

MSHN Regional Compliance Committee – Agenda and Meeting Minutes











DATE: March 21, 2025

Attendance:

☒ BABH ☒ CMHCM ☒ CEI CMHA ☒ GIHN ☒ Huron
☒ LifeWays ☒ MCN ☒ Newaygo ☒ Right Door ☒ Saginaw
☒ Shiawassee ☒ Tuscola ☒ MSHN ☐ Guests (identify by name/agency)

AGENDA ITEM	RECOMMENDATIONS/KEY DECISIONS/ACTION STEPS		RESPONSIBLE STAFF/DUE DATE				
Agenda Review							
<ul style="list-style-type: none">Approval/Additions	No additions to the agenda	By Who		By When			
Previous Mtg Action Item(s) Follow-Up (As Needed)							
	No Follow Up	By Who		By When			
HIPAA Reproductive Health Disclosure Rule -Sally							
	<ul style="list-style-type: none">Policy/procedure changesNew form required for disclosuresChanges needed to our HIPAA Privacy Notice <p>What do we need to do with the new rules? Privacy Notice Update? When does this apply? If they are requesting reproductive information – is it only legal/law enforcement?</p> <p>Emily Ryan is willing to share her privacy notice with us.</p> <p>Attestation forms – when is this used? Just for people requesting info that are legal roles – LE, lawyers, etc. FAQ states: Health oversight, judicial and admin proceedings, law enforcement, coroners and medical examiners.</p> <p>Kim is updating the MSHN Privacy Notice will share with us for implementation. Kim will also prepare a template for the attestation and link on the website.</p>	By Who		By When			

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
	<p>Disclosure procedure – Kim will review for any updates/changes needed and email out. Might wait to fully updated until June HSAG review.</p> <p>Kim will reach out to some other PIHPs for implementation ideas. Kim will bring to MSHN Compliance Committee too and seek legal opinion if needed.</p> <p>Need the attestation to accompany every subpoena request or you have to redact.</p> <p>Practice clarification: If we have any reason to Health Oversight, Judicial or admin proceedings, LE, coroners/medical examiners requires the attestation. Without attestation we will need to redact any language regarding reproduction. Discussed definition of health oversight. See screenshot.</p> <p>We really need the state to update their consent form – Need HIV/Aids updates, reproductive health updates, etc.</p>				

	<div data-bbox="476 188 693 204" data-label="Page-Header">/part-164/subpart-E/section-164.512</div> <div data-bbox="497 228 1075 250" data-label="Page-Header">Title 45 / Subtitle A / Subchapter C / Part 164 / Subpart E / § 164.512</div> <div data-bbox="1209 228 1394 250" data-label="Page-Header">Previous / Next / Top</div> <div data-bbox="489 321 590 362" data-label="Text">  Table of Contents </div> <div data-bbox="489 384 569 406" data-label="Text">  Details </div> <div data-bbox="489 428 590 448" data-label="Text">  Print/PDF </div> <div data-bbox="489 470 579 501" data-label="Text">  Display Options </div> <div data-bbox="489 524 590 544" data-label="Text">  Subscribe </div> <div data-bbox="489 589 583 609" data-label="Text">  Timeline </div> <div data-bbox="489 630 596 651" data-label="Text">  Go to Date </div> <div data-bbox="489 673 588 704" data-label="Text">  Compare Dates </div> <div data-bbox="489 738 590 782" data-label="Text">  Published Edition </div> <div data-bbox="489 816 590 847" data-label="Text">  Developer Tools </div> <div data-bbox="688 293 1148 316" data-label="Section-Header">(d) Standard: Uses and disclosures for health oversight activities –</div> <div data-bbox="720 326 1377 428" data-label="Text"> <p>(1) Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:</p> </div> <div data-bbox="749 438 1354 613" data-label="List-Group"> <ul style="list-style-type: none"> (i) The health care system; (ii) Government benefit programs for which health information is relevant to beneficiary eligibility; (iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or (iv) Entities subject to civil rights laws for which health information is necessary for determining compliance. </div> <div data-bbox="720 621 1377 704" data-label="Text"> <p>(2) Exception to health oversight activities. For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:</p> </div> <div data-bbox="749 714 1341 816" data-label="List-Group"> <ul style="list-style-type: none"> (i) The receipt of health care; (ii) A claim for public benefits related to health; or (iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services. </div> <div data-bbox="720 826 1367 930" data-label="Text"> <p>(3) Joint activities or investigations. Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) of this section.</p> </div> <div data-bbox="720 940 1367 1002" data-label="Text"> <p>(4) Permitted uses. If a covered entity also is a health oversight agency, the covered entity may use protected health information for health oversight activities as permitted by paragraph (d) of this section.</p> </div>				
Background Check and Disclosure Procedures	<p>Kim discussed updates to Background Check procedure and Disclosure procedures.</p> <p>MSHN internal compliance reviewed and were ok. Changes that were made were from MDHHS contract guidance. Will go to provider network committee next. The OPS council, but not the board due to them being procedures.</p>	By Who		By When	
Compliance Software Updates – Kim					

