

Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Compliance Committee

Meeting Date: February 16, 2024

Attendees:

BABH, CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Right Door, Saginaw & Shiawassee

MSHN Staff: Kim Z.

Not Present: TBHS

*This meeting was held by zoom only

KEY DISCUSSION TOPICS

- Agenda Review
- Follow Up from Previous Meeting
- MSHN FY2023 Annual Compliance Summary Report
- Consents
- New OIG Reporting Requirements
- SAMHSA SUD Confidentiality of Patient Records Update
- OIG Quarterly Report
- Open Discussion

✓ KEY DECISIONS

- Additions to Agenda
 - ✓ MSHN staff (Amy and Bria) invited to the next meeting for discussion around some other areas of compliance (respite notes) and to talk further about MEV activity. Amy will also provide information on the revised delegated managed care site reviews.
 - ✓ Use of code for Behavioral Health Home (S0280) for peer services
 - ✓ Clarification around quarterly OIG report on sections G (source of activity) and O (target types)
 - ✓ Durable power of attorneys for children
 - ✓ FOIA request received by all CMHSPs
- Follow up from previous meeting
 - ✓ No follow up
- MSHN FY2023 Annual Compliance Summary Report
 - ✓ MSHN completes an annual compliance summary report based on previous FY activities.
 - ✓ The compliance report has been reviewed by the MSHN Compliance Committee and there were some minor edits recommended- reviewed all changes recommended (lots of new requirements from the OIG are included within the recommendations) and approved.
 - ✓ This report will move forward for Ops Council to consent and then in March it will go to Board for review and approval.
- Consents
 - ✓ Discussion on electronic consents - how are agencies handling documents that require a "witness" signature (consent for treatment and consents to exchange information)? Are there CMHSPs completing these via email or adobe sign vs. in-person now that some services have shifted over to virtual only if consumer chooses to do so? Are these documents (where they are not physically witnessing a signature in-person) valid documents when they are signed electronically?
 - ✓ Built forms in Doxy.me for telehealth and consumer can sign right at appointment (Gratiot)
 - ✓ Others are mailing documents and getting witnessed once those are received- presuming good faith that the individual has signed that needs it
 - ✓ Others are getting verbal witnesses with one witness that isn't the case holder
 - ✓ Language within the MDHHS consents to exchange information states (if appropriate)- if this is a verbal signature (would need to have that additional witness)
 - ✓ Request to share annual consent treatment forms- please send out to Compliance group
 - ✓ Witness is not required on annual consent (others are not collecting this)- additional research needed

