

Michigan Home Health Association DME Sub Committee Meeting April 8, 2026 9 AM

Quick recap

The Michigan Home Health Association (MHHA) DME subcommittee held their monthly meeting to discuss various healthcare industry updates and challenges. The group discussed upcoming sales tax audits from the state of Michigan, with Hart being the first to receive one since Carelinc reported on last month. Reviewed Medicaid prior authorization challenges, particularly for repairs under \$1,000 where CRT providers face delays. Laura provided updates on Blue Cross Blue Shield changes, including transitions to Tango for home health Medicare Advantage contracts. Ongoing issues with CGM supply billing codes and shoe reimbursement limits. The meeting also covered legislative activities, including a successful legislative day with nearly 70 attendees holding 22 meetings with representatives. Updates on NSCAC changes effective May 18th, including new application processing procedures and a shift from revocation to stay of enrollment for insurance/surety bond issues.

Next steps

- [Laura: Set up a meeting with Lisa to discuss prior authorization requirements for items under \\$1,000, specifically for CRT and potentially high-volume codes, and determine whether to submit only high-volume codes or all codes under \\$1,000.](#)
- [Laura: Request from the state that prior authorization approval/denial data be segmented to separate DME from hospitals and other provider types for more accurate reporting.](#)
- [Laura: Reach out to Anthony at Blue Cross to follow up on the status and publication of CGM supply billing changes, insulin pump supply quantity limit updates, and shoe reimbursement policy updates.](#)
- [Laura: Continue to work with Tango and the home health group to clarify and resolve issues around routine DME supplies, including the role of Northwood, and communicate updates to affected members.](#)
- [Mary Ellen: Reach out to Dr. Kesselman to explore potential collaboration with non-MAHA orthopedic/orthotic partners regarding Blue Cross shoe reimbursement issues.](#)
- [Mary Ellen: Write and send a letter to Laura regarding HAP as previously assigned in the minutes.](#)
- [Laura: Send out the call for questions for the upcoming Region B meeting to all relevant parties.](#)
- [All members: Notify Laura of any issues or denials encountered with Blue Cross Blue Shield MA plans or home health/DME interactions for follow-up with Tango.](#)
- [All members: Notify Laura if they hear any rumblings or receive information about Molina potentially subcontracting with CareCentrix in Michigan.](#)
- [All members: Notify Laura if they experience or hear about issues with the new site inspection contractors, especially regarding the use of short/long forms and ensuring photos are taken during site visits.](#)
- [Laura: Distribute information to members about upcoming changes to NSC application processing and site visit procedures as of May 18th.](#)

- [Laura: Distribute information to members once CMS allows, regarding the upcoming \(confidential\) positive change effective in May.](#)
- [All members: If considering a PTAN location change to another state, submit the change to Novitas/Palmetto with appropriate licenses and monitor for CMS guidance.](#)
- [All members: Forego the regular May and June Zoom meetings and plan to attend the in-person meeting at the conference instead.](#)

Summary

Sales Tax Audit Discussion

The meeting began with a review and acceptance of the previous month's meeting summary. Allen informed the group that Hart has received a sales tax audit from the state of Michigan, though he noted it was not as severe as previous audits. The group also discussed ongoing issues with prior authorizations under \$1,000, which were affecting wheelchair repair services, and a meeting was planned with Lisa Trumball to address these concerns.

DME Prior Authorization Challenges

Laura discussed ongoing efforts to address prior authorization challenges for DME and CRT codes, particularly focusing on high-volume codes under \$1,000 that currently require prior authorization. The team explored two potential approaches: either identifying the highest volume codes to discuss or providing a complete list of affected codes, with Allen suggesting focusing on HCPCs that reimburse over \$1,000 as a more manageable approach. Laura noted that DME codes are currently lumped together with hospital services in state reporting, showing only a 57% approval rate for prior authorizations, which she plans to request be separated out for more accurate reporting.

PA and Medicaid Updates Discussion, and BCBSM

The team discussed updates on PA requests and Medicaid-related matters. Laura reported that WellCare has removed their \$500 PA limit and provided a new lookup tool for determining if items need PA. The group also addressed potential Medicaid cuts of approximately \$150 million proposed in the Senate budget, though specific details are unknown.

Regarding Blue Cross updates, Mary Ellen and Laura noted that promised changes to CGM supplies billing codes and insulin pump supply quantity limits from their fall meeting have not been published in recent records, and they plan to follow up with Blue Cross for clarification.

Blue Cross Medicare Advantage Transition

Laura discussed ongoing issues with Blue Cross Blue Shield's transition of home health Medicare Advantage contracts to Tango, a third-party administrator. She explained that there is confusion about what constitutes routine DME supplies, with Tango requiring generic over-the-counter items to be billed as routine while specific manufacturer products need to be billed through DME. Laura has

been working with Tango to clarify these requirements and has a bi-weekly meeting scheduled to address ongoing issues. The transition took effect on March 1st and has created complications for home health agencies regarding prior authorizations and DME coverage.

Carecentrics and Board Updates and Competitive Bidding

The group discussed concerns about Carecentrics potentially subcontracting for Molina, though Laura confirmed there are no current plans in Michigan and they would involve AA Home Care if needed.

They announced that Tiffanie Robinson-Steffes has been selected to join the board of directors, starting June 1st, and will be installed at the upcoming May conference.

The discussion also covered updates on competitive bidding changes, including VGM's new FAQs about doubled surety bonds and upcoming accreditation surveys from ACHC, with the process expected to begin in late spring or early summer.

Legislative Day Event Success Update and Medicare Enrollment changes

The legislative day event organized by Laura was highly successful, with nearly 70 attendees and 22 direct meetings with representatives, more than doubling last year's attendance. The team received positive feedback from both legislative offices and members, with participants finding that sharing personal stories about their work and patients was effective in engaging legislators. Regarding legislative updates, a right-to-repair bill was introduced but is not expected to progress, and a bill preventing insurance clawbacks after 90 days was introduced at the request of the Chiropractor Association, though passage is unlikely this session.

Mary Ellen provided significant updates on NSCAC changes, including new application processing procedures starting May 18th, issues with site visit contractors, and the positive news that insurance/surety bond issues will no longer result in revocation but instead a stay of enrollment.

Meeting changes

The group decided to cancel the May and June Zoom meetings since they will be meeting in person at the conference.