



Behavioral and Physical Health and Aging Services Administration

**Encounter Data Integrity Team
Minutes**

Date:	July 21, 2022	Location:	TEAMS Meeting
		Webex:	Click here to join the meeting

Time:	10AM-12PM	Dial-in Number:	+1 248-509-0316 ID: 348 565 954#
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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 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 checked="" type="checkbox"/>	Bruce Bridges
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Prepaid Inpatient Health Plans

<input checked="" type="checkbox"/>	NCN: Joan Wallner
<input type="checkbox"/>	NMRE: Brandon Rhue
<input checked="" 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 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 checked="" type="checkbox"/>	Region 10: Laurie Story-Walker

MDHHS

<input checked="" type="checkbox"/>	Laura Kilfoyle
<input checked="" type="checkbox"/>	Kasi Hunziger
<input checked="" type="checkbox"/>	Kathy Haines
<input checked="" type="checkbox"/>	Belinda Hawks
<input type="checkbox"/>	Kim Batsche-McKenzie
<input type="checkbox"/>	Angie Smith-Butterwick
<input type="checkbox"/>	Mary Ludtke
<input checked="" type="checkbox"/>	Brenda Stoneburner
<input checked="" type="checkbox"/>	Jackie Sproat

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	<p>Jane Shelton to attend for Stacia Chick until January 2023.</p> <p>Julia Emerzian replaced Laura Aherns for OCHN.</p> <p>Others in attendance not listed above:</p> <ul style="list-style-type: none"> • Debi Andrews • Monica Erickson • Laura Dobson • Melissa Peters DWIHN to fill in for Jeff White

Review and approve prior meeting minutes (5 minutes)	Jackie	
PHE Rounding Rules Memo from April 7, 2020	Jackie	Rounding rules are relaxed during the PHE, two MDHHS memos sent April 2020 about this. April 7th, 2020, memo remains in effect until the end of the PHE. Do not use earlier memo.
Place of Service 02 and 10 Discussion	Laura	<p>Proposed telemedicine policy changes place of service from 02 to where the POS would be if service was in person. (Currently only 02 is used.) FFS physical health side pays different rate based on POS reported on the claim. The proposed change would be implemented after PHE ends.</p> <p>02=telehealth not in beneficiary home 10=telehealth in beneficiary home</p> <p>EDIT membership feedback:</p> <ul style="list-style-type: none"> • most often the beneficiary is at home during the service • Would support using both 02 and 10. • BCBS has required this for billings. • Does specialized residential = home? <p>Consensus seems to be using either 02 or 10 when appropriate.</p> <p>MDHHS will provide guidance on the definition of home when the change is implemented.</p>
Telemedicine Update	Laura	Telemedicine webinar recently held for CMHs and PIHPs on proposed MDHHS Medicaid post PHE policy. Under final review by MDHHS currently, will be sent out for public comment soon. Final policy may have changes based on this input. Two webinars were also held for providers, both well attended. Materials are on MDHSS PHE unwind website https://www.michigan.gov/mdhhs/end-phe
EQI Update (10 minutes)	Kathy	EQI Workgroup continues to meet monthly. Currently preparing for Period 2 EQI template (Oct-May 2022). At meeting last week plan proposed for a validation exercise on the Milliman eligibility file. This is an opportunity to investigate discrepancies between the PIHP eligibility data and Milliman Master Eligibility file. Milliman to use the Aug. 3 rd Optum MDHHS data extract to provide PIHPs with encounter level file with details on eligibility (DAB, TANF, HMP, non-Medicaid). PIHPs can use this file to make encounter corrections. August encounter changes sent by PIHPs would be included in the September update. Will review differences between

