MSHN
Mid-State Health Network

Date: February 21st, 2024

Jesse Bellinger, BABH
Theresa Alder, BABH
Joanne Holland, CEI
Amon Hodge, CEI
Martin Slominis, CMHCM
Jane Cole, CMHCM
Kevin Faught, CMHCM
Brian McNeill, GIHN
Michael Potter, HBH
Josh Williams, LW
Terry Reihl, MCN
Lynn Martin, NCMH
AmyLou Douglas, Saginaw
Chad Brown, Saginaw
Christina Saunders, Saginaw
Holli McGeshick, Saginaw
Kyle Aubry, SHW
Jennifer Tucker, SHW
Rebecca Marshall, SHW
Jill Carter, TRD
Nathan Derusha, TRD
Laura Rickwalt, TBHS
Rich, TBHS
Steve Grulke, MSHN
Joseph Wager, MSHN
Linda Proper, MSHN
Ron Meyer, MSHN

KEY DISCUSSION TOPICS

Consent Items
1. Roll Call, January 17 snapshot – All

Informational Items
2. MDHHS communications? – Steve
   a. MiHIN Med Rec workshop/Pilots
   b. Updated FY24 BH TEDS specs
   c. Invalid NPI – HRA payments (Jan 26)
   d. January Medicaid Closure file (Jan 30)
   e. PCE Plan First information (Jan 30)
   f. FY24 Encounter recon file (Feb 7)
   g. FY23 Encounter recon file (Feb 9)
   h. March Medicaid renewal list (Feb 12) Explain
   i. Dangling Admissions 2/6/24 (Feb 13)
3. BH-TEDS and Encounter submissions – Shyam/Linda/Ron
4. Change in BH TEDS submission frequency – twice per month.
5. MiHIN agreement explanation.
6. Network Adequacy Assessment – Joe Wager
7. Balanced Score card – added one item, current status – Joe Wager
8. Compliance issues – OIG requirements for rebills (email from MDHHS).
9. Data Analytics RFP and workgroup – support?
10. EVV use of HHAeXchange or other system of your choosing, BH start 9/3/24
11. MCG Upgrade status
12. CIO forum update – January 26
13. Other – All
      ITC meeting on March 20 - Zoom call only.
14. CCBHC IT operational concerns/questions (as time allows)

	a. Ability to report encounters covered 100% by third parties? 15. BHH IT subgroup (as time allows) Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN
✓ **KEY DECISIONS**	• MiHIN is bringing back Medication Reconciliation workshops and inviting CMH representatives to the table. Jennifer Tucker did not find it to be the right place for CMHS, but useful perhaps for integrated cate settings. There is still no direct communication between pharmacies and doctors. • Only two or three CMHs had invalid NPI-HRA payments. • The FY24 Encounter recon file did not come out as well as liked, but this is likely due to the timing of submission. If it continues to trend in this direction, MSHN will bring actual data for people to comment on. FY23 was better. • Several CMHs expressed that reaching out to non-consumer Medicaid recipients that have received notice that they need to renew has been met with largely negative reaction. It seems to be either redundant or invasive to these individuals. Gratiot in particular has kept their retention efforts on HAB waiver slots, moreso than Medicaid Renewals. • Dangling admissions must be fixed by May 31st of this year. • Encounters will continue to be submitted weekly, but BH-TEDS records will now be submitted every other week, as to avoid overlapping problems with PCE and MDHHS. • MSHN pays a single fee for all MiHIN access for all CMHs. CMHs will be responsible for paperwork, but should not be paying fees. MiHIN will be doing away with VIPER on 3/31 of this year, but will be replacing the system with MITIGATE, which has an api developed. No information should be lost and additional features should be available. • The Network Adequacy Assessment is currently being conducted at a CMH level, which complicates designations like "Rural" and "Urban" for much of our network.

Joe Wager's counteroffer was to produce assessments on a county level, with an ideal being census-tract level assessments like we already do for internal purposes, but this seems unlikely across the entire state.

- As an update to the Balanced Score Card, IT will be doing research chain reviews. This is Mid-State specific and will not require a new region-wide implementation,
- Via OIG requirements, audits that need to be voided must be tracked with their original claim numbers. PCE will not do this automatically.
- MSHN will begin the process of looking at other Data Analytics vendors outside of ZTS, as well as encouraging ZTS to pursue HEDIS certification. CEI has requested a larger conversation on this, given the possibility that ZTS may be integrated into their current systems.
- The use of an EVV system, either HHAX or a vendor of your choice, has been extended to have a September 3rd start date. For most CMHs the price point appears to be the issue, and many will be using HHAX to avoid the cost of an additional vendor, despite the unfavorable view. CEI remains concerned that not enough information about HHAX and the process they'll be using has been released to make an informed decision.
- The MCG upgrade process has begun. A project manager has been assigned.
- Notes for the CEI Forum are available.

CCBHC:
- Issues with reporting encounters completely covered by a third-party payer have not been expressed as it is a rare situation. CEI historically reports everything as it used to be contractual to do so. It is no longer, but the requirement returned under COB requirements. Hospitalizations are not reported, but they aren't CCBHC services.
- The patient portal requirement indicates that a third-party application, such as MyChart for Sparrow, must be in place, and that CCBHCs need this now
- The SDoH tool has not yet been decided but LifeWays is advocating mapping, given the extensive work that they've already put into gathering SDoH.

	• When MichiCANS is in place on October 1, the State will need to have its logic updated to account for the TF modifiers for Mild/Moderate encounters. BHH: • No Items.
✓ **ACTION/INPUT REQUIRED**	• Joanne Holland will report out to Steve, and through Steve the council, on the MiHIN Med Rec data that CEI has been receiving for the last two years. • Joanne Holland will send out the third party patient portal app requirement notice to the CCBHC members of ITC
✓ **KEY DATA POINTS/DATES**	• Next ITC Meeting: March 20th, Remote only