



## Council, Committee or Workgroup Meeting Snapshot

### Meeting: Information Technology Council

**Date: October 20, 2022**

#### ITC Attendees

- ☒ MSHN - Steven Grulke
- ☒ Bay – Jesse Bellinger
- ☒ CEI – Joanne Holland
- ☒ Central – Martin Slominis
- ☒ Gratiot – Brian McNeil
- ☒ Huron - Shannon Wichert
- ☒ Lifeways – Alexis Shapiro
- ☒ Montcalm – Terry Reihl
- ☒ Newaygo – Jay Hollinger
- ☒ Saginaw – Amy Lou Douglas
- ☒ Shiawassee – Kyle Aubrey
- ☒ Right Door – Nathan Derusha
- ☒ Tuscola – Laura Rickwalt
- ☒ MSHN – Ron Meyer
- ☒ MSHN – Joe Wager
- ☒ MSHN – Linda Proper
- ☒ MSHN – Shyam Marar
- ☒ Bay – Theresa Adler
- ☒ Central – Jane Cole
- ☒ Central – Kevin Faught
- ☒ Saginaw – Dave Dunham
- ☒ Saginaw – Holli McGeshick
- ☒ Right Door – Jill Carter

#### KEY DISCUSSION TOPICS

- Approval of snapshot from September 2022
- MDHHS Communication review
- Period 2 EQI data available
- 1915(i) SPA Q&A document
- MiCare rollout concerns
- HSAG Reviews – draft report available
- BH TEDS and Encounter submission status
- QAPIP Committee Council Annual Report
- Review Charter
- Balanced Scorecard review
- MCG Indicia Upgrade
- CIO forum update
- Other
- ITC meeting for November will be Zoom call
- CCBHC IT subgroup
  - Saginaw Questions
  - DCO in encounter as Service Facility.
  - Lists of enrollees with service but no T1040 and No service with T1040.
  - WSA download of enrollees (PCE only)?

#### ✓ KEY DECISIONS

- September 21, 2022 minutes approved. Any changes, please send to [steve.grulke@midstatehealthnetwork.org](mailto:steve.grulke@midstatehealthnetwork.org)
- Kyle Aubry is the business systems analyst at Shiawassee. Todd W is no longer with SHW. Kyle will be attending meetings.

- MDHHS communications? – Steve
  - a. Period 2 EQI report is due to MDHHS October 21.
  - b. 1915(i) SPA Q&A document is available in the current meeting folder.
  - c. Penetration rate report is Box folder
- Concerns were expressed about the MICARE roll-out. MSHN is enrolled as a referrer. CEI's clinical team received a demo, but technical information remains ambiguous, particularly regarding status as referrer and/or receiver, and for which of the available services the CMHs should be using MICARE. By request, CEI will share what information it has on MICARE with the rest of the workgroup. Huron currently uses MICARE, though expresses concern about its usefulness, as many of the providers and hospitals in the thumb area do not use it and still require a phone contact for bed availability.
- HSAG reviews - draft Compliance report received. There is the API item out of compliance as expected. This will be addressed with HSAG soon.
- BH TEDS and Encounter submission. No issues currently. If submitting prior to 2021 let us know beforehand. We start submissions every Thursday around noon and complete the whole process the following day when working as planned. Sometimes around this time of year it takes longer as more files seem to be submitted. MSHN was holding FY23 TEDS waiting for the OK from MDHHS – later found that it has been OK since Oct 11, but that a temporary hold is in effect until Oct 21 due to issue found. The State has informed SCCMHA that queue records and admissions records on crisis services are missing. SCCMHA knows this to be in error and is unable to amend this independently. Directly following up with Carol was recommended. CMHCM notes that they are not experiencing the same problem.
- QAPIP Committee Council Annual Report - This is due at the end of October. Steve will share the completed report with the group.
- Review Charter - No changes to the charter were requested.
- Balanced Scorecard review – FY22Q3 - Shared with the group and explained. Most categories are green, none are red.
- MCG Indicia upgrade – complete - No issues beyond LifeWays' time zone being set to GMT.

