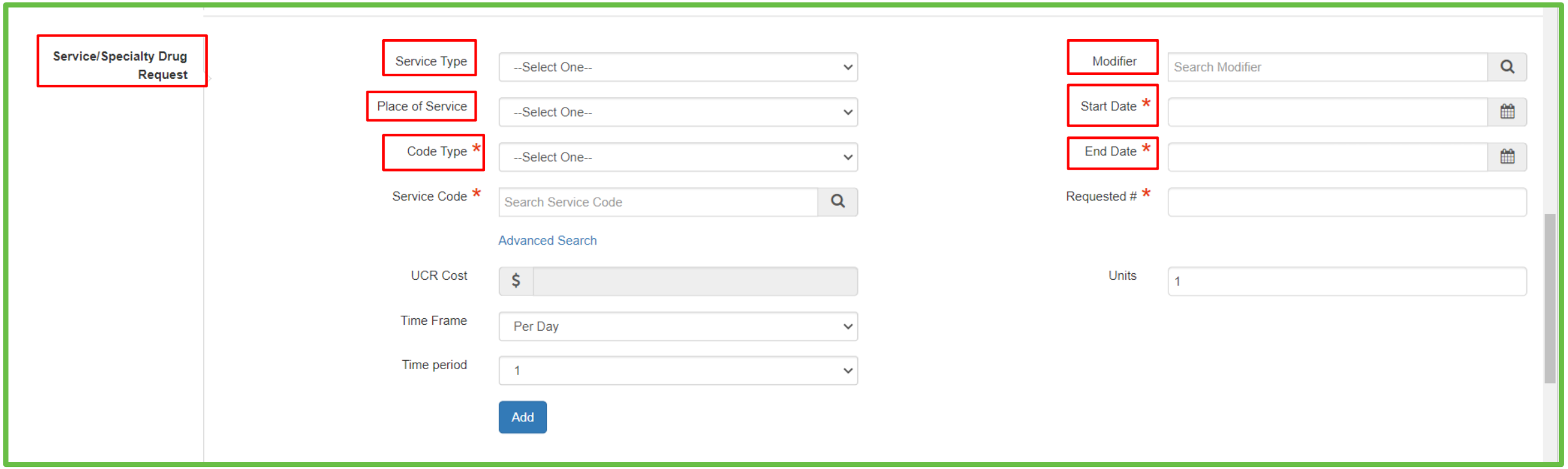
Steps to Add Provider, cont.

- Admitting, Treating, and Requesting providers must be attached



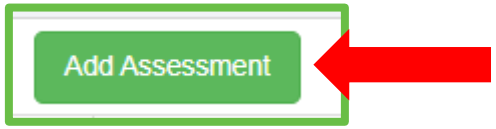
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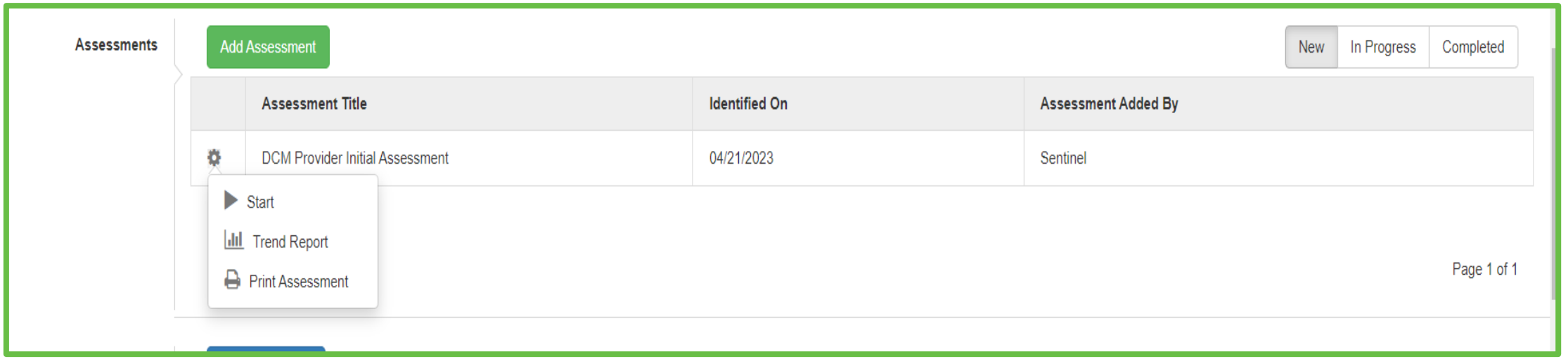
Service Request Must be Completed for Outpatient Services



