Provider Network Management Committee Minutes

Date: 1/23/2019
Location: ☐ Gratiot Integrated Care Network – Eagle Room ☒**Conference Call**
Time: 10:00 AM until 12:00 PM
Call-In: 888-585-9008/320.707.733

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 1/23/2019 Agenda
    a. Moved 5e to 4a (Draft Policy – Kim Zimmerman)
3. Review PNMC Minutes 12/19/2018
4. PNMC Action Plan Review Progress to Plan

a) Draft Policy – Disqualified Individuals

Decision: Do you have recommended edits?

Background: At the recommendation/request of CMHSPs, the Regional Compliance Committee has drafted a regional policy to address disqualified individuals – this is not a new requirement, rather clarifying requirements. Need a better method for communicating within the region and to MSHN. Particularly atypical providers – not enrolled, not included in monthly exclusion checks.

Question: What is the easiest and best method for reporting? Consider including these individuals via REMI directory upload? Issue could be timing since directory is uploaded one per month.

Discussion: OIG requires that we report this information. Policy applies to atypical and typical providers and outlines requirements from SSA, admin rules, and health code. Many providers are relying on monthly exclusion lists and if they don't show up, they are approved. Non-enrolled providers do not show up on exclusion lists, so the second step is to conduct CBC and cross-reference with other acts to determine if there are mandatory exclusions. Would this need to be included in subcontracts? Yes. When atypical providers are enrolled in CHAMPS, this will help with the process, however, the state has not provided a timeframe for rolling that out to atypical providers.

Outcome: Final feedback due by: February 6th to Kim Zimmerman.

HCBS Transition (T. Lewicki)

Decision: No Update

Background:

Question:

Discussion:

Outcome:

b) Inpatient Contract

Decision: 1) Review and resolve feedback from HealthSource, Mid-Michigan, and Memorial in planning for FY20. Attachment 1 – Hospital Negotiation Comments/Considerations,

Attachment 2 – Results of feedback from CEI. 2) Recommend a strategy for 2020 rate negotiations. Data collection: FY19 Rate

Background:

Question:

Discussion:

Outcome: Reviewed hospital specific feedback and resolved changes. Still need to finalize review of recipient rights, program integrity, and insurance. Tabled for February along with rate negotiation strategy.

c) Regional Autism Operations Workgroup (C. Watters)

Decision: No update. Group meets next week and will focus on review of boilerplate and statement of work. Recommendations will be submitted to PNMC for review prior to Operations Council.

Background: none

Question: none

Discussion: none

Outcome:

5. Other Discussion & Planning

a. Impact of legalization of recreational marijuana (T. Lawrence)

Decision: NA

Background: Recent legislative change allowing recreational use of marijuana. Message from licensing is that this legislative change will not change anything for residential providers. They will continue business as normal. Still illegal federally; we accept federal funds. How does HCBS impact this? Can this be addressed in lease agreement (similar to alcohol ban). From employee/employer perspective, drug fee work zone still holds. What are others doing on a policy level to address recreational use of marijuana for clients in residential settings? Members agreed to have discussions locally and share local policy development/changes to review in January.

Question: none

Discussion: none

Outcome: Following licensing rules which don't differentiate from other 'smoking' requirements. If others are making policy decisions, please share with the committee.

b. ABA Rates (M. Cupp)

Decision: NA

Background: Recent fee schedule from MDHHS for autism services. Interpretation that these rates are the ceiling developed by department for reimbursement to CMH/PIHP. Michael will let the group know as the conversation with the state progresses.

Question: none

Discussion: none

Outcome: No update, but still on Michael's radar.

c. Provider Directory (C. Watters)

Decision:

1) Contracted services list; review recent outliers; other considerations
2) Simplified export/print file – Customer Service Committee feedback
3) Counties serviced filter feature vs. county of physical location

4) PCE establishing a directory export from CMH systems – discuss approach

Background:

Question:

Discussion:

Outcome:

1) Contracted services list – reviewed outlier list. C. Watters will reach out to the specific CMH's with outliers. No changes to the approved list.
2) Reviewed recommendation from Customer Service Committee on a simplified printer friendly directory export. Recommend Name, Address, CSZ, Phone, Website, Languages, Services, Gender, Specialty/Discipline.
3) Tabled until February
4) Tabled until February

d. Training Requirements

Decision: FY20 planning and process for review.

Background:

Question: Who needs to be involved in recommendaiton of training requirements prior to Ops Council? Training Coordinators, Clinical Leadership, PNMC, others? What is the order and role of each group? When should review start? Medicaid subcontract review should be done by June/July and released to CMHSPs by August.

Discussion:

Outcome: Tabled until February meeting due to timing

Next Meeting:2/27/2019 – Gratiot Integrated Health Network