- CIO forum draft minutes for September will be put in the Box folder.
  - Plans to retire AUT in WSA and an unnamed new system to be implemented. No one is familiar with specifics. **This is met with incredulity and concern, given that CCBHC and 1915(i) are being built and designed for the WSA. If programs are being phased out in favor of other platforms, why are newer programs being built specifically for WSA?**
  - Proposed COB changes to CMHs coming, with notable pushback from Finance departments. We're under a different standard for timeliness. This is what they are looking at discussing in this Phase II. CEI is doing mapping for all plans already in the COB. CEI is concerned how they are going to change this to make the Medicaid different. From what the notes say, COB is working with TPL to indicate if the file shows commercial and should match. The edit affects the procedure code to make sure that it will be covered by Medicare (6066 file).
- Other – Shannon Wichert is retiring in the coming months (Jan 2023?)

HIPAA Third Party Risk Assessment: Net Source One is utilized and approved by several CMHs. Annual External HIPAA audits are expensive and not required by CMS. The MDHHS contract has a spec that includes one. It is possible that this was left in by mistake. CEI does biannual penetration tests with an external company, but security risk assessments have always been internal. Montcalm uses Altarum. Central uses MPHI every three years.

Joe and Ron will facilitate November's meeting.

### CCBHC IT Subgroup

- SCCMHA Questions:

Todd sent us the PnP for WSA enrollment for eligibility. We have some questions for clarity.

1) In the procedure it states that we must attempt to get a consent prior to enrollment, however we can still enroll as long as we try. Right now, we are not enrolling anyone without a consent because we are being cautious. Is anyone enrolling without? – CEI is, and it could be gathered through assessment/treatment. It's tricky because our quality and compliance director is valid in her point that a consent should never be required – this is for coordination of care and according to everyone you don't need one to share coordination of care.

2) It also says that MSHN does not need to be included on the consent. Do we not identify anyone? – CEI created their own process. they have been trying to get them, but if they don't give it, we put that they declined.

3) Our finance department has given us the direction not to disenroll anyone ever, however the PnP does discuss disenrollment. TRD has the same recommendation – they have disenrolled some: transfers et al, but they generally don't. Neither is CEI. They still have a process that we need to clean up. We are still getting denied for 'no eligible diagnosis' when there easily is one.

5) Discussion on the CCBHC meeting with Jeff Chang and incorporating CCBHC elements into PCE – Is this something that we really need? – not sure, if it's only based on what we're putting in anyway. "Automated transmission uploading for the roster data". This would be more useful, and possible, if WSA were API compatible instead of requiring a manual process.

6) If you are using a DCO, it should be recorded in the encounter in the service facility loop. -- It has been requested by Jill at TRD, but they cannot be sure. Similarly with Saginaw, who is dissatisfied with PCE's implementation of the DCO. Their worry is that they're still requiring providers to submit other forms to get paid (HCFA's). In their PCE system, there is no relation to the two. They are concerned that these are going to get very out of sync.

For the billing side, TRD has a cost reimbursement system set up, an FRS system reimbursing for cost. Ours is a little convoluted because we cannot submit SUD encounters ourselves for the DCOs. They do not pay them Fee for Service. Saginaw will gladly take this under advisement.

a. DCO in encounter as Service Facility.

b. Lists of enrollees with service but no T1040 and No service with T1040.

This list has not yet been distributed. Part of the confusion noted by CEI is the assumption that the individuals listed on pre-enrollee list by the state, noted as eligible in the 834, were eligible, which did not turn out to be true. An individual will not qualify for a T1040 if it is not the CCBHC doing the diagnosing. Only after the Diagnosis Rejection Error message was added was it discovered that many did not qualify. The majority are DD>

c. WSA download of enrollees (PCE only)?

CMHs are unable to download eligible roster, only the enrolled roster.

✓ **ACTION/INPUT REQUIRED**

- None

✓ **KEY DATA POINTS/DATES**

- Next ITC Meeting: November 16, 2022 Zoom only
- CIO forum meeting: October 28, 2022 1 – 3 pm