



Behavioral Health & Developmental Disabilities Administration Encounter Data Integrity Team Minutes

Date: January 21, 2021	Location: Join Microsoft Teams Meeting
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Time: 10AM-12PM	Dial-in Number: +1 248-509-0316 ID: 697 461 334#
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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"/>	West MI CMH: Jane Shelton
<input checked="" type="checkbox"/>	Integrated Services of Kalamazoo: Ed Sova
<input checked="" type="checkbox"/>	CEI CMH: Stacia Chick
<input checked="" type="checkbox"/>	Livingston County CMH: Kate Aulette
<input type="checkbox"/>	Sanilac County CMHA: Beth Westover

Prepaid Inpatient Health Plans

<input checked="" type="checkbox"/>	NCN: Joan Wallner
<input checked="" type="checkbox"/>	NMRE: Brandon Rhue
<input checked="" type="checkbox"/>	LRE: Ione Myers
<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: Tania Greason
<input checked="" type="checkbox"/>	DWIHN: Jeff White
<input checked="" type="checkbox"/>	OCHN: Jennifer Fallis
<input checked="" type="checkbox"/>	OCHN: Laura Aherns
<input type="checkbox"/>	MCCMH: Bill Adragna
<input checked="" type="checkbox"/>	MCCMH: Amie Norman
<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"/>	Morgan VanDenBerg
<input checked="" type="checkbox"/>	Jackie Sproat
<input checked="" type="checkbox"/>	Alyson Rush

Community Mental Health Association

<input type="checkbox"/>	Maggie Beckmann
<input checked="" type="checkbox"/>	Bruce Bridges

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates	All	Jeremy Cunningham, Justin Zeller and Jessica Bertolo will join toward the end of our meeting.
Review and approve prior meeting minutes	Jackie	10.15.2020 meeting minutes reviewed, no changes.
Review prior meeting action items	Jackie	<ol style="list-style-type: none"> 1. Courtesy T1023 screening guidance: see below 2. EDIT subgroup to address proposed FY22 modifier changes: see below 3. Identify modifier to be used with overnight H2015: see below, will use UJ
Code Chart and Provider Qualifications Chart updates	Kasi	Kasi created a summary document called "Code Chart Changes for January 2021". Majority of updates were related to E&M code changes.

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		<p>Modifier 95 will be used for more services post-COVID. U7 modifier language added.</p> <p>97151 definition was aligned with the federal definition. See full notes provided by Kasi.</p> <p>Telepractice modifier 95 question: what's the difference between 95 and GT? 95 started as telepractice, see BHDDA telemedicine database for current definitions. If service provided via audio-only, continue to document in the encounter note.</p>
<p>Evaluation & Management Code Changes effective January 1, 2021</p>	<p>Kasi, Laura</p>	<p>Update from MDHHS.</p> <p>The E/M change impacts the provider's documentation requirements for the services provided. Documentation of the E/M reported may be based on <u>either</u> the level of medical decision making OR the total time personally spent by the reporting practitioner on the day of the visit (including face-to-face and non-face-to face time).</p> <p>Update on new prolonged E/M codes. See two AMA documents attached to the EDIT meeting invite.</p> <p>Time can include non-F2F review of documentation. EMRs are set up to use start and stop of F2F time, how to include non-F2F time? Jane Shelton said they have an EMR solution, email her for details.</p>
<p>Medicaid Payment for Services not allowed from Medicare: Update on phone-only E&M services provided to dual eligible beneficiaries</p>	<p>Laura</p>	<p>See 1.6.2021 email from Jackie. MDHHS received clarification from CMS that chart documentation is acceptable as opposed to receiving a denied claim.</p>
<p>Child Waiver Program case management T2023</p>	<p>Jackie, Belinda</p>	<p>BHDDA would like to remove T2023 monthly code from the Code Chart and have 15-minute T1017 used for case management services to CWP beneficiaries. Feedback from EDIT: there is support, preference is to make the effective date in the future, not retroactive. Utilization is likely low for T2023. BHDDA will discuss and communicate a deadline for the transition, some PIHPs would like to start ASAP due to costing issues.</p>
<p>Update from EDIT FY22 Modifier Changes Subgroup</p>	<p>Belinda</p>	<p>Highlights from initial subgroup meeting held 1/14. Representatives from CMHs, PIHPs, MSA, BHDDA and Milliman. Decision to meet bi-weekly. Proposed changes include modifier prioritization and adding/dropping modifiers. The minutes will be sent to the larger EDIT group. Suggestion to post on BHDDA website. Send feedback to your CMH/PIHP</p>

