Behavioral and Physical Health and Aging Services Administration

Encounter Data Integrity Team
Minutes

Date:	January 18, 2024	Location: Webex:	TEAMS Meeting Click here to join the meeting
Time:	10AM-12PM	Dial-in Number:	+1 248-509-0316 ID: 748 163 010#

Community Mental Health Service Programs

X	Copper Country CMH: Susan Sarafini
X	Centra Wellness: Donna Nieman
X	Integrated Services of Kalamazoo: Ed Sova
☐	Livingston County CMH: Kate Aulette
X	Newaygo CMH: Jeff Labun
X	Sanilac County CMHA: Beth Westover

Community Mental Health Association

X	Bruce Bridges

Prepaid Inpatient Health Plans

☐	NCN: Joan Wallner
X	NMRE: Brandon Rhue
X	LRE: Ione Myers
X	LRE: Stacia Chick
X	SWMBH: Anne Wickham
X	MSHN: Amy Keinath
X	CMHPSN: Michelle Sucharski
☐	DWIHN: Deabra Hardrick-Crump
X	DWIHN: Jeff White
X	OCHN: Jennifer Fallis
X	OCHN: Julia Emerzian
☐	MCCMH: Thomas Cole
X	MCCMH: Kristen DesJardins
X	Region 10: Laurie Story-Walker

MDHHS

X	Laura Kilfoyle
X	Kasi Hunziger
X	Crystal Williams
X	Belinda Hawks
☐	Kim Batsche-McKenzie
X	Angie Smith-Butterwick
☐	Mary Ludtke
X	Brenda Stoneburner
☐	Phil Kurdunowicz
X	Lyndia Deromedi
X	Debi Andrews
☐	Mary Luchies
X	Amanda Lopez
X	Lisa Collins
X	Nicole Roszkowski
☐	Tina Jones
☐	June White
☐	Michael Glud

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	New member introductions: • None Others in attendance not listed above: • Laura Dobson for Kate Aulette • Pam Werner (MDHSS) • Krista Hausermann (MDHHS) • Monica Erickson (MDHHS)

		• Alexis Shapiro (NorthCare Network) • Jackie Sproat (MDHHS)
Review and approve prior meeting minutes (5 minutes)	Kasi	Anne W. - On page 4 "built" should be "billed". Anne - Our systems are set up to process claims that are series built. If we're not going to series bill for inpatient claims that requires system upgrades. Minutes approved.
EQI Update (10 minutes)	Crystal Williams	We have put out a full EQI schedule. Please e-mail me if you need this. We have some upcoming meetings separate EQI WG and those are Non-Medicaid SUD and MI Healthlink. EQI template changes to collapse the SUD and MH lines. Worked with EQI WG to work through issues, hope is that collapsing those lines in the EQI can streamline information, make the template more manageable. Updated template goes into effect FY24. January meeting was cancelled. Will be meeting in February.
COB Subgroup (10 minutes)	Crystal Williams	We haven't had a meeting in a while. Circling back to get meetings scheduled as well as a list of agenda items to be discussed.
Code Chart and Provider Qualifications Chart updates (10 minutes)	Kasi	January updates: • 90791 & 90792: Column E struck out reference to "Psychiatric mental health" in front of nurse practitioner. This requirement was removed in October from the SFY 2024 Provider/Staff Qualifications column. • H2022 - changed Masters and Bachelors in Human Services to Other Bachelor's Level Behavioral Health Professionals & Other Master's Level Behavioral Health Professionals. • H2021 and H2022 modified and struck-out language in column E. • Modifiers tab: Y2 - added note: Use of the modifier in mental health therapy, or home based services (H0036) when pre-approved by MDHHS. • Same-Time Services Reporting tab: Updated last bullet point regarding CLS and IPOS

