Behavioral Health & Developmental Disabilities Administration Encounter Data Integrity Team Minutes

Date: 10/15/2020		Location:	TEAMS Meeting
Time: 10AM-12PM		Dial-in Number:	To be included in the Teams meeting invite

Community Mental Health Service Programs

x	Copper Country CMH: Susan Sarafini
☐	Centra Wellness: Donna Nieman
x	West MI CMH: Jane Shelton
x	Integrated Services of Kalamazoo: Ed Sova
☐	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: Laura Ahrens
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
☐	Kim Batsche-McKenzie
☐	Angie Smith-Butterwick
☐	Mary Ludtke
x	Brenda Stoneburner
x	Morgan VanDenBerg
x	Jackie Sproat
x	Jeremy Cunningham

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (2 minutes)	All	New member from OCHN, Laura Ahrens ahrensl@oaklandchn.org.
Review and approve prior meeting minutes (5 minutes)	Jackie	No changes were made. Corrected minutes have V2 in the name.
Review prior meeting action items (2 minutes)	Jackie	1. Courtesy T1023 screening guidance: effort on hold due to Kendra Binkley on leave 2. Review 2:1 staffing frequency data. Decision: the volume is not significant enough to justify a modifier.
Updated EDIT Charter (5 minutes)	Jackie	PIHP CEOs and BHDDA recently reviewed and made updates to the membership section of the EDIT Charter. PIHPs had requested to allow additional people to attend a meeting if a topic was related to their work, or in listen only mode. To maintain equitable participation across PIHPs, it was decided to keep the group as is. Please limit attendees from your

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		region to only those on the membership list. The only exception is if the EDIT member is not able to attend and arranges with the facilitator in advance to send a proxy. BHDDA asks that members adhere to and respect these changes.
Review of recent updates: 1. PIHP/CMHSP Code Chart 2. BHDDA Telemedicine database 3. PIHP/CMHSP Provider Qualifications Chart (10 minutes)	Kasi Hunziger	Latest versions are available on the BHDDA Reporting Requirements webpage: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html Code Chart Appendix H2015 section was revised by EDIT H2015 subgroup. What services is U7 supposed to be included on? See August 24 "EDIT Update" email from Julie Harrison. U7 could be reported on other self-directed services. Later this FY BHDDA will pull encounters with the U7 modifier and follow-up with this group if there are additional services added to the list that Julie sent. Kasi sent a summary of her updates to the group, see "EDIT Notes for October 15". The BHDDA COVID-19 Encounter Code Chart is still in effect. When it expires, the new BHDDA Telemedicine Database will become effective.
Health and Safety Supports during overnight hours (15-20 minutes)	Belinda Hawks	1. Belinda reviewed the MDHHS Medicaid Provider letter 20-56 Clarification on CLS Services delivered in unlicensed settings. 2. Due to the transition from H0043 to H2015, there is a need to identify when H2015 is being used in unlicensed settings during overnight hours. The EDIT H2015 subgroup and BHDDA agree that a modifier should be used. A specific modifier hasn't been chosen yet, Belinda's area will work with Milliman to decide on the best option.
H0043 to H2015 transition & new modifiers: Check-in and review of recent questions sent to BHDDA. (15 minutes)	Kasi/Jackie	1) Do the new "U" Modifiers (UN, UP, UQ, UR, US) need to be used with all H2015 billed (Community Based CLS, Community Based CLS Group, CLS Day Programs), or just specifically to H2015 being used to replace H0043 in an unlicensed residential setting? You would use the new U modifiers on the H2105 anytime there is more than one patient/beneficiary being served simultaneously. This is for all settings. 2) Do the new "U" Modifiers (UN, UP, UQ, UR, US) Need to be added to the H2015 being billed as part of a Self Determination arrangement which will also need the U7 modifier. Yes, you would add the new modifier to note how many beneficiaries are served, even if it is a U7 arrangement.

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		3) In a group where there are 2 staff, 6 consumers, should we report UP or US? US. The new modifiers are based on number of consumers, not number of staff. 4) If in this group with 2 staff, 6 consumers, for 1 hour, 1:1 provided due to outburst. Change modifier? Use Preponderance rule. Given the department's guidance on using the preponderance rule, there have been some concerns expressed about losing the ability to document varying levels in service intensity, for example, when consumers regularly leave the home for periods of time during the day. Jackie clarified that the department's intent was to meet reporting/rate setting needs with a solution that was not overly burdensome for providers. A CMH/PIHP can choose to use more stringent documentation requirements.
Preview of proposed FY22 modifier changes (15 minutes)	Belinda Hawks/ Jeremy Cunningham	Overview of BHDDA/Independent Rate Model development workgroup proposed changes. Jeremy Cunningham walked through the attachment named "Proposed Modifier Changes". The sheet titled "Modifiers" includes proposed changes to currently used modifiers, and new modifiers. Column B shows modifiers currently in use in MI with a national description that is different from the MI description (for example, see row 10). Column D indicates the modifier type, and ties to the list on the prioritization sheet. Column G describes what would be changed on existing modifiers as well as new modifiers. Sheet named "Modifier Prioritization" shows what order the modifiers should be reported in. The list of five modifier groupings in the prioritized order is for informational purposes and does not necessarily mean there is a procedure code with all five of the modifiers. Provider credential is the most important, as shown in the example in rows 4-6. There can be up to four modifiers for a service, additional modifiers (e.g., provider credentialing) may mean exceeding this cap for PIHPs/CMHSPs who use local modifiers. Questions were raised about the prioritized order showing 5 levels, which appears to conflict with the 4-modifier limit. Some local modifiers may no longer be needed with the addition of new modifiers. There is concern about HF (substance use program), and a suggestion to discontinue given the PIHPs report SUD services with a separate CHAMPS ID. Most states don't have a SUD modifier, they use primary diagnosis. Suggestion for an EDIT subgroup to be created, email Julie if interested. MDHHS has discussed dropping U5 and HK starting FY22. Milliman has been doing some modeling and can