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	<p>Meeting weekly with Healthicity. Going form by form, including the OIG quarterly report, fraud referral form and adverse action form in the system and a few other for reporting. Once that is in there, additional fields can be added for compliance investigation.</p> <p>Need one manager level person in the system – that’s who will have authority to go in, make assignments, etc. Other users can be added to input data, etc.</p> <p>Implementation plans will walk us through users with MSHN and Healthicity.</p>	By Who		By When	
HSAG Compliance Review Updates - Kim					
	<p>Thanks everyone for submitting. Doing file reviews, there may be some follow up Kim sends to CMHs. Will probably have findings/recommendations based on our submissions. 3-5 business days for follow up if HSAG requests items from us. The standards are on a 3 year cycle. Standards, Standards, then corrective action reviews.</p> <p>Findings: require plan of correction Recommendations: they tell you one year, but if you don’t implement then they will make them findings...</p> <p>90 day follow up for Waiver Audits from MDHHS coming, unclear if annual waiver audits start this year or next. Renee heard 2026 will bring annual reviews. They are reinstating Autism reviews for annual waiver review.</p>	By Who		By When	
OIG Updates					
<ul style="list-style-type: none"> Cost Avoidance Data Mining 	<p>Annual report – 6.9 and a 6.10. 6.9 – went from 33 standards to over 80 standards. Take line for line out of program integrity from the contract to show we are in compliance with evidence. They will require a plan of correction for items missing. Kim believes we will need to update the compliance plan based on their feedback. MSHN Compliance plan approved by the board and now on the website.</p>	By Who		By When	

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	<p>6.10 report – had to provide info on investigation, how we triage, etc. Data Mining, consumer education, provider education, beneficiary education, cost avoidance. Plan of correction required. They want to see more data mining from us, but the contract doesn’t state the “amount” required. Kim is working with Steve, IT at MSHN to discuss if any other data mining would be beneficial. Cost avoidance – we reported zero this year, most PIHPs did this. They were very unhappy with this. Not required statewide or federally. They stated we must have this implemented in 2026. We will have sanctions if we don’t report cost avoidance. We cost settle at the end of the year – at the end of the year we do this based on your expenses. Claims voided and recouped is on quarterly report – that will be submitted for CMHS. On SUD side – will be looking for ways to do this. Could also use MEV reviews – but only a sample.</p> <p>OIG is just saying cost avoidance has to go to them, they cannot show us state or federal requirement.</p>				
Medical Records – parent took medical records and submitted to another organization after they altered the record.	Emily Ryan - CEI				
	<p>Parent taking letters from psychiatrist, altered on letterhead and submitted to the school. Any ideas on securing records? CEI will no longer release electronic copies of the medical record for this parent. Using watermarks/stamps. Concerns with ongoing change to medical records. Did report to Lansing special victims unit. They recommend to pursue mom legally, but attorney said no.</p> <p>Ensure you document clearly why you are restricting records access.</p>	By Who		By When	
Medical Records – Police Reports	Emily Ryan - CEI				
	Police reports being uploaded into the medical record. Clinician tried to justify saying clinically relevant. What is the practice elsewhere? Emily will be updating the procedure.	By Who		By When	
Medical Records – Case notes	Susan Richards				

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
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	<ul style="list-style-type: none"> - Susan asked about how you handle contact/case staffing notes with providers and release of records. - Karen says they use contact notes – go between providers. Do not consider part of the record. Progress notes relates to treatment, contact notes are between staff. - Pam - Case staffing note – communication or update for the doctor. Not release - Ken - Chart notes – consultation notes not released. 	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 • 21st Century Cures Act 		By Who		By When	

Parking Lot:
