MSHN
Mid-State Health Network

Meeting: Information Technology Council

Date: March 20th, 2024

Jesse Bellinger, BABH
Theresa Alder, BABH
Joanne Holland, CEI
Amon Hodge, CEI
Jane Cole, CMHCM
Kevin Faught, CMHCM
Shannon Froese, CMHCM
Brian McNeill, GIHN
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
Nathan Derusha, TRD
Laura Rickwalt, TBHS
Josie Grannell, TBHS
Steve Grulke, MSHN
Shyam Marar, MSHN
Joseph Wager, MSHN
Linda Proper, MSHN
Ron Meyer, MSHN

KEY DISCUSSION TOPICS

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

Informational Items
2. MDHHS communications? – Steve

   a. Medicaid Closure file UPDATE for January (Feb 25)

   b. Medicaid Closure file for February (Feb 27)

   c. EVV Discovery sessions email (Feb 27)

   d. HRA – NPI (Only MCN) (Feb 29)

   e. FY24 encounter recon file (March 6)

   f. Updated Dangling BH TEDS admissions (Mar 7)

   g. April Medicaid Renewals (Mar 15)

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

4. Med Rec use case - Joanne

5. Perf Bonus Incentive – SDoH (BH TEDS housing/employment)

6. HSAG EDV Review, mid-April, Med Records, FY22 services, 411 cases.

7. Cybersecurity – simulations or table top exercises test disaster recovery Who included?

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

9. MCG Upgrade status

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

11. Other – All

	ITC meeting on April 17 - 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
✓ **KEY DECISIONS**	• The original January Medicaid Closure file only contained half of the individuals it should have. An update was distributed on February 25th.
	• The February Medicaid Closure file was distributed two days later, on the 27th.
	• Additional EVV discovery sessions will be occurring soon, including one next week.
	• Only MCN received an HRA-NPI file on February 29th.
	• The FY24 Encounter Recon file should be available via FTP
	• Linda has reduced the number of Dangling BH-TEDS from 2,000 to 1,000. There are several that will need extra time and attention to resolve.
	• Joanne Holland reviewed the steps that CEI takes to utilize the Med Rec Use data, which includes sifting out duplicate data and creating a functional interface. Clinicians were surveyed for their usage, which while significant, Joanne expressed the desire to increase usage. CEI also uses VIPR. Med Rec is optional so not all providers use it. Sparrow is among those that does.
	• As a part of a Performance Bonus Incentive tied to social determinants of health, there will be additional selection options for Living Arrangements within BH-TEDS. CEI stated that this is coming out as excessive administrative burden and compared its questionable effectiveness to that of the Juvenile Justice fields.
	• The HSAG EDV review list is likely to arrive mid-April. The process is currently unknown, however, billing documentation for 411 cases across the region is expected to be submitted.
	• Disaster recovery and planning simulations and exercises were discussed, with a variety of methods across the 12 CMHs having been brought up among those who chose to participate in the discussion.

	- The State's implementation of HHAX as the EVV system continues to frustrate Joanne Holland and the members of the subgroup, as, despite the training sessions purported to have been offered, Joanne has repeatedly informed the group that no one has actually been trained on, let alone seen, HHAX's actual system. While she indicates that HHAX has been cooperative, her impression is that there is still much left for them to figure out. Brian McNeill noted that there are several contracted providers using CLS, including Mid-Michigan Industries, which has already implemented their own EVV with a vendor separate from HHAX. As the State's mandate is specific to the expectation that Providers, not CMHs exclusively, will be expected to implement an EVV system, many questions remain regarding the interaction between CMHs who contract with providers who may be using an EVV entirely different from their own. Joanne is hopeful to learn more about this at Thursday's (3/21) meeting. - All MCG Upgrades will be completed live in two weeks, if no problems have been identified. This will not have a direct impact on most CMHs. - CIO Forum update notes are available. - The client portal requirement for PIHPs only oblige them to make available the information that they already have. This should create no additional work for CMHs. CCBHC: - The State is trying to align SAMHSA language with Behavioral Health language for the purposes of Recertification. It is felt that the State is over-interpreting the national requirements and erring on the side of excess to the point of being harmful to a program. The example given was the need for Urgent Care to be 'separate,' and interpreting it as a free-standing building with unique staff. BHH - No discussion points
✓ **ACTION/INPUT REQUIRED**	- Joanne Holland will send Jennifer Tucker a list of area hospitals utilizing Med Rec - Joanne will learn what raw data from Med Rec is filtered out during the ETL process

	• Steve will check with QI on the process for the HSAG EDV Review
✓ **KEY DATA POINTS/DATES**	• Next ITC Meeting: April 17th, Remote only