



Mid-State Health Network

Provider Network Management Committee *Minutes*

Date: 11/22/2017

Location: Gratiot CMH 608 Wright Ave, Alma, MI Conference Call

Time: 10:00 AM until 12:00 PM

Call-In: 888-585-9008/320.707.733

Attendance (phone*):

- S. Vandermay (Lifeways)*
- D. Jenkins (Shiawassee)
- K. Posen (The Right Door)
- S. Richards (The Right Door)*
- S. Stroh (Gratiot)

- T. Lawrence (CMHCM)*
- J. Keilitz (Saginaw)*
- K. Jaskulka (MSHN)
- C. Watters (MSHN)
- C. Mills (Newaygo)*
- B. Pazdan (CEI)
- T. Humphreys (Huron)*
- A. Horgan (MSHN)

- A. Ferzo (Huron)*
- VACANT (Tuscola)
- J. Pinter (NAA Contractor)
- * E. Lewis (BABH)*
- T. Curtis (Montcalm)
- A. Dillon (MSHN)*
- M. Davis (MSHN)*
- T. Lewicki (MSHN)*

Purpose and Powers

Purpose: *provide counsel and input to with respect to regional policy development and strategic direction.*

- **Develop** *policies and standards related to provider network management*
- **Identify** *barrier and gaps related to network adequacy*
- **Recommend** *improvement strategies*
- **Monitor** *follow-through*
- **Coordinate** *with other committees*

Information

All available information should have been shared and reviewed prior to the meeting. Prior to the meeting, attendees review materials and prepare questions/feedback. Information includes previous minutes, data reports/dashboards, announcements, etc.

1. Welcome and Roll Call
2. Review and Approve 11/22/2017
3. Review PNMC Minutes 10/25/2017
4. PNMC Action Plan Review Progress to Plan
 - a. **Home and Community Based Services Update (T. Lewicki)**
Update: c-waiver - MSHN continues to move forward with mailing letters of non-compliance and CAPs to providers. b3 progress - 85% complete in region. Next step is to complete letters and CAP templates for CMHSPs that haven't been completed yet. Heightened scrutiny – MSU is working to determine if provider intends to continue to provide services to the consumer and if they can/will come into compliance. Provisional provider application – Todd will provide to PNMC. If CMHSPs establish a new contract and there is not an existing contract in the region, the Provisional Provider Application must be sent to Todd Lewicki for review. MSHN will then send the full survey upon Provisional status approval. This applies to residential, non-residential, b3 (CLS, Supported Employment, and Skill Building).
 - b. **Network Adequacy Assessment (J. Pinter)**



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Update: CMHSPs continue to send edits; however, a few have not yet provided feedback. Janis intends to complete edits based on information received today in order to provide to Amanda/Joe for review prior to Operations Council.

c. QAPIP Annual Reports (C. Watters)

Decision: amend PNMC goal to reflect “to the extent deemed appropriate, address NCQA accreditation requirements as it relates to delegated credentialing”. No other edits suggested.

d. Reciprocity – Intra-Regional Systems (A. Dillon/M. Davis)

FI Regional Monitoring Update (A. Dillon): Currently in the process of collecting FY17 FI Data (how many SD participants are being served by FI and how many employees of SD participants are being served by FI. Also collecting contact information for regional auditing team members. Waiting for 2 responses out of 12. Next step is to survey team for best date to meet. Once all contact information is collected and FY17 data, a survey will be sent to the designated FI monitors determine a date for all monitors to meet. Timeframe: Send survey next week with options to meet in December and/or 1st part of January to review the FI tool, establish auditing teams for each review and assign responsibility, establish a monitoring schedule, and outline the process for sharing reports and documentation.

Inpatient Monitoring Update (M. Davis): Requested information relative to 2017 audits conducted (Recipient Rights and Clinical Documentation). Melissa will reach out to those who have not responded. Next step is to schedule a meeting with auditors/RR staff to establish a regional schedule for audits of inpatient facilities in MSHN region in support of statewide monitoring protocol.

e. Regional Contract Change Management Process (K. Jaskulka)

Decision: Establishing a workgroup of 4-5 members to participate in annual change process for inpatient contract, FI contract, and Medicaid Subcontract. Suggested changes to contracts to be submitted to Kyle Jaskulka to compile and review with workgroup. The following individuals have volunteered: Carol Mills – Contract Rep. (Newaygo), Tracey Dore – Clinical Rep. (Huron), M. Rozek – Finance Rep (BABH). Kyle to reach out to identify 1-2 more reps.

Decision: A change management log will be established to maintain history of changes and why. Formal review approval process will include workgroup recommendations → PNMC review/recommendation → Ops Council review/approval.

f. FI/Inpatient Contract (J. Pinter)

Decision: CMHSPs may insert own Business Associate Agreement (BAA) and Disclosure of Ownership and Controlling Interest form with the regional inpatient and FI contract. Kyle will send MSHN forms for use as well as notice to include CMHSP forms or MSHN forms.

5. Other Discussion & Planning

a. DMC Tool Review (M. Davis)

Decision: Reviewed DMC monitoring tool changes – Credentialing/Recredentialing and Subcontracts. No additional feedback. New standards developed for HCBS provider monitoring – MSHN will review annually to ensure system is HCBS compliant. More information will be provided as MSHN develops a system for ongoing monitoring. QIC reviewed in November. Ops Council will review in December.

b. Provider Directory Template (C. Watters)

Decision: use list of services that are provided in the template. MSHN will create a document which provides an approved listing of services and other data elements as necessary to have a web



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directory that may be filtered based on certain elements. Where possible, pre-populated selections will be made available.

~~c. Measurement Portfolio (A. Horgan)~~ Reviewed in August

d. NCQA Accreditation (A. Horgan)

Update: Presented results of the NCQA readiness assessment conducted by the Mihalik Group including recommendations for improvement in the areas of Member Rights and Responsibilities, Credentialing, Quality Improvement, UM and Complex Care Management. Shared anticipated timeline and application process which will include a 6-month lookback period on policies, minutes, reports, etc.

e. CMAHPS Enrollment (T. Lawrence)

Expect more details from the State in January with regard to the monitoring that will occur through CHAMPS. MSHN will bring back details once announced.
