



MSHN Regional Compliance Committee – Agenda and Meeting Minutes

DATE: May 22, 2026

Attendance:

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|--|---|--|---|---|
| <input checked="" type="checkbox"/> BABH       | <input checked="" type="checkbox"/> CMHCM | <input checked="" type="checkbox"/> CEI CMHA | <input type="checkbox"/> GIHN                             | <input checked="" type="checkbox"/> Huron   |
| <input checked="" type="checkbox"/> LifeWays   | <input checked="" type="checkbox"/> MCN   | <input checked="" type="checkbox"/> Newaygo  | <input checked="" type="checkbox"/> Right Door            | <input checked="" type="checkbox"/> Saginaw |
| <input checked="" type="checkbox"/> Shiawassee | <input type="checkbox"/> Tuscola          | <input checked="" type="checkbox"/> MSHN     | <input type="checkbox"/> Guests (identify by name/agency) |   |

AGENDA ITEM	RECOMMENDATIONS/KEY DECISIONS/ACTION STEPS	RESPONSIBLE STAFF/DUE DATE			
<b>Agenda Review</b>					
<ul style="list-style-type: none"> <li>Approval/Additions</li> </ul>	Agenda approved as written	By Who		By When	
<b>Previous Mtg Action Item(s) Follow-Up (As Needed)</b>					
	No previous action items.	By Who		By When	
<b>Compliance Software</b>					
<ul style="list-style-type: none"> <li>Questions/Issues</li> </ul>	<p>Amy is working with Healthicity related to report functionality.</p> <p>A field is available within the system that would allow assignment of a severity specifier to investigations. Group discussed that definitions to the severity specifiers (low, medium, high) would need to be defined. Group decided not to proceed forward with this at this time as it was determined this information is not necessary at this time and would not add additional value.</p> <p>Reminder: there are training modules in the Healthicity system that have been found to be beneficial to members of the group.</p>	By Who		By When	
<b>OIG Reports</b>					
<ul style="list-style-type: none"> <li>Questions               <ul style="list-style-type: none"> <li>Monthly overpayment</li> <li>Quarterly</li> </ul> </li> </ul>	Amy sent a reminder that staff should merge audits that are open for the same provider based on feedback from OIG/PIHP meeting. You would not need to combine if you have already recouped funds on the first open review and then another one begins after that or if one open audit is at the CMHSP level and the other is at the PIHP level.	By Who		By When	

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	<p>Quarterly Reports: Reminders are coming through Healthicity that reports are due for completion.</p> <p>Reporting pre-payment activities and cost avoidance: When there is claim adjudication process, such as a claim automatically kicked out, this would be included in the cost avoidance amount. There is a report you can run in PCE that will tell you the number of claims denied. MSHN runs this report quarterly and uses the data to determine estimated cost avoidance. Amy reminded the group that this is estimated cost and per OIG, how this amount is determined is up to the MCE.</p> <p>Provider Adverse Action (For Cause): Add potential cost avoidance associated with the provider adverse action that was taken.</p> <p>Kim reported that efforts are underway between PIHP IT individuals/PIHP Compliance officers to determine how we could get some level of consistency or standardization on determination of cost avoidance.</p>				
<b>Compliance Plan Revisions</b>					
	The group reviewed the compliance plan revisions that were completed following reviewed OIG recommendations. No concerns noted, group supported the edits.	By Who		By When	
<b>Compliance Policy/Procedure Revisions</b>					
	<p>Group reviewed four policies where revisions were made in response to OIG review and recommendations:</p> <p style="padding-left: 40px;"><i>Compliance Investigations Procedure</i> <i>Compliance Reporting and Investigations Policy</i> <i>Medicaid Event Verification Policy</i> <i>Compliance and Program Integrity Policy</i></p> <p>No concerns noted, group supported edits to move forward through approval process.</p>	By Who		By When	