		<p>Aug and Sept extracts to inform future work on the Milliman eligibility file. For example, if person is in jail (QJ modifier) on DOS the eligibility file would show this.</p> <p>Question: when will EQI Period 2 template be available? No date yet but will be communicated as soon as possible.</p>
COB Subgroup (10-15 minutes)	Jackie/Kathy	<p>MDHHS is interested in continuing the work of the COB Subgroup. Starting FY23 FFS COB will be reported. Would like to broaden the COB to include more than just Medicare and 3rd party commercial payers. Second phase could address direct service. How should we determine workgroup membership? Volunteers (or voluntolds) Ione, John Holland, Anne W., Joan Wallner, Michelle Sucharski, Kristen D., Julie Emerzian. Suggestion to ask finance staff (email to CFOs?) Need to keep the size of the group to a workable level. Suggestion to email prior group membership, with guardrails on group size. Should vendors (finance and EHR) be involved earlier than last time? We should certainly consider this. Hopefully they're aware of phases that workgroup has already published.</p>
Update on development of tiered rate for inpatient psychiatric services	Jackie	<p>Effort paused, MDHHS priority is improved access to care.</p>
Update on status of tiered rate for licensed residential services (5 minutes)	Belinda	<p>Workgroup continues to meet, started March 2021. Currently reviewing options for assessment tools that would determine level of need, the level of need would determine payment rate. Considering the ANSA tool for SMI, SIS for I/DD. Hope to begin a Pilot 3rd quarter FY23 for I/DD population. MDHHS discussing how the state might cover the ANSA tool. Could state also cover cost of integrating the tool in EHRs? Would ANSA scores (or what ever tool is selected) be included in BHTEDS or transferred to MDHHS a different way (like SIS scores are done now.)</p>
837 Companion Guide for TIN Reporting	Kathy	<p>The 837 Companion guide was updated end of June. COB reporting requirements were added as well as requirements for reporting EIN. Email sent last week (from Julie Harrison) related to results of TIN survey (this information is posted on the MDHHS website) and upcoming provider survey training.</p>
Housing Support Benefit	Lyndia, Monica	<p>New Housing assistance policy in the works, currently out for comment (to be attached with meeting minutes). Would like feedback from the</p>

	Erickson, & Group	<p>group on the new housing support benefit (HCPCS code = T2038). This service is intended to support a consumer to find their own housing. MDHHS wondering what is needed to increase use of this service. The service is for beneficiaries who would have formerly qualified for the b waiver services (now the 1915(i)). If a consumer is eligible for specialty behavioral health/CMH services, they would be eligible for this service.</p> <p>There is a WSA approval process that will be required in the future for enrollment in 1915(i) CMH services. DSA trainings were provided to CMHSPs/PIHPs and WSA training are scheduled over the next month. However, approval in the WSA is not needed to offer this service.</p> <p>BHTEDS is a barrier in situations where a person is not receiving any other service. (Expectation generally is that if encounters are submitted there should be BHTEDS record.) There are some exceptions for BHTEDS submission, could this be added? Perhaps this can be an agenda item for Carol Hyso's BHTEDS workgroup.</p> <p>Is this service being provided now, but billed under case management? Probably. Historically case management includes linking beneficiaries to services including housing. This service can be differentiated based on use of housing providers contracted specifically for T2038. Existing Medicaid language is assistance with short-term or one-time expenses where current language describes a service.</p> <p>Suggest revisiting this topic at the October 2022 EDIT meeting.</p>
Code Chart Changes Subgroup (5 minutes)	Kasi	<p>The group is currently still reviewing the MH lines. I have included a PDF document that displays what changes have been made thus far as of June 30, 2022. The last two columns shaded in gray are the rows where we have completed our review and have decided on if changes were needed or not. Those rows where that column is still white have not yet been reviewed yet.</p>
Code Chart and Provider Qualifications Chart updates	Kasi	<p>July 1, 2022, Update:</p> <ul style="list-style-type: none"> • Place of Service Codes tab: removed language on POS 02 regarding the Q3014. • Code Charts tab: <ul style="list-style-type: none"> ○ T1017 - removed the following language from the Reporting and Costing Considerations column: "-

		<p>Typically case management may not be reported for the time other Medicaid-covered services (e.g., medication reviews, skill building) are occurring. However, in cases where a per diem is being paid for a service – e.g. CLS and Personal Care – it is acceptable to report units of case management for the same day."</p> <ul style="list-style-type: none"> ○ Updated Previous Provider Qualifications Column for H0002 and T1023 to remove the “or” and to remove the language regarding supervised unit ○ Added note in row 10 above FY 22 Provider Modifiers: Modifier HN - Bachelor's in Human Services - please note for those non-clinical providers who have a bachelor's degree that may not be in Human Service's should still use this modifier. Example: Wraparound Services does not require the degree to be in Human Services; however, should still use the HN to denote that they have a bachelor's degree. ○ S5111 referenced old HM modifier language for Parent Support Partner, and it should be WP. ○ 99215 - removed the RN and LPN allowable providers for both the MH and SUD line to make consistent with the other E&M codes. ○ S5165 was missing a row for the CWP coverage. A green row has been added in to show that the S5165 is a covered child waiver service ○ Added Registered Nurse to 97802-97804 ○ Added U group level modifiers to S9446 ○ S0215 – added a green row as this is covered under the Children’s Waiver ○ Removed 99605 row as this is a pharmacist only code ○ T1020 removed the 1115(i)SPA from the coverage column
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		<ul style="list-style-type: none"> ○ T1005 – clarified in both the MH and SEDW/CWP lines that the unit is “up to 15 minutes” <i>Question: has this always been up to 15 minutes? There was some contradictory language, the group clarified that the definition is up to 15 minutes.</i> ○ H2021 & H2022 Wraparound - made changes/clarifications to the Previous Provider Qualifications column - removed "Supports Coordinator" language and updated training language. ○ S5160 & S5161 updated the coverage column to remove the 115(i)SPA language. ○ Added the following SUD Codes for MAT injections: J2315, Q9991 & Q9992. <i>Amy asked Phil C./MDHHS asked to investigate contradicting language on use of Medicaid to cover the cost of the medication (not the injection service) for J2315.</i> ○ Made changes throughout code chart in the reporting and costing considerations column and other columns for MH services as a result of the code chart changes subgroup. <i>See PDF document that shows what was changed for each row to date.</i> ● Qualifications Crosswalk tab: Peer Support Specialist - to align with the Peer Supports Specialist Certification policy from November 2021 – MSA 21-38 ● General Rules for Reporting tab: Removed the link to the old Provider Qualifications chart that was listed under Resources. Also removed reference to "BHDDA" and updated to current bureau name. <p>Updates are published quarterly; the update log shows when MDHHS logged/resolved the issue.</p>
<p>Lifeways has requested for our consideration for the allowance of biofeedback/neurofeedback as an allowable modality for therapy.</p>	<p>Group Discussion</p>	<p>Codes used in other states for this include:</p> <ul style="list-style-type: none"> ● For mental health therapists, the psychotherapy billing code is often used. ● Others call the insurance provider and use what codes they specify. ● 90875 and 90876 are new codes for psychotherapy combined with biofeedback,

		<p>but they are still fairly new codes and not as widely covered.</p> <ul style="list-style-type: none"> • Also found reference to biofeedback insurance code 90901. <p>Newaygo using for SUD tx., Lifeways also currently using. Are these codes considered psychiatric codes? Definition states “with psychotherapy”. What are other state Medicaid agencies doing?</p> <p>Amy will discuss this with Lifeways and will bring back additional information to the October meeting.</p>
<p>West Michigan had requested the following services be added as allowable services to the code chart: 96158, 96159, and 99409</p>	<p>Kasi</p>	<p>Update. Was a hold over item from January 2022. Request from Jane Shelton. Would also like these added to the CCBHC allowable codes.</p> <p>At the Spring MARO conference (April 7th) two of these codes were discussed. West Michigan sent their question in prior to the conference regarding 96158 and 96159. During mine and Laura Kilfoyle’s presentation we discussed that we would not be adding these codes to the code chart after internally reviewing both codes. These codes are used to mitigate the effects of a physical health problem. These two codes are so specific to the effects of a physical health condition that, while it could be possible for these to be reported by CMHSPs, we do not think it would be too likely and there would be a high risk of reporting them incorrectly, so we would not recommend coverage. Also, we have other codes that would more effectively represent CMHSP services (such as H0004).</p> <p>Joan: H0004 is currently limited to SUD. Are the proposed codes intended for SUD tx? MDHHS will provide clarification on what code(s) could be used on the MH side since H0004 is currently SUD only.</p> <p>99409 - Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes</p> <ul style="list-style-type: none"> - We do not see this as a core PIHP treatment service/responsibility and therefore also will not be adding it to the code chart. Depending on what is being provided would determine if there is currently another allowable code already in the code chart (such as H0050).

Wrap-Up and Next Steps (5 minutes)	Kasi	Jeff White asked if MDHHS has been approached to add coverage codes for Trans cranial stimulation. This was discussed at the April 21 st EDIT meeting and the consensus was that this would not be something we would add at this time.

Action Items	Person Responsible	Status

Next Meeting: October 20, 2022