



Behavioral and Physical Health and Aging Services Administration

**Encounter Data Integrity Team
Minutes**

Date:	April 20, 2023	Location:	TEAMS Meeting
		Webex:	Click here to join the meeting

Time:	10AM-12PM	Dial-in Number:	+1 248-509-0316 ID: 303 243 52#
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Community Mental Health Service Programs

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

Community Mental Health Association

X	Bruce Bridges
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Prepaid Inpatient Health Plans

X	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
<input type="checkbox"/>	DWIHN: Deabra Hardrick-Crumps
X	DWIHN: Jeff White
X	OCHN: Jennifer Fallis
X	OCHN: Julia Emerzian
<input type="checkbox"/>	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
X	Kim Batsche-McKenzie
X	Angie Smith-Butterwick
<input type="checkbox"/>	Mary Ludtke
<input type="checkbox"/>	Brenda Stoneburner
X	Jackie Sproat
<input type="checkbox"/>	Phil Kurdunowicz
X	Lyndia Deromedi
X	Debi Andrews
X	Mary Luchies
X	Amanda Lopez
<input type="checkbox"/>	Lisa Collins
X	Nicole Roszkowski
X	Tina Jones

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates	All	<p>New member introductions:</p> <ul style="list-style-type: none"> • Crystal Williams • Amanda Lopez <p>Others in attendance not listed above:</p> <ul style="list-style-type: none"> • Stacie Durant (Detroit-Wayne) • Matt Berg (Southeast) • Richard Carpenter (Region10)

		<ul style="list-style-type: none"> • Joanne Holland (Community Mental Health Authority of Clinton, Eaton, Ingham Counties) • Kevin Melvin (Macomb) • Leslie Thomas (Region 5) • Jane Shelton (West Michigan) • Anya Eliassen (Oakland) • Deanna Yockey (NMRE) • Jim Johnson (Region10) • Garyl Guidry (Southwest) • Amy Kanouse (MDHHS) • Joe Longcor (MDHHS) • Lindsey Naeyaert (MDHHS)
Review and approve prior meeting minutes (5 minutes)	Kasi	Revised Minutes approved.
EDIT Charter & Membership	Jackie	<p>Departments intent when EDIT was changed in 2019 was to address concerns raised by stakeholders and have group membership from finance, IT, Utilization Mgmt., quality, clinical and network management. Current membership will be distributed. We ask that membership change requests be sent from a PIHP CEO to Kasi, and proposed changes to the EDIT charter are submitted through the PIHP contract negotiation reps.</p> <p>Kasi will send out current membership list with minutes after the meeting.</p>
Telemedicine Update: MMP 23-10 - Telemedicine Policy Post-COVID-19 Public Health Emergency	Laura	<p>Effective May 12, 2023. Working on this since 2020 and last August we issued a proposed policy and received a ton of feedback from it. We issued a revised and final policy in March 2023. Many of the things that were put into place during PHE were kept such as PT, OT, Speech, etc.</p> <p>Audio only – post PHE world, much more access to proposed services. Originally, we were going to allow the 6 or 7 specific audio-only codes. Based on feedback we did open several other services to allow for audio only post-PHE. It’s a measured approach. The list is represented in the policy and in the database. This policy is evolving and will be monitored routinely.</p>
Process for requesting additional services to be provided via telemedicine (audio only and simultaneous audio/visual)	Laura & Kasi	Bureau of Specialty Behavioral Health Services Telemedicine Database is a living breathing document. We are developing a process to entertain suggestions for changes to the list for