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		present to an EDIT subgroup or standardized rate model workgroup.
New code effective 10/1: T2047. Habilitation, prevocational, waiver, per 15 minutes (5 minutes)	Laura Kilfoyle	Lay Description included at the bottom of this document. Code is basically same as T2015 but 15 minutes instead of one hour. The code has not been added to the BHDDA code chart, EDIT members were asked whether it should be. Consensus was that it would make sense to replace T2015 with T2047. The effective date should be set in the future, not backdated, to allow systems to be updated. Would need to be added to the EQI, which will include Oct-end of Jan in the first report due April 2021. EDIT recommends a 10/1/2021 effective date to replace T2015 with T2047. Morgan will check to see if there are any CMS/waiver issues.
MDHHS Telemedicine Policy Workgroup (10 minutes)	Laura Kilfoyle	High level status update. MDHHS has been reviewing temporary policies in light of input from the field and internal reviews of utilization data pulled from the MDHHS data warehouse. MDHHS staff clarified that the MI Supreme Court ruling did not impact the telemedicine area, as our authority is granted through existing federal authority or federal COVID-19 waiver approvals. Laura is available for any comments or questions about overall MDHHS telemed policy. Kasi and Laura are contacts for BHDDA-specific telemed policy comments and questions. There will be the usual public comment period before telemed policy changes are finalized.
Encounter Quality Initiative (EQI) report update (20 minutes)	Kathy Haines	An EQI technical training webinar was held on 9/23 for IT and finance staff, PPT including details on the Master Eligibility file was sent out. A Q&A document is being developed to address questions asked during and after the webinar. COFR consumers are the primary outstanding item on which further guidance is being developed by MDHHS/Milliman. Example: consumer moved from Wayne to another county, Wayne is still providing/paying for the services since Wayne is the last county where the consumer lived independently. For GF funded services, the CMHSP contract outlines COFR requirements in Attachment C 1.3.1. EQI and FSR should reconcile, similar to how the MUNC and FSR were tied together. Are there any showstoppers holding up PIHPs and CMHSPs completing the report? Overall, about 98% of consumers can be correctly attributed, captured and reported. Kathy said that all templates are posted on the BHDDA website and the expectation is that reports are being actively worked on. Kathy has been working with PCE Systems to address their concerns.

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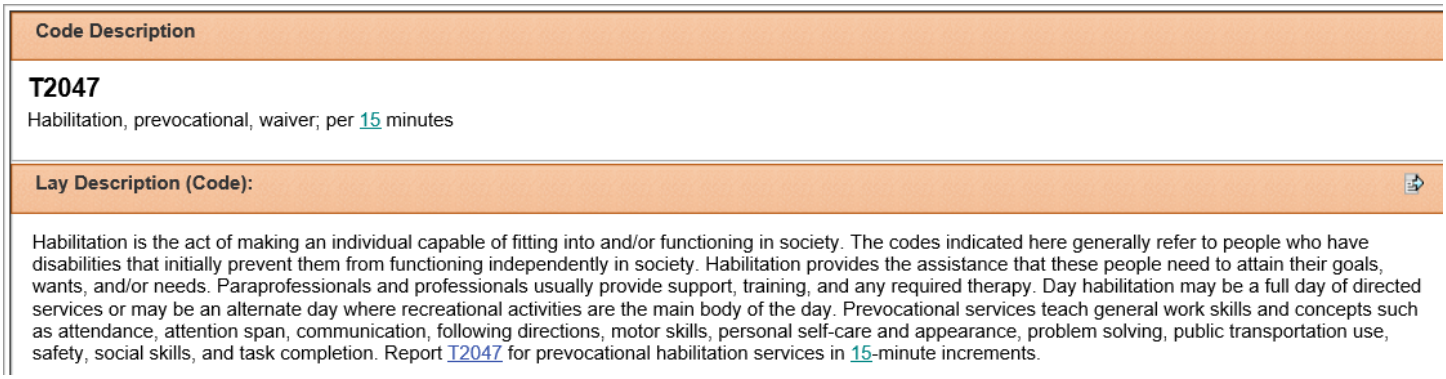
Evaluation for and payment of inpatient psych care for incarcerated individuals (5 minutes)	Jackie	9.29.2020 memo from Jeff Wieferich outlines responsibilities for screening, authorizing, and paying for inpatient treatment.
Wrap-Up and Next Steps (5 minutes)	Jackie	



Code Description

T2047

Habilitation, prevocational, waiver; per 15 minutes

Lay Description (Code):

Habilitation is the act of making an individual capable of fitting into and/or functioning in society. The codes indicated here generally refer to people who have disabilities that initially prevent them from functioning independently in society. Habilitation provides the assistance that these people need to attain their goals, wants, and/or needs. Paraprofessionals and professionals usually provide support, training, and any required therapy. Day habilitation may be a full day of directed services or may be an alternate day where recreational activities are the main body of the day. Prevocational services teach general work skills and concepts such as attendance, attention span, communication, following directions, motor skills, personal self-care and appearance, problem solving, public transportation use, safety, social skills, and task completion. Report T2047 for prevocational habilitation services in 15-minute increments.

Action Items	Person Responsible	Status
Courtesy T1023 screening guidance	Kendra Binkley	On hold
Establish EDIT subgroup to assist with planning for proposed FY22 modifier changes	Jackie Sproat	
Identification of modifier to be used with overnight H2015	Belinda Hawks	

Next Meeting: January 21,2021