

Council, Committee or Workgroup Meeting Snapshot

Meeting: Regional Compliance Committee

Meeting Date: April 21, 2023

Attendees:

CEI, CMHCM, GIHN, Huron,
Newaygo, MCN, Right Door, Saginaw &
Shiawassee

MSHN Staff: Kim Z.

Not Present: BABH, LifeWays & TBHS

*This meeting was held by zoom only

KEY DISCUSSION TOPICS

- Agenda Review
- Follow Up from Previous Meeting
 - Signatures on EHR documents
 - OIG Changes in CIA's
- Medicaid Policy Updates
- OIG Updates
- Self Determination Agreements
- Open Discussion
- Standing Agenda Items (As Needed)

✓ KEY DECISIONS

- Additions to Agenda
 - ✓ MCN introduced new staff who will be taking over Compliance
- Follow up from previous meeting
 - ✓ Privacy Notice process for distribution
 - ✓ Signatures on EHR documents
 - ✓ OIG Changes to CIA's
- Signatures on EHR documents (legal name vs preferred name)
 - ✓ CEI, Huron, Central, and Newaygo all do legal name on EHR documentation. AmyLou mentioned in Saginaw they do have aliases for staff names and then on the backend the legal name is associated with that (same with Central)
 - ✓ Sally (Montcalm) had further conversation with MDHHS regarding this and the name on claim and signature on document must match the NPI and legal name.
 - ✓ Kim mentioned this is now closed unless further conversation is needed, all of us are completing this appropriately relating to billing.
- OIG changes to CIA's
 - ✓ Looking for help on what CMHSPs do for monitoring for Anti-Kickback and Stark laws- Shiawassee has this in policy and procedures but don't have ways in which they monitor these pieces.
 - ✓ OIG made changes to CIA's and in February 2023 in Compliance Today discussed how OIG was looking at ways for implementing the Anti-Kickback and Stark laws and conducting annual risk assessment and ongoing monitoring of these laws. This brought up needing to develop a monitoring process for Shiawassee to monitor these laws
 - ✓ CEI has a process they're working towards to ensure that False Claims Act issues aren't occurring with case management
 - ✓ Concern from group about how this would be monitored with provider network at the CMH level- currently there are no processes in place for operationalizing a monitoring process at CMH level. Potential that we could incorporate attestations in our provider application, but other than that, monitoring for this ongoing would be difficult.
 - ✓ MSHN Compliance plan has clear language around Anti-Kickback laws and Stark laws – by virtue of reference, this covers many of these areas that are required
- Medicaid Policy Updates
 - ✓ End date for Public Health Emergency (PHE) of 5/11/23
 - ✓ MSHN website there is a COVID page that is dedicated to unwind phase of PHE- CMHSPs should review this as it compiles Medicaid Policy bulletins coming out

