

DRAFT – Not reviewed or approved by committee

**NSMHA CIS Committee**  
**NSMHA Conference Room**  
**April 21, 2009**  
**1:00-3:00 p.m.**

**MINUTES**

**Present:** *Michael White*, NSMHA; *Seong Ja Garza*, Sea Mar; *Jennifer Whitson*, WCPC; *Barbara Browning*, Sunrise; *Jim Gaudette*, CCS; *Judy Hamlin*, Sound Data; *Tera Boonstra*, Compass; *Marsha Murray*, Sound Data; *Dennis Regan*, NSMHA and *Rebecca Pate*, NSMHA.

**Review/Approve Minutes**

The meeting was called to order at 1:05 pm. Michael asked if there were any revisions to the minutes and they were approved as written.

**Call for Additional Agenda Items**

Michael asked for additional agenda items. Tera added meeting schedule.

**Data Clean Up Reports**

Michael said there were no clean up reports as they failed to be sent out.

**New Data Dictionary Transactions**

Michael reviewed the transactions with those present. He added Co-Occurring Disorder (COD) is currently being captured in the 837P transaction and this change is in preparation for Provider One. Jim asked about Provider One start up and Michael said he has the end of May there is to begin testing with the RSNs and MHD. Judy said she heard information would be available in September. Judy asked if COD would remain in 837 and Michael said no it would be eliminated under that transaction. Marsha asked when to submit information to Michael. Michael said this information is being put out for review so he could answer any questions providers might have. Judy asked about billing submission. Michael said you cannot use the old code because it is no longer valid and the new code is not available for use yet. Jennifer said she uses new code with connectivity to the old code for billing purposes. Marsha said those entries will have to be updated once the new code goes into effect. Michael said he would like all to review the documents for questions and clarify he captured everything correctly so he could finalize things next month. Discussion followed.

Michael mentioned as he has reviewed the 837P for Provider One. Questions have come about that he has submitted and he hopes to get answers soon. Further discussion followed.

**First Appointment Question**

Jennifer asked what can be put down in the other code area. She said sometimes the timeline has passed by the time it is known the person does not meet “access to care” standards. She said they often use other coding for services until determination is made. She said sometimes the assessment does not occur, which can cause problems. Michael said “request for service” is linked to “request for service data” and the link should be able to follow on up the line with the provider where the person is transferred. Discussion followed.

Marsha said problems have been encountered with CAP individuals and a solution needs to be created. Marsha said creating something along the line as for LKI would be helpful. Discussion followed.

Jim asked if there was a way to review the number of clients that each provider is receiving to see if numbers are being fairly distributed. Michael distributed the initial report regarding “requests for service”

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for region and broken out by county. Jim said this is helpful but he would like it broken down a little more.

Marsha said non-NSMHA County numbers are high and is most likely because agencies are not inputting the proper county code. She added this needs to be brought up at the user meeting.

### **CIS Workgroup Meetings**

Michael said this meeting was brought up as having it meet quarterly versus monthly. Michael said he received feedback and he has not received information to warrant going back to a monthly meeting. He asked what the real need for a monthly meeting. Judy said the changes in the system currently create a comfort level. Tera said issues have been brought up at user meetings that would be perfect for this monthly meeting and she will not wait three months for an answer. Jim asked if a monthly meeting could be left on the calendar and if not enough information warranted a meeting the meeting could be canceled. Marsha said often times clinical people bring issues up just prior to making a decision and by then it is too late to review and respond.

It was suggested adding Michael and Dennis to the user group meeting. If anything needs to be added to the user group agenda by either Michael or Dennis it could be added to the user group agenda and they could come to the meeting to discuss issues versus having this monthly meeting. Lengthy discussion followed.

It was agreed that Michael and Dennis will be included on the email list for the user group and if there is anything that needs to be discussed one of them will go to the user group meeting.

### **Open Discussion**

Marsha and Judy mentioned the DMHP transactions and Marsha asked if they should be sent up as partial transactions. Discussion followed.

Michael mentioned contract changes are currently being discussed for upcoming contracts. Discussion followed.

The meeting is adjourned at 2:55 pm. **The next meeting for July 21, 2009, is tentative** for 1:00 in the NSMHA Conference Room.