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H2015: UJ	Belinda, Morgan	<p>reps on the group, if no reps from your region send to Jackie.</p> <p>Modifier UJ to be used with H2015 provided at night, effective 1/1/2021. Timespan? UJ can be reported for up to 12 hours per day. Providers are asking for specific instructions around intermittent awake periods. Morgan said these time periods are OK to report with UJ. When the beneficiary typically goes to bed, report UJ (usual and customary sleep hours). EDIT feedback is that the costing is proving more complicated than we expected. Suggestion to make documentation requirements consistent for T2027 and H2015UJ. Belinda shared the background of T2027 which was pursued due to a lawsuit. BHDDA is aware that it will take some time for the transition to add the UJ modifier, so we might not see it in encounters until Feb or later. Bruce asked if there will be scrutiny in the future if 96 units of H2015 are reported with no UJ. BHDDA to discuss.</p>
H2015 Touch Base	Jackie & group	<p>Re-cap of concerns shared by providers during 12/11 MDHHS/CMHA meeting.</p> <p>How do PIHP and CMHSP EDIT members think the transition is going (struggles/successes)?</p> <ul style="list-style-type: none"> • NCN is finding that providers are struggling. Provider documentation processes in the EMR are in process of being updated. Testing using the EMR group note documentation functionality. Challenge is getting documentation from frontline staff to the admin/billing staff that can be used to determine the correct modifiers. • MSHN added that daytime outings add complexity. Documentation has increased because of breaks, outings, and time back in the home. • DWIHN agrees with comments about added documentation. Providers are struggling with submitting claims. Suggests simplifying modifiers, if three beneficiaries live together report 3-person U modifier for all services. EMR changes in the works. Need a way to make it automated/easier for providers related to modifiers.

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		<ul style="list-style-type: none"> • SWMBH agrees with billing/documentation burden. Even if PCE System is enhanced to better support, will not help large providers who have their own EMRs. Overlapping services e.g., OT provided in the home means CLS must stop during that time. <p>Is there support for overcoming barriers that the department could provide?</p> <ul style="list-style-type: none"> • 96 units/day of H2015 go back to H0043. • Go back to original intent of U modifier showing number of consumers at the home instead of by service start/stop throughout the day. Providers are concerned that use of preponderance could be construed as fraud. Jeff White said in hindsight he would recommend using a different method to adjust rates and not use the U modifiers. • Send guidance about start and stop time documentation. Anne W. may be able to suggest language. Include support for more automated processes to add modifiers in the EMR. <p>Are there EDIT members who can share tips? Joan (NCN) would like to work with other PIHPs on EMR enhancements.</p> <p>Belinda said many consumers with high numbers of CLS (24hr/day) are getting Home Help.</p>
<p>BHDDA guidance regarding courtesy T1023 inpatient hospitalization screenings (screening done for a Medicaid beneficiary who is not a resident in your PIHP geographic area)</p>	<p>Jackie/Kathy /Kendra/Kim</p>	<p>A request for crisis screening is different from an ongoing COFR agreement in which a beneficiary regularly receives services outside of the county/region of permanent residence. In a crisis, the CMH is obligated to provide services, and coordination of care as needed with the financially responsible CMH/PIHP. The CMH who provides the screening will make the determination of whether to submit a claim for payment to the CMH/PIHP in which the beneficiary is enrolled. Administrative burden is a consideration. If the beneficiary is admitted in a community hospital it is the expectation of BHDDA that the hospital will bill the CMH/PIHP in which the beneficiary is enrolled. If the beneficiary was enrolled in Medicaid on the date of service, Medicaid can be used to cover the cost of the screening even if the CMH does not bill</p>

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		the CMH/PIHP in which the beneficiary is enrolled. Milliman prefers consistency in encounter reporting for T1023 when the service is provided in a PIHP region other than where the beneficiary is enrolled. It is generally expected for the encounter and BHTEDS reporting to follow the money. For the future, MDHHS and Milliman are considering discounting a Medicaid service if the beneficiary is not eligible in the PIHP's catchment area at the time of service.
Separate reporting for transportation services	Kathy	See 12.9.2020 Wieferich memo. Jessica Bertolo and Jeremy Cunningham from Milliman reviewed federal regulations that are driving this change, mainly CMS Managed Care rules on reporting the Medical Loss Ratio. Non-claim costs (admin, transportation) need to be excluded from incurred claims/encounters costs. Kathy reviewed the current MI Medicaid Provider Manual services that include transportation. For more details on the above, see attached PPT. EDIT recommendation on moving forward? Intent is to implement as of 10/1/21, decisions would need to be made by 6/30. Members are concerned about the burden of making this significant change on top of other proposed FY22 changes.
Encounter Coordination of Benefits (COB) reporting	Kathy	FY21 Goal: clarify COB reporting requirements. We ran out of time to cover this topic.
Wrap-Up and Next Steps	Jackie	

Action Items	Person Responsible	Status
Send EDIT FY22 Modifier Changes Subgroup meeting minutes to full group	Jackie	
BHDDA determine and deadline date for CWP change from T2023 to T1017, then communicate to the field.	Belinda, Morgan	
UJ modifier – send clarification to EDIT. When will BHDDA expect to see UJ for a portion of 96 units/day of H2015?	Belinda, Morgan	

H0043 to H2015 transition: BHDDA to assess feedback and communicate decisions.	Jackie, Belinda, Kathy, Morgan	
Send Kathy suggestions on how to move forward with separate reporting for transportation services	EDIT members	
Send Kathy/Jackie suggestions on how to move forward with Encounter Coordination of Benefits (COB) reporting	EDIT members	

Next Meeting: April 15, 2021