		meetings. Future April updates: • Added AG and SA provider modifiers for 90836 and 90838. • Same-Time Services Reporting tab: Added a note regarding Peer Support staff attending medical appointments.
New Code Discussion	Laura Kilfoyle / Group Discussion	• G0017 – Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes. • G0018 – Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service). *Krista H. – wondering if after initial crisis service as part of the stabilization if you send a therapist out what code could be used. We want to make sure there are enough crisis codes available for billing. These codes would be used in places other than in a office or in a psychiatric urgent care or crisis stab unit. Would these codes be useful?* *Jeff – Place of Service would be 99 for community would be used for these codes? Yes.* *Anne W. we would want to get some feedback from mobile crisis staff to see if these are useful.* *Jeff – Detroit requested a crisis code; think is a per diem code but not certain.* *Group to send feedback on these codes to Kasi Hunziger (HunzigerK@michigan.gov) by March 8th.* • G0140 – Principal illness navigation - peer support by certified or trained auxiliary personnel, including a certified peer specialist, under the direction of a physician

		or other practitioner. First 60 minutes. • G0146 – Principal illness navigation - peer support by certified or trained auxiliary personnel, including a certified peer specialist, under the direction of a physician or other practitioner. Each additional 30 minutes. *Jeff – could see staff using these for some situations. Can provide feedback.* *Pam – these may be more confusing but would like to know if these would help your agencies.* *Group to send feedback on these codes to Kasi Hunziger (HunzigerK@michigan.gov) by March 8th.* • G0137 - Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under state law); occupational therapy requiring the skills of a qualified occupational therapist; services of social workers, trained psychiatric nurses, and other staff trained to work with psychiatric patients; individualized activity therapies that are not primarily recreational or diversionary; family counseling (the primary purpose of which is treatment of the individual's condition); patient training and education (to the extent that training and educational activities are closely and clearly related to individual's care and treatment); diagnostic services; and such other items and services (excluding meals and transportation) that are reasonable and necessary for the diagnosis or active treatment of the individual's condition, reasonably expected to improve or maintain the individual's condition and functional level and to prevent relapse or hospitalization, and furnished pursuant to such guidelines relating to frequency and duration of services in accordance with a physician certification and plan of treatment

		(provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure. *Group to send feedback on this code to Kasi Hunziger (HunzigerK@michigan.gov) by March 8th.*
Place of Service 27 Discussion	Laura / Kasi	New designation – outreach services for those unhoused (homeless). Street medicine. At first, we were not going to recognize but CMS did designate this as non-facility. Would this be valuable to the PIHPs/CMHSPs? Jeff – this would be in competition with 99. How would this be distinct from 99? Laura – POS 27 is essentially street medicine….so unsheltered and unhoused. So, keep 99 but this would be very specific whereas 99 is general and necessarily for those that are unhoused. Anne – could potentially provide good information down the road. Proposing to implement this April 1. Crystal will check with Milliman team to make sure there is no impact on EQI for adding a new place of service code.
Community Health Worker Policy	Kasi / Belinda	Not adding currently; however, there is a meeting taking place internally to discuss to include BH down the road. Pam Werner – providing TA while discussions taking place regarding overlap of CHW and Peer rolls.
Group (U) Modifiers Discussion	Belinda / Kasi	Concerns around the group codes where the U modifier is required to be attached when there is only one CMH consumer present for the group then a U modifier cannot be attached. Page 14 of the Technical Assistance guide state to attach the correct U modifier for the # of CMH consumers not the private insurance consumers. What modifier should we use if only 1 consumer in the group of 4 has Medicaid?

