

<b>Present (please check)</b>				<b>CMHAMM</b> Work Group Meeting Minutes  DATE: 1/26/05 _____  LOCATION: CEI _____  WORK GROUP NAME: Information Services	cc: Team members Chuck Dougherty Joanne Holland Scott Overfield Heather Betts Andy Igel Lori Richardson Brenda Monk Deborah Cline Randy Betts		
<b>Please circle note-taker</b>							
X	Joanne	X	Lori				
X	Heather	X	Debbie				
X	Brenda						
Guests: <table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>							
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Topics Discussed	Discussion/Decisions	Action/Responsible Party
EQRO – Additional Information Requested	<p>HSAG has requested additional information regarding the follow-up care within 7 days, preadmission screening and supported employment indicators. It was discovered that the affiliation is not calculating these indicators in the same way. The QI group will be working through the details to ensure standardization. The response from CEI will indicate a process will be in place by April 1<sup>st</sup> to ensure consistency across the PIHP, meeting the indicator requirements and definitions. CEI is disputing the preadmission screening change in definition, which has the clock starting for a phone contact. This will be noted in the response.</p>	
<p>Encounters: File Submission Counts</p> <p>Fiscal Year 2003/2004 service count validation</p>	<p>A document that aggregates service count data from the longitudinal spreadsheets maintained by each board was distributed. Service counts from DCH were also listed in the document and there were several discrepancies. This could be due to a number of factors.</p> <p>DCH has requested the PIHP validate service counts. In order to complete this analysis CEI has requested the raw data from the DCH warehouse. CEI is in the process of loading the 80 files submitted to DCH into a data warehouse. This process is proving to be time consuming and we have not yet received the data from DCH.</p>	
<p>Encounters: Addenda Version Status</p> <p>Standard File Names</p> <p>File Submissions</p>	<p>The PIHP has been approved by DCH to submit the 837 1040A1 version. CEI will continue to test files submitted by affiliates. To date Gratiot and MB are approved for Professional. CEI has received a Newaygo Professional and Institutional files from Gratiot, MB and Newaygo but have not yet begun testing. Ionia is continuing to work with the Echo reporting process and both files will need to be tested. Once CEI is complete with the service count analysis, files will continue to be tested. Boards will be notified when CEI is ready to receive FY 04/05 data.</p> <p>The workgroup agreed upon a file naming standard for submission of the 04/05 encounter data. This format will include the board identifying character, professional or institutional, replacement, original or void, date the file was produced and the unique batch number.</p> <p>Examples: CPO.20050126.123456.out, = CEI, Professional, Original submission created on January 26<sup>th</sup> with batch number 123456. NIR.20050215.5555.txt = Newaygo, Institutional, Replacement submission created on February 15<sup>th</sup> with batch number 5555.</p> <p>At a recent EDIT group meeting DCH indicated they will continue to receive files from the PIHPs. Gratiot has 90 rejections to be reviewed for possible resubmission, Newaygo has a replacement file they will be sending and Ionia still needs to submit their</p>	

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		Institutional late data and replacement files.									
Personal Care Dollars		Manistee-Benzie asked how everyone was reporting these dollars for clients. The T1020 code for personal care is determined at the affiliation level. Therefore dollar amounts submitted by boards in the encounters will be overwritten with the affiliation amount when submitted to DCH.									
Dental		Some boards have provided dental services. The group reiterated last year's decision. The cost to report dental is much greater than the amount of dental services being provided. Dental costs will be included in the sub-element report under General Fund dollars, but will not be in the encounter reporting.									
Hospitalization data entry		Boards are entering every day of a hospital stay into their client data systems. These days may then be reported in the Institutional as individual services or a date range for the series of days.									
DD Consumers		Manistee-Benzie asked if a consumer does not attend a planned community service how do boards record it in their data systems. Some boards are entering the missed time as a cancellation or no show in order to track the frequency for management purposes. Other boards may not record the no show at all.									