



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

Date: 2/22/21	Location: Click here to join the meeting
Time: 2-3PM	Dial-in Number: +1 248-509-0316,,459554421#

Community Mental Health Service Programs

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

Prepaid Inpatient Health Plans

x	SWMBH: Anne Wickham
x	MSHN: Steve Grulke
x	MSHN: Amy Keinath
x	DWIHN: Jeffery White
x	OCHN: Jenny Fallis
<input type="checkbox"/>	OCHN: Kim Avesian
<input type="checkbox"/>	OCHN: Kenyetta Brewer
x	CMHPSM: Michelle Sucharski
x	LRE: Ione Myers

MDHHS/Milliman

x	Laura Kilfoyle
x	Belinda Hawks
x	Jackie Sproat
x	Joe Longcor
x	Kathy Haines
x	Kasi Hunziger
x	Jeremy Cunningham
x	Jessica Bertolo
x	Spencer Keating
x	Carol Hyso, Phil Chvojka

Agenda Item	Presenter	Notes/Action Items
Welcome and Introductions	Jackie	Modifier Subgroup minutes are now posted on the BHDDA website under EDIT: MDHHS - Reporting Requirements (michigan.gov)
Status update on Action Items remaining to be addressed from prior meetings.	Jackie	To be addressed at a later meeting: <ol style="list-style-type: none"> WX modifier WSA and 820 comparison Other items are in process or have already been addressed.
1Y-5Y supported employment modifiers	Joe Longcor	Joe said all are waiting final internal approval. This is what we currently have as the definitions: <ul style="list-style-type: none"> 1Y Career planning/discovery 2Y Job Development/placement 3Y Self-employed. Meets IRS definition of Non-hobby business. 4Y Financial planning. Includes informing consumer and natural supports on feasibility of employment. 5Y Supported employment transportation. Questions: Could two of more of these be provided on one day? Yes. Would it be expected to pay a

		different rate for some of these services? This could be the case, Joe talked about a job coaching example. Send additional questions to LongcorJ@michigan.gov
Discontinuation of U5 modifier	All	<p>Feedback on if/how a psych eval (90791 or 90792 with or without 90785 interactive complexity) for Autism enrolled beneficiary would be different from a psych eval for any other beneficiary.</p> <p>Same question for Psychological and Neuropsychological testing (96130-7), is this service different for Autism enrolled beneficiary?</p> <p>Ran out of time: Tabled until next meeting.</p>
Unbundling Transportation	Belinda/ Kathy	<p>Suggestion to set aside the March 8 and 22 meetings to address transportation. Thoughts from the group? Suggestion to use the 3/8 meeting for transportation.</p> <p>If we did this, who should attend (outside of regular members)? Jenny, Pam and Anne said including additional financial folks would be preferred. Full EDIT would be preferred over this subgroup. Waiting for next EDIT would be too late. BHDDA to invite the EDIT members to 3/8. First hour for transportation, add an hour for modifier subgroup items.</p> <p>Does it make sense to inform the full EDIT group of this possible approach? Yes, invite to 3/8. (Side Note: There is a chapter in the MPM with the requirements for Non-Emergency Transportation.)</p>
<p>Feedback on proposed discontinuation of HF modifier</p> <p>From Code Chart:</p> <p>Use HF with HCPCS or CPT code for any Substance Use Disorder Treatment service that has the same code as a Mental Health service (for example 90791 and 90792)</p>	Jackie, Phil, Carol	<p>Briefly discussed at the 1/14 meeting. BHDDA (including Phil C.) do not have concerns about discontinuing.</p> <p>Kathy reviewed member ID type 89 (MI/IDD) and found a very small # of TCNs with HF (2,000 TCNs out of 14.5M)</p> <p>PIHPs said it is easy on their side to identify SUD services, however there were some concerns. What are the concerns?</p> <ul style="list-style-type: none"> • Ottawa uses those to determine fund source but can change to a different process. • Anne Wickham checked with IT and there are no concerns. <p>Group consensus is that HF is OK to discontinue.</p>
Feedback on proposed discontinuation of HH (integrated treatment) modifier	Jackie, Phil, Carol	Briefly discussed at the 1/14 meeting. BHDDA (including Phil C.) do not have concerns about discontinuing.

		<p>Could BHTEDS be a source for this information? Yes, Phil shared data from BHTEDS showing % of integrated tx, not integrated, co-occurring, and not collected.</p> <p>Code chart shows HH used with TG to indicate SAMHSA co-occurring, the plan is to change this to Y4.</p> <p>What are the concerns? If treatment changes from not integrated to integrated, BHTEDS record is impacted. See Action Item below.</p> <p>There are some extra steps that Phil will have to take to calculate length of stay. Anne W. would like input on the need to end a session and start new session brought back to this group. Jenny would like to look at internal data to see if provider training would be needed.</p>
Wrap-Up and Next Steps	Belinda	

Action Items	Person Responsible	Status
<p>Get feedback from your CMH/PIHP on discontinuing the HH 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.</p>	Group	

Next Meeting Date: March 8, 2-4PM