

Meeting: Regional Compliance Committee

Meeting Date: October 21, 2022

Attendees:

BABH, CEI, CMHCM, GIHN, Huron,
LifeWays, Newaygo, MCN, 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
- Annual Committee Effectiveness Review
- Annual Charter Review
- HSAG Draft Compliance Site Review
- MCPAR
- MEV Discussion
- Limited License Individuals
- Open Discussion
- Standing Agenda Items (As Needed)

✓ **KEY DECISIONS**

- Additions to Agenda
 - ✓ Minutes approved without revisions
 - ✓ The following were added to the agenda
 - Plan of Service Range
 - Tele-Medicine and Consents
 - Threshold for fraud referrals
- Follow up from previous meeting
 - ✓ N/A
- Annual Committee Effectiveness Review
 - ✓ Kim presented the Regional Compliance Committee Annual Effectiveness Review document. Kim identified accomplishments and activities of FY2022.
 - ✓ Kim recommended carrying over goals from 2022 to 2023; Committee agreed.
 - ✓ The Annual Effectiveness Review was approved by the group.
- Annual Charter Review
 - ✓ Kim reviewed the regional compliance committee charter as part of the annual review- Kim is not recommending any changes
 - ✓ Approved by consensus by the committee.
 - ✓ There may be needed changes in the future due to changes in contract language to the Program Integrity section.
- HSAG Draft Compliance Site Review
 - ✓ The draft report was received; 10 out of 11 standards were met in the Confidentiality section, and there were several recommendations.
 - ✓ There were findings related to our privacy notice, we need to add wording regarding retaliation. We also need to address the privacy notice requirement of given initially to consumers and ongoing every three years.
 - ✓ They want to see us have a policy/procedure that is more focused on the standards in the CFR. We reference versus listing them out currently in policy and procedure. HSAG also recommended the PIHP level developing forms for standardization.
 - ✓ HSAG reported that our Compliance plan is one of the best they have seen. They did recommend having the minimum necessary rule more in policy/procedure.

- MCPAR
 - ✓ Managed care program annual report – State requires us to do as a CMS requirement.
 - ✓ This report includes Appeals and Grievances and a section for OIG data. Kim will see what information can be pulled from MDHHS quarterly reports and the OIG quarterly report.
- MEV Discussion
 - ✓ MDHHS listing the plan of service as a “qualification”
 - ✓ MEV Review: Changes in Process, communication, and findings
 - ✓ Janis Pinter initiated discussion regarding the use of ranges and the different ways we can make a clear commitment to client but still have flexibility. She reported/asked at what point in some program areas, with a percentage of services provided against what’s provided in the plan, is a compliance issue regarding recoupment occurring? MSHN is working on a formal appeal process with Todd Lewicki leading this.
 - ✓ Susan Richards reported that the Right Door was cited on MEV for the provider not having proof of being trained on IPOS and paying back claims even though required documentation was there. Kim Zimmerman responded that this has always been a requirement on showing proof of training. MSHN is trying to look at what requires a void and what requires a plan of correction. Regarding training on IPOS, Kim has been instructing Bria to require a POC and not require a void as of 10/1/22.
 - ✓ Kim also reported that now Bria will be reviewing 20 beneficiaries, 20 claims lines each, for a total of 400 claim lines which will allow her to have more interaction and education to the CMH.
 - ✓ Janis, Sally and Susan reported that during their MEV process there was not normal back and forth with auditor and there was difficulty tracking what was needed. Kim responded that at the end of review, the CMH should receive draft findings. Then there are 7 business days where CMH can provide follow-up. Kim said there are options for communicating during the MEV audit, such as emails, phone calls or zoom meeting to resolve issues.
 - ✓ Sarah Holsinger asked for a final checklist related to MEV findings, and what is needed from different provider types. She reported there is not a clear list of what we need from each claim, depending on the type of service.
- Limited License Individuals
 - ✓ Rationale for needing NPI # attached to the claim
 - ✓ Possible liability issues
 - ✓ What a contracted provider agency does when they do not have a direct hired “L” level position for supervision
 - ✓ Ken Berger initiated discussion regarding when a limited license provider provides a billable encounter, then a fully licensed individual needs to be attached to the claim – is the Limited licensed individual still on the claim (the person providing the service)? What’s the rationale for attaching fully licensed individual to the claim? Janis reported she believes it’s because you need a counter signature for oversight. Discussion ensued regarding supervision from both inside and outside the organization for licenses.
- Open Discussion
 - ✓ The OIG reported that at this point moving forward, if the suspected fraud referrals do not hit the \$5,000 or more threshold, they won’t need to be referred to the OIG, however they will need to be reported on quarterly report.

✓ **KEY DATA POINTS/DATES**

- Next Meeting: October 21, 2022 (3rd Friday of every other month from 10:00am – 12:00pm)