**ABA Contract - FY22 Provider Feedback/Change Log**

Changes throughout – grammatical, punctuation, consistent use of PAYOR, etc.

7. Allow subcontracting of administrative functions (i.e., billing)

* Provider question: is C allowing subcontracting of administrative functions such as billing? if not we would like to suggest adding language that would allow that.
  + Response: this is addressed in 7.c - *The PROVIDER may subcontract for the provision of any of the services specified in this contract including contracts for administrative and financial management, and data processing.* Provider would need to notify PAYOR and receive written approval as noted in 7.a.

8. Assignment

* No change. Provider recommended language contradicts itself. In addition, language restricts CMH ability to terminate contract. CMH would need to credential and approve new entity and therefore written consent is required.

9. Financial Review (a) and Access to Books (c)

* a. Financial Review – no change/existing language remains. 2 CFR requires financial review.
* c. Access to books and records – no change/ existing language remains. This is a requirement of PIHP master agreement with PIHPs; PIHPs require of CMHs; CMHs must require of its contracted providers.

12. Non-discrimination

* g. Provider requesting ‘source of payment for services’ be eliminated from clause.
  + Response: individuals should receive appropriate treatment regardless of payor(s) and meet Medicaid requirements when billing CMHs. Third-party billing requirements must follow Medicaid requirements and are outlined in the BILLING OF AND PAYMENT FOR VALID SERVICE REIMBURSEMENT CLAIMS.

14. Indemnification and Hold Harmless

* No Change/existing language remains: Provider requested to add provisions (c) and (d) where PAYOR indemnifies and holds harmless the PROVIDER. Rationale: current language (a) and (b) is consistent with requirements from Master Agreement.

21. Recipient Rights

* a. added volunteers, students, and agents.
* o. revision to allow access to all evidence necessary to conduct investigations or monitoring; changed MPA to Disability Rights Michigan.

**Attachment A: Statement of Work**

* II.c. – accepted provider’s suggestion of additional language on medically necessary non-emergency transportation. Note: sending to Barb Groom for review.
* VI. Billing of and Payment for Valid Service Reimbursement/Claims Submission
  + d. deleted term ‘billing statement’ – does not exist
  + f. eliminated Contractual Account Reconciliation language – does not exist
  + g. changed requirement for EFT/direct deposit to upon payor request – some CMHs do not require EFT
  + j. coordination of benefits: updated language to be consistent with IPHU contract; addresses COB and EOB more appropriately.

**Attachment B: Service Codes and Rates:** updated based on FY22 modifier revisions

* Added Column with all applicable modifiers to rate sheet
* U5 eliminated - will now be identified through diagnosis codes and BHTEDS record.
* AJ eliminated
* AF, AG, HM, HP (formerly JP) – added to reflected provider qualifications
* 95 and GT for Telehealth (will now be reported through POS). Added **Note:** Modifier GT will be removed after the COVID-19 pandemic is deemed over. See additional details/instructions in the Telemedicine portion below starting on page 8 of the [encounter reporting chart](https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf).
* Added ST – Related to Trauma or Injury

**Attachment C: Reporting Requirements**

* Added incident reports per request of quality assurance reviewers.

**Attachment G: Recipient Rights Policies & Attestation**

* Eliminated procedures that are not applicable to ABA Providers – *revision pending State ORR consultation.*

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| --- | --- | --- |
| **Date:** | **Action:** | **Outcome:** |
| 6.7.21 | CMHCM, Saginaw, MSHN review | Reviewed provider proposed changes |
| 6.14.21 | Finance Council Input | Revised Claims/Reimbursement language |
| 8.25.21 | PNMC Review | Approved with changes |
|  | Operations Council Review |  |
|  | Release to Network |  |