

## **Contract & Financial Issues Committee, November 19, 2020, 1:00pm**

### **Updates**

#### **GF Negotiations – Lisa Morse**

Lisa Morse reported that this group met on October 20, 2020. Discussion on compliance examination review took place to remove ability to pay. ATP scale was also discussed. No decisions were made. Recipient Rights Guidances have been pulled back by Raymie at the Department so that they can be discussed in Negotiations. Contract Attachment C.4.7.2 saw many changes which Mary Ludtke reviewed. Lisa stated these changes seem cohesive. Lisa would like any feedback on this sent to her prior to the next Negotiations meeting on December 10, 2020.

#### **EDIT Update – Stacia Chick**

Stacia reviewed the October 15, 2020 Minutes that were distributed to the group. She gave details on PIHP/CMHSP code chart, Telemedicine database, and PIHP/CMHSP Provider Qualifications Chart. Health and safety supports during overnight hours were discussed with Belinda Hawks, who reviewed Medicaid Letter 20-56 which gives clarification on CLS Services delivered in unlicensed settings. Due to transition from H0043 to H2015, there is a need to identify when H2015 is being used in unlicensed settings during overnight hours. The EDIT H2015 subgroup and BHDDA agree that a modifier should be used. A specific modifier hasn't been chosen yet; Belinda's area will work with Milliman to decide on the best option. Group discussed if the new "U" Modifiers (UN, UP, UQ, UR, US) need to be used with all H2015 billed (Community Based CLS, Community Based CLS Group, CLS Day Programs), or just specifically to H2015 being used to replace H0043 in an unlicensed residential setting. BHDDA indicated that you would use the new U modifiers on the H2105 anytime there is more than one patient/beneficiary being served simultaneously. This is for all settings. Group then discussed if the new "U" Modifiers (UN, UP, UQ, UR, US) Need to be added to the H2015 being billed as part of a Self Determination arrangement which will also need the U7 modifier. This is effective 10/1/2020. BHDDA indicated that, yes, Yes, you would add the new modifier to note how many beneficiaries are served, even if it is a U7 arrangement. FY22 modifier changes were discussed with Belinda Hawks and Jeremy Cunningham. Overview of BHDDA/Independent Rate Model development workgroup proposed changes. Jeremy Cunningham walked through the attachment named "Proposed Modifier Changes". The sheet titled "Modifiers" includes proposed changes to currently used modifiers, and new modifiers. Column B shows modifiers currently in use in MI with a national description that is different from the MI description (for example, see row 10). Column D indicates the modifier type, and ties to the list on the prioritization sheet. Column G describes what would be changed on existing modifiers as well as new modifiers. Sheet named "Modifier Prioritization" shows what order the modifiers should be reported in. The list of five modifier groupings in the prioritized order is for informational purposes and does not necessarily mean there is a procedure code with all five of the modifiers. Provider credential is the most important, as shown in the example in rows 4-6. There can be up to four modifiers for a service, additional modifiers (e.g., provider credentialing) may mean exceeding this cap for PIHPs/CMHSPs who use local modifiers. Questions were raised about the prioritized order showing 5 levels, which appears to conflict with the 4-modifier limit. Some local modifiers may no longer be needed with the addition of new modifiers. There is concern about HF (substance use program), and a suggestion to discontinue given the PIHPs report SUD services with a separate CHAMPS ID. Most states don't have a SUD modifier, they use primary diagnosis. Suggestion for an EDIT subgroup to be created, email Julie if interested. MDHHS has discussed dropping U5 and HK starting FY22. Milliman has been doing some modeling and can present to an EDIT subgroup or standardized rate model workgroup. Other topics discussed at EDIT meeting included T2047 (Habilitation, prevocational, waiver, per 15 minutes). Details on this topic were that this code is basically same as T2015 but 15 minutes instead of one hour. The code has not been added to the BHDDA code chart, EDIT members were asked whether it should be. Consensus was that it would make sense to replace T2015 with T2047. The effective date should be set in the future, not backdated, to allow systems to be updated. Would need to be added to the EQI, which will include Oct-end of Jan in the first report due April 2021. EDIT recommends a 10/1/2021 effective date to replace T2015 with T2047. Morgan will check to see if there are any CMS/waiver issues. The MDHHS telemedicine Policy workgroup gave a high-level status update, stating that MDHHS has been reviewing temporary policies in light of input from the field and internal reviews of utilization data pulled from the MDHHS data warehouse. MDHHS staff clarified that the MI Supreme Court ruling did not impact the telemedicine area, as our authority is granted through existing federal authority or federal COVID-19 waiver approvals. Laura is available for any comments or questions about overall MDHHS telemed policy. Kasi and Laura are contacts for BHDDA-specific telemed policy comments and questions. There will be the usual public comment period before telemed policy changes are finalized. Other details were discussed on psych care for incarcerated individuals and EQI. Next meeting of this group is January 21, 2021.

