



Behavioral Health & Developmental Disabilities Administration Encounter Data Integrity Team
Unbundling Transportation Meeting Minutes

Date: 3/8/2021	Location: Click here to join the meeting
Time: 2-3PM	Dial-in Number: +1 248-509-0316,,904701237#

Community Mental Health Service Programs

<input checked="" type="checkbox"/>	Copper Country CMH: Susan Sarafini
<input checked="" type="checkbox"/>	Centra Wellness: Donna Nieman
<input type="checkbox"/>	West MI CMH: Jane Shelton
<input checked="" type="checkbox"/>	Integrated Services of Kalamazoo: Ed Sova
<input checked="" type="checkbox"/>	CEI CMH: Stacia Chick
<input checked="" type="checkbox"/>	Livingston County CMH: Kate Aulette
<input checked="" type="checkbox"/>	Sanilac County CMHA: Beth Westover

Community Mental Health Association

<input type="checkbox"/>	Maggie Beckmann
<input type="checkbox"/>	Bruce Bridges

Prepaid Inpatient Health Plans

<input checked="" type="checkbox"/>	NCN: Joan Wallner
<input type="checkbox"/>	NMRE: Brandon Rhue
<input checked="" type="checkbox"/>	LRE: Ione Myers
<input checked="" type="checkbox"/>	SWMBH: Anne Wickham
<input checked="" type="checkbox"/>	MSHN: Amy Keinath
<input checked="" type="checkbox"/>	CMHPSN: Michelle Sucharski
<input type="checkbox"/>	DWIHN: Tania Greason
<input checked="" type="checkbox"/>	DWIHN: Jeff White
<input checked="" type="checkbox"/>	OCHN: Jennifer Fallis
<input checked="" type="checkbox"/>	OCHN: Laura Aherns
<input checked="" type="checkbox"/>	MCCMH: Bill Adragna
<input type="checkbox"/>	MCCMH: Amie Norman
<input checked="" type="checkbox"/>	Region 10: Laurie Story-Walker

MDHHS

<input checked="" type="checkbox"/>	Laura Kilfoyle
<input checked="" type="checkbox"/>	Kasi Hunziger
<input checked="" type="checkbox"/>	Kathy Haines
<input checked="" type="checkbox"/>	Belinda Hawks
<input type="checkbox"/>	Kim Batsche-McKenzie
<input type="checkbox"/>	Angie Smith-Butterwick
<input type="checkbox"/>	Mary Ludtke
<input checked="" type="checkbox"/>	Brenda Stoneburner
<input type="checkbox"/>	Morgan VanDenBerg
<input checked="" type="checkbox"/>	Jackie Sproat
<input checked="" type="checkbox"/>	Joe Longcor
<input checked="" type="checkbox"/>	Lida Momeni
<input checked="" type="checkbox"/>	Jeremy Cunningham
<input checked="" type="checkbox"/>	Jessica Bertolo

Agenda Item	Presenter	Notes/Action Items
Welcome and Introductions	Jackie	Welcome to Lida Momeni from MSA Policy area. This special EDIT meeting was attended by over 50 CMHSP and PIHP representatives.
Proposal for separate reporting of transportation services starting 10/1/21. For reference see MDHHS Medicaid Provider Manual 3.27, excerpt below on Non-Emergency Transportation. Also see the "Transportation Policy Discussion for EDIT" PPT from January 2021 EDIT meeting.	Kathy/ Milliman	Background overview: <ul style="list-style-type: none"> 12/9/20 Jeff Wieferich memo titled "Separate Reporting for Transportation Services" Federal regulations behind the proposed change, 42 CFR 438.8 <ul style="list-style-type: none"> Medicaid Managed Care Medical Loss Ratio (MLR) MLR accounting for subcontractors <p>What about scenario when the transportation provider is the network provider? Jeremy said this is not required to be reported separately.</p>

<p>What services would be impacted, and not impacted?</p>	<p>Belinda</p>	<p>These services would be included: Clubhouse (H2030) Supported employment (H2023) Day time activities (H2015 & H2016) Out of home non-vocational habilitation (H2014) Skill Building Assistance (H2014) Out of home pre-vocational service (T2015) I/DD Peer Support Service Drop-in center (H0046) Therapeutic Overnight camp</p> <p>For above services, separate transportation codes would be used.</p> <p>H2016 specialized residential, should this be included in the list above since most likely transportation would be for daytime H2015 activities, or would be covered by a MHP (e.g., physical health appointment)? There is concern about the appropriateness of rolling this cost into the daytime H2016 rate. This may be happening due to unreliable non-CMH/PIHP transportation providers. In future may have separate transportation code and modifier to be reported in this scenario.</p> <p>Inpatient Psychiatric court hearing transportation? This is mentioned on the Code Chart. Not considered part of this effort.</p> <p>Assertive Community Treatment (ACT) would NOT be included.</p>
<p>Feedback and concerns from EDIT members.</p>	<p>Jackie</p>	<p>Copper Country Community Mental Health emailed about concerns. Deadline of 10/1/2021 is concerning. Especially layered on top of the H0043 to H2015 transition and the new EQI process. NCN is concerned that it is not a realistic deadline. DWIHN concerned as well, another competing project is implementing all of the modifier changes. SWMBH and MCCMH agree. Direct run or just contracted providers? Both. Standard Cost Allocation (SCA) workgroup considering allowing bundling for CLS and transportation if transportation is reported with a modifier. What about scenario of CMHSP staff providing transportation to or from Clubhouse? SCA workgroup suggestion is to bill separately.</p>

		<p>lone mentioned that historically transportation was reported separately, then there was a decision to bundle due to B3 costs. As of FY20 the b(3) waiver changed to 1915(i). CMS cost effectiveness concern is not at the level that it was in the past. Understanding cost variation is a goal of having transportation separately identified. Use of modifiers would accomplish this. Joan asked to what extent this is negotiable, can we start just with HSW beneficiaries? This would limit the # of IPOS's and authorizations needing to be updated. Consider cumulative provider burden.</p>
Wrap-Up and Next Steps (5 minutes)	Jackie	Thanks to all for the input. MDHHS will discuss on follow up on this topic at the next EDIT meeting.

Medicaid Provider Manual

3.27 TRANSPORTATION

PIHPs are responsible for transportation to and from the beneficiary's place of residence when provided so a beneficiary may participate in a PIHP-covered state plan, HSW or additional/B3 service within the consumer's community or for transportation associated with inpatient or crisis residential. MHPs are responsible for assuring their enrollees' transportation to the primary health care services provided by the MHPs, and to (nonmental health) specialists and out-of-state medical providers. MDHHS is responsible for assuring transportation to medical appointments for Medicaid beneficiaries not enrolled in MHPs; and to dental, substance abuse, and mental health services (except those noted above and in the HSW program described in the Habilitation Supports Waiver for Persons with Developmental Disabilities Section of this chapter) for all Medicaid beneficiaries. (Refer to the local MDHHS office or MHP for additional information, and to the Ambulance Chapter of this manual for information on medical emergency transportation.)

PIHP's payment for transportation should be authorized only after it is determined that it is not otherwise available (e.g., MDHHS, MHP, volunteer, family member), and for the least expensive available means suitable to the beneficiary's need.