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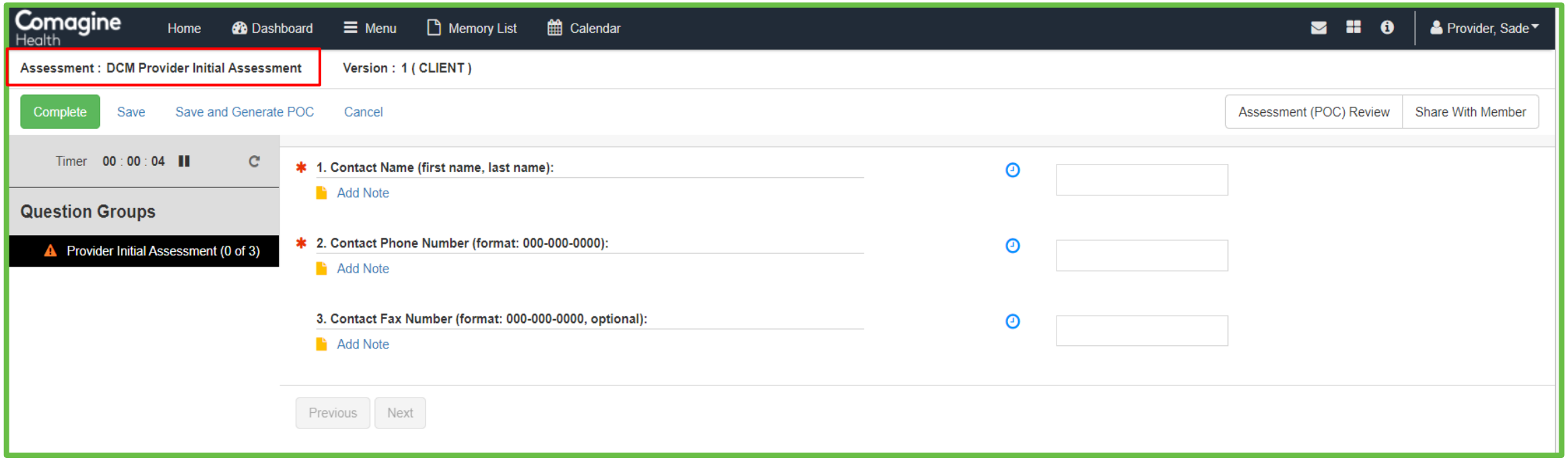
Assessments





