Behavioral Health & Developmental Disabilities Administration Encounter Data Integrity Team Minutes

Date: 7/16/2020	Location: Join Microsoft Teams Meeting
Time: 10AM-12PM	Dial-in for those who cannot use Teams Audio: +1 248-509-0316,,106 906 276#

Community Mental Health Service Programs

x	Copper Country CMH: Susan Sarafini
x	Centra Wellness: Donna Nieman
x	West MI CMH: Jane Shelton
x	Integrated Services of Kalamazoo: Ed Sova
x	CEI CMH: Stacia Chick
x	Livingston County CMH: Kate Aulette
x	Sanilac County CMHA: Beth Westover

Community Mental Health Association

☐	Maggie Beckmann
x	Bruce Bridges

Prepaid Inpatient Health Plans

x	NCN: Joan Wallner
x	NMRE: Brandon Rhue
x	LRE: Ione Myers
x	SWMBH: Anne Wickham
x	MSHN: Amy Keinath
x	CMHPSN: Michelle Sucharski
x	DWIHN: Tania Greason
x	DWIHN: Jeff White
x	OCHN: Jennifer Fallis
x	OCHN: Kim Avesian
x	MCCMH: Bill Adragna
x	MCCMH: Amie Norman
x	Region 10: Laurie Story-Walker

MDHHS

x	Laura Kilfoyle
x	Kasi Hunziger
x	Kathy Haines
x	Belinda Hawks
x	Kim Batsche-McKenzie
x	Angie Smith-Butterwick
x	Mary Ludtke
x	Brenda Stoneburner
x	Angelo Powell
☐	Justin Tate
x	Jackie Sproat
x	Jeremy Cunningham

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	New Region10 rep: Laurie Story-Walker <storywalker@region10pihp.org>;
Review and approve April 16, 2020 meeting minutes (5 minutes)	Jackie	H0020 may continue to be used, will not be retired as of 10/1/2020. The independent rate model workgroup is developing comparison rates for OTP services. Minutes were approved with no changes.
1. Code Chart and Provider Qualifications Chart updates 2. COVID-19 encounter code chart (5 minutes)	Kasi Hunziger	1. No Code Chart changes since last meeting. Provider Qualifications was updated in May to add Peer Support Navigator. 2. No COVID-19 encounter code chart changes since May. Latest versions are available on the BHDDA Reporting Requirements webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html

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Telemedicine Policy Update (5 minutes)	Laura Kilfoyle	Internal MDHHS workgroup currently meeting to develop recommendations for telemed policy, what should continue long-term. BHDDA subgroup began meeting in June, has been reviewing state-wide data, survey results, and other sources of info. If EDIT members have feedback send to Kasi who is co-chairing with Laura.
Behavioral health fee schedule project update (30 minutes)	Belinda Hawks	MDHHS and Milliman are working together on the behavioral health (BH) fee schedule development project. The BH fee schedule group is reviewing services, service definitions, and provider qualifications for services covered under the behavioral health program and is proposing changes based on that review. One change proposed are modifiers to identify the level of education of staff. The EDIT group serves in an advisory role. Belinda walked through a draft memo from Jeff Wieferich with subject "October 1, 2020 Effective Service Coding Changes". Describes new modifiers to replace TT, for # of persons served simultaneously, and U7 modifier for self-determination (SD) arrangements. The TT modifier change would be implemented for all services. Anne W. said that changes may be needed all the way down to consumer IPOS level to indicate group CLS. MDHHS does not expect that an IPOS will include the specific number of consumers, just that services will be group. The following reporting options were discussed in a scenario where a two-hour service had 4 consumers during the first hour and 3 during the second hour: • the average (which rounded up would be 4), • number in attendance at the start of the service, or • use the preponderance rule. Use of the preponderance rule (described in the Code Chart appendix) would be consistent with general CLS reporting expectations. EDIT recommendation is to use a phased in approach starting with H2015 and T2027 effective 10/1. Later implementation would be allowed on other CPT codes (like skill building, supported employment, group therapy). The U7 modifier applies to all services rendered under a SD arrangement, not just H2025. U7 effective date is 10/1/20. Other modifiers mentioned in the June Milliman presentation (WQ-Independent Facilitator, WX-Participant Hired, and 1Y,2Y,3Y,4Y,5Y - supported employment codes) are still under discussion with a likely 10/1/21 implementation date. Who is a contact person for BH Fee Schedule and Independent Rate Model groups? Send questions to Teri Baker/Belinda Hawks.

