



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

Date: April 17th, 2024

KEY DISCUSSION TOPICS

Jesse Bellinger, BABH
Theresa Alder, BABH
Joanne Holland, CEI
Amon Hodge, CEI
Jane Cole, CMHCM
Kevin Faught, CMHCM
Shannon Froese, CMHCM
Brian McNeill, GIHN
Michael Potter, HBH
Terry Reihl, MCN
Jay Hollinger, NCMH
AmyLou Douglas, Saginaw
Chad Brown, Saginaw
Christina Saunders, Saginaw
Holli McGeshick, Saginaw
Kyle Aubry, SHW
Jennifer Tucker, SHW
Nathan Derusha, TRD
Jill Carter, TRD
Laura Rickwalt, TBHS
Josie Grannell, TBHS
Richard Smith, TBHS
Steve Grulke, MSHN
Shyam Marar, MSHN
Joseph Wager, MSHN
Linda Proper, MSHN
Ron Meyer, MSHN

No LifeWays representatives were present

Consent Items

1. Roll Call, March 20 snapshot – All

Informational Items

2. MDHHS communications? – Steve
 - a. Missing BH TEDS files (March 21)
 - b. HSAG EQR Timeline document (March 22)
 - c. April Medicaid Renewals (March 22)
 - d. HRA – Invalid NPI list - MCN only (March 27)
 - e. EVV Medicaid bulletin (April 3)
 - f. Update on dangling admission last service (April 3)
 - g. March Medicaid closure file (April 4)
 - h. Encounter Recon file FY24 as of 4/3 (April 5)
 - i. May 3 mtg with HSAG on EDV (April 9)
 - j. May Medicaid Renewals file (April 10)
 - k. Future 1010 renewal files (April 11)
3. BH-TEDS and Encounter submissions – Shyam/Linda/Ron
4. BH TEDS Completion 94.45%, below MDHHS requirement.
5. BH TEDS Dangling admissions status
6. Data Analytics RFP update
7. EVV use of HHAeXchange or other system of your choosing.

8. MCG Upgrade status
9. CIO forum update – March 22 (Notes in folder)
10. Other – All
 - ITC meeting on May 15 - Zoom call only.
11. CCBHC IT operational concerns/questions (as time allows)
12. BHH IT subgroup (as time allows)
 - Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN

Status check Items

13. Electronic records retention
14. EVV Workgroup
15. CC360 API
16. MSHN Strategic Plan items

- Stated MDHHS communications and files were distributed to each CMH via FTP server
- The HSAG EQR timeline document has nearly a dozen items overlapping, making it a good reference to have on hand.
- 11 of 12 CMHs reported no invalid NPI numbers, leaving only MCN.
- EVV is on schedule to begin September 3rd of this year; all Providers will need to have been enrolled in CHAMPS
- Another update should be coming for the dangling Admission list, which will now include the Last Date of Service
- No response was received regarding CMH participation during the HSAG meeting on Encounter Data Validation. CMH representatives are invited to attend.

✓ KEY DECISIONS

- The March Medicaid closure file has been received. May's file will be the last one that MDHHS will send out, given that this marks a year since the end of the PHE. Moving forward, the 1010 renewals file should be the correct data starting with the May information. Previously, the year was incorrect, but has been updated.
- All TEDS/Encounters have gone through without issue.
- Linda Proper is close to reviewing 1,500 dangling admissions. It is acknowledged that some of these admissions are particularly complicated, and some are specifically due to the conversion process years ago. While the June 10th deadline is likely arbitrary, if anyone plans on using the automated closure process, they will need to be done by then.
- Detail lines appear to suddenly be missing from 1040s in the EQI report.
- Three groups in MSHN state that they are supporting the RFP process for data analytics; CLC, UM, and Finance. If everyone is in support, this will go to the Ops Council for approval. Reasons include a lack of HEDIS certification from our current vendor, a desire for predictive modeling, as well as concerns about accuracy of data. It is acknowledged that due to drawdown times, it's unlikely that data will ever match perfectly. CEI expresses concern about changing vendors too arbitrarily, given how many processes of theirs have Zenith encoded.
- The HHAX implementation continues to be an issue, as problems have already been identified that the vendor is not equipped to handle such as the well established lack of a start and stop time for individuals in direct care in a group setting. HHAX's system cannot handle more than two recipients. There are continued concerns that MDHHS is asking the CMHs to sign on to a product that has yet to be demonstrated. Bob Sheehan and CMHAM are involved. While there are providers with their own EVV systems separate from HHAX, the process itself will still change for each CMH.
- CIO Forum notes are in this month's meeting folder in BOX.

	<p>CCBHC:</p> <ul style="list-style-type: none"> • Quality measures and CFAP continue to be a concern, as there is ambiguity around the exemption surrounding CCBHC services. The handbook itself is still ambiguous, let alone the exemption. • Montcalm will start as a CCBHC in FY26 <p>BHH:</p> <ul style="list-style-type: none"> • Joe Wager has been validating the HEDIS measures built into ICDP. It is not currently live. It has been noted that the small numbers of BHH participants may impact the percentages seen in HEDIS measures.
<p>✓ ACTION/INPUT REQUIRED</p>	<ul style="list-style-type: none"> • Steve will ask at the end of the week for every CCBHC's analysis of the EQI report and will ask for more detail if a consensus is reached. • Shyam will request that another EQI file be sent. • Steve will adjust May's ITC meeting to account for the IO pre-conference.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • Next ITC Meeting: To Be Determined.