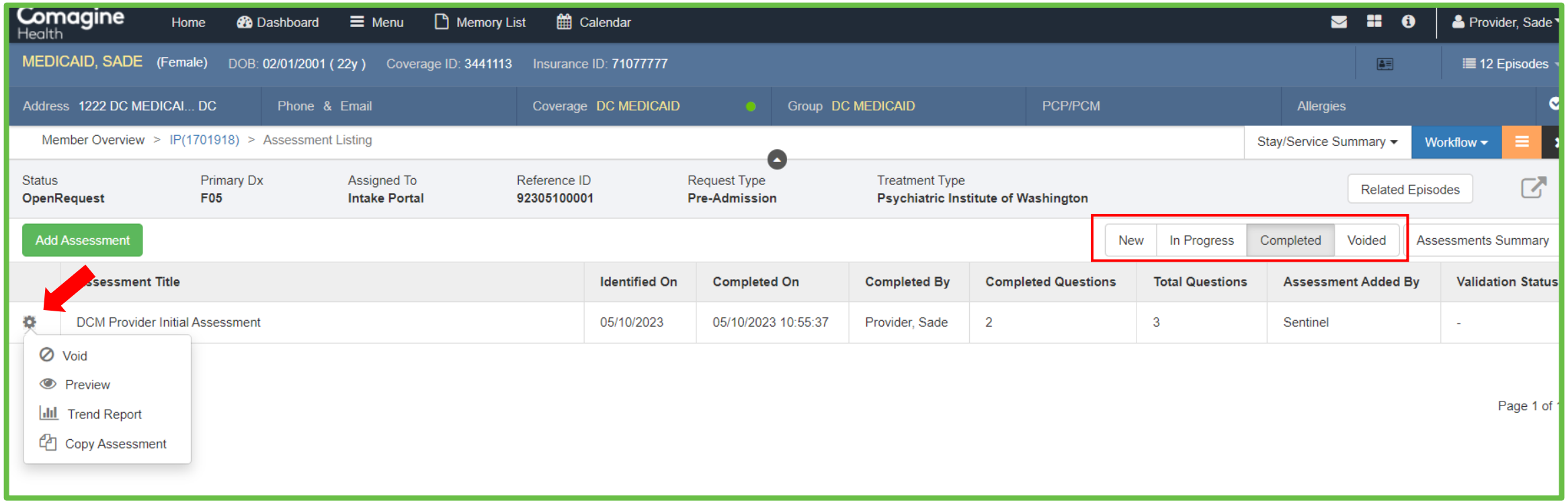
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DCM Provider Initial Assessment



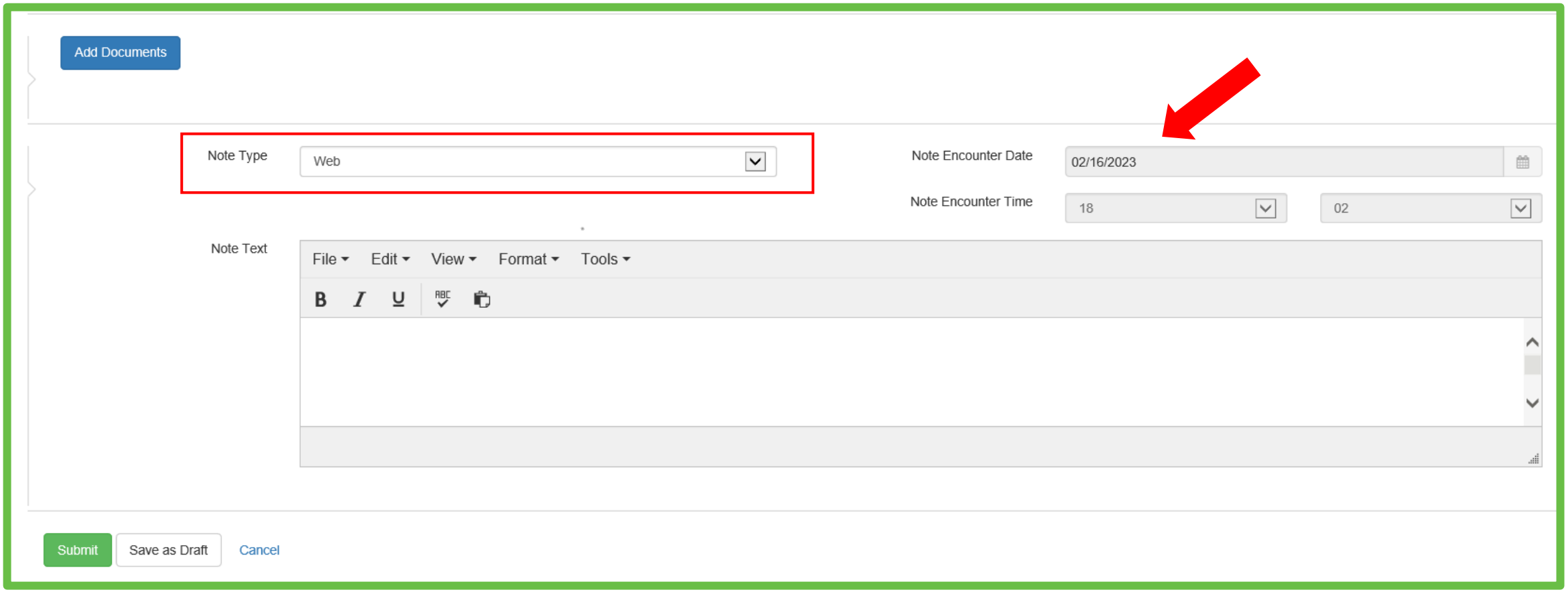
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Preview Assessment



