

Contract & Financial Issues Committee, January 16, 2020, 1:00pm

EDIT Update – Stacia Chick

Stacia reported that EDIT met this morning. Code chart and provider qualification changes were discussed. S5160 and S5161 were discussed. FQHC encounter format was discussed. Medicaid policy regarding the G code is coming soon. This is regarding encounter reporting for claims provided by an FQHC with Medicare Dual Coverage. Group discussed whether this was Medicare only, or not. This will be clarified at next EDIT meeting. New billing for opiate providers was discussed but with no resolution on how to report this to MDHHS. EDIT Subgroup will be created to review this. MUNC was discussed, with an update sent out by Kathy Haines on 1/15/2020. Multiple codes had minutes change, but only one was listed, so there may be another update coming. EQI Reporting templates were discussed regarding what will replace the UNC. Many questions/changes remain, so training will be provided by the Department. EDIT subgroup will be created to work on these templates to create a final draft by April 1, 2020 and would be due by the end of May. Stacia will send these drafts to Monique to send out to the group for comment. Stacia reported that some of the issues will be how to report on Medicaid and how to reconcile different templates being used by PIHPs and CMHs. Group discussed legislation that would need to be changed for separate reporting from PIHPs and CMHs. Lisa Morse stated that these changes would need to go through contract negotiations. This will likely be stalled due to John Duvendek's retirement, and lack of a replacement for him. The timeline being suggested may not be feasible. Lisa will reach out to Joe Sedlock to see if this is in PIHP contract negotiations. Group discussed whether cost allocation group had seen the templates. Pat Davis stated that they had not seen them. Administrative cost report will still be required for 2020, but goal is to not have it be required for 2021. Milliman would like DAB and TANF reported out separately beginning in 2021, which will likely require major system updates to accomplish. Lisa asked that Bruce email Bob with concerns on this issue and CC her to try to bring this into contract negotiations.

Stacia reported that psychological testing codes were discussed, which require face to face by the Department, but insurances do NOT require face to face. No resolution on this topic.

Stacia reported that the Department has stated that H0043 reporting has not resulted in greater transparency, H2015 seems to be a better code to achieve what the Department would like to see. It was pointed out that Treatment plans would need to be changed for this, and costs would likely be incurred by the CMHs. Implementation would be October 1, 2020.

Stacia reported that the request to add H2011 was not approved. Codes 90839 and 90840 need to be used, but they cannot be used in a crisis situation.

Department noted that home will be added as a location for telemedicine.

GF Negotiations – Lisa Morse

Lisa stated that they met on December 6, 2020. John Duvendek announced his retirement at the end of the month. There is currently no one heading negotiations for the Department. Amendments should be coming from the Department, but it is unknown who they will come from. Group discussed whether reporting (as discussed in the EDIT update) was always part of the contracts. Lisa stated yes, it was. Lisa stated that the administrative costs will go up, and the Department needs to acknowledge that and negotiate this into the contract.

Legislative Update – Alan Bolter

Alan reviewed the handout that was distributed in the packet. He reported on the Supplemental that was approved in December, which reversed many vetoes imposed by the Governor in November 2019. He stated that none of the FY19 Supplemental requests were addressed in that Supplemental that passed last month. He stated that the OIG report audit was done on Death Benefits. Old Fiscal Year numbers are going to be opened up and reviewed to determine repayments. Alan and Bob have asked if this will affect actuarial soundness for those years. He will keep the group updated on this. He reported that work requirements will be kicking in, and this is likely to adversely affect funding if the 80,000 to 200,000 become ineligible for Healthy Michigan. Individuals with SUD would need to self-report that they are receiving services, and if they do not, they may be removed from HM and be required to adhere to those work requirements. He reported that the Governor will give her State of the State of Jan. 29, 2020. Group asked about the statewide crisis line. Alan reported that the MICARES hotline passed out of the House and Senate and the Governor is likely to sign this. Funding may have been removed from this legislation, but it may be combined with some other legislation such as the bed registry legislation seeing funding come from other areas. Alan stated that legislators are trying to tie in the National Suicide Prevention hotline as well.

Funding Issues – Bruce Bridges

Year to Date Funding Advance Compared to Actuary Certification Values

Bruce reviewed the funding handout that was included in the packet. He gave details of FY19 funding per date comparison, cash flow analysis and capitation populations. He then spoke about the funding shortage to the PIHPs for FY20. He reported that a retro payment is being worked on but is likely to not cover the current shortage. He reported that the 4 PIHPs who have MI Health have seen an adjustment for DAB. He reported that the retro payments will need to be watched carefully and analyzed due to the payments being issued at the right rate, but they did not take money back from when DAB was initially paid at the wrong rate.

The next meeting of the Contract & Financial Issues Committee is scheduled for Thursday, March 19, 2020, 1:00pm, CMHA office, Lansing.

Meeting adjourned at 1:54pm.