

## Orthotics and Prosthetics Medicaid Provider Liaison Meeting

Capitol Commons Center  
Wednesday, April 10, 2019  
1:00 p.m. – 3:00 p.m.

### MINUTES

#### **Welcome and Introductions**

Lisa Trumbell opened the meeting and introductions were made.

#### **Healthy Michigan Plan Updates**

On December 21, 2018, the Centers for Medicare & Medicaid Services (CMS) granted approval for Michigan's Healthy Michigan Plan section 1115 Waiver Renewal Application with special terms and conditions. Under the terms of the waiver renewal application, the following changes to the Healthy Michigan Plan will take place on January 1, 2020:

- Healthy Michigan Plan Members must report at least 80 hours per month of work or other qualifying activities; and
- Beneficiaries with incomes above 100% of the Federal Poverty Level (FPL) who have been enrolled in the Healthy Michigan Plan for 48 cumulative months must engage in a healthy behavior and contribute 5% of their income toward cost-sharing as a condition of continued eligibility for the Healthy Michigan Plan.

In March 2019, the Michigan Department of Health and Human Services (MDHHS) completed the process of mailing a letter to 600,000 Healthy Michigan Plan beneficiaries to explain the changes taking place on January 1, 2020. Additional information about the new requirements is also available on the web at [www.healthymichiganplan.org](http://www.healthymichiganplan.org) >> Changes coming in 2020.

#### **Custom Made O&P "In-house"**

MDHHS staff clarified that an item can be billed as made "in-house" only when all components of the item are made in-house by the provider. Any components of the item that are manufactured by a third party must be billed separately.

MDHHS staff and meeting attendees also discussed at length the face-to-face visit requirements outlined in the Affordable Care Act (ACA).

#### **Verbal Prior Authorizations**

##### **Emergent/Urgent**

Meeting attendees were reminded that verbal prior authorization may be obtained in emergent or urgent situations. In these cases, verbal prior authorization requests must be submitted within 24 hours of providing a service, or the next business day. Once submitted, MDHHS

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staff must review the request within 72 hours. If approved, prior authorization is granted beginning with the date of the request.

### **2021 Medicare Competitive Bid**

Beginning June 1, 2019, the CMS will commence a competitive bid process for 16 durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) product categories, for contracts that will become effective January 1, 2021. Under the new contracts, providers will submit bids to dispense "lead items," and must also provide all items associated with lead items for the agreed upon price.

### **Dynamic versus Static Devices**

MDHHS staff solicited input from meeting attendees on when it is appropriate to dispense dynamic devices or static devices. In response, several attendees indicated that dynamic splints are used to treat traumatic injuries in cases where temporary use is anticipated, while static devices are generally issued for chronic conditions.

MDHHS staff and meeting attendees also discussed at length the process for manually pricing certain items.

### **Other Issues**

- Meeting attendees were reminded that if they have basic policy and billing questions, they should first review the Medicaid Provider Manual and the DMEPOS fee schedule that is available on the MDHHS website. If they are unable to find answers in available online resources, they should contact Provider Support. If Provider Support cannot answer the provider's questions, they will email Lisa directly for assistance. The Medicaid Provider Manual can be accessed at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms. The DMEPOS fee schedule, as well as information about provider liaison meetings, is maintained on the web at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information >> Medical Suppliers / Orthotists / Prosthetists / DME Dealers.
- A meeting attendee requested that MDHHS consider developing a prior authorization form specific to orthotics and prosthetics to streamline prior authorization process. In response, MDHHS staff encouraged providers to draft a sample form and share a copy with MDHHS for consideration. MDHHS staff also recommended that providers designate a staff member to review all prior authorization requests prior to submission to ensure that all documentation required by Medicaid policy is included.

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- Meeting attendees were reminded to contact the Program Review Division main phone line at 800-622-0276 with any questions related to pending prior authorization requests, or to request verbal prior authorization for urgent requests.
- A meeting attendee asked a question about coverage of services for beneficiaries enrolled in Medicaid Health Plan. In response, Lisa clarified that Medicaid Health Plans must provide the full range of Medicaid-covered services at a minimum and may choose to provide services over and above those specified in Medicaid policy.

**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.**