MSHN
Mid-State Health Network

Meeting: Information Technology Council

Date: September 18th, 2024

Due to technical difficulties, we were unable to ascertain an accurate attendance for this Council meeting.

KEY DISCUSSION TOPICS

Consent Items
1. Roll Call, August 21 snapshot – All

Informational Items
2. MDHHS communications? – Steve

   a. Dangling Admissions file (August 28)

   b. Medicaid Health Plan changes (August 28)

   c. August Medicaid Closure file (August 30)

   d. HRA – Invalid NPI file (August 30)

   e. Hyso C record for LOCUS data (Sept 3)

   f. Encounter Recon file (Sept 6)

   g. EVV emails from Hill (Sept 10)

   h. FY25 BH TEDS Coding instructions (Sept 16)

3. BH-TEDS and Encounter submissions – Shyam/Ron

4. HSAG PMV/NAV review update

5. Announce Analytics workgroup update?

6. Compliance Software vendor update

7. Autism Reporting Data Gathering form

8. Council/Committee QAPIP report

9. EVV use of HHAeXchange or other system of your choosing.

   a. MSHN access to HHA through each CMH - Wager

10. CIO forum update – August 23 (Notes in folder)

	11. Other – All
	
	     ITC meeting on October 16 - Zoom call only.
	
	12. CCBHC IT operational concerns/questions (as time allows)
	
	13. BHH IT subgroup (as time allows)
	
	     Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN

	- All MDHHS communications cited above as well as attached files have been forwarded to council members either via Email or FTP - The September Dangling BH-TEDS admissions file has been received; all CMHs and MSHN continue to work on it. - The list of invalid NPIs from this month's HRA file appears to be different from the previous. - Carol Hyso sent another request for a C record for LOCUS data. MSHN will be handling the correction for the state's missing data by asking PCE to submit on everyone's behalf. - There are a few areas in the reconciliation file which MDHHS doesn't seem to process as quickly as other records. - Joe Wager will be given a log-in to every CMH's HHAX system for mandatory PIHP EVV monitoring. May need additional MSHN staff access based on requirements of what needs to be reviewed. - Final FY25 TEDS coding instructions were received on 9/16 [since then, a new file was received and distributed on 9/23] - Communication concerning changes to the CRM critical incident form appears to have been sent directly from the State to Streamline, and potentially PCE. CEI received a forwarded email from an uninvolved business lead analyst about the changes, and MSHN does not appear to have been informed at all. Steve will check with QI to see if notice was received through them. - There is an issue with dangling admissions stated for Saginaw and CEI, if not others as well. There are multiple rejections that REMI doesn't inform the CMHs of, several of which cannot be fixed on the CMH's end. September 25th is the last

submission date for the deadline. Shyam and Ron are working within PCE to correct the ones that the CMHs cannot. CEI anticipates being able to correct the ones that require a plan before the end of October.

- The draft of our HSAG review should be received by the end of the month, giving us a week to respond. There was an EQR review that Steve was not a part of, but two findings fall into our area that do not make sense:
  - Recommendations are not necessarily applicable
  - Numbers on Medicaid IDs and Timeliness do not match our own. It may be possible to explain their Timeliness figures depending on their metrics, but HSAG uses the term "payment date," which lacks both definition and logic as it applies to the review.
- CEI recommends pushing back on the recommendations. Similarly, there are now 5 HSAG reviews every year, which is becoming a burden, including recommendations not discussed during review.
- The Analytics workgroup met and looked at a first draft of the RFP and made recommendations. They are near a final RFP, which should hopefully be ready to send by October 1st, giving a three-month submission window during which time scoring will be finalized.
- The OIG is adjusting their requirements from MSHN, resulting in huge increases. The statewide compliance officer's group at the PIHP level participated in the first round of reviews for software designed to handle these increases. Some vendors have more to offer outside of compliance software, and a demo of extra offerings has been requested.
- When the Autism portion of the WSA was decommissioned by the state, MSHN continued to gather information manually to replicate the WSA's functions internally. We are working to reduce the administrative burden. CEI and SHW both contract out the information that MSHN would need to gather. Joe Wager stated that this is important information to know and would ask all CMHs to detail their processes to Joe specifically.
- Although Joe has been put in place as the HHAX PIHP reviewer, CEI has made it known that HHAX is still making decisions on modifiers that aren't consistently

	in authorizations, which creates false rejections and inflates the rejection volume. HHAX cannot connect to their payer portal yet, either. Joe will have Admin Read Only access
	• There are no updates on the Tiered rate review. The last Steve has heard is that this has been delayed until Next March
	• ITC questions and answers from a specific CMH that could be helpful to all others will be shared across the group. If a question is intended to be private, this will be indicated at the time of asking
	• ITC provided a CC360 overview for everyone. It was recommended that multiple individuals at each CMH have access. This is requested directly through the state.
	CCBHC:
	• Two additional CMHs have expressed interest in becoming CCBHCs in FY26
	• There are two new HEDIS measures under development for ICDP for CCBHC. All CCBHCs have updates as well.
	BHH:
	• There has not been additional interest in other CMHs joining the BHH program. Central indicates that their current level is effective without an interest in expansion. This is similar for Montcalm.
	• Shiawassee passed their first audit last week with flying colors.
✓ **ACTION/INPUT REQUIRED**	• Steve will follow up with Ms. Hill for clarification on Recon voids.
	• Steve will confer with QI whether a change to the CRM critical incident form was received.
	• Ron will send TEDS errors after MDHHS acceptance to each CMH.
	• Each CMH will provide feedback on autism gathering data
✓ **KEY DATA POINTS/DATES**	• Next Meeting October 16th, remotely.