



Council, Committee or Workgroup Meeting Snapshot
Meeting: Information Technology Council

Date: February 18th, 2026

AmyLou Douglas, SCCMHA
Brian McNeil, GIHN
Brandon Dotson, CEI
Chad Brown, SCCMHA
Christopher Harmanns, SCCMHA
Conner Gibbons, LW
Frederick Mercado, LW
Holli McGeshick, SCCMHA
Jay Hollinger, NCMH
Jill Carter, TRD
Jennifer Tucker, SHW
John Schwartkopf, GIHN
Kevin Faight, CMHCM
Laura Rickwalt, TBHS
Lynn Martin, NCMH
Nathan Derusha, TRD
Richard Smith, TBHS
Shannon Froese, CMHCM
Shawn Wise, MCN
Terry Reihl, MCN
Theresa Adler, BABH
Steven Grulke, MSHN
Joseph Wager, MSHN
Ron Meyer, MSHN

KEY DISCUSSION TOPICS

Consent Items

1. Roll Call, January 21 snapshot – All

Informational Items

2. MDHHS communications? – Steve
 - a. FY27 CLD/TEDS workgroup (Jan 21)
 - b. FY26 BH TEDS Error Edits x2 (Jan 21)
 - c. Final bulletin MMP 26-03 CPT& HCPCS code updates (Jan 22)
 - d. Final bulletin MMP 26-02 FFS Auth process (Jan 23)
 - e. Invalid NPI for HRA (Jan 30)
 - f. January Medicaid Closures (Feb 4)
 - g. FY26 Encounter Recon File (Feb 9)
 - h. FY25 Encounter Recon file (Feb 10)
3. BH-TEDS and Encounter submissions – Shyam/Ron/Cathy
4. Provider directory requirement to include a “TeleHealth” Yes/No field.
5. Authorization metrics on MSHN website – CMS Auth & InterOp final rule.
6. OIG H2016 duplicate – possible sanctions/new report.
7. Autism Data collection.
8. EVV
9. CLD Workgroup Update
10. Status of implementing the Autism Module?
11. CCBHC BH TEDS workgroup – DUA needed

12. Lifeways piloting WSA bi-directional transfer – Update?

13. CIO forum update – January 23 (notes in folder)

14. Other – All

ITC meeting on March 18 –Zoom call only.

April 15 meeting will be face-to-face at Gratiot Integrated Health Network.

15. CCBHC IT operational concerns/questions (as time allows)

16. BHH IT subgroup (as time allows)

Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN

- Only one CMH currently appears on the Invalid NPI for HRA list.
- As of this meeting, the changes to the Medicaid Closures list for January are unknown, but estimated at 1.5%
- Encounters submissions appear to be running normally. Errors are sent to respective CMHs as they come up.
- MSHN is building a process to get Telehealth information established in the Provider Directory.
- Steve is looking in greater detail into how to obtain and display authorization metrics in accordance with the CMS Auth and InterOp final rule. PCE indicates that they plan to have it in place by January of 2027. MSHN will try to expedite this process to meet the deadline on our end as well, as there are many moving parts.
- Over the last year, we've been provided with a list of H2016 duplicates in the MDHHS warehouse. Previously they allowed us to void them, but this year we have been told that they will introduce sanctions if we do not improve. We will be sending out a report keeping an eye on these, in order to avoid OIG sanctions. It has not yet been determined if we will be providing you with the report to run, or if we will be sending it out.
- The Clinical Leadership Committee is asking for us to figure out how to collect the Autism Data that had been collected through WSA. Steve discussed the

✓ KEY DECISIONS

history of the data collection and asked for an update on current procedures. The requested information was sent approximately 5-6 months ago.

- The 85% Accuracy/compliance deadline for EVV submissions is still April 1 of this year. Although there was pushback, it does not sound as though this will change. It has been indicated by the vendor that they've plans to work on a PIHP-level report, but the status thereof is unknown.
- 5 people from our region are on the CLD workgroup. Holli McGeshick from SSCMHA is the only member of both ITC and CLDW.
 - She detailed their second meeting, stating that they're going through each field to determine what is necessary, as some of the requested fields feel superfluous.
 - There is an additional technical CLD workgroup that will involve all of the EHR vendors for structural planning and support.
 - CLDW is aiming to take the burden off of the clinicians with respect to varying submissions such as for CCBHCs by sending everything to the state to determine what SAMHSA needs.
- No other PIHPs currently have a DUA in place for CCBHC TEDS submission. No ITC members voiced necessity for MSHN to have one during this meeting.
- Conner Gibbons from LifeWays updated the group on their WSA bi-directional transfer pilot, indicating that it's been relatively successful in submitting new individuals, but that there are hiccups on the WSA side transferring completely to the PIHP queue. Previous fixes were successful but not lasting.
 - This is similar for recertification, leading to waiting on Optum for form validation and treatment plan dates. It is hoped that PCE will be able to mitigate times when the WSA requires a written explanation for items such as being behind on recertification.
 - Conner is hopeful that a 95% automatic submission rate can be achieved. There is no known wrap-up date for the pilot.
 - While there does not yet appear to be an automatic way to download a full report, Optum does send a confirmation of acceptance.
- Our April 15th meeting will be in-person at GIHN.

	<p>CCBHC:</p> <ul style="list-style-type: none">• CEI had trouble restarting TEDS and sending SUD services through REMI. TRD has had no known problems. SCCMHA has not entered SUD into our system yet.• Given that the PIHPs no longer administer CCBCHC, it was asked whether we needed to maintain this subgroup.
✓ ACTION/INPUT REQUIRED	<ul style="list-style-type: none">• Steve will have the AUTH data request sent to ITC members.• ITC members will notify Steve if they want a DUA in place for CCBHC TEDS submissions.• Steve will confirm with Liz to ensure whether we need to continue the CCBHC IT Subgroup.
✓ KEY DATA POINTS/DATES	<ul style="list-style-type: none">• Next Meeting is March 18th, Remote