

PPROPOSED LEGISLATIVE LANGUAGE FOR STATE SPECIFIC INITIATIVES:

Last updated: 9/25/19

Establishing Payment Floor for Medicaid MCO Rates

IL-

- The Department shall set a rate of reimbursement payable by contracted managed care organizations to contracted, in-network providers of medical supplies, equipment, and related services at the default rate of reimbursement paid under the Illinois Medicaid fee-for-service program methodology, including all policy adjusters, for such medical supplies, equipment, and related services in effect as of June 30, 2017. Such rates shall be held in effect until the Department adopts minimum quality standards as required in this subsection. (proposed 2018, not passed; proposed 2019, remains open)
- After the Department adopts minimum quality standards as required in this subsection, contracted managed care organizations shall offer a reimbursement rate to contracted, in-network providers of medical supplies, equipment, and related services at not less than 90% of the default rate of reimbursement paid under the Illinois Medicaid fee-for-service program methodology, including all policy adjusters, for such medical supplies, equipment, and related services of similar quality. (proposed)

OH-

- Establish payment rates and maximum quantity limits for DMEPOS items and services that are not less than the payment rates and maximum quantity limits that the department, in rules or otherwise, establishes for DMEPOS items and services under the fee-for-service component of the Medicaid program (proposed)

Prevent Audits on Medical Necessity for Prior Approved Items

KY-

- For any claims in which the department for or Medicaid managed care organization has given prior authorization, prepayment or post-payment review/recoupment shall not include review for medical necessity for the previously approved equipment, supplies and services. (proposed)

Consistent Medical Policy for MCO Plans

KY-

- The department shall promulgate a regulation to ensure that once prior service authorization is granted by a Medicaid managed care organization or fee for service, continued authorization of those equipment, supplies or services continues at a minimum for the same amount, duration, and scope until the end of the authorization period as previously granted by either another Medicaid managed care organization or fee for service. (proposed)

OH-

- Use the same medical policies, medical necessity criteria, claims adjustment methods and standards, certificate of medical necessity forms, codes from the health care common procedure coding system, fee schedules, and prior authorization requirements for DMEPOS items and services that the department of Medicaid, in rules or otherwise, establishes for DMEPOS items and services under the fee-for-service component of the Medicaid program; (proposed 2019, not passed)

Prohibiting Sole Source Arrangements/Securing Any Willing Provider

IL-

- Notwithstanding any other Public Act or contract terms and conditions, nothing in this subsection shall be construed to allow the Department or its contracted MCOs to enter into sole source contracts for the provision of durable medical equipment, supplies, or related services to Medicaid beneficiaries and Medicaid managed care enrollees. (proposed)

OH-

- Permit any willing provider of DMEPOS items and services to be part of its provider network in its Medicaid MCO plan if the provider is duly licensed or certified (proposed)
- The Medicaid managed care organization shall not enter into a sole source contract with any provider of DMEPOS items and services. (proposed)

Innovation Models

OH-

- The Medicaid managed care organization may implement innovative methods of administering the DMEPOS items and services benefit if it complies with divisions (B)(1) and (2) of this section, including innovative methods that do any of the following:
 - a) Reduce administrative burdens in an effort to reduce the costs associated with the DMEPOS items and services benefit;
 - b) Establish incentives that encourage Medicaid recipients to reduce their utilization of more expensive, alternative services, including payment rates and maximum quantity limits for DMEPOS items and services that exceed the payment rates and maximum quantity limits that the department, in rules or otherwise, establishes for DMEPOS items and services under the fee-for-service component of the Medicaid program;
 - c) Establish a creative risk-share payment program that rewards high quality DMEPOS items and services;
 - d) Develop an initiative program for high-risk DMEPOS items and services that rewards quality outcomes;
 - e) Replace outdated delivery models or care standards with innovative policies and technology enhancements that reduce the costs of the DMEPOS items and services benefit. (proposed)

Quality Standards

IL-

- Notwithstanding any other Public Act or contract terms and conditions, the Department shall establish, by rule, minimum quality standards for providers of medical supplies, equipment, and related services applicable to contracted managed care organizations for all services rendered to MCO enrollees. The minimum quality standards shall be based upon recognized national standards promulgated by national bodies and by the Centers for Medicare and Medicaid Services. (proposed)

Industry Advisory Group Meetings

OH-

- At least twice each year, convene a home medical equipment advisory group with a representative of the Ohio association of medical equipment services for the purpose of



reviewing and addressing issues related to the coverage of DMEPOS items and services.
(proposed)