		<p>audio only. The Department will be forming an internal group to review requests starting this Fall. Submit code request to Kasi along with reasoning such as studies, evidence, etc. on why you feel it is appropriate. Clinical effectiveness, access, etc.</p> <p>Requests for additional simultaneous audio/visual services can be made now and they will be reviewed at time of submission.</p> <p>Audio only requests will be reviewed in the Fall with internal workgroup.</p>
Institutional SUD Encounters	Crystal Williams	Delayed. Will add to the July 20 th meeting agenda.
Targeted Case Management Services for Recently Incarcerated Beneficiaries	Jackie	<p>“2307-TCM - Targeted Case Management Services for Recently Incarcerated Beneficiaries” proposed policy is currently out for comment. Comments due May 8. This is a proposal for a new Medicaid FFS benefit for incarcerated/recently incarcerated individuals to allow case management, assessment, etc. services to incarcerated people up to 14 days prior to their release.</p> <p>2307-TCM-P.pdf (govdelivery.com)</p>
EQI Update (10 minutes)	Crystal Williams	<p>FY23 Period 1 template is due on June 3rd. SFY23 Period 1 EQI, need to complete the Period 1 template as they would any other period 1 template by filling out service UNC tabs, Eligibility Source Summary, other expenses, and notes as needed. Do not need to fill out the parts of the template which are normally completed in period 3 (e.g. Financial recon., spend down, TIN, etc.). We have observation FY22 Period 3 out from Milliman. We pushed due date for those until May 19th. Additionally, Milliman will be providing updated encounter files and should be out early next week.</p>
COB Subgroup (10 minutes)	Debi Andrews	Last meeting was when Kathy was still here, and last week’s meeting was canceled. There is still discussion on how the group is going to move forward.
Update on status of tiered rate for licensed residential services (5 minutes)	Belinda	Have not met in a couple of months. Retooling efforts internally as SIS contract terminated. Next meeting on June 28 th .

Code Chart Changes Subgroup (5 minutes)	Kasi	At the end of February, we completed the review of the Reporting and Costing Considerations column. All changes recommended by the group have been added to the code chart.
Appendix Subgroup (5 minutes)	Kasi	The group is meeting twice monthly to review each of the appendix tabs. We meet again on April 20 th . The changes suggested by this group will not be incorporated until the review of all tabs is complete and the group has time to look over a final draft of changes.
Code Chart and Provider Qualifications Chart updates (10 minutes)	Kasi	<p>The April update to the FY 2023 Behavioral Health Code Charts and Provider Qualifications workbook included 24 updates. The update log lists each in detail. However, a few of updates included:</p> <ul style="list-style-type: none"> • Updated the Modifiers tab to include the new modifier 93 for audio only. • Updated the General Rules for Reporting tab with regards to the telemedicine section and the face-to-face section. • Removed provider level modifiers for: G2067, G2068, G2073, and G2074 as they are weekly bundle codes. • Removed provider level modifier for: H0045, S5150, S5151, and T2036. These codes only had the DSP listed and to be consistent with other services where only the DSP is listed, we removed the provider level modifier requirement. • On the Qualifications Crosswalk tab, we added a new section for applicable Human Service degrees. • S0280 TS: replaced “face-to-face” with “in-person” <div data-bbox="922 1392 1490 1633" style="border: 1px solid green; padding: 5px; margin-bottom: 10px;"> <p>TS - non face-to-face encounters after the initial face-to-face in-person encounter</p> <p>Y4 - SAMHSA approved EBP for Co-occurring disorders</p> </div> <div data-bbox="922 1640 1490 1881" style="border: 1px solid green; padding: 5px; background-color: #fff9c4;"> <p>TS - non face-to-face encounters after the initial face-to-face in-person encounter</p> <p>Y4 - SAMHSA approved EBP for Co-occurring disorders</p> </div> <p>Future (July) Changes:</p> <ul style="list-style-type: none"> • T1000 Private Duty Nursing – is being

		<p>deleted as this is a pediatric code and should not be used for HSW beneficiaries.</p> <ul style="list-style-type: none"> • H0034 – the unit of measure was missing so we will add that it is a 15-minute code. Additionally, the duplicate threshold was listed as 40 a day and that should be 4 a day. <p>Question from Jane asking when the new CCBHC codes that were included in the April update are effective.</p> <ul style="list-style-type: none"> • Lindsey Naeyaert responded and said they are effective April 1, 2023.
<p>Discussion about the H0018 & H0019 codes and clarification on included costs.</p>	<p>Richard Carpenter</p>	<p>We believe that it is appropriate that the cost of the facility is included the cost of the code when negotiating with providers. Other insurances are starting to pay for the cost of the facility within the cost of the service. The expectation is that their address is not going to change, this is not their residence for the provision of services.</p> <p>S5996 S9976 is not appropriate because it is not really room and board. It is a facility cost.</p> <p>Region 8 shares same position as does Detroit-Wayne. And should extend to Crisis Resident Units, Region 3 agrees and Regions 2, 4, and 5. Also, this is consistent with hospitals. Jim Johnson fully supports too and the PIHPs CEOs have discussed this and are supportive of what Richard presented. Region 1 also agrees.</p> <p>Belinda – clarity between distinction around facility fees and room and board.</p> <p>Richard – parallel with specialized residential on the mental health side. The difference in a Specialized Residential that is the persons living arrangement but in contrast to a hospital setting where it is a treatment only and temporary for purpose of facilitating treatment. What is the primary purpose of the facility? In these settings it is for treatment for basic needs but not primary purpose for them to “live” there.</p> <p>Jim Johnson - In a residential setting people are there for specific treatment of a behavioral health condition and are there as long as it is medically</p>

