Behavioral Health & Developmental Disabilities Administration Encounter Data Integrity Team
FY22 Modifier Changes Subgroup Meeting Minutes

Date: 3/8/21		Location:	Click here to join the meeting
Time: 3-4PM		Dial-in Number:	+1 248-509-0316,,827445631#

Community Mental Health Service Programs

x	Ottawa CMH: Kristi Chittenden
x	Clinton-Eaton-Ingham: Pam Flory
x	Lifeways: Shannan Clevenger

Prepaid Inpatient Health Plans

☐	SWMBH: Anne Wickham
x	MSHN: Steve Grulke
x	MSHN: Amy Keinath
x	DWIHN: Jeffery White
x	OCHN: Jenny Fallis
☐	OCHN: Kim Avesian
x	OCHN: Kenyetta Brewer
x	CMHPSM: Michelle Sucharski
x	LRE: Ione Myers

MDHHS

x	Laura Kilfoyle
x	Belinda Hawks
x	Jackie Sproat
x	Morgan VanDenBerg
x	Kathy Haines
x	Kasi Hunziger
x	Phil Chvojka
x	Carol Hyso
x	Jeremy Cunningham
x	Spencer Keating

Agenda Item	Presenter	Notes/Action Items
Welcome and Introductions	Jackie	Modifier Subgroup minutes are available at: MDHHS - Reporting Requirements (michigan.gov)
March 22 meeting proposed time change from 2-3PM to 3-4PM.	Jackie	Will move to 3-4PM.
WX modifier (participant hired)	Jackie	Based on internal MDHHS discussion, it was decided to **remove** the WX modifier from the SFY 2022 code sets. The U7 modifier to identify self-determination arrangements will still be included. MDHHS expects that independent rate models will not vary for services delivered under a self-determination arrangement. Jeff said that participant hired arrangements in DWIHN may have slightly lower rates. MDHHS acknowledged that while this may be the case in some PIHPs/CMHSPs, we do not intend to have a rate models showing a different rate.
Group feedback on discontinuation of U5 modifier.	Belinda, Morgan	On the state side, the modifier is not needed. There was emailed feedback about wanting to continue use for H0031 as the costs are higher.

Is a psych eval (90791 or 90792 with or without 90785 interactive complexity) for an Autism enrolled beneficiary different from a psych eval for any other beneficiary? If so, how? Same question for Psychological and Neuropsychological testing (96130-7), is this service different for an Autism enrolled beneficiary?		Email from SWMBH: There was broad agreement here that the assessments for autistic children were absolutely more involved because of the requirements and would therefore be more expensive. That is primarily the H0031. The 90791 code is not used much so there was not the same thought with that. Psych Testing varies in length and cost dependent on many things not just autistic diagnosis per individual but it is believed that diagnosis by itself wouldn't be the only factor. Question about using diagnoses to identify Autism population. Feedback is that this is possible but concern about different process. Attached to these minutes are the Milliman diagnosis codes for Autism and other diagnosis groups.  Behavioral Health Diagnosis Code Listi In response to the request during a previous meeting for a WSA extract, Milliman performed a comparative analysis. They found good WSA and 820 alignment, a difference of about 2%. **MDHHS decision is to discontinue U5. A PIHP/CMHSP can continue using locally but the modifier should not be sent to the state.**
Group feedback on proposed discontinuation of **HH** (integrated treatment) modifier. If we stop using HH modifier, and a consumer changes from non-integrated to integrated during treatment, a BHTEDS Update record would have to be submitted at this time on the MH side. On the SUD side, update is not available, so you would need to discharge the non-integrated episode and submit a new admission (A) record when integrated treatment begins.	Phil, Carol	SWMBH Feedback received by email: do not support asking providers to discharge someone in SUD treatment then readmit them again because they "switched" to integrated treatment. Phil said a change is planned to as of 10/1/21 allow a BHTEDS Update record (R record for "Renew") for SUD records. The process would work the same as update records currently work for MI records. In addition to being used for reporting the change from non-integrated to integrated treatment (and vice versa), it would be used for methadone consumers who have treatment spanning multiple years. Another example would be consumers whose chart is left open in case they return for services. Integrated means one treatment coordinator. Proposal to hold off on the HH modifier decision, which was generally supported by members. Jenny is concerned that the BHTEDS change to use an R record would require system changes and provider training. This change on top of other modifier changes already planned would be hard.

		Phil has compared the HH modifier to BHTEDS in the past, found HH modifier data to be more complete than BHTEDS. If we keep HH, services 90853 and H0038 may be impacted due to the four-modifier limit. Keeping the HH modifier would mean that you could not use a local modifier in combination with a women's program receiving integrated co-occurring treatment in a group setting. **Group suggested we wait until 10/1/2022 to discontinue HH, so that there is time for BHTEDS changes above to be implemented.**
Provider credential modifier: Proposal to not require a provider grouping modifier (HM) for H2015.	Belinda	Question from Jeff White: most direct care workers do not have a college degree, for those that do have a degree can we use HN-Bachelor's; HO-Master's; and HP-Doctoral? The Standard Cost Allocation (SCA) Workgroup determined that H2015 does not need a provider grouping modifier requirement because SCA members do not reimburse differently for the service (even if the provider had a bachelor's degree or higher).
Wrap-Up and Next Steps	Belinda	Suggested agenda item for 3/22: revisit HK modifier, which description should be used with H2014 with no modifier?

Action Items	Person Responsible	Status
Jeremy to follow up with SCA workgroup on any other services that might not require a provider grouping modifier.	Jeremy	

Next Meeting Date: 3/22