

BEHAVIORAL HEALTH FEE SCHEDULE PROVIDER REPORTING REQUIREMENTS

Michigan Department of Health and Human Services (MDHHS) has released a series of reporting initiatives to strengthen and inform rate setting initiatives for its Medicaid behavioral health program. As described in [MSA Policy 21-39](#), network providers must comply with certain reporting requirements specific to behavioral health services, which are summarized in this document. Hospitals are excluded from these reporting requirements as they already submit hospital cost reports.

What is the purpose of these requirements? MDHHS will use the reported information to:

- Support the annual calculation of Medicaid behavioral health comparison rates – these rates are available for use by contracted behavioral health providers (i.e., network providers), CMHSPs, and Prepaid Inpatient Health Plans (PIHPs) during rate negotiations. MDHHS first calculated these comparison rates in [2021](#) and anticipates providing annual updated comparisons rates every June.
- Understand provider costs associated with the delivery of Medicaid-funded behavioral health services – these services represent approximately 20 percent of all Medicaid-funded services in Michigan.

Salary and Wage Survey

Participants: All behavioral health providers (contracted and CMHSPs, excludes hospitals)

Data Collected: Salary, wages, training, benefits, PTO, and turnover by staff type across all behavioral health services.

Frequency: Annual

Release Date: January 2022

Due Date: March 2022

Time Period for Data Collection: CY 2021 (January 1, 2021 to December 31, 2021)

Contracted Behavioral Health Provider Service Expense Data Collection Tool

Participants: All contracted behavioral health providers with over \$1 million in Medicaid revenue in SFY 2021 (excludes CMHSPs and hospitals)

Data Collected: Provider service units, minutes and costs by type of behavioral health service (cost center). Costs include those related to direct care and supervisor staffing, employee-related expenses, transportation and administration. Providers with SFY 2021 Medicaid revenue between \$1 million and \$5 million may complete an abbreviated version of the Tool.

Frequency: Annual

Release Date (Updated): April 2022

Due Date: February 28, 2023

Time Period for Data Collection: SFY 2022 (October 1, 2021 to September 30, 2022)

CMHSP Service Expense Data Collection Using the Standard Cost Allocation Model

Participants: All CMHSPs

Data Collected: Provider costs by type of behavioral health service (cost center), including costs related to direct care and supervisor staffing, employee-related expenses, transportation, and administration. This reporting includes use of a standard cost allocation model that supports consistency in reporting across CMHSPs.

Frequency: Annual

Release Date: December 2021

Due Date: February 28, 2023 (unless granted an extension by MDHHS)

Time Period for Data Collection: SFY 2022 (October 1, 2021 to September 30, 2022)

Questions? Email Milliman, MDHHS' contractor for the above initiatives, at: BH.Provider.Survey@Milliman.com

For more information and updates about these initiatives, visit [MDHHS' website](#).