

MSHN Regional Compliance Committee – Agenda and Meeting Minutes

DATE: November 21, 2025

Attendance:

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|------------------------------------------------|-------------------------------------------|----------------------------------------------|-----------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> BABH | <input checked="" type="checkbox"/> CMHCM | <input checked="" type="checkbox"/> CEI CMHA | <input checked="" type="checkbox"/> GIHN | <input checked="" type="checkbox"/> Huron |
| <input checked="" type="checkbox"/> LifeWays | <input checked="" type="checkbox"/> MCN | <input checked="" type="checkbox"/> Newaygo | <input 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">FOIA question (Sally C.)	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>The group discussed how things have been going using the new compliance software.</p> <ul style="list-style-type: none">Amy recommended using the Dashboard to get an accurate snapshot of the status of all cases.“Export incident queue” provides a report with all information that has been entered into the system so Amy will be working with Healthicity to find out if there is a way just to get the template information in a report in a streamlined way without all the additional information.Emily requested the option for a field be added for CMHSP case number within the system. Amy is adding this.	By Who		By When	Addition of CMH Unique Identifier field added to Healthicity on 11/21/2025	
OIG Reports						
<ul style="list-style-type: none">Monthly overpaymentQuarterlyAnnual	<p><u>OIG Quarterly Report:</u></p> <ul style="list-style-type: none">The “reportable to OIG” question was helpful in Amy developing the OIG quarterly report. Amy requested that CMHSP’s delete any test cases that are generated forward to avoid confusion in the system.Date Preliminary Review must be after the date activity was initiated. The final closing date cannot be before the preliminary investigation is completed. Recommendation was to ensure all dates line up.	By Who		By When		

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
	<ul style="list-style-type: none"> OIG feedback: CMHSP's can condense audit activities into one event if there is an open investigation, and subsequent feedback is received on additional claims requiring review. Instead of opening a second investigation, it can be combined with additional narrative to explain if it is the same provider/concern. For scheduled audits, such as MEV, the Case Closure Summary should give a few common themes in findings, such as "Findings included missing documentation, lack of training, etc." <p><u>Monthly Overpayment Report:</u> For columns D-G, if information is entered in real-time in the software, Amy will use that information to fill out the monthly required report. OIG will be looking at the monthly reporting numbers against the quarterly OIG report and the concern would be if these two reports are vastly different. This should not happen if CMHSP's are entering information in real-time. Columns I-J, Amy will be getting a monthly report from MSHN's IT team on claims that were voided and will use those numbers against the total adjusted dollars through the PI activities to calculate columns I-J.</p> <p><u>6.10 Annual Report:</u> The fields that CMHSP's need to address will be assigned in Healthicity to be completed quarterly. Amy will be using the information CMHSP's are entering to complete the 6.10 annual report. This was previously reported on the Quarterly report spreadsheet on the tab added by MSHN. It is now used in Healthicity. Amy will update the Healthicity template to the current requested OIG information. This will be assigned to each CMH quarterly for completion.</p>				
Annual Effectiveness Review					
	<p>The group reviewed the Annual Effectiveness Report and FY25 goal/tasks/activities as well as barriers to full completion of those goals. The group supported continuing both goals forward into FY26 for further work. Recommended the addition of a goal around Board Member compliance training be added to the FY26 plan forward.</p> <p>AI was noted to be a focus area to be included in future risk assessments.</p>	By Who		By When	

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HSAG Compliance Review					
<ul style="list-style-type: none"> Confidentiality section findings 	BOX folder includes information on the confidentiality section findings from HSAG, and the CAP submitted by MSHN. To address the CAP, MSHN has created a breach notification template to ensure timely reporting and that all relevant requirements are included.	By Who		By When	
Privacy Notice Revisions					
	HIPAA regulations identify that HIPAA privacy notice should identify our record as a medical record. Currently we identify our record as a behavioral health record, but the group was asked to decide if we should change this to a “behavioral health medical record” and this was supported by the group. Kim will wait until the final approval is back from HSAG and will come back to the group before this is officially changed.	By Who		By When	
Breach Notification Template					
	Kim reviewed the breach notification template with the group. The group discussed the 30-day reporting timeline that is found in the business associate agreement between the CMHSP’s/PIHP’s. This timeline gives MSHN time to get all relevant information for their reporting to MDHHS. Given that a forensic examination may need to occur to determine an exact number of individuals impacted, Kim noted to fill out the template with information that is known at the time and then the CMHSP/PIHP will work together as additional information is determined.	By Who		By When	
CCBHC Fraud, Waste and Abuse Reporting					
	Kim followed up with OIG related to CCBHC reporting. If an individual is a CCBHC only consumer, the CCBHC will report directly through MDHHS and not through the PIHP. If a consumer is dual enrolled, and the issue was not on the CCBHC encounters, then reporting through the PIHP will still occur.	By Who		By When	
FOIA Requests					
	When the Adverse Action form for staff documents is completed, is this document able to be accessed during a FOIA request when the employer is at-will? Kim will follow up with OIG and see what feedback they provide on this issue. In addition, the recommendation was to be sure CMHSP legal is consulted.	By Who	Sally Culley	By When	
Additional Questions					

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	<p>When a consumer remains open to a CMHSP and has not yet been closed and a request for records is sent to that same CMHSP from another provider, how are those requests being handled?</p> <p>Recommendation was to follow up with the individual before sending records or to request a signed release from the requesting organization/CMHSP given that the receiving CMH has no knowledge that coordination of care applies given the CMHSP didn't know the individual was accessing services elsewhere and the minimum necessary rule applies.</p> <p>Question was around whether supervisor approval of authorizations could be considered a conflict of interest? Group discussed authorization approvals within the CMHSP systems and how authorizations route. Ensuring a firewall is in place to mitigate any potential conflict of interest was the recommendation.</p> <p><u>Limited-license staff billing under their NPI</u> – MDHHS has provided guidance based on the code-chart/MPM that an individual with a limited license is unable to directly bill in CHAMPS under their own NPI number. Kim has sought clarification from MDHHS related to the statement around this not applying to the specialty behavioral health services and MDHHS stance was that the code/qualifications chart has been updated to align with this language. CMHAM advocacy has been requested on this issue, and they will be proceeding with working with MDHHS to change the interpretation of this requirement. MSHN MEV's processes are occurring right now, and the question was how CMH's should proceed with this citation resulting from the MEV review. Kim noted that right now we need to follow the direction from MDHHS and non-compliance with this standard will be noted in the review findings; however the CAP can reflect that MSHN is working with CMHAM to secure clarification on this issue prior to making large scale system changes at the CMHSP level. This is only temporary while that clarification is obtained by CMHAM from MDHHS.</p>	By Who	Pam Fachting	By When	
Standing Agenda Items (As Needed)					
<ul style="list-style-type: none"> • CMS Patient Access Rule • InterOp Station • 21st Century Cures Act 		By Who		By When	

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED
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Parking Lot:
