



Behavioral and Physical Health and Aging Services Administration

**Encounter Data Integrity Team
Minutes**

Date:	October 19, 2023	Location:	TEAMS Meeting
		Webex:	Click here to join the meeting

Time:	10AM-12PM	Dial-in Number:	+1 248-509-0316 ID: 206 942 71#
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Community Mental Health Service Programs

<input checked="" type="checkbox"/>	Copper Country CMH: Susan Sarafini
<input checked="" type="checkbox"/>	Centra Wellness: Donna Nieman
<input checked="" type="checkbox"/>	Integrated Services of Kalamazoo: Ed Sova
<input checked="" type="checkbox"/>	Livingston County CMH: Kate Aulette
<input checked="" type="checkbox"/>	Newaygo CMH: Jeff Labun
<input checked="" type="checkbox"/>	Sanilac County CMHA: Beth Westover

Community Mental Health Association

<input type="checkbox"/>	Bruce Bridges
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Prepaid Inpatient Health Plans

<input checked="" type="checkbox"/>	NCN: Joan Wallner
<input checked="" type="checkbox"/>	NMRE: Brandon Rhue
<input type="checkbox"/>	LRE: Ione Myers
<input checked="" type="checkbox"/>	LRE: Stacia Chick
<input checked="" type="checkbox"/>	SWMBH: Anne Wickham
<input checked="" type="checkbox"/>	MSHN: Amy Keinath
<input checked="" type="checkbox"/>	CMHPSN: Michelle Sucharski
<input type="checkbox"/>	DWIHN: Deabra Hardrick-Crumps
<input checked="" type="checkbox"/>	DWIHN: Jeff White
<input checked="" type="checkbox"/>	OCHN: Jennifer Fallis
<input checked="" type="checkbox"/>	OCHN: Julia Emerzian
<input type="checkbox"/>	MCCMH: Thomas Cole
<input checked="" type="checkbox"/>	MCCMH: Kristen DesJardins
<input type="checkbox"/>	Region 10: Laurie Story-Walker

MDHHS

<input checked="" type="checkbox"/>	Laura Kilfoyle
<input checked="" type="checkbox"/>	Kasi Hunziger
<input type="checkbox"/>	Crystal Williams
<input checked="" type="checkbox"/>	Belinda Hawks
<input type="checkbox"/>	Kim Batsche-McKenzie
<input checked="" type="checkbox"/>	Angie Smith-Butterwick
<input checked="" type="checkbox"/>	Mary Ludtke
<input type="checkbox"/>	Brenda Stoneburner
<input type="checkbox"/>	Phil Kurdunowicz
<input checked="" type="checkbox"/>	Lyndia Deromedi
<input checked="" type="checkbox"/>	Debi Andrews
<input type="checkbox"/>	Mary Luchies
<input checked="" type="checkbox"/>	Amanda Lopez
<input type="checkbox"/>	Lisa Collins
<input checked="" type="checkbox"/>	Nicole Roszkowski
<input checked="" type="checkbox"/>	Tina Jones
<input checked="" type="checkbox"/>	June White
<input checked="" type="checkbox"/>	Michael Glud

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	New member introductions: <ul style="list-style-type: none"> Michael Glud Others in attendance not listed above: <ul style="list-style-type: none"> Nancy Scott for Laurie Story-Walker Michelle Boudreaux (MDHHS) Phil Chvojka (MDHHS) Hailey Dziegelewski (MDHHS)

		<ul style="list-style-type: none"> Amy Kanouse (MDHHS) <p>Stacia Chick requested that the meeting be recorded, and we agreed; however, the recording did not work per an error we received afterwards. A transcript was provided though. We will try recording again for the meetings going forward.</p>
Review and approve prior meeting minutes (5 minutes)	Kasi	Minutes approved.
DBT - Code H2019 (15 minutes)	Michelle Boudreaux	<p>Confusion on the use of the H2019. The code is meant for adults only and the code chart indicates that it could be for children. <u>Should not be used for children under age 18. Note: if they are a child (beneficiary) with SED and served in the Children's Services and then they would not be reported on the adult side until age through 21.</u></p> <p>The code chart has been updated as of October 11, 2023, to remove the child reference on the H2019.</p> <p>The children side is currently looking for codes or a modifier for DBT.</p> <p>Mary Ludtke – on the children's side we are working on this and meeting internally to share information with the CMHSPs regarding codes for DBTA. We hope to get information out soon. We have kids served in outpatient and home-based and we hope to clarify the correct codes and modifier soon.</p> <p>Joan – it is possible we have had encounters reported for H2019 for children. Is there a date to that this is effective that kids should not have been reported? Hoping to not make this retro.</p> <p>We will make this effective October 1, 2023, and no retro changes should need to be made.</p> <p>Jeff White – what about kids on the SED Waiver that are over 18?</p> <p>Michelle - If they are being provided comprehensive DBT through the adult system then they could if they have completed an application for their team and been approved. If unsure, they can reach out to MDHHS-MIFAST@michigan.gov.</p>

		<p>Mary – these should not use the H2019 adult code. They would base it on the designation and since they are on the SEDW then they would be considered in the child/adolescent system up through age 21.</p>
<p>Z Modifiers (5 minutes)</p> <p>Psychiatric Inpatient Staffing Modifiers (Adding Modifiers to the Codebook)</p> <p>Z1:Tier 1 - regular staffing ratio Z2:Tier2 - 2:1 staffing ratio Z3:Tier3 - 1:1 staffing ratio Z4:Tier4 – 1:2 staffing ratio</p>	<p>Debi Andrews</p>	<p>The Department is looking to implement a psychiatric inpatient tiered rate system this fiscal year and would like this groups review and provide feedback to add tiered modifiers to the code book and possible 4/1/24 start date.</p> <p>Tiered Inpatient workgroup was paused last year because funding was not available to implement a tiered rate system at that time. The legislature has included that funding in this year's budget.</p> <p>Milliman has proposed four 'Z' modifiers.</p> <p>Jeff White -Detroit Wayne has been using Z modifiers for enhanced staffing ratio with hospitals. When the work group was suspended last year, we kind of slacked off with this modifier. Given the rates are much higher than the rates we currently pay, I expect all the hospitals we will be very happy to adopt this new tiered rate structure and the modifier should go with them.</p> <p>Jeff - Adding the modifier to the contracts would be a very easy thing to do. If we could have the rates by December 31st that would help for that April 1st start date.</p> <p>The Department and Milliman are currently working to establish rates for each tier. There will be a lot more communication as the work group establishes parameters for the proposed tiered system.</p> <p>Ann W. - Concerned at the increase in any of the rates. I agree with Jeff that adding addendums to contracts that are only about modifiers. This would be a new administrative burden for our hospitals. So, they're going to expect more money than what we're currently paying them. And so, it would mean renegotiating all of the contracts and that's a pretty big administrative lift. I also have some question about how these modifiers would be applied since staffing levels can change day-by-day basis on an</p>

		<p>inpatient admission, inpatient claims are built on a UB4 which to my knowledge has no field for modifiers, and its series billed. So, the entire stay would be built under a specific modifier, but not applied to the actual documentation. I guess we're very concerned about rates going up without funding going up.</p> <p>Debi - The legislature did include funding that supports the tiered system being proposed.</p> <p>Anne - Are we going to bill 1 modifier for the entire 20 day stay, regardless of staffing?</p> <p>Debi - The level of care can change within a stay, so it would be expected to have that modify change as the level of care changes during a stay.</p> <p>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.</p> <p>Joan – Will these Z modifiers be implemented as national modifiers? No, these would not be implemented as national.</p> <p>Stacia – Why for April 1 start date? That is in the middle of an EQI period. Is this only applicable to full inpatient or partial inpatient. Debi – full inpatient.</p> <p>Debi – I’ll take this feedback to Jackie and Milliman who coordinate that work group.</p>
EQI Update (10 minutes)	Kasi Hunziger for Crystal Williams	<p>Latest EQI workgroup covered adding MH line to the EQI process for service codes H0004 and H0005 when reported with the HH modifier (integrated treatment).</p> <p>Additionally, discussed moving to a bi-annual code set update (Oct 1, and April 1, with flexibility to make changes for any federal updates on Jan 1).</p>
COB Subgroup (10 minutes)	Kasi Hunziger for Crystal Williams	<p>Workgroup worked on updating COB instructions for FY24 direct-run services. 837 encounter specifications can be found Reporting Requirements (michigan.gov) under the header “Instructions for Reporting Financial Information - 837 Encounters”</p>

Institutional SUD Encounters (15 minutes)	Crystal Williams	Delayed until January 18, 2024, meeting.
CCBHC Update (10 minutes)	Amy Kanouse & Hailey Dziegelewski	<p>Amy – We had a lot of changes to all of the CCBHC eligible codes on starting October 1st. We just wanted to see if anyone had any questions about any of the changes or particularly the use of the TF modifiers to identify the amount to moderate.</p> <p>Ed – persons in crisis we cannot apply the TF modifier to the encounter. Amy – this makes sense to us. We will start reviewing the data as it comes in and will decide how to account for these situations as we learn more.</p> <p>Jeff White – 99343 in the updated manual – new code – does not appear in the code chart. Amy will investigate this. Update: the 99343 retired at the start of 2023 and is reflected in the Update Log of the code chart. Future versions of the manual will have this removed.</p> <p>Amy – At the start of FY23, new policy required the identification of DCO service providers on the encounter. In reviewing the data, we’ve found that this is not always happening. We’ve gotten feedback that it is more appropriate to report it in a different way (on the service line facility code instead of the claim line facility code) but we are not finding data there either. If there are alternative places where this is being reported or have suggestions for better ways to report the DCO, please let us know.</p>
Appendix Subgroup (5 minutes)	Kasi	The subgroup completed their task in September and all changes were reflected in the October update to the SFY 2024 Behavioral Health Code Charts and Provider Qualifications workbook.
Code Chart and Provider Qualifications Chart updates (10 minutes)	Kasi	<p>September 25th updates:</p> <ol style="list-style-type: none"> 1. Appendix changes from the appendix subgroup. 2. Removed provider qualification modifiers for J2315 as this is not a staff service. 3. H2023 - add the following language to the Y5 – “This is solely an Individual service and does not support any group employment.” 4. Updates to CCBHC services as mentioned earlier.

