



Council, Committee or Workgroup Meeting Snapshot
Meeting: Information Technology Council

Date: April 15th, 2026

KEY DISCUSSION TOPICS

In Person:

Steve Grulke, MSHN
Shyam Marar, MSHN
Joe Wager, MSHN
Cathy Todd, MSHN
Ron Meyer, MSHN
Brian McNeill, GIHN
Terry Reihl, MCN
Shawn Wise, MCN
Jill Carter, TRD
Brandon Dotson, CEI

Remote:

AmyLou Douglas, SCCMHA
Chad Brown, SCCMHA
Jane Cole, CMHCM
Kevin Faught, CMHCM
Holli McGeshick, SCCMHA
Jay Hollinger, NCMH
Jennifer Tucker, SHW
Kevin Faught, CMHCM
Laura Rickwalt, TBHS
Lynn Martin, NCMH
Martin Slominis, CMHCM
Nathan Derusha, TRD
Shannon Froese, CMHCM
Theresa Adler, BABH

Consent Items

1. Roll Call, March 18 snapshot – All

Informational Items

2. MDHHS communications? – Steve
 - a. February Medicaid Closure file (Mar 25)
 - b. LOCUS data instructions (Mar 27)
 - c. February HRA Invalid NPI (Mar 31)
 - d. Email encounter duplicate message 20902 (Apr 2)
 - e. FY26 duplicate TCNs (Apr 2) [New]
 - f. FY26 encounter recon file (Apr 8)
 - g. March Medicaid closure file (Apr 14)
 - h. EVV Report (April 15)
3. BH-TEDS and Encounter submissions – Shyam/Ron/Cathy
4. Provider directory requirement to include a “TeleHealth” Yes/No field.
5. Authorization metrics on MSHN website – CMS Auth & InterOp final rule.
6. HSAG PMV/NAV ISCAT
7. OIG H2016 duplicate report – Joe Wager to demo, we will report qtrly.
8. EVV – anything?
9. Status of implementing the Autism Module?
10. CLD Workgroup Update – Holli McGeshick
11. CIO forum update – March 27 (notes in folder)

12. Michael Potter leaving Huron.

13. Other – All

ITC meeting on May 20 meeting will be Virtual only?

14. BHH IT subgroup (as time allows)

Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN

- MDHHS communications are available either through ITC email or FTP Server.
- Please ensure the accuracy of the February HRA Invalid NPI file
- MSHN received an email explaining the Encounter Duplicate message 20902 as well as a sample file showing which encounters would have been flagged if the error code had been activated. CMHs with systems that receive their entire 4950 would see those edits in their files, while MSHN only sees the result, and only shows the errors.
- MSHN only receives the current year's RECON file as of now. The prior year is available on request.
- EVV vendor reports display encounters where manual changes were used. Newaygo CMH cited log-in issues and no report was received. A passcode is necessary to log-in to HHAExchange's portal.
- TEDS and Encounters submissions have been functioning normally.
- Joe Wager has submitted the request for the Telehealth yes/no checkbox for all providers in the directory. This is an HSAG requirement. There will not be a default set.
- Although the deadline from CMS was to put each CMH's authorization metrics on our website by 3/31/26, this has not yet been completed in part due to some ambiguity in the instructions regarding what elements are required and what elements are optional. MSHN does not currently receive authorization information from each CMH, and FY25 metrics will likely need to be requested, summarized, and published manually.

✓ KEY DECISIONS

- HSAG will be requiring an ISCAT. Although MSHN is waiting on the final version of the announcement, we know that HSAG is looking at PI 2, meaning that MSHN will be requesting source code from each CMH's system. In order to address the significant process change to CCBHC mid-measurement period, MSHN will have to manually account for, and demonstrate, both. More information will be coming soon.
- Cathy Todd has made a report that draws multiple instances of H2016 in a single day for a single person. Although this does not necessarily indicate a double payment, it allows us to show OIG that we are monitoring situations in which this appears to be happening in our system. Often these situations can be explained by Voids which did not go through, or PCE fixing a problem, or by MDHHS processing resubmissions before processing the prior submission's void. We are checking to make sure that this is not a chronic problem.
- CMHs are still looking for clarity regarding the Autism Module. Steve has sent on the data requested in Todd and the CLC's ask to ITC in two different versions, and can send again if needed. We have fairly good definitions of what the fields are that are needed and what the valid responses are. Requested data is very close to what the prior manual process had been requesting.
- CLD Workgroup is still working through the fields and did not meet this week. CMHs are welcome to keep any/all information submitted through a CLD in their own EHR. Considerable work will need to be done through PCE to collect CLD data, specifically due to shifting away from an episodic model.
- Agenda items for the IO conference are starting to be released, although several, particularly in IT, read "to be determined."
- Michael Potter will be leaving Huron Behavioral Health. ITC thanks Michael for his time and his contributions.
- ITC will continue to offer in-person options for meetings, as well as welcoming new CMHs to host, although May will be remote-only given that it coincides so closely with the IO Conference.

<p>✓ ACTION/INPUT REQUIRED</p>	<ul style="list-style-type: none">• If requested, MSHN will provide to each CMH data relevant to Encounter Duplicate message 20902• After receiving the requirements for necessary authorization metrics to be displayed on MSHN’s website, Steve will determine how to request only necessary data from each CMH.• Steve will get more details regarding the transfer of authorization data.• Steve will send ISCAT information to the group for input on the overall process.• Holli McGeshick will send file specs of the CLD fields examined so far, as well as recommendations, to ITC members.
<p>✓ KEY DATA POINTS/DATES</p>	<p>Next Meeting is May 20th, Remote Only, due to coinciding closely with the IO</p> <ul style="list-style-type: none">• conference.