MSHN Mid-State Health Network	Council, Committee or Workgroup Meeting Snapshot
	Meeting: Information Technology Council
Date: July 17 th , 2024	KEY DISCUSSION TOPICS
Jesse Bellinger, BABH Theresa Alder, BABH Joanne Holland, CEI Martin Slominis, CMHCM Shannon Froese, CMHCM Brian McNeill, GIHN Michael Potter, HBH Terry Reihl, MCN Jay Hollinger, NCMH AmyLou Douglas, Saginaw Chad Brown, Saginaw Chad Brown, Saginaw Christina Saunders, Saginaw Holli McGeshick, Saginaw Jennifer Tucker, SHW Rebecca Marshall, SHW Nathan Derusha, TRD Steve Grulke, MSHN Shyam Marar, MSHN Joseph Wager, MSHN No LifeWays or TBHS representatives present	Consent Items 1. Roll Call, June 12 snapshot – All Informational Items 2. MDHHS communications? – Steve a. June Medicaid closure file (Jun 27) b. Email from Carol Hyso on FY25 BH TEDS (June 28) c. HRA – Invalid NPI data (July 1) d. Inpatient Tiered rate pause (July 10) e. Email about BH TEDS error (July 10) f. Encounter recon file (July 10) g. BH TEDS Completeness (July 16) 3. BH-TEDS and Encounter submissions – Shyam/Linda/Ron 4. HSAG PMV/NAV review – Source code approved 5. MSHN wide Living arrangement and Residential analysis report to MDHHS – July 31 6. Announce Analytics workgroup representatives - Brian McNeill and Joanne Holland 7. Authorization Reporting requirement – Joanne 8. ABDN appeals reporting – Joanne 9. Provider Directory API update – CMS letter 10. EVV use of HHAeXchange or other system of your choosing. 11. ADT messages what does it mean and how soon do you send? 12. Balanced Score Card review

	13.CIO forum update – June 28 (Notes in folder)
	14. Other – All
	ITC meeting on August 21 - Zoom call only.
	15. CCBHC IT operational concerns/questions (as time allows)
	16.BHH IT subgroup (as time allows)
	Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN
	 All MDHHS communications cited above as well as attached files have been forwarded to council members either via Email or FTP Although the Inpatient Tiered rate implementation was set for July 1st, it has since been paused, not in small part due to the lack of a process to implement. It is anticipated that MDHHS will be providing more information soon, as the announcement indicated an expectation that PIHPs and/or CMHs should continue 'monitoring' rates. The regional provider directory is updated monthly via REMI and does not require additional responsibilities from the CMHs. MSHN is working with PCE to set up the API to make the directory widely available for anyone. Weekly MDHHS encounter submissions and bi-weekly BH-TEDS submissions have been moving on schedule. An extra submission for dangling admissions should not be necessary, but if one is needed, we can send an additional submission on the 30th. The deadline is likely tied to having everything ready by October 1st for CMS. HSAG has requested details on validation assurances from provider claims that are submitted on paper and entered into the EHR via each CMH. Although this feels fairly self-explanatory, CMHs will explore viable options to present. Otherwise, all of HSAG's questions were related to processes and network adequacy.
	 UM is heading up the region-wide Living Arrangement and Employment analysis report, which Joe Wager helped prepare.
\checkmark KEY DECISIONS	 The Analytics Workgroup will consist of 15 to 20 people.

 MSHN Leadership has requested that UM Centralization not be discussed until the CEOs have designed and planned the process which will be used to move forward. There was some confusion about the degree to which this is related to the State's CFAP interpretation and implementation. It is stated that according to CFAP, UM Functions cannot be delegated to CMHs. It has been noted that the List of Reasons for services denied in the ABDN Appeals Reporting makes little sense. Of the services available, only 4 or 5 are used. Jennifer Tucker noted that it does not appear to matter if mapping has been performed or ignored. Michelle is asking for more from HHA, the State's chosen EVV vendor. There are concerns that the vendor is driving too much of the process, and that MDHHS is letting them. Training will not be available until after August 1st, and CEI is already confident that they will not be ready to go live by the anticipated September 3rd date. Central will be sending provider network personnel to an inperson meeting for HHA training. Questions surrounding who will be running training and support for all providers, if it will be the CMHs or HHA themselves, still remain. Most CMHs submit ADTs every night. Joe Wager reviewed the Balanced Score Card for ITC. No questions or objections. More information regarding referral reporting should be coming from Jackie Sproat this month. So far, none has been received. CMHs should not need to take any steps to replace VIPR, as that is all being handled by the MSHN contract. It has however been paused in the meantime.
ССВНС:
 The MichiCANS Mild to Moderate determination has a major blindspot with regard to same-day access, which allows for skipping the screening process and thus the determination.

	BHH:
	 No Items presented at this meeting.
✓ ACTION/INPUT REQUIRED	
\checkmark KEY DATA POINTS/DATES	Next Meeting August 21 st