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EQI Update (5 minutes)	Kathy Haines	Update on continued MDHHS/Milliman work with PIHPs on the encounter quality initiative (EQI) project. Multiple trainings are being planned.
Submitted by SWMBH: Courtesy T1023 screenings, reporting the encounter for a preadmission screening done for a beneficiary who is not a resident your geographic area. (10 minutes)	Jackie/Ed Sova	Kim Batsche-McKenzie shared information from the Children's services point of view. Children's services changed from COFR to a 'where found' model almost two years ago. Focus was to remove barriers to consumers receiving services, as services were delayed due to the time spend setting up agreements and CMH auths. PIHP that pays for a service reports the encounter and BHTEDS. Some CMHs will request reimbursement from another CMH. Jeff White said that there is inconsistency in requesting reimbursement regarding courtesy screenings. Some CMHSPs are reporting them even though the individual resides in another county. BHDDA COFR point person is Kendra Binkley, BHDDA will discuss internally with the goal of providing guidance.
Submitted by LRE & SWMBH: Medicaid Provider Manual ACT change effective 7/1. (10 minutes)	Brenda Stoneburner	1. LRE has been working toward building understanding and consistency with encounter reporting and is asking for clarification from the state. Co-occurring tx is part of ACT. Most services needed are generally included in ACT bundle. Clubhouse and detox are examples of services that can be billed outside of ACT. 2. SWMBH requested verification that the change in language means ACT services are now billable/reportable on the psychiatric inpatient unit, including transition and discharge planning? The change impacts consumers during an inpatient stay. POS should reflect hospital. ACT is allowed to maintain contact with the individual (services are not provided at the same intensity and frequency as when consumer is in the community). See below excerpt from MPM. Email Brenda or Allison Rush with questions regarding ACT.
Overnight Health and Safety Supports, T2027 (10 minutes)	Angelo Powell	Update and Q&A. 1. OHSS is available to HSW, CWP and SEDW enrolled consumers, there is no current plan to expand. See Medicaid Bulletin 20-04. 2. The service is billed in 15-minute units. 3. T2027TT is allowed. 4. Switching between T2027 and H2015 should not be needed. If consumer is getting help to go back to sleep, T2027 should be used. 5. ~~H2015 cannot be billed for monitoring (supervision) when a consumer is asleep.~~ Staff can't sleep at any time.

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Community Living Support Coding with H2015 (5 minutes)	Jackie	Update from EDIT H2015 Subgroup 1. H0043 to H2015 Q&A list was sent to PIHPs and CMHSPs 2. TA session 7/21 from 1-3PM, Julie will send information to the group on how to join. 3. Updates needed to Code Chart Appendix- volunteers?
Submitted by SWMBH: Peer Support Services provided in an inpatient setting (15 minutes)	Angie Smith-Butterwick, Kim Batsche-McKenzie, Justin Tate	Are peer support services billable/reportable for services and supports provided on the psychiatric inpatient unit? No. Youth and adult peer and parent support partner services are not billable/reportable when service is provided to hospitalized consumer. SUD services follow the same rule. ACT is allowed to maintain contact with the individual (see above), and case management is allowed as part of discharge planning while a consumer is in hospital (see MPM section 13 Targeted Case Management, 13.2 Core Requirements and section 2.3 Location of Services). Some CMHSPs choose to allow peer contacts while inpatient that are not billable for continuity of care.
E&M codes billing for Duals, billing Medicare for dual eligible consumers for CMS codes 99441-99443 indicating telephone only and not audiovisual/face to face	Donna Nieman/ Jackie	Donna reported that CMHs have been unable to bill Medicare for telephone only E&M services as Medicare issued new codes (99441-99443) which are not on the BHDDA Telehealth Code Chart. BHDDA Telehealth Code Chart includes 99211-99215 for phone only services. Kathy/Jackie have wondered if 99211-99215 could be cross-walked to the 99441-99443 codes. The question is if the service is determined by the payor to be essentially the same. Anne W. said that MIHealthLink PIHPs she is aware of are not cross-walking as the service is not the same. Laura Kilfoyle agreed with this determination, the services are not the same.
Wrap-Up and Next Steps (5 minutes)	Jackie	Future meetings will be through Teams, not AT&T

Action Items	Person Responsible	Status
BHDDA to develop guidance on Courtesy T1023 screenings.	Jackie	
BHDDA to review data submitted on frequency of 2:1 staffing situations, and determine next steps.	Belinda	

Next Meeting: October 15, 2020, 10AM

Medicaid Provider Manual ACT change effective 7/1

July 2020 Updates - DRAFT

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Behavioral Health and Intellectual and Developmental Disability Supports and Services (Stoneburner)	4.3 Essential Elements	Under **Fixed Point of Responsibility**, text was revised to read: *H0039 indicates provision of ACT service; place of service is indicated as hospital.* The ACT team is the fixed point of responsibility for the development of the individual plan of service (IPOS) using the person-centered planning process and for supporting beneficiaries in all aspects of community living. The process addresses all services and supports to be provided to or obtained for the beneficiary by the team, including consultation with other disciplines and/or coordination of other supportive services as appropriate. Care continuity is maintained with pre-admission screening, team contact during inpatient psychiatric hospitalizations, and team participation in transition and discharge planning.	

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