MSHN
Mid-State Health Network

Meeting: Information Technology Council

Date: August 21, 2024

Jesse Bellinger, BABH
Theresa Alder, BABH
Joanne Holland, CEI
Martin Slominis, CMHCM
Brian McNeill, GIHN
Terry Reihl, MCN
Jay Hollinger, NCMH
AmyLou Douglas, Saginaw
Christina Saunders, Saginaw
Holli McGeshick, Saginaw
Jennifer Tucker, SHW
Rebecca Marshall, SHW
Shannon Clevenger, Lifeways
Lynn Martin, NCMH
Jane Cole, CMCMH
Kevin Faught, CMCMH
Kyle Aubry, SHW
Jill Carter, TRD
Steve Grulke, MSHN
Shyam Marar, MSHN
Linda Proper, MSHN
Ron Meyer, MSHN
Richard Smith, TBHS
Cam Blease, Lifeways
810-339-5767

No HBH representatives present

KEY DISCUSSION TOPICS

Consent Items
1. Roll Call, July 17 snapshot – All

Informational Items
2. MDHHS communications? – Steve

   a. Email from Carol Hyso on FY25 BH TEDS (July 19)

   b. Invalid NPI list (4 CMHs same Hosp) (July 30)

   c. MiHIN – MOAC advisory council workgroups (August 5)

   d. July Medicaid Closure file (August 7)

   e. Encounter Recon file (August 9)

   f. H0043 Email from Laura DeMuse (August 14)

   g. Missing BH TEDS Report (August 20) files ready

3. BH-TEDS and Encounter submissions – Shyam/Linda/Ron

4. Encounter Reconciliation through beginning of August

5. New REMI encounter edit – Autism services to Age 21.

6. McLaren Ransomware incident – MiHIN sending again today

7. HSAG PMV/NAV review update

8. Announce Analytics workgroup update?

9. Authorization Reporting requirement – Joanne

10. ABDN appeals reporting – Joanne

11. MSHN Council Survey – Questions?

12. EVV use of HHAeXchange or other system of your choosing.

	13. CIO forum update – July 26 (Notes in folder)
	14. Other – All
	ITC meeting on September 18 - Zoom call only.
✓ **KEY DECISIONS**	• Still receiving Medicaid Closure file despite being told this would be sunset. We have caught up to what we were expecting post-covid effect.
	• Encounter Recon file appears to show that MDHHS processes Voids differently that other submitted encounters
	• This is still only a possibility. It was discussed at the EVV meeting on Monday, but has nothing to do with EVV and is around the complexity of reporting CLS services with multiple parties. Working with CMS, Milliman is running the numbers to see what will happen if it is brought back. If so, the code will be limited. The limits have not yet been determined depending on the financial implications. Depending on their definition, this could reduce the scope of EVV for the region
	• We are over the 95% threshold. Thank you everyone. List has been distributed
	• Additional TEDs sent on 7/30. No major complications
	• A new REMI edit is going into place to automatically prevent submission of Autism encounters provided to people over 21.
	• MiHIN has announced that the McLaren incident has recovered enough for them to begin sending data to MiHIN.
	• Sept 30 is when MSHN expects to get our written HSAG review response. We have a week afterward to reply
	• One meeting so far, meeting monthly to get things going. We will put together a draft RFP for the workgroup to review at the next meeting and hopefully get that out quickly to give companies enough time to respond to it. While it's out there we will assemble the evaluation tool

- Authorizations and ABDN were agenda items left from last month in error and not discussed here.
- It's possible to have received more than one council survey if you're a member of multiples
- There are still ambiguities surrounding the authorization process with HHAX specifically. It's possible to pass the discernment on to the fiscal intermediary but there are still several unknowns, including how to claim/authorize PERS and emergency services
- Central: AI is suddenly joining meetings. We've turned it off but it keeps joining meetings. We can disable it individually, but it keeps coming back. For Shiawassee they encountered Otter AI and they had to reach out to turn it off. If you don't have a policy in place regarding AI, you should. Employees should not be signing up for it on their own. Copilot is not as intrusive in Steve's opinion. Martin will be doing similar, especially with the BAA in place. Shiawassee has disabled all non-MS apps

CCBHC:

- Central: We're dipping in to the sinking fund as a group – all of the CMHs have exhausted 50% of that fund and we're dipping into it this year again. JH: It's a heavy lift and we are evaluating all of the requirements coming in. it's a lot of work and staffing. However it allows for more flexibility in funds, particularly for mild and moderate, covering losses under capitation. Right now, non-medicaid is very underfunded. Our goal is to have two years of savings to cover non-medicaid stuff, but the amount of non-medicaid people we're seeing is increasing. This doesn't just mean uninsured, but commercially insured that don't cover our services. We can see many more individuals in the community with CCBHC in place

BHH:

	• ALL BHHs use PCE. SHW: who is using CIPHR? SH, MCN – how far along? Not very. We have identified the missing pieces but a lot are not required to send to them so we're only adding fields that we will use after this program is in place. KA I'm starting to see a big gap, particularly with deciphr, but the program is not required. No news about electronic submissions. • Jennifer Tucker: Performance measures? ICDP to pull them out? Zenith created a profile so we can see them. I have, and some are general but some are very specific and we have no data in there yet.
✓ **ACTION/INPUT REQUIRED**	
✓ **KEY DATA POINTS/DATES**	• Next Meeting September 18