

MSHN Regional Compliance Committee – Agenda and Meeting Minutes

DATE: May 30, 2025

Attendance:

☒ BABH ☒ CMHCM ☒ CEI CMHA ☒ GIHN ☒ Huron
☒ LifeWays ☒ MCN ☒ Newaygo ☐ Right Door ☐ Saginaw
☒ Shiawassee ☐ Tuscola ☒ MSHN ☒ Guests (Amanda Ittner and Amy Dillon)

AGENDA ITEM	RECOMMENDATIONS/KEY DECISIONS/ACTION STEPS		RESPONSIBLE STAFF/DUE DATE			
Agenda Review						
<ul style="list-style-type: none">Approval/Additions	Melissa Prusi from BABH will be the new compliance officer as of June 2025.	By Who		By When		
Previous Mtg Action Item(s) Follow-Up (As Needed)	N/A					
		By Who		By When		
Compliance Software Demo						
	<ul style="list-style-type: none">Kim and Amy have been working with Healthicity to create forms within the new compliance software system; The CMHs have already been created in the system.Amy provided a demo of the Healthicity OIG quarterly report that has been created. She has been working to create a report specifically pertaining to the OIG submission and walked the committee through the report. The dashboard displays incidents and tracking activities. She also walked through initiating/completing an investigation. Investigators can add interviews, supporting documents, summary of investigation, status updates, root causes and corrective actions. There is a capability to export reports. Kim and Amy need to be added as investigators by CMHs to see the OIG quarterly report information. The quarterly reporting process currently in place will be eliminated if CMHs enter this information into the compliance software. The information will also be in real-time.CMHs will be able to utilize the system for their own investigations aside from MSHN requirements. This can be kept private.There is an option to add risk assessments.There are blogs, webinars, announcements and user meetings in the system. CEU’s for attending live webinars are free.	By Who	Kim and Amy when will sending out a survey pertaining to features in healthicity and availability for training for all CMH users in the system. Kim will set a date to go-live for the quarterly OIG information in the system.	By When		

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
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Revised Privacy Notice					
	<ul style="list-style-type: none"> Kim created a revised privacy notice: <ul style="list-style-type: none"> Feedback from the MSHN compliance committee: <ul style="list-style-type: none"> Very technical and difficult to understand, and too long – Kim reduced the language due to this feedback. Added brief information simply identifying that it is now required to ensure protections on reproductive health information and to contact MSHN or local privacy officer for additional information Sample attestation template Kim reported that it was reported at the national compliance conference that there could be upcoming legal changes however it is currently enacted. CMHs had the option to adopt privacy notice and make changes if needed as long as they include all the required elements. This will be sent to Ops Council now for review. 	By Who	Will go to operations council by June 16 th , 2025.	By When	
Disqualified Providers Policy					
	<ul style="list-style-type: none"> Reviewed revisions This will be held until after the HSAG Compliance review as there could be changes required to other Compliance policies/procedures. After the HSAG review in June, any additional changes to policies/procedures will come back to the MSHN and Regional Compliance Committee. 	By Who		By When	
Compliance Plan Revisions					
	<ul style="list-style-type: none"> Reviewed the changes that are being recommended from the findings and recommendations from the OIG 6.9 annual report. Committee was in agreement and the Compliance Plan will move onto Ops Council review and then Board in July. 	By Who		By When	
Updates from the PIHP/OIG meeting					

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	<ul style="list-style-type: none"> There are staffing updates, but our contact will remain the same at this time. There were reminders on upcoming quarterly report submissions. There will be a new monthly overpayment report <ul style="list-style-type: none"> Overpayment dollars identified, adjusted, recovered in the quarter (preliminary amounts) Effective 10/1/2025 Will be built into healthicity Reminders: failure to produce documentation by itself is not grounds for a CAF referral, suspicion of fraud versus proving fraud, and should not be sending findings to providers allowing them to refute if there is a suspicion of a CAF prior to reporting to the OIG. <ul style="list-style-type: none"> Suspect reminders – make sure the proper suspect is specified (entity not to be named unless actively participated in wrongdoing) and if the suspect is an individual caregiver without an NPI, you must supply their SSN and DOB. Referral outcomes – change areas on form under outcomes if MFCU does not have evidence to pursue a criminal case. Adverse actions – need to be completed when for-cause action has been taken. 	By Who		By When	
Next Meeting	July 18, 2025: 10:00am – 12:00pm				
		By Who		By When	
		By Who		By When	
		By Who		By When	
		By Who		By When	
Standing Agenda Items (As Needed)					
<ul style="list-style-type: none"> CMS Patient Access Rule InterOp Station 		By Who		By When	

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<ul style="list-style-type: none"> 21st Century Cures Act 					
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Parking Lot:
