

Present (please check) Please circle note-taker				CMHAMM Work Group Meeting Minutes DATE: 4/27/05 LOCATION: Gratiot 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
X	Joanne (notes)	X	Randy B. (phone)		
X	Scott O.	X	Brenda Monk		
X	Lori R.				
Guests:					Page # <u> 1 </u> of <u> 2 </u>

Topics Discussed	Discussion/Decisions	Action/Responsible Party
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<p>Encounters:</p> <p>FY04/05 Status and Schedule</p> <p>.err Files (PIHP and DCH)</p>	<p>Status: All affiliate data through March will be submitted by the end of the week. This will bring affiliate encounter data submissions current. The next submission due will be for April services by May 15th.</p> <p>Encounter/QI Schedule: The QI files will be processed on the 17th of each month. Encounters will be processed on the 20th of each month. The warehouse will produce an encounter file to be submitted to DCH with all valid encounters received and loaded by the 20th. Any submissions after that time will be extracted the following month. It is key to have data timely for the purposes of HSW validation by DCH. DCH uses the Medicaid id in the encounter to match to the HSW eligibility file. May 15th DCH will link to encounters for January 05 HSW services.</p> <p>A description of the CEI process for receiving and processing data was provided. Kristen Rivet – IS Secretary now receives, decrypts, stores and loads files into the encounter warehouse.</p> <p>.err Files: Currently a .pdf report is produced from both the PIHP and DCH response files. The files and reports are then sent to each of the affiliates. The PIHP response files are of the most importance. If the encounters are not accepted into the warehouse they will not be submitted to DCH. The DCH response files are sent as a courtesy, but only necessary when DCH rejects an encounter that the warehouse did not, e.g. invalid diagnosis. Gratiot, MB and Newaygo all requested not to receive the DCH response files, unless there is a rejection. Ionia would like to continue receiving all files and reports.</p>	
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IS QI Indicators	<p>The IS Department at Manistee-Benzie is no longer providing data for the Server Down Time and New User Orientation indicators. Brenda Monk relayed their request for written proof on how the indicator ties back to the contract. We discussed the origin of the indicators as an AFP requirement. Other boards are continuing to provide the indicators and find they are not difficult or time consuming to track. Joanne Holland will pass the information on to CEI's executive director and requested that the disagreement also pass through MB chain of command.</p>	
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Encounters – MB FY 0304 Data	<p>Manistee-Benzie discovered that staff time, not client time was pulled by Roger's 837 Tool for reporting FY0304 data. This has been corrected for FY0405 data, but it was passed on to those boards using Roger's software so they can validate their data.</p>	
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EQR Validation Findings				The validation findings report from HSAG was reviewed. Overall the report was very good. There were four items where the PIHP did not meet the standard. The PIHP is meeting on May 10 th to begin the development of a corrective action plan and may be requesting additional documentation from the affiliates. HSAG will be at CEI in the Fall to review these plans.	
Telepsychiatry/Telemed				Newaygo is meeting with Gee Communications out of Lansing in regards to tele-psychiatry for children and video conferencing capabilities. There is a possibility that MACMHB is also exploring this area. Newaygo will be moving forward with the video conferencing and asked if we should review this topic once more at an affiliation level.	Further discussion will take place at the affiliation meeting May 25th. Ken Slater is the CEI contact for setting up the video conferencing equipment.
837 – Medicare Flat File format				MB discovered a memo dated September 2004 from Medicare indicating information must be sent using the 700/701 flat file format. No one is familiar with this requirement and have been continuing to send hard copies of progress notes and treatment plans when requested by Medicare.	