Meeting: Information Technology Council

Date: January 18, 2023	KEY DISCUSSION TOPICS
ITC Attendees ☒ **Bay – Jesse Bellinger** ☒ **CEI – Joanne Holland** ☒ **Central – Martin Slominis** ☒ **Gratiot – Brian McNeill** ☒ **Huron - Shannon Wichert** ☒ **Lifeways – Alexis Shapiro** ☒ **Montcalm – Terry Reihl** ☒ **Newaygo – Jay Hollinger** ☒ **Saginaw – Holli McGeshick** ☒ **Right Door – Nathan Derusha** ☒ **Tuscola – Laura Rickwalt** ☒ **MSHN – Linda Proper** ☒ **MSHN – Ron Meyer** ☒ **MSHN - Joe Wager** ☒ **MSHN – Steven Grulke** ☒ **Bay – Theresa Adler** ☒ **Central – Jane Cole** ☒ **Central – Kevin Faught** ☒ **Newaygo – Lynn Martin** ☒ **Saginaw – Dave Dunham** ☒ **Right Door – Jill Carter** ☒ **Tuscola – Kandis Lacey**	• Approval of snapshot from November 2022 • MDHHS Communication review • BH TEDS and Encounter submission status • Strategic Plan FY24/5 & Balanced Scorecard review • BH TEDS T1-T2 report • CIO forum update • Bad SSN Rule • Council Survey results • COB workgroup update • Other • ITC meeting for February will be Zoom call • CCBHC IT subgroup o Mild/Moderate o Non-Medicaid report
✓ **KEY DECISIONS**	December meeting was canceled. November 16, 2022 minutes approved. Any changes, please send to steve.grulke@midstatehealthnetwork.org • MDHHS communications? Request for Foster care numbers, future? A request from Bob Sheehan originally sought details from BH-TEDS, then later CC360. Both MSHN and CMHSA comparisons did not match. We seek to establish a common, consistent method of establishing "The number of Children (under 18) in foster care served by CMHs in a given time period (FY)."

CEI ran a query independent of MSHN and found a number 25% larger than MSHN (~1,000 to ~800). While there are some theories as to why (e.g. CMH-enrolled children served versus all children served, episode care/logic, etc.), MSHN will assess CEI's script and attempt to discover the differences by our next meeting. This committee would like to stress to Mr. Sheehan that the CC360-based numbers may be undercutting the actual individuals served.

      a. FY22 BH TEDS report - >95% again.

      b. FY23 BH TEDS report

We were only at 94.7% for the first 2 months. This is typical at the beginning of a Fiscal Year, given the number of changes and holds made by MDHHS and REMI, and is not cause for concern or action. Files detailing missing TEDS have been sent to each CMH.

Other questions:

A Guardianship Status request has been made of each CMH by the state. CMHs have varied means by which to track this, including inside PCE, with some requiring more additional project/administrative work than others to obtain this information. It is speculated that this is part of a movement to do away with guardianship in favor of power of attorney, but the request is expected to develop.

- CEI does a T1-T2 report as part of audit prep, is it useful, should we continue it?

Joanne reached out to Jason and Heidi on this; Heidi said Sandy had met with HSAG and that they'd be looking for something like this report. This doesn't take CEI long to run; it is no burden on CEI to do this. It would be done specifically for the audit, and not presented to this group unless by request.

- BH TEDS and Encounter submission.
  Linda reports no known issues.

- Bad SSN Rule:

There has been the use of invalid SSNs, (all 7s, 8s, 9s, 5s, or 1s).. When you use one that's considered invalid, it thinks it's a unique ID and matches with an existing person and breaks

PIHP IDs, or it pairs them with people with the old fake one. PCE will put in place some validation on the SSN. If you already have an edit in your system, let us know. In PCE, 999-99-9997 is for a refusal, and 999-99-9998 is unknown.

- Council review analysis (see folder).

  The results have been returned and the entire analysis is in the box folder for review. Steve will examine it again shortly if we decide that we need to make changes based on the results.

- FY24/5 strategic plan, continue goals, new goals, etc.

  We have several goals in our current strategic plan and our Balanced Score Card. We need to look at the items for both, and see if we want or need to change things, and if we've achieved the goals that were on there.
  Achievements include: ADT messages are now sent from BH
  Several items are likely to remain in perpetuity as they develop, such as monthly submissions and integrating standardized assessment tools into REMI. If changes are made, we'll email you.
  CEI will evaluate MEDREC records and report to the group.
  Joe Wager will integrate non-Medicaid claims for CCBHC into ICDP.

- CIO forum draft minutes for September will be put in the Box folder.
  Michelle S is the new co-chair, with Brandon Rhue assuming chair. Some simple updates were given with Milliman sending out some samples. Notes are no longer sent out – just made available via Teams.
  The COB group just met again last week, so we should have some sort of update next Friday.
  All encounter corrections are due by Jan 31 in order to get in to the Feb extract. PIHPs can submit until 2/27 to get in to the 3/3 extract, which will be used for the EQI.
  CCBHC team wants to see encounters for grants. That will be discussed at the next meeting.
  BPHASA announced that they're contracting with HSAG to do an encounter validation. We don't know how this will affect what the PIHP is contracted to do, as there is an overlap with MEV audits.
  Kathy plans to retire at the end of February. Her replacement may have been hired already.

  Discussion on TEDS regional training (for people filling them out on the service level). Half-day, remote – PIHPs please reach out if you'd like one for your region.
  Side note: If I went to try to change an FY22 record, I'd get an incorrect format record. I asked PCE if this was supposed to go back and Brandon did email back to say he was looking in to

it. He said he fixed it to only look at FY23 forward – there will be one format for the older and one for the newer.

Somebody brought up HSAG interoperability and we suggested it might be a good idea.

- COB group:

  There is a plan from the department to take the Third Party Liability file data and institute an IO warning in the encounter process so that we'll know if the 3pl has Medicare. We'd get a warning whether they pay or not. In a year or so we'll turn that on as a rejection to follow the rules of billing.

  We're moving forward with reporting internal services for CMH. Examples of different payment situations have been requested for compilation by Kathy Haines.

  CEI reports that this is already being done, noting the insufficient list of insurance types available for proper information.

  Steve cites the following example: some CMHs limit contractor payments for an allowed amount instead of the agreed amount.

  CEI seriously cautions against changing billing practices without a significant reason. Steve agrees that billing representatives should have a seat at the discussion table.

- Other – Missing NPI:

  MDHHS has not yet made rejecting missing NPIs a requirement. PCE included it in an update in October. MSHN will request that PCE rolls this back to only a warning instead of a rejection. While some CMHs have added all required NPIs, not all have been able to do so presently.

  Various options for e-mail archiving services as well as pricing and providers/resellers for 365 was discussed and shared among the CMHs.

  ## CCBHC IT Subgroup

- The two main options for tracking mild/moderate CCBHC services provided are through either Encounters or BH-TEDS. Despite the strong recommendation by group members after consultation with Optum to use either notes or T1040 modifiers within Encounters, it is believed that TEDS will ultimately be chosen, as Milliman supported it without resistance. We will continue to advocate for Encounters when we meet again on January 23rd, and prepare to discuss at CIO forum.

	There is still no standard definition of a Mild/Moderate service. CEI has been working with MSHN finance for non-Medicaid claims and individuals, finding a large discrepancy. 271 does not match 834 (6.5% discrepancy), but CHAMPS does match 834. CEI does not use it anymore, but REMI does. Out of region/catchment would not be in the 834, but we don't have many out of region. CEI is pulling zip codes to analyze how many are out of region/catchment. TRD: The file we were sent originally to compare with for the ARPA had been pulled before one of our submissions. We didn't look at it after that, but noted when I sent my data back it had the full FY. We had way more than what would have been allocated anyway. CEI was off by about 1,024 clients. I don't know if there is a right or wrong, but we are trying to get those closer. 271 shows Medicaid and 834 does not.
✓ **ACTION/INPUT REQUIRED**	• None
✓ **KEY DATA POINTS/DATES**	• Next ITC Meeting: February 15, 2023 Zoom only • Next CIO forum meeting: January 27, 2023 1 – 3 pm