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	Disqualified Staff Policy is still in process of having revisions approved as discussed in Compliance Meeting. Kim also noted that the QIC team will be working to review and make edits to the Critical Incident Reporting policy and procedures in response to changes within the critical incident reporting requirements.				
<b>PIHP/OIG meeting updates</b>					
	<p>If Column V activity is a scheduled MEV audit or a Utilization audit/review, include if it was scheduled, how the sample was selected and what was reviewed/scope of review.</p> <p>Column AR –do not recap Column V. Include details on investigation/audit, findings, confirm encounters adjusted if applicable and action taken (Plan of correction, increased monitoring, etc.).</p> <p>OIG is requesting additional detail beyond just indicating “No Findings”. Include details on what was investigated and how, findings, and action. (Ex: Reviewed 50 claims. Investigation resulted in no findings and no further follow up with provider is necessary related to this activity.</p>	By Who		By When	
<b>EVV</b> <ul style="list-style-type: none"> <li>Monitoring EVV compliance</li> <li>Have any CMHSPs developed an EVV policy or procedure</li> </ul>					
	<p>BABH has met with their providers and reviewed data and reports available with them. BABH recommended to their providers they routinely review EVV data available to them and have their own internal processes in place to monitor the data, including individual staff level information.</p> <p>Recommendation that when manual edits are done within the EVV system that notes are added to describe the reason for the manual edits.</p>	By Who		By When	

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	<p>Group discussed challenges: Technical challenges with the system, training gaps, and determining who has what oversight.</p> <p>There was a request that if CMHSP’s develop policy/procedure guidance around EVV it would be helpful to share with the group.</p>				
<b>Relias Training</b>	<p>Relias Training is due for edits. Kim reported she is reviewing resources from OIG and Healthicity as well as Medicaid FCA, and Whistleblowers Act, to ensure that updates are in line with these resources. MSHN is open suggestions from the group on edits and that information can be sent to Kim.</p> <p>The group discussed reviewing the suggestion for staff to potentially “opt out” of the training via a pre-test demonstrating proficiency in the training content. This will be reviewed to see if it is a viable option after the edits to the training are completed.</p>	By Who		By When	
<b>Healthcare Reporting Update</b>	<p>At the federal level, they will be utilizing AI technology to assess the reports that state OIG departments provide to determine if there are additional opportunities to review for potential waste, fraud, or abuse. Kim will forward the report that speaks to this to the group in BOX for further review by committee members.</p>	By Who		By When	
<b>Credentialing/ Disqualified Providers</b>	<p>Group discussed challenges with two types of background checks being run for provider staff (iChat, RAP Back (LARA, state requirement).</p> <p>Kim will reach out to OIG with a general inquiry on these two different background checks to determine if OIG has feedback on how to proceed if the two checks come back with conflicting results.</p>	By Who		By When	
<b>General Updates</b>	<p>Susan mentioned the 10/1/2026 change from 14-day authorization requirements to 7-day authorization timeliness requirement and inquired if anyone has been working on implementation of this update. Based on group discussion, everyone is in the beginning stages of</p>	By Who		By When	

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	<p>reviewing implications for this change and it was suggested to continue to share information on these efforts regionally.</p> <p>AI – Susan requested if anyone has AI policy/procedure in place as CMHSP’s assess opportunities to use AI to support clinicians that these be shared with the group.</p> <p>Susan reported LARA changed allowable age for workers in licensed settings to include minors (16/17). Medicaid Provider Manual still outlines that an individual must be 18 years old and this is what we will follow. This was brought up for awareness in case this comes up in our work with residential providers.</p>				
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<b>Standing Agenda Items (As Needed)</b>					
<ul style="list-style-type: none"> <li>• CMS Patient Access Rule</li> <li>• InterOp Station</li> <li>• 21<sup>st</sup> Century Cures Act</li> </ul>		By Who		By When	

**Parking Lot:**
