

Contract & Financial Issues Committee, September 19, 2019, 1:00pm

EDIT Update – Bruce Bridges

Bruce reported that there is a newly formed EDIT workgroup which has 24 total Public Mental Health representatives. SED Waiver and Children's Waiver Program were discussed at today's inaugural meeting. Codes used for those services will not change. Rates will be paid by enrolled person served name as in the Hab Waiver. Overnight health and safety was discussed. New code will be used for this service effective October 1. Code is T2027, with BH modifier. Code H0043 was discussed for cases of more than 2-5 hours. Coding would need to use TF (3-10 hours) or TG (over 10 hours) modifiers, dependent on time. More discussion on this will likely occur to obtain using H0043 as an all-inclusive. Department is in favor of using H2015 for 15-minute increments, but this would be harder for the System. Using the 2 hour or less per diem code of H0043 is simpler but may not capture data accurately. Group discussed taking a stance on this issue. One suggestion was to keep the H0043 with not modifiers. Stacia reported that EDIT will ask for input from the EDIT members and have them reach out to the CMH/PIHP membership. CFI Committee agreed by consensus to support keeping H0043 with no modifiers in discussions within the EDIT workgroup. Group discussed that if modifiers were being used (TF and TG), but not utilized by Milliman... Outpatient services was discussed for timing set of services. The timing will be changed for 3 different services and EDIT would like input on this. They are going to an AMA system. For example, if only 28 minutes is used, you cannot use the code that is 30 minutes or greater. If you use a 15 to 30-minute code, it changes the reporting of the service. Group discussed that currently, many in the system are using the AMA sliding scale. Monique will send out a side by side comparison of how the 2 different coding encounters would work. Stacia reported that EDIT will be sending a spreadsheet requesting information on this topic. Monique will forward to the CFI Committee with a notice that PIHPs will be sending this out from the EDIT group per their request.

Other topics discussed were atypical providers and the re-creation of the "Parking Lot" topics. This group will meet quarterly in January, April, June, and October. EDIT Action Plan and Summary will be a document that Bruce will try to send to Monique to send out to the group.

GF Negotiations – Lisa Morse

Lisa stated that the last meeting was Thursday, Sept. 12, 2019. CMHs should have received Amendment 2. Currently, Amendment 1 for FY20 is being worked on. Lisa gave updates on COFR, definitive language on GF funding formula (which was sent to John Duvendeck), local dispute resolution policy (30 day notice for non-Medicaid) which was taken off of the contract grid and put on the Legislation & Policy grid for lobbying by the Association since it involves boilerplate. Lisa stated that the CFI negotiating team added CFI #5 to the grid. It is about the Recipient Rights training noted in attachment C6.3.2.4.

ORR Memorandum – John Obermesik (enc)

John Obermesik reported on the information provided in the packet regarding ORR memorandums that were sent by the Department to Rights Officers without going through the CEOs at the CMHs. Both John and Lisa Morse sat with John Duvendeck to see why these were not being negotiated prior to being sent out, and the memorandums stopped. Recently, another communication came from the Department, calling these guidances "Interpretive Memoranda". John pointed out to the group where requirements were written into this document as well as other sections stating that this contract would not be modified, amended extended or augmented except in writing, signed by both parties. John stated that this "guidance" or "interpretive memo" actually contains new requirements and was sent to the RROs without being brought to the Negotiations table, or the CMH Directors. He stated that CFI needs to have this brought to their attention and wanted input for how to move forward. Group discussed. Bob Sheehan stated that he will draft a position paper and send to John O. and Lisa M. for review. Lisa stated that she was unsure if John Duvendeck was aware of the email sent by Andy Silver to the Recipient Rights Officers on this topic.

Legislative Update – Alan Bolter (enc) – Alan was unavailable.

Bob Sheehan reported that budgets are still being worked on to send to the Governor. Rates look good for the first time in about 5 years. Appropriations do not look to be large enough to cover the rates, but they will have to fund it. Cap on ABA technicians is still in. 298 boilerplate language looks to be included in the budget, but more information will be available soon. There was an additional \$5 Million put in to remove the local match draw down. Supplemental looks to be removed from the final budget. Bob stated that Alan will be doing an analysis over the weekend and will send updates as they are available.

Funding Issues – Bruce Bridges

Funding Reports & Population Comparison FY19 & FY20 (enc)

Rate Setting Highlights (enc)

Bruce reviewed the document that showed what Milliman thinks we should have versus what we do have. Group looked at information for FY18 and FY19. Bruce then reviewed the Actuarial projections for FY20. Populations show a trend of dropping, and when the numbers are plugged in, it looks like the percentage of additional covered lives needed for TANF is 3%, for DAB is 3.9%, and HMP is 7% for up to 6 months of retroactive coverage. Bob asked what the retros typically are, and Bruce did not know given that currently only one month of retro coverage is contained in the census used to pay PIHPs. Bob and Bruce will write MDHHS to clarify this issue.

Bruce then spoke about the enrolled and unenrolled population rates. Milliman's numbers on this topic seem to match ours, but individual rate cells are much different depending on where your populations sit. Bruce continued to review rates and some slight differences for DAB, HMP, and TANF. The percentage differences through the last several years were also reviewed. Entity specific rates are currently being used as opposed to demographic rates, and that difference can be huge. Finally, Bruce reviewed the overall entity specific change impact that was projected, stating that if you know your enrolled/unenrolled percentages, you could determine those changes.

Group discussed transportation and the impact it could have on these rates.

Next Meeting - The next meeting of the Contract & Financial Issues Committee is scheduled for Thursday, November 21, 2019, 1:00pm, CMHAM office, Lansing.

Meeting adjourned at 2:35pm.