#### **Legislative Update – Alan Bolter**

Alan reviewed the election recap that was sent to the group. He stated that the Michigan Supreme Court gained a 4-3 Democratic majority, which was previously a 4-3 Republican majority. He then reported that the Republicans maintained a 58-52 majority in the House. There are 28 freshmen lawmakers coming in. Alan gave details of the Leadership elections that took place on November 5, 2020. Alan stated that there were 2 Senators on the ballot – Pete MacGregor won Kent County Treasurer and Pete Lucido won Macomb County Prosecutor. This will likely affect majority in the Senate.

Alan then gave details on Lame Duck and what may be looked at during that brief session. Several Bills were listed in the document provided by Alan. He then reported that Lame Duck may be reduced to 3 to 4 days of Legislative session due to several legislators testing positive for COVID, and the fact that there is nothing super pressing to be handled during Lame Duck. A COVID plan may be

worked on during Lame Duck. Group asked about the OMA adjustment prior to the spike in COVID cases, wondering if without an Emergency Order, would it still allow for virtual meetings after the first of the year, or would some other legislation be negotiated during Lame Duck. Alan stated he was unsure, but he recognized something needed to be done to remedy this situation.

Alan then spoke about the overallocation of SUD GF Block Grant dollars over a period of several years. He stated that the Department is planning on recouping this overallocation at once, which would be detrimental to PIHPs and could cause service cuts. Alan stated that discussions will be taking place to try and convince the Department to recoup these dollars over a period of time. Joe Sedlock stated this was not a one-time deal, but a permanent reduction in funding of approx. 50%.

#### Funding Issues – Bruce Bridges

##### Year to Date Funding Advance November

Bruce reported on the spreadsheet provided to the group in the packet. He stated that the top half showed the YTD advanced to PIHPs was \$94 Million above what was projected by Milliman. Dollars are not equally distributed, and additional dollars are probably going to be returned since they cost settled. Rich Carpenter stated that the DCW payments exceed \$100 Million, so that would be over the \$94 Million projected difference. Bruce stated that he included \$53 Million of that DCW amount, but then group discussed that some of the \$100 Million was from the CARES Act. Bob asked if anyone had data on what was embedded from the CARES Act to please send to Bruce Bridges. Group continued to discuss DCW premium pay being treated differently due to CARES Act funding being included in it. PIHPs need to know how much was directed to DCW so they can cost settle accurately. Bruce reported that he has a workbook that shows breakdowns by County that he can send along to anyone who would be interested. Monique will send that to this Committee as well as PIHP and CEO Directors. Bruce then reported that the HAB Waiver is coming in on target now, and that's a good thing. He will continue to monitor information from the Department on Capitation funding and provide it to this group.

#### Discussion of Key Issues – Bruce Bridges

EQI was discussed. Richard Carpenter indicated that Milliman, The Department and some vendors held a meeting recently, but no further update or possible next steps were known at this time.

Group then discussed the prevalence report issued by Milliman regarding Autism. No one in the group had an update on this topic. Pat Davis will check with her PIHP first, then send the prevalence report to Bob Sheehan and Bruce Bridges for them to review it.

#### Other

Monique informed the group that she has not received any interest from Board Members regarding the vacant Co-Chair position. The next meeting of the Contract & Financial Issues Committee is scheduled for Thursday, January 21, 2021, 1:00pm, and may still be held virtually via Zoom. More details will be known as we get closer to 2021.

Meeting adjourned at 2:04pm.