- ✓ Telemedicine Policy MDHHS bulletin outlines changes to telehealth requirements for billing purposes. MSA 20-09 and MSA 21-24 are permanent policy and remain in effect unless otherwise indicated.
 - **Highlights:** Telemedicine needs to be at the request of the consumer and not the provider. Security needs to be in place for privacy, etc. Determination of appropriate documentation is listed within policy. Standard practice is in-person unless there are well-documented reasons otherwise. No prior authorization requirements for telemedicine unless there are requirements already for the service in-person. MDHHS will be allowing provision of audio-only services for a specific set of procedure codes and these are listed in the policy. Policy applies to all populations served. Please review this policy closely for questions relating to requirements for visits, HCPC codes covered, billing requirements, and additional information around telemedicine requirements with end of PHE.
- ✓ Medicaid policy draft- Sally question on how others are managing individuals needing to be seen in-person (for in-person evaluation) for ADHD medications for those that are primarily utilizing telehealth psych services- what are people doing for processes for this?
 - CEI hasn't heard back from medical director
 - Shiawassee believes there are some allowances on the table with proposals about someone being seen in person one time and then seeing someone via telehealth the second time. If a primary doctor does checks then a referral to psychiatry can happen after that. Shiawassee has a large population that doesn't have a primary care provider so this is going to pose difficulties. Would be nice to have nurses sign off, but this isn't part of the proposals at this time.
- ✓ Medicaid proposed policy draft (COVID-19 Response Reversal of face-to-face definitions) - COVID-19 telehealth policy and updates the face-to-face, in-person, and telehealth definitions. Helpful chart included in this policy. Significant changes to home help definitions within these charts.
- ✓ Rounding Rules for Behavioral Health Services after COVID-19 Crisis
 - Becomes effective May 12th, 2023
 - 15 minute rounding rules via telemedicine will come to an end on May 11th. No exceptions or flexibility will be given for this.
- **OIG Updates**
 - ✓ There have been new updates/changes made by the OIG for the intent of improvements to practices. Kim sent out documents at the beginning of April to Compliance Committee members.
 - ✓ New referral form dated 4.3.2023 (that is most current referral form) and most current guidance. Guidance sheet they updated is good and adds high level detail of what they're looking for.
 - ✓ Kim reviewed changes with the Committee:
 - **Fraud Referral Form (review guidance document when completing fraud referrals)- much more thorough review and investigation with supporting documents prior to submission to OIG**
 - Changes are under Post Payment Review and Initiation- separated out what was previously one section. Separated out to MCE Policy Violations (our own policy/procedural violations), Medicaid Policy Violations (these are things they'd be looking at for Michigan Medicaid False Claims Act), and Other Violations.
 - Provider Action (if Taken) section is new for completion, there are drop downs to select and whether it was reported to OIG, date action was processed (date we determined we were taking the action), and effective date (actual date of action).
 - Identifying documentation that was submitted – new grid on the end
 - **New process for referral:**
 - Brand new process- new process is when we submit these referrals (only over \$5000 or greater anything less than this is reported on OIG quarterly form): complete the referral form as usual, submit to PIHP, OIG now will be expediting any processes for criminal investigation or prosecution

by Attorney General's office. A 30 minute meeting will be scheduled with PIHP to review referral with OIG (this meeting will include PIHP Compliance officer, representatives from OIG, representatives from the MFCU (Medicaid Fraud and Compliance Unit), and all applicable representatives of CMHSPs for completion of referral and any supportive staff who supported referral and investigation). They'll expect a presentation to go over key points and go through all prep in the document. Key points in referral form and key points that support referral along with additional information that is outlined within referral process document. This new process did not go through contract negotiations and was never agreed to by the PIHP.

- **Guidance Document for OIG Quarterly Report**

- Only tab to fill out for CMHSPs is the tab labeled "Activities". Kim fills out the tab for Data Mining for the PIHP, nothing required for CMHSPs other than "Activities" tab. Another tab automatically tabulates from the activities tab and is autogenerated.
- Overpayment section was removed
- HCPC codes involved are no longer a required field
- Not many updates, but please review new guidance documents for fields that must be blank, zero, or N/A

- ✓ Will be requiring us to be reporting through Optum and entering up through this platform. CMHSPs will still send documents up to MSHN via email and then MSHN will have to transfer information up to Optum.

- Self Determination Agreements

- ✓ Discussion around CMHSPs guidelines/policies/procedures for termination of Self-Determination Arrangements. Kara is looking for anyone who has documented reasons for termination of agreements.
 - Gratiot has this in writing and will share with the Committee
 - Once Central has completed their guideline, Central will also share with the committee what has been developed.

- Privacy Notice Distribution

- ✓ HSAG audit brought up the need for ensuring that we have a process and have monitoring of the process that Privacy notices are being distributed "all beneficiaries are to receive notice at start of service and then every 3 years thereafter".
 - Question around if we're documenting that we are providing this notice to provide data on this initially and then every 3 years. Client needs to acknowledge that they receive this initially and then every three years.
 - Other PIHP's are using a checkbox on the PCP process. "I received a copy of the current privacy notice...". Wording proposal would be "I was offered/received a copy of the Privacy Notice."
 - MSHN is asking for feedback on this as to whether we want to do this individually or have a regional approach.
 - Shiawassee and Montcalm are looking at adding it to where they do consent to treatment and privacy notices all in one.

- ✓ MSHN to provide options for us to determine what each CMHSP can do for initial and then every 3 years and allow for flexibility within each CMHSP

- Open Discussion

- ✓ No discussion during today's meeting

✓ **KEY DATA POINTS/DATES**

- Next Meeting: June 16, 2023 (3rd Friday of every other month from 10:00am – 12:00pm)