

**Meeting Date:** January 25, 2019

**Attendees:**

BABH, CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Saginaw, Shiawassee and Tuscola

MSHN Staff: Kim Z.

Not In Attendance: Right Door

**KEY DISCUSSION TOPICS**

- FY18 Compliance Summary Report
- Update on OIG/PIHP Meeting
- Update on PIHP Compliance Officer Meeting
- Training on the Plan of Service
- Open Discussion

✓ **KEY DECISIONS**

- Additions to Agenda
  - ✓ Electronic Consent to Treat/Electronic Signature
  - ✓ Training for Compliance Officers
- FY18 Compliance Summary Report
  - ✓ Annual Report
  - ✓ Some Revisions were made as a result of an earlier meeting this week
  - ✓ Kim reviewed the document with the group – highlighting some important elements
  - ✓ The group went through each section highlighting the important elements and seeking feedback
  - ✓ The document reviews the internal audits completed by MSHN and the external audits completed by MDHHS and HSAG as well as a brief summary of the customer service complaints and compliance issues
  - ✓ The Report needs to be moved up to the Operations Council for review
  - ✓ Additional feedback can be submitted to Kim no later than Wednesday, January 30<sup>th</sup>
  - ✓ All changes/revisions will be made prior to sending to Ops Council
- Update on OIG/PIHP Meeting
  - ✓ Change - For Disenrollment – Now, we report only anyone we dis-enrolled or terminated for “cause”.
  - ✓ Concerns that what the OIG is asking represents duplication of effort and data collection.
  - ✓ Originally, they wanted us to report “Customer Service Complaint”. Now, the only things we need to report are Compliance Investigations related to Fraud, Waste and Abuse.
  - ✓ First Quarter, only report on those that were initiated in the quarter. Moving forward, will only report on the results of the compliance investigations.
  - ✓ Janis noted that they report situations that were substantiated. A problem that needed to be corrected, but it never went out the door as a Medicaid Encounter. It never hit Medicaid. Not substantiated as it was never pushed out as a Medicaid Encounter.
  - ✓ Discussion of findings that were the result of Medicaid Event Verification.
  - ✓ Kim will provide MEV reports from the MEV Audits that MSHN conducts.
- Update on PIHP Compliance Officers Meeting
  - ✓ The group meets Quarterly.
  - ✓ Discussion about PIHP working to report to the OIG in a uniform manner.
  - ✓ Making headway about what the OIG is requesting.
  - ✓ Advocating/Negotiating with the OIG.
  - ✓ Joined by Compliance Officers from Beacon (Partnering with LRE). They are eager to share resources.

	<ul style="list-style-type: none"> <li>✓ Looking at a Post-Test for the Compliance Training. Beacon has several standardized post-tests for things like- HIPAA trainings.</li> <li>✓ Each of the PIHPs have varying processes with respect to MEV.</li> <li>• Training on the Plan of Service <ul style="list-style-type: none"> <li>✓ With the Waivers, the Department seems to be looking for training in the individual's Plan of Service as part of the Credentialing/Privileging process. Credential/Privileging is usually based on skills/experience/abilities. Training in the Plan of Service should be considered as "Training". They are considering individuals who haven't had a training in the plan of service as not being appropriately credentialed, and therefore not qualified to be a Medicaid Provider.</li> <li>✓ Concern about inadvertently rolling "training" as a credentialing condition.</li> <li>✓ MSHN does not recoup when it is found that a clinician doesn't have training in the plan of service. If Shannon finds that someone hasn't had that training, she will bring it to the attention of the CMHSP. With respect to the Autism Benefit – They are very strict that the training be provided by properly credentialed/trained ABA staff</li> </ul> </li> <li>• OIG Reporting Template in REMI <ul style="list-style-type: none"> <li>✓ Kim demonstrated how the OIG form is being moved into REMI. (Not finalized yet...)</li> <li>✓ If it makes sense for those PCE users to use this, then perhaps they can.</li> </ul> </li> <li>• Open Discussion <ul style="list-style-type: none"> <li>✓ Disqualified Providers Policy <ul style="list-style-type: none"> <li>▪ <i>What if a consumer wants to hire (Self-D arrangement) someone who would be considered as disqualified. OIG has stated that they can hire anyone they wish, but if the individual can't pass a Criminal Background check, then Medicaid Funds cannot be utilized.</i></li> <li>▪ <i>-When the State starts enrolling the Atypicals, then it would make things much easier for us. MSHN will keep their eye on things and let us know.</i></li> <li>▪ <i>This policy is being reviewed by the Provider Network Management Committee. After their feedback is obtained, the policy will come back to us.</i></li> </ul> </li> </ul> </li> <li>• Additional Agenda Items <ul style="list-style-type: none"> <li>✓ Electronic (e-signature) for consent to treat – Stefanie asked if any other CMHSPs were doing this. At this time, it does not appear so.</li> <li>✓ Tabled compliance officers training until the next meeting</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>KEY DATA POINTS/DATES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Next Meeting: February 15, 2019 (3<sup>rd</sup> Friday of the month from 10:00am – 12:00pm)</li> </ul>