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Notes



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Submit or Save as Draft

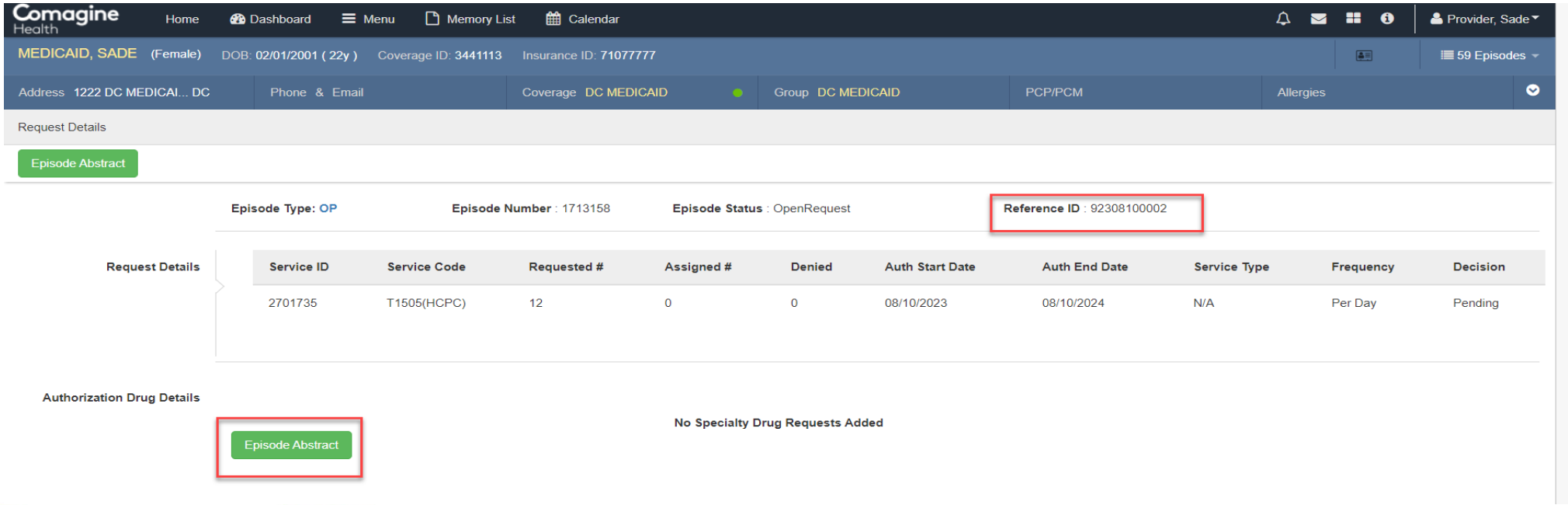
- **Submit**: Episode will be submitted to Comagine Health
- **Save as Draft**: Episode will not submit to Comagine Health but will be saved for later submission and can be edited
- **Delete**: The request will be deleted