		<ol style="list-style-type: none"> 5. Added SUD row for H0002. 6. Made some updates to the General Rules for Reporting tab including adding new sections. 7. Made some updates to the Qualifications Crosswalk tab including: Added "Independent Facilitator", Added suggested list of "Mental Health Related" degrees for the CMHP, and Updated QBHP to match MPM language. <p>October 11th updates:</p> <ol style="list-style-type: none"> 1. Removed "Psychiatric mental health nurse practitioner" language and replaced with "Nurse Practitioner" for several services throughout code chart. The certification is not required. Please note that column E for 90791 and 90792 did not get updated but I will update this for the January update to include strike-outs. 2. H2019 - language in column B (Service Description) referred to children and this is an adult only code. 3. Modifiers tab: Y2 listed an "n" for in FY2024 code set and that is incorrect. The Y2 is being used in FY24.
<p>SUD MAT Service Bundles when Medicaid is secondary to commercial</p>	<p>Anne Wickham</p>	<p>Need direction and assume others are having issues. If someone has commercial primary and Medicaid secondary and is receiving Methadone...Many commercial insurers are using the daily H0020, which is our daily code, to weekly bundle (includes lab, group, individual, psychiatric). Issue comes in when they want to bill Medicaid secondary and commercial is not using Medicare bundle code. Need direction on what direction to give providers on how to get the reimbursement for all of the components of the bundle the commercial has bundled.</p> <p>Amy – Region 5 has not run into this issue. Commercial insurers in her area are using Medicare G bundle code.</p> <p>Anne – this doesn't happen often but how do we break this down for secondary payor when it does. It is not large dollars but don't want to leave providers hanging. Will continue winging it for now.</p>

<p>Hospital Liaison Questions</p>	<p>Julia Emerzian</p>	<p>I have received a few questions surrounding the scope of hospital liaisons. I am reaching out to see if the EDIT workgroup could assist or had any thoughts. I have included the questions below.</p> <ol style="list-style-type: none"> 1. Can two different entities bill for the same code? <ol style="list-style-type: none"> a. Example: Crisis Provider and OCHN Hospital Liaison both utilizing code H2011 in the same day, one for a reassessment, one for a crisis visit. <p>What is the hospital liaison doing and who is providing the service and is it per diem or 15-minutes, etc?</p> <ol style="list-style-type: none"> 2. Medicaid applications are filled out during crisis situations, would H2011 be considered the correct code for hospital liaisons who assist in placing individuals to a hospital after they have received a pre-admission screening. <p>Joan - Is the person sitting in the ER waiting in bed...not diverting...so now other work being done?</p> <p>Belinda – this would not fall under Crisis Intervention in assisting completing a Medicaid App. Would be more under TCM.</p> <p>Julia – would a hospital liaison qualify to provide TCM?</p> <p>Belinda – would need to go to qualifications requirement for code and population being served. Assumed they probably already have a case manager assigned.</p> <p>Hospital liaison work would depend on activities being performed and if they are qualified.</p> <ol style="list-style-type: none"> 3. Is the individual required to be present during treatment planning? If not, which service code would this fall under? <ol style="list-style-type: none"> a. Could H2000TS qualify (does not require F2F with beneficiary for reporting)? We would want to bill for this when staff meet to discuss
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		<p>treatment planning.</p> <p>Joan – treatment planning should not be using H2000TS. Is it a behavioral plan or a traditional IPOS?</p> <p>Jeff – this is during a crisis situation. Sounds like a T1017 or H0032 would be more appropriate.</p> <p>This would not reportable if client is not present and face-to-face. The H0032 needs to have the client present.</p> <p>Joan – GF money could be used if coding outside parameters.</p> <p>Julia – will get some additional information for all three questions and send to the group for input after the meeting to assist with the questions.</p>
Wrap-Up and Next Steps (5 minutes)	Kasi	

Action Items	Person Responsible	Status

Next Meeting: January 18, 2024