



CPAP Therapy Changes for Durable Medical Equipment (DME) Providers

Effective Dec. 16, 2016, Molina Healthcare updated the process for monitoring member compliance for PAP therapy devices.

What has changed?

In lieu of prior authorization (PA), Molina Healthcare requires PAP device-generated compliance data for the first 90 days of member utilization. The data must be faxed or attached to the 90-day claim and include the PAP Compliance Cover Sheet.

Why was the change made?

The update provides Molina Healthcare with real-time information on whether the devices are being used appropriately. It also eliminates the need for providers to fax compliance data before receiving purchase authorization.

How are PAP therapy device payments reimbursed?

For the first 90 days of PAP therapy, patient PAP compliance data must be reported in order to be compensated for PAP therapy re-supplies.

PAP device payments are reimbursed based on monthly rental units. The initial reimbursement includes rental cost for three months. During this time, DME providers help the member use PAP therapy correctly and maintain their treatment.

After 90 days, if PAP compliance data shows the member is using the device according to standard criteria, Molina Healthcare will reimburse the device purchase. Rent-to-purchase is based on the provider's contract allowance.

If data shows the member is not compliant during the 90-day rental period, the 90-day rental cost will be reimbursed, but the reimbursement for purchase of the device will be denied.

Where is the PAP Compliance Cover Sheet?

See the next page for the cover sheet. In the coming weeks the PAP Compliance Cover Sheet will also be posted to MolinaHealthcare.com/OhioProviders. Please fax the form to: (844) 584-3680.

Questions?

Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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Fighting Fraud, Waste & Abuse

Do you have suspicions of member or provider fraud? The Molina Healthcare AlertLine is available 24 hours a day, 7 days a week, even on holidays at (866) 606-3889. Reports to the Healthcare AlertLine may be made anonymously, but are always confidential.



PAP Compliance/Resupply Cover Sheet

Fax: (844) 584-3680

Member Name: _____ **DOB:** _____

Member ID#: _____

Physician Name: _____ **NPI:** _____

Address: _____ **City/ZIP:** _____

Phone: _____ **Fax:** _____

Durable Medical Equipment (DME) Provider: _____

TIN: _____

Address: _____ **City/ZIP:** _____

Phone: _____ **Fax:** _____

PAP Compliance: Please answer the following questions regarding this member's PAP usage during the first 3 months of therapy:

1. What date did this member start PAP therapy? _____
2. Have the patient's symptoms improved based on a conversation with the patient or the treating physician during this initial period of PAP therapy?

___ Yes ___ No

Please attach this document to your claim or fax separately. To receive reimbursement for the purchase of the PAP device and supplies, please include:

1. This completed compliance cover sheet.
2. The short summary compliance form obtained from the PAP device manufacturer's software.