

Council, Committee or Workgroup Meeting Snapshot

Meeting: Information Technology Council

Date: April 19, 2023 **KEY DISCUSSION TOPICS** Approval of snapshot from March 2023 Jesse Bellinger, BABH Joanne Holland, CEI Informational Items Martin Slominis. CMHCM MDHHS communications? – Steve Jane Cole, CMHCM FY24 BH TEDS Reporting description draft update. Kevin Faught, CMHCM EVV – announcement (NPI #) Brian McNeill, GIHN BH TEDS missing list and >95% Shannon Wichert, HBH BH-TEDS and Encounter submissions – Shyam/Linda Michael Potter, HBH Encounter Errors – figuring out whose task and sending out. Alexis Shapiro, LW Sending Auth data to PIHP Shawn Wise, MCN MDHHS CRM certification process Lynn Martin, NCMH CMH IT policies and Procedures Jay Hollinger, NCMH Strategic Plan & Balanced Scorecard AmyLou Douglas, SCCMHA CIO forum update - March Holli McGeshick, SCCMHA Other – All Dave Dunham, SCCMHA Kyle Aubry, SHW CCBHC IT operational concerns/questions (as time allows) Jennifer Tucker, SHW BHH IT subgroup (as time allows) Rebecca Marshall, SHW Jill Carter, TRD Nathan Derusha, TRD Laura Rickwalt, TBHS Steve Grulke, MSHN Linda Proper, MSHN Ron Meyer, MSHN -An absence of detailed information makes the decision to utilize the HHAeXchange

√ KEY DECISIONS

-An absence of detailed information makes the decision to utilize the HHAeXchange vendor for EVV difficult for each CMH, as well as PCE, to weigh in on. Streamline has their own EVV capabilities.

- MDHHS encounter/TEDS reporting error reports will be sent to each CMH monthly. This is a developing process and will be open to adjustment as needed.

- ITC members are reticent to develop a new process to submit all authorization data to MSHN based on the reasons provided and the information available and would like to learn more and explore alternate solutions.
- Designees for the CRM certification process are currently being identified in each CMH. LifeWays discovered that the software itself limits the permissions necessary to complete this. Although workarounds have been found, this remains an issue for any future development.
- -The inability to properly edit a reported critical incident (e.g., "cause of death unknown" cannot be updated) and other complications are leading to a discrepancy between State/REMI critical incidents.
- -The Balanced Score Card is unlikely to change. The strategic plan will go to the board next month.
- -PCE clients can auto-update taxonomy codes by updating records and resubmitting encounters.
- -MIHIN, Quest, and VIPR were discussed as potential vendors for integration.

CCBHC:

Quality Measures and Social Determinants of Health-based Z-codes do not align with the State handbook. CEI's medical director is opposed to including z-codes in all billing because Medicare billing requires that anything appearing in a claim must be addressed, and she does not want to address every single SDoH during every single visit. While Quality Measures appears to be the preference, they do not apply to minors.

- -SCA use has been deferred until next year.
- CEI's mild/moderate calculations were reported as 68%, when they should be about 19.8%. Neither The Right Door nor Saginaw had the same issue. The subgroup has identified individuals with a LOCUS of 16 and below at their most recent intake as mild/moderate.

Behavioral Health Home start date is May first of this year.

√ ACTION/INPUT REQUIRED

-Further interdepartmental clarification will be sought regarding the request for the submission of all Auth data to MSHN, as well as additional potential system solutions for any missing denial data.

	 -Address access issues related to CRM certification permissions. -Examine taxonomy codes for institutions with multiple NPIs, specifically hospitals with psychiatric care, for correction. -Add Kyle Aubry (SHW) to the CIO Forum. Assess method in determining current Mild/Moderate services calculations for CEI.
√ KEY DATA POINTS/DATES	Next ITC Meeting: May 17, Zoom Only