		Question- We wanted to make sure we are setting up group modifiers correctly and there was some question in the region about who counts as a group member. Is it only the individuals in the group the PIHP is paying for… or do have those entering the claim account for total number of consumers in the group? • For number of people served- 2 CMH + 5 private insurance pts do we report 7 or 2 • If we have families or caregivers are present for the group- does this also include those individuals. Answer – 2 would be counted. Just count the CMH consumers not the private insurance patients. • Only count CMH active/open consumers and not family/support persons. *Kristin – thinks U modifier should reflect total consumers and not just the Medicaid (CMH) participants. Anne W. agrees.* *Jeff – rates at Detroit are based on U modifiers, and they have rates based on no U modifier situation. Unclear as to how this is being reported in the EQI.* *Michelle – EQI is throwing errors where this is happening.* *Belinda –what is the data informing us of… Need to better understand what we need t o know in the use of the modifiers. Are we tracking appropriately.* *Alexis Shapiro via chat - The clinical staff wouldn't necessarily know what funding source the clients fall into; asking clinical staff to know if a "U" modifier is appropriate if we are serving all clients in the group with a payer mix, wouldn't be feasible.* *Belinda – we will take back internally to discuss and back to Milliman on how best to proceed. Whether it be changing the guidance to count all individuals present or to modify the EQI to add lines to those group codes with no U listed when only one "CMH" individual is being counted.* *2/28/24 Update: Belinda and Kasi met with Milliman, and the decision is that the U modifiers should count the total number of persons in the group and not just those open/active CMH beneficiaries. The previous technical assistance*

		guidance will need to be updated to reflect this.
H2015 and Medication drops	Lyndia/ Monica	A question was presented to the Department about whether individuals who received Medication Drop services utilizing the H2015 CLS code would need to be enrolled into the 1915 iSPA, even though in many circumstances providers are not able to bill for this code because it is not being provided for 15 minutes. This brought into question whether there may be another more appropriate code to use. The Department's concern is the requirements for the 1915 iSPA (enrollment in the WSA, site review implications, training requirements, meeting the service requirements) would create unnecessary administrative burdens if there is another code that could be used for this service. We were asking for feedback from this group. DWIHN indicated they use this code, ensure the service is provided for 15 minutes and meet the training requirements. Jeff will go back to DWIHN to get more information and follow up. K-Zoo indicated that they do no use the H2015 code for medication drops as these individuals would be receiving ACT services. He indicated that they do not offer single drop medication. Many of the CMHSPs and PIHPs needed to go back to ask how they are reporting medication drops and email Monica and Lyndia with that information. Send feedback to Lyndia Deromedi and Monica Erickson: Deromedil@michigan.gov EricksonM6@michigan.gov
Can have an explanation regarding Medicaid renewals being overwhelmingly processed as Plan First benefit plan? We have more and more disabled SPMI and IDD folks dropped from PIHP benefit and eligibility files essentially cutting them from specialty behavioral health services. We have been trying to determine if this is a system issue or a case worker issue.	Kasi	Statement from Beneficiary Data and Systems Support Section within the Medicaid Systems Operations Division: Bridges will move them to Plan First if it's the best coverage available for them since there is no age requirement for this program. We're seeing it more now since the Plan First program started July 1st of this year and beneficiaries are going through the redetermination process with PHE ending. It must be scenarios where they no longer qualify for

		Medicaid, so the system is moving them to the next best available coverage. There's no system issue we're aware of in Bridges. Sounds like this could be a case manager issue and the CFO and CEO meetings need to have this discussion. *Group discussion and this is happening for everyone. Very difficult to get answers as to why or how to fix.* *Belinda: Senior leadership is aware of this issue. Jackie, please provide this update on the group input to Kristin.*
Wrap-Up and Next Steps (5 minutes)	Kasi	There was a brief discussion of hospital Medicaid ids that are being rejected or not found. Laurie Story-Walker, Laura Dobson and Ed Sova are having some issues with hospital ids that may have been assigned in the past with Dick Berry. MDHHS staff will investigate this after we receive some additional information from Laurie and Laura. Meeting Adjourned.

Action Items	Person Responsible	Status
New Codes Feedback		Group to send feedback to Kasi
H2015 and Med Drops		Group to send feedback to Lyndia and Monica
U Modifiers		Kasi and Belinda will communicate back with Milliman to see how best to proceed.

Next Meeting: April 18, 2024