



Council, Committee or Workgroup Meeting Snapshot

Meeting: Information Technology Council

Date: March 15, 2023

Theresa Alder, BABH
Jesse Bellinger, BABH
Joanne Holland, CEI
Martin Slominis, CMHCM
Jane Cole, CMHCM
Kevin Faught, CMHCM
Brian McNeill, GIHN
Shannon Wichert, HBH
Michael Potter, HBH
Alexis Shapiro, LW
Terry Reihl, MCN
Lynn Martin, NCMH
AmyLou Douglas, SCCMHA
Holli McGeshick, SCCMHA
Dave Dunham, SCCMHA
Kyle Aubry, SHW
Rebecca Marshall, SHW
Jill Carter, TRD
Nathan Derusha, TRD
Laura Rickwalt, TBHS
Christina Saunders, UNK
Steve Grulke, MSHN
Shyam Marar, MSHN
Joseph Wager, MSHN
Linda Proper, MSHN
Ron Meyer, MSHN

KEY DISCUSSION TOPICS

- Approval of snapshot from February 2023

Informational Items

- MDHHS communications? – Steve
 - BH-TEDS and Encounter submissions – Shyam/Linda
 - Encounter Errors
 - Sending Auth data to PIHP
 - MDHHS CRM certification process
 - CMH IT policies and Procedures
 - Strategic Plan & Balanced Scorecard
 - CIO forum update – February
 - Other – All
- ITC meeting on April 19 is HYBRID – IN person at CEI
- CCBHC IT operational concerns/questions (as time allows)
 - BHH IT subgroup (as time allows)

✓ KEY DECISIONS

Consent Items

1. Roll Call, February 15 snapshot – All

Informational Items

2. MDHHS communications? – Steve
 - a. Kathy Haines retirement - Crystal Williams

Next week will be an acknowledgment of Kathy's achievements.

b. Carol Hyso – L-record -> QI File, Supplemental data (Autism)

Referred to as an N Record by Carol. Either option may be removed, in option of resurrecting the QI file. Seeking more current Living Arrangement demographic data.

The BH-TEDS group explained that most require a signature as part of the clinical record, which would complicate regular updates. The L-record was offered.

A purpose was not stated, though it is believed to be related to Social Determinants of Health.

Joanne Holland has called for pushback against this, as a contractor is asking for more administrative burden without a stated reason. This is a transient population in a lot of respects. The BH-TEDS was supposed to measure this.

SG: the email I have from Carol is seeking feedback. Individually we can send our own responses. Steve will forward Carol's email for everyone to respond independently.

Holli does not recall this conversation, or any mention of an L-record, from the February meeting.

c. BH TEDS missing > 95%, Yeah!

Shyam uploaded the missing TEDS file via FTP. We found with some searching that issues are tied to REMI or state-side data – meaning that we cannot fix some of them.

CEI is out of sync with REMI, as they've been told encounters were accepted by the state but aren't. There was no notice of an error returned to CEI. Joanne will follow up directly to both resolve this and correct it for the future.

PIHP is working with staff to come up with a process to figure out how to identify errors on our end.

3. BH-TEDS and Encounter submissions – Shyam/Linda

4. Encounter Errors – figuring whose task and sending out.

MSHN will plan on sending rejections from the state around the first of the month, most likely via FTP.

5. Sending Auth data to PIHP

How would the CMHs like to relay/receive this data?

CEI will confer with their UM department.

Although related to Grievance and Appeals, this will likely be a separate endeavor.

6. MDHHS CRM certification process

They'll be starting with HCBS sites. Brian McNeill still does not have access through MiCAL. Alexis will take care of this.

Shannon Wichert will send updated information and terminology to ITC.

It's possible that only Sandy Gettel has access for CRM. Todd Lewicki will be approving any program certifications.

The CRM certification process is related to the Critical Event Reporting system. It's separate, but happens to be using the same system.

7. CMH IT policies and Procedures

ITC would be interested in compiling them. Rules on sharing for purchased libraries will still need to be explored.

PolicyStat is a popular Policy and Procedure library available for purchase.

We'll create a folder in BOX to warehouse them.

8. Strategic Plan & Balanced Scorecard

Information will need to be sent to leadership by the end of the month. If you've anything to add to the process, contact Steve.

9. CIO forum update – February

Notes have been uploaded by Alexis.

834 will no longer include AUT information.

FY24 changes cited.

271 vs 834 veracity.
FEI Cleanup Issues.

10. Other – All

ITC meeting on April 19 is HYBRID – IN person at CEI

CEI is reconciling encounters and TEDS with the state. Encounters are matching up well, but issues are being found with TEDS. Steve will be notified of findings.

11. CCBHC IT operational concerns/questions (as time allows)

“ The F53.0 is in the process of being added to the diagnosis list, we aren’t sure why that one got left off. I’m hoping all of those rejected encounters can be added to the additional claim line detail table of the supplemental data request. The T40.412 is new, and we’ll give it some consideration. My initial interpretation is that it might be.”

F53.0 will be resubmitted and accepted at the department once corrected.

The common practice among CCBHC sites and expansions is not to change the clinical process between Medicaid and non-Medicaid CCBHC individuals.

The ATP workgroup has not yet met.

The Right Door’s Milliman file has 11,000 rows that we weren’t considering CCBHC – such as people with an insomnia diagnosis. A lot of this is unusable. Leslie was reaching out to see if we are supposed to be removing the garbage from the file. It doesn’t match what we use for our reporting.

TRD and CEI is interpreting the final tab differently.

CEI has submitted many encounters between now and Feb 3rd that may not have been counted. Anything after that date should be added in that second tab.

	<p>We've met regarding SCA to complete allocations starting next FY. I have problems with that based around classification that we won't be able to claim because they're tagged Managed Care Administration. I'm discussing with the state how CCBHC should even be defined.</p> <p>Assumptions are being made about funding without knowledge of the program itself. SCA will always be inaccurate because due to these assumptions, and due to excluded service categories that are absolutely necessary to the functioning of the CCBHC, it will never capture the real cost, or risk, of a CCBHC without substantial changes.</p> <p>12. BHH IT subgroup (as time allows) Central, Montcalm, Newaygo, Saginaw and Shiawassee There was an original start date of 4/1/23 that was established for the BHHs, which has since been moved to 5/1/23.</p> <p>Per CMHCM's question, LifeWays uses a social determinants of health system that they had built separate from PCE. Several sites are still using PERS, as well as POTS, which are no longer being maintained as the technology phases into obsolescence.</p>
✓ ACTION/INPUT REQUIRED	<ul style="list-style-type: none"> • Policies and Procedures to be assembled and concatenated. Feedback to MDHHS
✓ KEY DATA POINTS/DATES	<ul style="list-style-type: none"> • Next ITC Meeting: April 19, at CEI/Hybrid