| Council, Committee or Workgroup Meeting Snapshot |
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## Meeting: Regional Compliance Committee

| | **KEY DISCUSSION TOPICS** |
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| **Meeting Date:** June 21, 2024<br><br>Attendees:<br>    BABH, CEI, CMHCM, GIHN, Huron, LifeWays, MCN, Newaygo, Right Door, Saginaw, Shiawassee and TBHS<br><br>    MSHN Staff: Kim Z. and Amy Dillon<br><br><br><br>*This meeting was held by zoom only | •    Agenda Review<br>•    Follow Up from Previous Meeting<br>•    OIG Quarterly Report Link<br>•    Pre-Payment Activity Tab Questions<br>•    Psychiatric Peer Reviews<br>•    OIG Updates – Tri-Annual Meeting<br>•    Consents- DHHS Office<br>•    Destruction of Records<br>•    Open Discussion |
| ✓   KEY DECISIONS | •   Additions to Agenda<br>    ✓   New contract language for Appeals: Requirement to provide case file to beneficiary who files an appeal<br>       o   **Notes**: Recommending that a process be developed and documented that the person is given the option to accept or decline medical records and outlining the types of records that are available to be provided.  Portal could be an acceptable way to provide the records if it is acceptable to the consumer.  This should all be documented.  Feedback on consumers getting back into services due to lack of engagement.  Most do not consider this an appeal if they are reopened to the exact same services and the consumer is satisfied with the outcome.<br>•   Follow up from previous meeting<br>    ✓   No follow up<br>•   OIG Quarterly Report Link<br>    ✓   https://www.midstatehealthnetwork.org/provider-network-resources/provider-requirements/cmhsps/reporting-requirements-cmhsp<br>       o   **Notes:**  Link on the website for the submission of the Quarterly report.  Send this way instead of by email. Box folder that Amy and Kim has access.   This is a secure folder. We will have access if there needs to be changes after the initial submission.<br>•   Pre-Payment Activity Tab Questions<br>    ✓   Automated Payment Edits/ Claim Adjudication Process (count of claim lines denied)<br>       o   **Notes:**  We do not need to report claims that were paid at the contracted rate as denied claims.  We would report a claim that was denied due to being a duplicated claim, in appropriate claim, etc.<br>    ✓   Provider Preventable Conditions<br>       o   **Notes:**  This is not typically reported by our system.<br>    ✓   Provider Education<br>       o   **Notes:**  Internal training for staff would count towards education.<br>    ✓   Provider Manual Prepayment Review<br>       o   **Notes:**  Only count the claims that cannot be corrected and rebilled as denied claims.<br>    ✓   Provider Denies Enrollment<br>       o   **Notes:**  There are many reasons that a provider can be denied enrollment.  CMHSPs gave examples of what they would include in this category. |

- ✓ **Notes:** New fields regarding prepayments and EOB.  Can provide quarter 2 information in the quarter 3 report if it was not submitted during quarter 2.  MSHN will submit this information annually to the OIG.
- Psychiatric Peer Reviews
  - ✓ Question: Do other CMH's allow PA to review a fully licensed psychiatrist?
    - o **Notes**: Feedback was that this would be allowable.
- OIG Updates – Tri-Annual Meeting
  - ✓ **Notes:** Tri annual meeting was held with the OIG and PIHP Compliance Officers.  Focused on updates where there are trends on the quarterly reports.  In the folder, the OIG slides are provided.  Our Region is doing well.  Corrections are minor.
  - ✓ Referral process for $5000 or greater.  Kim submits this report.  The initial submission is considered a draft until it is accepted by the Medicaid Fraud Control Unit.  When a draft form is submitted, a presentation is scheduled to review the referral.  CMHSP completes a ppt based on a template provided by Kim.  This is reviewed during the meeting.  The Medicaid Fraud Control Unit decides to deny or accept the referrals.   They have denied a few fraud cases if they don't think that they would be able to pursue them.  If the referral is accepted, then we follow the direction given by the OIG.  If the case is denied, the OIG has been directing us to continue to report and follow internal process to recoup and void claims.  If we have questions, contact Kim or Amy.
- Consents – DHHS Office
  - ✓ **Notes:** Sally's question/issue: Consents to share with local DHHS with a lot of departments, CPS, benefits, etc. Historically, getting consents for specific departments. Wonder if that is necessary?  If one consent for DHHS, would it cover all departments? Feedback: A consent for DHHS would cover all internal departments.  Need to follow 42 CFR Part 2 requirements for release of SUD information.  If client refuses, as a Medicaid Beneficiary (rule) we can still release information for the purpose of payment, treatment and coordination of care.  The beneficiary should be informed of this.
- Destruction of Records
  - ✓ Do we need to keep a log of records destroyed? If so:
    - o **Notes:** CEI scans in a certificate of destruction with Assessment, Discharge summary, name and case number.  CEI will provide information to us regarding where the citation is for the certificate of destruction.  Electronic Health records have not been destroyed yet.  Don't have any guidance on this yet.
- Compliance Tracking Program
  - ✓ **Notes**:  Kim has started working with TBD to find a more automated system for tracking, documenting, etc.  Asked for a program to run reports, dashboard and alerts, etc.  When TBD has information on potential vendors, this will be shared with the CMHSPs.  Kim is also looking at the CMH's having the ability to utilize the program if this is desired by the CMH.  The CMHSPs expressed Interest in using the same program. Maybe able to pull the quarterly report elements. Kim will talk to this group and probably do a demo for us to see once further information is available
- Open Discussion
  - ✓ **Notes**:  Pam's agency considering implementing OMD two way texting system, HIPAA compliant and the consumer has consent for texting. More information then the appointment reminders.  Consumers may not be able to use phone, but can text.  Kentera says they have implemented another similar system, Tiger Connect. It is used by clinicians as well as support staff.
  - ✓ Kristy asking what the scope of work that each CMH's staff regarding Appeals/Grievances/Fair Hearings. Members shared the composition of their departments.

| ✓ **KEY DATA POINTS/DATES** | • Next Meeting: August 16, 2024 (3rd Friday of every other month from 10:00am – 12:00pm) |
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