MSHN
Mid-State Health Network

Meeting: Information Technology Council

Date: December 20th, 2023

Jesse Bellinger, BABH
Joanne Holland, CEI
Martin Slominis, CMHCM
Shannon Froese, CMHCM
Jane Cole, CMHCM
Kevin Faught, CMHCM
Brian McNeill, GIHN
Josh Williams, LW
Amon Hodge, LW
Terry Reihl, MCN
Christina Saunders, Saginaw
Dave Dunham, Saginaw
Holli McGeshick, Saginaw
AmyLou Douglas, Saginaw
Kyle Aubry, SHW
Jill Carter, TRD
Nathan Derusha, TRD
Shyam Marar, MSHN
Joseph Wager, MSHN
Linda Proper, MSHN
Ron Meyer, MSHN

KEY DISCUSSION TOPICS

Consent Items
1. Roll Call, November 15 snapshot – All

Informational Items
2. MDHHS communications? – Steve
   a. Invalid NPIs (Dec 6)
   b. Recon file (Dec 7)
   c. January Renewals (Dec 15)
   d. EVV Provider enrollment MMP 23-76 (Dec 15)
   e. BH TEDS completion rates (Dec 19)
   f. BH TEDS Error Code issue (Dec 19)
3. BH-TEDS and Encounter submissions – Shyam/Linda/Ron
4. Encounter Error Files – Questions?
5. EQI Detail files in sftp folders.
6. EVV use of HHAeXchange or other system of your choosing.
7. MCG Upgrade status
8. CIO forum update – December 1.
9. Other – All
   ITC meeting on January 17 - Zoom call only.
10. CCBHC IT operational concerns/questions (as time allows)
11. BHH IT subgroup (as time allows)
   Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN

✓ **KEY DECISIONS**

- Comparatively light communications from MDHHS for the month of December
- January renewals are available in your FTP Server files
- The EVV provider enrollment letter is allowing people to agree or disagree with the plan available. While encouraged for anyone lacking one to get an NPI as soon as possible, the EVV file does not require an NPI, although CHAMPS does. EVV does require the agency and provider to have one but not the staff. CEI has one Fiscal Intermediary without an NPI.

- Mental Health TEDS came in at about 94.5%, but this is normal for December and is no cause for concern.
- Error files were sent out at the beginning of the week for TEDS/Encounters; no hiccups in the process.
- EQI Data files were received and will be available shortly. These are to be verified by each CMH's Finance department. There will be differences due to reporting times.
- CMHs still have the option of using their own EVV system instead of HHAeXchange
    - Joanne explained that they met with MDDHS las week and that HHAX will meet with the seven programs to discuss workflows and processes. Joanne gave an overview of HHAX to the different models.
    - Frustration was expressed at the model HHAX was offering, which effectively appears to be two separate billing systems which generate a separate 837 for a provider to incorporate.
    - If HHAX does not change their process, CEI is unlikely to use them. Streamline has its own. At this time however, no one has the details necessary to make this decision. It is unlikely that PCE will be developing a system, though they have not expressly said one way or another.
    - No one has decided on HHAX, but no one is looking for another vendor outside of CEI.
- It is unlikely for the MCG Upgrade to be ready before the end of January. Streamline has approved version 5.0 and PCE has indicated compatibility.

CCBHC:
- FY24 will be more dependent on supplemental funding than on Medicaid funding due to the Mild and Moderate services determinations. Previously each CCBHC could determine their own, but the current model will only let you use a LOCUS score, which is not reflective of the actual population and will result in at least a 23% increase in supplemental funding, to the tune of several million dollars, for CEI alone.

	• CCBHCs are still waiting to see what the standard tool for Social Determinants of Health will look like. While it is anticipated that MDDHS will ask for Z codes, CEI has stated its opinion and course of action. Shiawassee is already using the CMS tool, which is integrated in PCE. Clinical staff already fills it out. BHH: • The BHHs are doing a single BHH progress note instead of a separate group note. • SHW is attending DeCHiPHer meetings. CMHCM hasn't decided if they will attend. Kyle Aubry requested the possibility of a subgroup meeting with multiple CMHs including Gratiot and Oakland.
✓ **ACTION/INPUT REQUIRED**	• Shyam will make EQI Data files available ASAP, and will forward on any questions to MDHHS • Steve will put together a shared document for knowledge and resources accumulated regarding EVV alternatives. • Kyle Aubry will send on relevant information from DeCHiPHer meetings.
✓ **KEY DATA POINTS/DATES**	• Next ITC Meeting: January 17, Remote only