Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Compliance Committee

Meeting Date: August 18, 2023

Attendees:
BABH, CEI, CMHCM, GIHN, Huron, Newaygo, Right Door, Saginaw & Shiawassee

MSHN Staff: Kim Z.

Not Present: LifeWays, MCN, Saginaw &TBHS

*This meeting was held by zoom only

KEY DISCUSSION TOPICS

- Agenda Review
- Additions to the Agenda
  - Patient Portal
  - 21st Century Cures Act
  - ABDs
- Follow Up from Previous Meeting
- Privacy Notice
- Compliance Policies/Procedures
- Committee Charter
- OIG Template
- MDHHS Consents

✓ KEY DECISIONS

- Additions to Agenda
  - ✓ Patient Portal
    - What are other CMHSP's pushing out in the Patient Portal by way of clinical documents?
    - Push out IPOS. Don't push out Progress notes. Consents are there.
    - Low numbers of people access the Patient Portal.
    - Susan – Check if minors can have access. Are there limitations? Age 12.
  - ✓ 21st Century Cures Act
    - Information blocking issue – shouldn't be restricting access to PHI.
  - ✓ ABDs
    - **ABD Consults** – Consult re: Time frame for Notice – ABA situation. Dan – Dual Insured – MA ABDN. 3rd Party Insurance. Skye's Interpretation. If no MA involved, only 3rd party use 30 days. Need to follow the primary insurance rules. Primary payer needs to be accessed for payments. Suggestion – work with the Provider to get them in network.
    - **ABD's in general** – Relation to the 1915(1) Concerns if there is a delay in enrollment. CMHSPs should not be responsible for sending the ABDN's. We are not in agreement that the services should be suspended. It should be the responsibility of the State to send out the ABD's. Some confusion about what the direction should be. We would be on the hook for GF. Concerns about the time frames for approvals. 10-1-23 deadline for enrollments. Concerns about the impacts of "suspending services".
    - **Note in the chat section of the Meeting:**
      - MDHHS waiver reviews are all going to be happening through the CRM. I know we have had a huge issue with the CRM so, in terms of compliance, thought this was important to note.
      - Many issues with the CRM application.
      - Kim will check with Todd.
- Follow up from previous meeting – No follow up
- Privacy Notice
  - ✓ HSAG and NPP – The committee recommends that we keep it as "Health" rather than "Medical" w/ respect to the Notice of Privacy Practices.

- ✓ NPP – Recommendation – Need to make sure that we provide it at least once every 3 years. Kim wants to make sure that we all have a process to ensure that we track that we are providing the NPP at least once every 3 years.
- ✓ Person acknowledges that they have received the Notice of Privacy Practices. Maybe do this on the PCP.
- ✓ How are folks doing this? Annual Consent, others utilize the signature page on the PCP.
- ✓ Confident that CMHSP's have a process in place. Consider this issue resolved.
- ✓ OIG proposed contract changes – Sub-group to review the proposed language. Didn't get put in the contract during the initial review. The sub-group will provide information to the Contract Negotiation Team. May need to be more significant changes to Policy and Procedures. The Compliance Plan may also need revisions. This will come to us at a future meeting. Will hold this in abeyance until the Contract Language is formalized.

- Compliance Policies/Procedures
  - ✓ Reviewed the policies and procedures with revisions only
  - ✓ **Disqualification of Providers Policy**. MSHN will notify, as required, the appropriate regulatory body that may include…
  - ✓ **Compliance Reporting and Investigations Policy**. Kim reviewed existing language and just clarified the use of the Fraud Referral Form. Over $5,000 must be submitted to the OIG. Clarified and ensured consistency with the Compliance Plan.
  - ✓ **Confidentiality and Notice of Privacy Practices Policy**. Some major modifications. Kim reviewed the changes: <u>Permitted Uses, Disclosures and Restrictions</u> Section. Kim added the language from the CFR. Suggestion to add "Coordination of Care" to Health Care Operations.
    - The group discussed some of the changes. If an agency denies a request for limitations regarding disclosure made by a consumer, this denial needs to be communicated in writing.
    - Kim has reviewed the Current NPP. The only thing that CMHSP's need to make sure is to have a process to obtain some sort of acknowledgement of receipt of the NPP.
  - ✓ **Provider Contract Non-Compliance Procedure:** Changes re: the Corrective Action Plan/Implementation Plan. Most only applies on the SUD side. "Repeat Findings", and situations where TA has already happened.
    - Make sure that the timelines follow the Delegated Managed Care Rules.
  - ✓ New Procedure: **Member Rights Request** – Need to have a process for a request for PHI Disclosures. Beneficiaries have access to inspect and obtain a copy of PHI. Need to make sure that CMHSP's have a process. The procedure outlines the process.
    - Amendment – perhaps find a way to link the amendment to the original document.
    - **Accounting of Disclosures** segment – Consumers have a right to an Accounting of Disclosures. This section is important to review. Content of the Accounting of Disclosures.
    - **Documentation of Request for Disclosures** – Helpful information re: the content of the Request for Disclosures. Kim wanted to afford the CMHSPs flexibility, but we just need to make sure that we have the required elements.
  - ✓ The committee approved the policies and procedures with a couple of updates to move onto the next level of review
- Committee Charter
  - ✓ No recommended changes – outlines our responsibilities and duties.
  - ✓ Kim will afford one week for folks to review and provide feedback.
- OIG Report Template
  - ✓ Seeking clarification re: Provider Type. First refer to the OIG Guidance Document. Then can reach out to Kim or Amy Dillon. Often feels like a moving target. Kim will reach out to the OIG with any questions.
  - ✓ At some point, the OIG will expect that we enter our reports into their own reporting system. MSHN will be able to upload the file. It's been requested that some corrections and updates be made to the existing spreadsheet. MARIS – The OIG Reporting system. At this point, only MSHN will have a license.

MSHN Mid-State Health Network	• MDHHS Consents ✓ HIPAA Language – Looking to do consumer satisfaction surveys – Perhaps conduct these via text. Does anyone have any language re: texting as a method of communication. Might want to look at having some consistent language across the region. CMHSP's shared what information they have. Questions: 1. Is verbal consent with 2 witness sufficient on any document, including PCPs, consents to treat, medication consents, and consents to share, etc.? • Kim indicated that, in the past, verbal consent with 2 witnesses, was acceptable but it was expected that written consent be obtained as soon as possible. Primary Clinician cannot be considered as a Primary Witness. 2. If we have 1 staff sign as witness, and another staff sign who for sure is not someone providing services, is that sufficient as 2 witness? Ex: the primary clinician signs, and then a support staff signs, or another clinician who is not serving the consumer signs as the 2nd witness. • See response for question #1 3. If we get 2 witnesses on a verbal consent, are we required to also send it out and try to get a paper or electronic consumer signature? • Next face-to-face contact, get a physical signature, if no F2F, then mail the document out to secure signatures. • If we get 2 witnesses on a verbal consent, are we required to also send documents for signatures - Yes • Suggestion – Utilize Adobe e-sign. • Open Discussion ✓ No discussion during today's meeting
✓ **KEY DATA POINTS/DATES**	• Next Meeting: October 20, 2023 (3rd Friday of every other month from 10:00am – 12:00pm)