Date: February 19th, 2025	KEY DISCUSSION TOPICS

Amon Hodge, CEI
AmyLou Douglas, SCCMHA
Chad Brown, SCCMHA
Connor Gibbons, LW
Holli McGeshick, SCCMHA
Jane Cole, CMHCM
Jesse Bellinger, BABH
Jennifer Tucker, SHW
Joanne Holland, CEI
Jill Carter, TRD
Josie Grannell, TBHS
Kevin Faught, CMHCM
Kyle Aubry, SHW
Michael Potter, HBH
Martin Slominis, CMCMH
Nathan Derusha, TRD
Richard Smith, TBHS
Shannon Froese, CMHCM
Theresa Adler, BABH
Steve Grulke, MSHN
Joseph Wager, MSHN
Ron Meyer, MSHN
	<u>Consent Items</u>
	1. Roll Call, January 15 snapshot – All
	
	<u>Informational Items</u>
	2. MDHHS communications? – Steve
	
	    a. FY25 Error code 5705 and Date of Death issues fixed (Jan 22)
	    b. CMS guidance related to provider directory (Jan 22)
	    c. Jan 2025 Medicaid Closure file (Jan 24)
	    d. Acension Health becoming MyMichigan hospitals on 2/1 (Jan 27)
	    e. Living arrangement message from Carol and files (Jan 30)
	    f. Invalid NPI for HRA file (Jan 31)
	    g. FY25 Encounter Recon file (Feb 5)
	    h. Missing BH TEDS file (Feb 13)
	    i. TA for Adult Joint care plan measure (Feb 19)
	3. BH-TEDS and Encounter submissions – Shyam/Ron
	4. BH TEDS questions for workgroup? Employment/RLA last month
	5. HB 4037 comments
	6. Analytics workgroup update?
	7. Compliance Software vendor update
	8. EVV – Provider survey send out, Any issues?
	9. VelloHealth Program – Jesse (BABH)
	10. CIO forum update – January 24 meeting

	11. Other – All
	
	      ITC meeting on March 19–Zoom call only.
	
	12. CCBHC IT operational concerns/questions (as time allows)
	
	13. BHH IT subgroup (as time allows)
	
	      Central, Montcalm, Newaygo, Saginaw, Shiawassee and GIHN

	• MDHHS communications have been distributed to the IT Council either via e-mail or FTP • The last six Medicaid Closure files have come in with closure rates as expected. • No CMHSPs appear to have received files from Carol Hyso regarding the Living Arrangement message. • Encounter Errors have gone down along with TEDS errors. It's possible that TEDS errors are still in place from legacy errors. Essentially, PCE is supposed to indicate each time that those errors are fixed, but that may no longer be happening. It was acknowledged that there isn't a user process capable of fixing an error or indicating that an error correction has been submitted. There was discussion over the effectiveness of the current process being used by PCE. • Steve will take the option to add an "unknown" to employment/housing data to the BH TEDS workgroup. CEI requested that unused fields in the BH-TEDS be considered for removal. • There were no additional comments regarding House Bill 4037. • Weekly meetings with Healthicity, our compliance software vendor, will continue to meet weekly. An early step includes identifying Users, which will likely include some IT staff. • There is a survey from Michelle Hill going out to all providers regarding the HHAX EVV process. Joanne Holland is participating in discussion groups and vendor meetings, which are largely closed. • SHW Ran into an issue this week where Demographic information was being pulled from CHAMPS. It will pull guardianship demographic information in

	appropriate cases, which complicates visits for actual addresses. Similarly in cases where CHAMPS addresses are not up to date. This creates the necessity for a manual process to correct them. Connectivity in rural areas is also an issue.
	• Authorization cancellations are not timely, but this isn't typically an issue
	• Michelle Hill has been shown to be an excellent advocate for the CMHSPs.
	• Jesse Bellinger discussed using VelloHealth as a voice dictation program to assist in adding notes into their PCE platform. BABH was instructed not to use it, but the MicroSoft program instead if needed.
	    ○ The overwhelming opinion of the group is that no voice translation software can be used for the EMR because it is a form of AI. CEI contracts with a separate company to do voice dictation for Physicians, not the general staff.
	    ○ CEI and Saginaw use Dragon Medical, but nothing utilizing AI. This software is for staff requiring accommodation. Built-in voice dictation tools are currently not allowed. Neither is Google Translate, as it is not compliant. ITC encourages careful examination of contracts related to any dictation or translation software, especially if it indemnifies the vendor of any liability, which is not permissible for any of us as a public entity.
	• The PIHP findings from the assessment of the DAB, as assessed by Steve Grulke, show significant complexity. The drop-off rates have a powerful negative impact on our revenue streams, but we don't have all of the data because PCE doesn't capture age information. MSHN's CFO had identified in a previous meeting outside of ITC that looking at the lowest number possible for drop-offs still results in significant funding reduction. The PIHPs are aiming to talk to the department about providing either a mechanism to avoid erroneous automatic drop-offs/ funding drops, or to potentially fill the revenue gap with even one-time funds to make up the difference.
	• SHW inquired more about Telehealth policies, which have been collected in an ITC folder and will be shared, in order to be prepared for that portion of a CARF audit. MHSN's is established, and CEI is waiting on approval for theirs.

	• CEI indicates that there are vendors who offer multiple services, some of which include AI, which is impermissible. In order to work around this, they have been approving vendors and vendor products based on business purpose, not product, as to address vendors with multiple modules. CCBHC: • LifeWays was notified by their PCE Project Manager that the process of sending multiple T1040s in encounters is changing. The state is having trouble accepting multiples and modifying the process to clear this up. Nate Derusha identifies that this fix will cause more problems for TRD than it would solve. BHH: • BHH performance measures in ICDP are showing zero for SHW, but MSHN is able to see numbers.
✓ **ACTION/INPUT REQUIRED**	• If anyone has issues related to Ascencion becoming MyMichigan hospitals, please contact Steve. • Steve will do more research to find out if PCE has stopped acknowledging error corrections, or if the State is doing this instead. • Joanne Holland will keep ITC updated on the contents of the HHAX meeting. • Steve will send the link to ITC with the folder containing the collected Telehealth policies
✓ **KEY DATA POINTS/DATES**	• Next Meeting March 19th, Remote