

Date

John Hammarlund, Director
Region 5
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601

Re. Opposition to Indiana State Plan Amendment 19-003: Notice of Changes in Methods and Standards for Medicaid Payments for Medical Equipment (ME), Medical Supplies, and Vision Supplies

Dear Mr. Hammarlund:

This letter is to request CMS' denial of SPA 19-003 submitted by Family and Social Services Administration of Indiana (FSSA). I'm writing as an owner of a durable medical equipment business ...

INSERT YOUR COMPANY OR PERSONAL STORY HERE

General Access Concerns: Difficulty in Providing Indiana Beneficiaries with Access to Medically Necessary DME.

Over the past 8 years, Indiana DMEPOS providers have experienced significant rate cuts under Medicare. Current rates have resulted in a significant lack of access to medically necessary equipment and supplies relied upon by beneficiaries.

From November 2010 to April 2019, Indiana has experienced a 37.7% reduction in the number of DMEPOS suppliers. Some providers have gone out of business abruptly, leaving the remaining suppliers scrambling to prevent any gap in service to beneficiaries.

1. Indiana FSSA State Plan Amendment 19-003: Comment Period and Durable Medical Equipment Access Study

Indiana Medicaid is required based on IC 12-15-35-50 to provide a thirty (30) day public notice of any changes including payment rates, prior authorization, and medical policies. The bulletin publicizing these changes did not occur until September 3, 2019 with an effective date of October 1, 2019. The Great Lakes Association met with members of Indiana FSSA in August and these changes were not discussed at this time for stakeholder input to ensure appropriate access to care for Medicaid beneficiaries.

Indiana HME stakeholders met with mid-level leadership at FSSA and requested a delay for further evaluation and partnership between FSSA and providers to ensure rates are established at a level that will ensure the access to care. We were informed that they are already making changes to their systems and a delay was not possible. We submitted many questions

regarding these changes and they were unable to provide adequate responses to be able to have this implemented on 10/1/19. We also believe that the state does not have authority to make these changes without approval of the SPA.

An appropriate study and stakeholder feedback was not completed by the state and providers have reported that they will be unable to continue to provide the care needed by the Indiana Medicaid beneficiaries. The Access Monitoring Review Plan that is in DRAFT format for submission on October 1, 2019 that is attached here does not address Durable Medical Equipment which is covered under the home health benefit and therefore should be included in this study.

[https://www.in.gov/fssa/files/2019%20Indiana%20AMRP%20\(2019-09-03\).pdf](https://www.in.gov/fssa/files/2019%20Indiana%20AMRP%20(2019-09-03).pdf)

2. CMS Temporary Gap in the Competitive Bidding Program for DMEPOS.

During the current temporary gap in the Medicare Competitive Bidding Program for DMEPOS, CMS is taking care to review the impact of the competitive bidding process, provider requirements and reported access problems resulting from the program. As you well know, the temporary gap will last until December 31, 2020, with the new bidding process implemented effective January 1, 2021. This is in response to the lack of access and problems encountered in the previous competitive bid process upon which this whole SPA 19-003 was based.

It would be preferable to have more full knowledge of the changes and effects of those changes that will take place before proceeding with SPA 19-003.

In Summary

We respectfully request that CMS:

- Deny SPA 19-003;
- Request FSSA to conduct a thorough analysis of utilization data by county and by DME provider to obtain an accurate assessment of access to DME equipment and supplies for Indiana beneficiaries;
- Request FSSA to identify and quantify the extent to which beneficiaries are unable to secure DME equipment and supplies; and
- Request to address is the issue of how a decrease of the FFS rates for DME would affect Indiana managed care plan-funded rates and discuss with the plans.

Thank you for your kind consideration of this request.

Respectfully,