



## Council, Committee or Workgroup Meeting Snapshot

### Meeting: Information Technology Council

**Date: February 17, 2021**

**ITC Attendees**

- MSHN - Forest Goodrich
- Bay – Brett Kish
- CEI – Joanne Holland
- Central – Brian McNeill
- Gratiot – Ginger Hanley
- Huron - Shannon Wichert
- Lifeways – Alexis Shapiro
- Montcalm – Terry Reihl
- Newaygo - Jay Hollinger
- Saginaw – AmyLou Douglas
- Shiawassee - Doug Meylan
- Right Door – Nathan Derusha
- Tuscola - Tammy Smith

**Guests**

- MSHN – Shyam Marar
- MSHN – Joseph Wager
- MSHN – Steve Grulke
- MSHN – Linda Proper
- Central – Jane Cole
- Central – Kevin Faught
- Gratiot – Alec Keck
- Newaygo – Jill McKay
- Right Door – Jill Carter
- Saginaw – Holli McGeshick
- Saginaw – Dave Dunham

#### KEY DISCUSSION TOPICS

- Approval of snapshot from January 2021
- ACRS file submission changes
- MCG guidelines version update
- ASAM Continuum API integration in REMI
- Veterans and Military fields in BH-TEDS quality improvement initiative
- EQI reporting and Milliman extracts
- BH-TEDS and Encounter reporting
- Q record analysis and feedback for MDHHS
- LOCUS in REMI HIE process
- CIO forum highlights
- BH ADT outbound project
- CC360 API and multifactor authentication
- Other
  - ITC meeting for March will be call-in only
  - MDHHS request for quarterly authorization and grievance information

**✓ KEY DECISIONS**

- January 20 minutes approved. Any changes, please send to [jennifer.mccoy@midstatehealthnetwork.org](mailto:jennifer.mccoy@midstatehealthnetwork.org)
- Forest reported that the Active Care Relationship file processing for receiving ADTs has changed this month. PCE Systems has started generating these files for each ITC member. CEI is processing its own. Steve informed ITC members that MSHN is still doing an aggregate file so that it can be used for ICDP. He also indicated that ITC members will need to talk with their project managers to begin receiving the COVID-19 response file because it is part of the ACRS process.
- Forest described the process by which MCG updates its guidelines annually and wanted to make sure that ITC members can know what to expect with this project every year.
- Forest informed ITC members about the progress toward ASAM Continuum being implemented in REMI prior to 10/1/2021. Four software vendors have been selected for integration by MDHHS thus far: PCE Systems, Streamline, Netsmart Technologies and Core Solutions.

- Forest informed ITC members that a Veterans and Military fields improvement initiative is being developed at QIC and that ITC members should talk with their quality staff persons. A summary report is due to MDHHS in June 2021. Joanne is working with her staff to get the same reports that were available last year during the CAP process and to make those available to QIC.
- Forest shared Kathy Haines message about using the February 3 or March 3 extracts for EQI and suggested that it will be based on volume of encounter submission changes prior to March 3. Finance will decide impact of change for EQI. Nathan described his reconciliation process for EQI with REMI and suggested that the REMI reports needed to run again by finance staff in order align with changes that PCE Systems made in REMI. He also talked about tolerating some minor differences because REMI can span services over 21 counties where the CMHSP EMR and EQI reporting process only looks at data in its system. (COFR and other variances) He was able to reconcile 100% after adjusting for these differences.
- Shyam reported that current year file processing is going well and there are no issues to report to ITC members.
- Forest talked about offering to do some quick analysis for MDHHS regarding the reasons that ITC members are not able to do Q records. Carol Hyso at MDHHS wants feedback about what comprises the 5% plus of non-compliance in regions. Shyam will provide an email summarizing the percentage of records that each CMHSP has compared to the total. ITC members will gather information about those missing Q records and Forest will aggregate the feedback and provide it to Carol and ITC members.
- Steve informed ITC members that they can contact their project managers (and Dmitriy) to request the HIE process for LOCUS to be turned on in their EMRs. This will provide a smoother integration for Utilization Management reporting and eliminate the need to post these files in BOX manually every month.
- Alexis provided an update on CIO forum. Key areas of interest: EQI, ADT analysis by hospital submitters, TA for H2015, CMS guidance on interoperability rules, MDHHS contractual requirements on independent audit. Please see CIO forum minutes for details.
- Open discussion about BH ADT outbound projects. Doug mentioned that his outreach to his project manager indicated it would be available in July or August.
- Open discussion about CC360 API integration. Brett indicated that they suspended this project a while back and are going to re-visit it soon. He talked about a two-factor authentication by team approach to minimize impact on clinical teams and contracted providers. MSHN is preparing REMI for two-factor as it is required by DTMB and PCE Systems in order to meet a security requirement for direct access to CC360 API. Terry reported that Montcalm is using multi-factor with its EMR. Some contracted providers are excluded from this process.
- Joanne wanted to express her concern to ITC members regarding the latest requirements coming from MDHHS for reporting on a quarterly basis, such as: grievance and appeals, authorizations. She is most concerned about the form and format that the information is going to be required and the demands that it puts on CMHSPs for reporting. She suggested that ITC members should talk with their UM committee representative for more information.
- Forest informed that March ITC meeting will be conference call only.

✓ **ACTION/INPUT REQUIRED**

- ITC members will contact project manager if COVID return file is needed for ACRS process
- Joanne will establish the Veterans and Military fields validation reports and provide to QIC
- Shyam will produce a quick summary of percentage of Q records missing compared to total

	<ul style="list-style-type: none"><li>• ITC members will evaluate missing Q records and provide a summary of reasons why</li><li>• Forest will compile reasons into an aggregate document for MDHHS to review</li><li>• ITC members will contact project manager to initiate the LOCUS HIE process and notify Steve G.</li><li>• <b>Reminder: ITC members that received communication regarding BH-TEDS with treatment setting = 72 will review and submit valid discharge and admit records. Due by March 31, 2021.</b></li></ul>
✓ <b>KEY DATA POINTS/DATES</b>	<ul style="list-style-type: none"><li>• ITC Meeting: March 17, 2021 1pm–3pm conference call only</li><li>• CIO forum meeting: February 26, 2021 9am-11:30am Teams call</li></ul>