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Reference ID

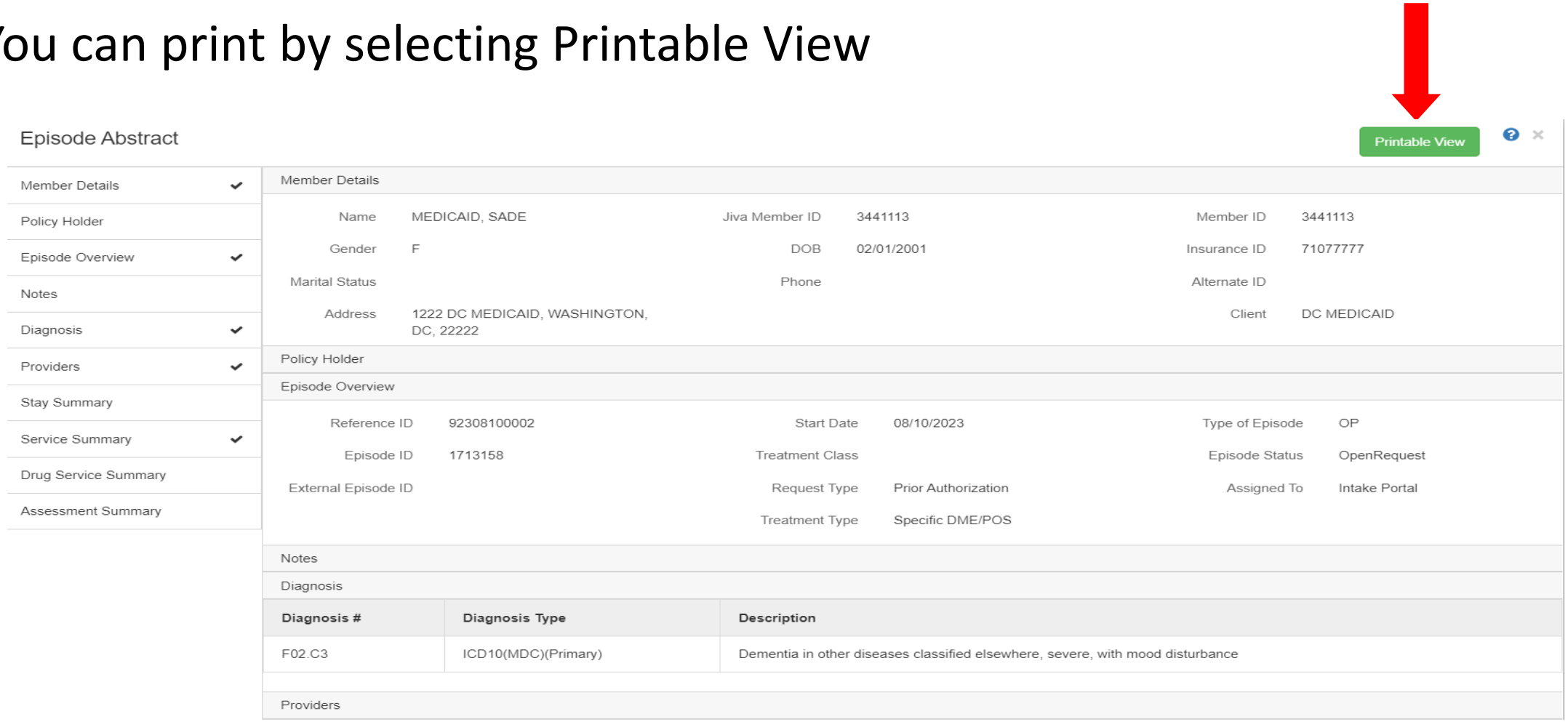
- Make a note of the CHPP Reference ID number for your records to locate the episode faster
- The reference ID will become a prior authorization number on an approved request
- Selecting Episode Abstract allows you to review what was submitted; however, you cannot edit from here



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Abstract View

- You can print by selecting Printable View



Provider Resources

- Comagine Health Provider Portal (CHPP) Guide
- Comagine Health Administrator Guide
- CHPP Quick Start Guides
- CHPP System Upgrade Power Point Presentation
- CHPP Registration Packet
- CHPP Inpatient Workflow Process for Acute Psychiatric and Residential Admissions

How to Check on an Existing Request

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Thank You

Questions?