



MSHN Regional Compliance Committee – Agenda and Meeting Minutes

DATE: January 16, 2026

Attendance:

- | | | | | |
|--|---|--|---|---|
| <input checked="" type="checkbox"/> BABH | <input checked="" type="checkbox"/> CMHCM | <input checked="" type="checkbox"/> CEI CMHA | <input checked="" type="checkbox"/> GIHN | <input 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			
Agenda Review					
<ul style="list-style-type: none"> Approval/Additions 	<ul style="list-style-type: none"> Designated record set for release of records – please email to Ken 	By Who		By When	
Previous Mtg Action Item(s) Follow-Up (As Needed)					
	<ul style="list-style-type: none"> No Follow Up 	By Who		By When	
Compliance Software					
<ul style="list-style-type: none"> Questions 	<p>No questions, Amy discussed updates that Healthicity will be completing hopefully in Q2. These changes are going to allow staff to pick what columns they want to show in reporting instead of all columns carrying over.</p> <p>When Kim gets an OIG referral the referral will be entered into Healthicity. The CMHSP Compliance Officer will be notified if it is a case that is delegated. The referral should show on the left sidebar. When an OIG referral comes in staff can create their own investigation in Healthicity. Amy can link the two reports together in the system.</p>	By Who		By When	
OIG Reports					
<ul style="list-style-type: none"> Questions <ul style="list-style-type: none"> Monthly overpayment Quarterly Annual 	<p>Kim and Amy submitted the OIG 6.9 annual report and are working on the 6.10 report which is due in March.</p> <p>Adverse action forms are not in Healthicity yet, Amy and Kim will be working with the developer to have these added so they can be linked to cases. There will be a discussion about including breach notifications</p>	By Who		By When	

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
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	added into the software so most compliance data can be tracked in one location to reduce redundancy in tracking.				
FY2025 Annual Compliance Summary Report					
	<p>Annual report will go to the board in March 2026.</p> <p>The changes included formatting, organization, and reduction in redundant information. This was done to make the report shorter and provide information in a more clear and concise manner. Graphs and charts were added instead of adding new narrative to allow individuals to gather data quickly.</p> <p>Kim will be focusing on more compliance training opportunities and getting those on MSHN website.</p> <p>There were new recommendations in the report from internal and external reviews as well as from compliance and customer service data.</p> <p>Feedback on report should be sent to Kim by 1/28/26.</p>	By Who		By When	
HIPAA Security Risk Assessments					
<ul style="list-style-type: none"> Frequency and Scope 	<p>Lifeways IT department found a vendor that is completing a HIPAA security risk review. Ken was wondering how often HIPAA security risk reviews are done. Are they done internally or with an external provider?</p> <p>MCN was completing them annually with an external provider. They are now completing them every other year with a provider. On the off years they will complete their own.</p>	By Who		By When	

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	<p>MSHN has a contractor for IT support who completes the security risk assessment every two years. MSHN has also completed a compliance risk assessment three years ago. This may need to be completed again in FY27.</p> <p>Newaygo completes a security risk assessment from a third-party vendor every three years.</p>				
HIPAA Changes					
<ul style="list-style-type: none"> Revisions to MDHHS Consent Form (5515) Privacy Notice 	<p>Changes were discussed in PIHP/MDHHS Operations meeting yesterday. The form needs to be used going forward. PCE has not made updates to electronic version yet. PCE has no timeline for the update. TPO needs a signed release for SUD. Staff must use the updated form as it is a contractual requirement with the state.</p>	By Who		By When	
MSHN Disqualified Provider Policy					
	<p>Policy was first reviewed in Spring 2025 due to changes in MPM. As a group it was decided not to push it through board approval because of the HSAG audit which occurred later in the year and could have findings that would require additional revisions. The policy was reviewed again today and Kim will take feedback up to 1/28/2026. After that it will move on to other groups for review and then to the Board for review and approval.</p>	By Who		By When	
Designated Record Set					
	<p>Discussion around what records are released when a request is received for a record set.</p> <p>Ken requested everyone email him what they consider part of the designated record set.</p>	By Who		By When	
		By Who		By When	

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
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		By Who		By When	
Standing Agenda Items (As Needed)					
		By Who		By When	

Parking Lot:
