

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

Date: January 14, 2020

Location:

TEAMs

Time: 1-2PM

Dial-in Number:

Community Mental Health Service Programs

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

Prepaid Inpatient Health Plans				
	SWMBH: Anne Wickham			
	MSHN: Steve Grulke			
	MSHN: Amy Keinath			
	DWIHN: Jeffery White			
	OCHN: Jenny Fallis			
	OCHN: Kim Avesian			
	CMHPSM: Michelle Sucharski			
	LSRE: Ione Myers			

MDHHS	
	Laura Kilfoyle
	Belinda Hawks
	Jackie Sproat
	Kathy Haines

Agenda Item	Presenter	Notes/Action Items
Welcome and Introductions	Jackie	Jeremy Cunningham and Spencer Keating from Milliman joined today's meeting.
Recap of proposed FY22 code sets and modifier prioritization.	Belinda/ Jeremy Cunningha m	See document named "Draft SFY 2022 Code Sets". What changed between 2020 and 2021 sheets. Difference between 2021 and 2022 sheets. Do modifiers need to be reported in a specific order on encounters? Kathy said this needs to be researched. This modifier prioritization will apply to the FY22 EQI: 1. Provider credential 2. Level of care 3. Group 4. Method 5. Program
Workgroup purpose: identify and work though concerns with the proposed SFY 2022 code sets.	Jackie	

Agenda Item	Presenter	Notes/Action Items
 Three concerns were raised during the October 2020 EDIT meeting: 1. Handling of four modifier cap and use of local modifiers. There are a few services which we currently have four modifiers being used, which would prevent the use of local modifiers for those services. 2. Removal of HF modifier 3. Removal of U5 and HK modifiers 	Jackie/ Belinda	 What services are impacted statewide by the four- modifier cap? Jeff provided an example of a local modifier used to identify the number of staff on duty providing CLS. Local modifiers are used most in residential services. Pam said a local modifier is used to identify a holiday (TV), carryover from CWP and SEDW FFS days. Code chart language may need updating as still reference holiday rate. Would be helpful to determine when possible, the modifier net add total. Milliman has done some modeling. Are there any state or federal rules or regulations that require local modifiers? Milliman will research this. How would SUD encounters be identified? Use of primary diagnosis? PIHP SUD CHAMPS ID (which on the MDHHS side is Member ID type 88)? HH (integrated treatment) is an example of a modifier that seems to warrant review. BHTEDS may have the same information, and some EMRs may be set up to always add the HH modifier to every service based on a flag set at the beneficiary level. Code chart shows HH used with TG to indicate SAMHSA co- occurring, the plan is to change this to Y4. RE: removal of HF, PIHPs say it is very easy on their side to identify SUD services, mixed level of concern about removal of HF. Phil C. is ok with removal. Kathy reviewed member ID type 89 (MI/IDD) and found 2K TCNs (out of 14.5M) Are there any concerns with removing U5 and HK modifiers? WSA and 834 eligibility files can be used to identify Autism or HSW enrolled beneficiaries. Group members will report back at next meeting if there are any concerns. The GT modifier is slated for removal as of FY22 since POS can identify telemedicine. Telephone/audio only is documented in the comments section.
Other concerns?	Jackie/ Belinda	
Schedule Future Meetings	Belinda	Recommend that meetings occur bi-weekly.

Agenda Item	Presenter	Notes/Action Items
Wrap-Up and Next Steps	Belinda	

Action Items	Person Responsible	Status
Does modifier prioritization apply		
as of FY22 to encounters?	Kathy	
Are there any state or federal rules		
or regulations that require local		
modifiers?	Jeremy/Spencer	
Compile feedback on 10/1/21		
discontinuing SUD modifiers: HF		
and HH	Group members	
Compile feedback on 10/1/21		
discontinuing U5 (Autism service)	Group members	
Compile feedback on 10/1/21		
discontinuing HK (for HSW		
enrollees)	Group members	
Compile feedback on 10/1/21		
discontinuing GT (telehealth)	Group members	

Next Meeting Date: TBD