Michigan Department of Health and Human Services
Medical Services Administration

Orthotics & Prosthetics
Medicaid Provider Liaison Meeting

Capitol Commons Center
Monday, April 4, 2016
1:00 p.m. – 3:00 p.m.

MINUTES

Welcome and Introductions

Lisa Trumbell opened the meeting and introductions were made.

MI Health Link

Staff from the Michigan Department of Health and Human Services (MDHHS) Integrated Care Division provided meeting attendees with an update on the implementation of the integrated care demonstration for individuals who are dually eligible for Medicare and Medicaid, known as MI Health Link. Attendees were advised to refer to the individual Integrated Care Organizations for billing guidelines when providing services to a MI Health Link beneficiary. MI Health Link has been approved for operation in the four demonstration regions (Upper Peninsula, Southwest Michigan, Wayne County and Macomb County) through March 2020. A copy of the PowerPoint presentation was provided.

Health Plans Changing K Level Modifiers

A handout was distributed to attendees that included K Level Modifiers. Lisa asked attendees to share specific cases after the meeting in which they have experienced problems with Medicaid Health Plans changing modifiers.

Medicaid Recovery Audit Contractor (RAC)

MDHHS staff and meeting attendees discussed the ongoing RAC audits by the MDHHS Inspector General Administration (IGA), and attendees were provided with a handout containing additional information about the audits. A meeting attendee requested that MDHHS share an example of a RAC cover letter with providers.

MDHHS Updates

Individuals Impacted by Flint Water

MDHHS has received approval from the Centers for Medicare and Medicaid Services (CMS) for a waiver to address issues related to individuals impacted by Flint water. The waiver will allow MDHHS to:

- Make Medicaid eligibility available to children up to age 21 and pregnant woman who;
  - Are served by the Flint water system or were served by the Flint water system and consumed water between April 2014 and a date to be determined in the future, AND
  - Have household incomes up to 400 percent of the federal poverty level (FPL). Individuals up to age 21 and pregnant women with household income above 400 percent FPL will be able to buy in to unsubsidized coverage under the program later this year.
- Establish a targeted case management group and services for children up to age 21 and pregnant women as described above.

Healthy Michigan Plan

MDHHS has received CMS approval for a second waiver related to the Healthy Michigan Plan. Under the terms of the waiver beginning April 1, 2018, which is 48 months after the initial implementation of the Healthy Michigan Plan, individuals who have been enrolled in the Healthy Michigan Plan for at least 12 months and have incomes above 100 percent FPL may:

- Leave the Healthy Michigan Plan and receive insurance from the Federally Facilitated Marketplace (FFM), or
- Remain on the Healthy Michigan plan, complete a Health Risk Assessment (HRA) and choose to engage in one or more healthy behaviors.

Copayment and cost-sharing obligations for beneficiaries who elect to leave the Healthy Michigan Plan and receive insurance through the FFM will remain the same; however, they will only be eligible for reductions in their copayment and cost-sharing requirements if they remain on the Healthy Michigan Plan and choose to engage in one or more healthy behaviors. Wraparound services will be available through Medicaid Fee-for-Service to Healthy Michigan Plan beneficiaries who receive coverage on the FFM.

Fiscal Year (FY) 2017 Budget

Dick Miles also reported on several items included in the Governor's FY 2017 budget recommendation relative to the Medicaid program, including: the expansion of the ***Healthy Kids Dental*** program to include all children not currently covered; the integration of behavioral health and physical health treatment through the State Innovation Model (SIM) program; and coverage of specialty drugs. The State of Michigan will also be required to contribute matching funds for the Healthy Michigan Plan beginning in FY 2017.

Prior Authorization Changes and Pricing

Staff from the MDHHS Program Review Division provided meeting attendees with an update on the process for submitting prior authorization requests. Attendees were reminded to include a cover letter, invoice, prior authorization approval letter and a product number when requesting pricing for an item from MDHHS. Attendees were also advised that when submitting changes, the prior authorization approval letter should not be forwarded, as this delays processing of the request.

Other Issues

Competitive Bid

Several meeting attendees reported issues related to CMS splitting codes into off-the-shelf and custom fitted items. These changes allow physicians and out-of-state providers to provide off-the-shelf orthotics to beneficiaries, which may not fit correctly or may not be appropriate for the beneficiary.

Changing Medicaid Coverage

A meeting attendee requested clarification on the billing process for Medicaid beneficiaries who change coverage (i.e., move from Medicaid Fee-for-Service to a Medicaid Health Plan) after prior authorization for an item has been approved. In response, MDHHS staff shared that if the item is delivered within 30 days of the initial prior authorization approval, a subsequent prior authorization request is not required. The orthotic or prosthetic must be authorized and ordered prior to the last day of eligibility, and must be delivered within 30 days after the change in enrollment status. Attendees were reminded to always check a beneficiary's Medicaid eligibility before providing a service.

Next meeting: Monday, October 3, 2016

Please be sure to sign-in upon arrival and provide your email address for electronic notification of future meetings, including minutes from this meeting. – Thanks.