- ✓ Question about emailing documents: Are other agencies sending documents via email if a consumer chooses that? Is that okay for us to do for even documents like Adverse Benefit Determinations, or do those have to be mailed regardless of consumer choice?
 - Certain agencies are following their request for communication style (emailing all documents)
 - Others are always mailing documents for required docs like PCP and NABDs
 - Privacy rules said that you have to send via email if that's their request, as long as we're giving them the notification that privacy is not guaranteed via email)
- New OIG Reporting Requirements
 - ✓ New OIG reporting requirements involve pages and pages of new contract language. Amendment should be coming out very quickly- all proposed language is included. Contract negotiations group was told OIG language was non-negotiable.
 - ✓ OIG has two new reports that are due at the beginning of each year (one around documentation of recovered funds, cost avoidance, etc.), and also reviewing policy procedures and plan. This review may lead to recommendations to policies and procedures.
 - ✓ MSHN met with OIG and talked through multiple areas regarding one of the new annual reports (6.10).
 - Recovered funds-The OIG is not clear on what they are asking for regarding this. Quarterly report identifies adjusted funds during quarter. That amount is what MSHN supplied for the amount, but this is not what recovered funds means, it's what is voided and adjusted during the quarter. This will mostly effect SUD, for CMHSPs we're sub-capitated contracts, so if MEV audits identify anything, claims are voided. \$0 for adjusted claims because of cost settlement. Will be putting in a system to track this.
 - ✓ Provider Education and beneficiary education- may need to have a manual process in place for this. MSHN doesn't do much at their level, but will be reporting EOB's out to clients (directly send those out to SUD individuals) and will be tracking those. Tracking will need to be done on the number of EOB's that are sent out annually at the CMHSP level and any other type of education that CMHSPs provide that are done for clients and provider education (CMHSP ACTION). Need to develop a system to report this- will need something in place for provider education and beneficiary education.
 - Provider Education includes topics only on fraud, abuse, and waste only (written education NOT informal telephone calls relating to fraud, abuse, waste)
 - ✓ Discussion around additional columns being added on to the quarterly OIG report to track education that is being done along with recoupments
 - ✓ Kim will be discussing this during PIHP Compliance officer meeting to establish standard processes when possible to collect the new requirements within PCE and to discuss questions with the OIG to assist the PIHPs in collecting and reporting data that is standardized when possible. Will also be working on definitions and columns on OIG quarterly report. Kim will send this out for feedback prior to the next quarterly report being due.
- SAMHSA SUD Confidentiality of Patient Records Update
 - ✓ U.S. Department of Health and Human Services Office for Civil Rights had new provisions to enhance integrated care and confidentiality for patients with SUD conditions (February 8th email)
 - ✓ Final rule includes modifications to Part 2
 - ✓ Kim will be spending time and summarizing these changes to send out to the CMHSPs
- OIG Quarterly Report
 - ✓ Use of code for Behavioral Health Home (S0280) for peer services and whether to use that code vs. straight Medicaid HCPC codes
 - Some consumers are receiving peer supports from both traditional CMHSP services along with BHH services. Separate care plans for PCP and BHH care plan- if the peer is providing services that are similar in nature under both

of these plans, how do we code and make this work? Financial implications due to BHH financing vs. Medicaid coverage of peer supports.

- Montcalm has been billing the first S code contact for BHH under the S code, and then the rest of the services have been getting billed under traditional Medicaid (H code for peer support).
- Shiawassee looking at this, but currently they're billing everything to the S code for any service under the BHH
- Concerns around what's in the plan and underutilization of authorizations if everything is being billed under the S code and not the "traditional" CMHSP services
- ✓ Clarification around quarterly OIG report on sections G (source of activity) and O (target types)
 - Section G (Source of Activity)- confused as to what the definition is of Provider- sometimes this terminology is used interchangeably (CMH, Provider, and Provider Employee). Does CMH mean CMH employees and Provider are contracted providers?
 - Section O (target types) get confusing with the above also to figure out if it's for a CMH employee, which one of those is to be used vs. when it's a contracted provider and their employee staff person.
 - We should define target type based on the investigation, OIG shouldn't really weigh in on this. MSHN stated that this has changed and direction has been provided by the OIG liaison. MSHN will be taking the OIG document and add additional guidance. Will discuss guidance document in April.
- ✓ Durable power of attorneys for Children
 - Gratiot had a mom schedule an intake for a child that had a power of attorney- did not have any of the rules listed out. If the mom isn't able to make the decision, is the father able to do this for legal rights? Are responsibilities necessary to be on that DPOA?
 - Saginaw would require the attachment of the rules for the DPOA (DPOA was signed by the mom)
 - Lifeways – Child Welfare Law states clearly what DPOA for a child is and what it allows. In order for it to be properly executed it has to be signed by the individual giving power of attorney and it has to be signed in the presence of two witnesses and it can't be the person they're delegating and in the presence of a notary.
- ✓ Insight into massive FOIA request that everyone seemed to receive (from Aaron Kravitz – Private Investigator)?
 - Boards asked for an extension and a 50% deposit of these record requests, once boards receive the payment, then the documentation would be provided
 - The Right Door spoke with the individual on the phone- last Wednesday. The individuals said they would be pushing out checks to those that they had asked and received letters
 - No one has received payment thus far
- Open Discussion – no additional discussion

✓ **KEY DATA POINTS/DATES**

- Next Meeting: April 19, 2024 (3rd Friday of every other month from 10:00am – 12:00pm)