		<p>necessary to be there. It is not their "home" at any point.</p> <p>Belinda – need to be careful when talking about in per diem or length of stay terms. The treatment perspective makes sense.</p> <p>Ione – the facility itself is a critical piece of the service they receive. Its necessary for the care to be effective.</p> <p>Jeff White – H0018 and H0019 is part of the continuum of care.</p> <p>Richard – is there an actual change needed? Are the PIHPs able to move forward with this? Does the Department need time?</p> <p>Belinda – would like to bring back internally to Jeff, Angie, Kasi. Then we can send decision t EDIT.</p> <p>30-day reasonable decision to send to EDIT after internal meeting with leadership.</p>
CCBHC Mild/Moderate Reporting	Joanne Holland	<p>The CCBHC Demonstration Sites across the State have been meeting to discuss the ability to report and identify CCBHC mild/moderate clients and visits for cost reporting. Two sub-groups were formed from these discussions, a clinical group to develop a standard definition of mild/moderate and a data reporting workgroup. I facilitated the data workgroup and reviewed the recommendations with both the larger CCBHC group and CIO Forum. The preferred solution from both groups is the development of a modifier for mild/moderate consumers that can be added to the T1040 claim, which is required for CCBHC services. This solution was also reviewed with Optum, PCE and Streamline who agreed this would be relatively simple to work with. Optum’s preference was to have this in the Modifier 1 position on the T1040.</p> <p>Jeff – proposed modifier for T1040 only to show that mild/moderate.</p> <p>Ed – will have to make sure all of the T1040’s have the modifier for when there is more than one T1040 reported on a day.</p>

		<p>Jennifer – there could be some inaccurate reporting given who remembers to add the modifier or how the EMR is set up.</p> <p>Could chose to tie to scores in your system to make it easier.</p> <p>Joan – suggested bringing back TF modifier. It is an intermediate level of care. Jeff White agreed.</p> <p>Anne Wickham – modifier isn’t really accurate but there really isn’t a national modifier that is accurate. Joan – but it is the closest to what is available.</p> <p>Laura – recommends running by CHAMPS to make sure there is no issues and see if they have any recommendations.</p> <p>Joanne – has spoken to OPTUM and no concerns if modifier slot is defined.</p> <p>Lindsey - we would like the modifier to be used in alignment with the mild to moderate definition that is ultimately selected for CCBHC. Timeline is May to make that determination.</p> <p>MDHHS to determine what modifier should be used and let CCBHC team know of decision.</p> <p>Hoping for FY24 implementation.</p>
<p>Supported Employment – “Applicable Experience” proposed language</p>	<p>Joe Longcor</p>	<p>Propose we change the wording to:</p> <ul style="list-style-type: none"> - Associates Degree preferred; at least one-year relevant experience with proven success acceptable in areas such as, but not limited to: job development/placement/supports, community development, sales, successful volunteer experience, breadth of employer work experiences/connections. Individuals with accepting personalities such as but not limited to being curious, outcome-driven, problem solvers, team focused, partnership builders, skilled at motivational listening, and other relevant qualities to champion individual competitive integrated employment in the local community.

		<p>Anne Wickham – is this something that will be added to the code chart.</p> <p>Joe – this is what my answer would be for “what is a 1-year applicable experience”?</p> <p>Joan – it gives us more of a thought process when interviewing people.</p> <p>Joe – will re-word and send back.</p> <p>Should add to code chart a trigger to the Supported Employment (H2023) line and then add additional language to the appendix or somewhere else in the workbook.</p> <p>This is for only H2023.</p>
Wrap-Up and Next Steps (5 minutes)	Kasi	<p>Next meeting:</p> <ul style="list-style-type: none"> Crystal Williams - Institutional SUD Encounters

Action Items	Person Responsible	Status
H0018 & H0019 codes and clarification on included costs	Belinda & Kasi & Angie	
CCBHC Mild/Moderate Reporting	Kasi & CCBHC Team	

Next Meeting: July 20, 2023