MSHN
Mid-State Health Network

**REGIONAL OPERATIONS COUNCIL/CEO MEETING**
Key Decisions and Required Action
Date: December 14, 2020
MEETING RESTRICTIONS IN EFFECT – ZOOM MEETING ONLY

**Members Present:** Lindsey Hull; Carol Mills; Sharon Beals; Tracey Dore; Tammy Warner; Maribeth Leonard; Kerry Possehn; Michelle Stillwagon; John Obermesik; Sandy Lindsey; Sara Lurie
**Members Absent**: Chris Pinter
**MSHN Staff Present:** Joseph Sedlock; Amanda Ittner; For Applicable Topics: Todd Lewicki, Skye Pletcher, Leslie Thomas, Kim Zimmerman, Amy Dillon

| Agenda Item | Action Required | | | | |
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| Consent Agenda | C. PIHP/MDHHS Operations Meeting: John questioned page 17, local crisis lines via MiCAL– (Page 4, 2c.), difficulty accepting idea to relinquish local crisis lines and seem like too many barriers, understand 2 pilots will be implemented. J. Sedlock indicated the intent was to invite an MDHHS member to the Ops Council but it was pushed to January. | | | | |
| | Approved as presented<br>On Item C – J. Sedlock to invite Jon Villasurda and Krista Hausermann to January (or future) Ops Council Meeting | By Who | N/A<br>J. Sedlock | By When | N/A<br>01/11/21 |
| FY21 Financial Management (formally Fiscal Intermediary) Contract Amendment | A. Ittner reviewed the summary and background regarding the changes to the FY21 Financial Management contract and asked Ops Council to review, provide feedback, questions, etc. by January 7 to Carolyn Tiffany (Carolyn.Tiffany@midstatehealthnetwork.org) to allow final to presented to Ops in January. | | | | |
| | CMHSPs to review and provide feedback | By Who | CMHSPs | By When | 1.7.21 |
| MSHN Crisis Residential Development Analysis and Proposal | T. Lewicki reviewed the background, summary and recommendations for next steps related to developing a regional Crisis Residential contract held by MSHN for regional benefit.<br>J. Obermesik would like the RFP to identify or weight for a vendor in a location that supports the region and makes it possible for other regions to place individuals when there isn't a MSHN-beneficiary need. | | | | |
| | Operations Council fully supports MSHN moving this proposal forward to (1) conduct an RFP for the region; (2) enter into negotiations with a successful bidder; (3) present a contract to the MSHN board for Crisis Residential Services (to be held and managed by MSHN) after Board approval | By Who | T. Lewicki/J. Sedlock | By When | 1.30.21 |
| Direct Care Worker Premium Pay Continuation | L. Thomas reviewed the DCW analysis and related cost to continue the DCW. There is legislation being proposed to extend DCW Premium Pay through 3.31.21. MSHN is expected to lapse DCW Premium Pay funds in FY20 (reason is that MSHN can not retain the revenue in excess of expense per contract). FY21 revenue is expected to be sufficient to cover 1st quarter expense with an overage of 3.8m. If no revenue received in FY21 last 3 quarters, it would cost 18.3m for MSHN that could be pulled from the 33.8m estimated savings from FY20.<br>L. Thomas also reviewed the same analysis for the provider stabilization payments. Total FY20 was 8.7m. In FY21, estimated at 17.5m. | | | | |

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| | Summary: FY20 savings at 33.8m; FY21 DCW and Provider Stabilization total 36m; Over by 2.2m but expected to be able to utilize current revenue that is expected to be unspent.<br>MSHN Proposes extending DCW and through 3rd quarter, June 30, 2021. MDHHS will require Provider Stabilization plan to be continued throughout FY 21.<br>S. Laurie asked again to add ACT and other groups. There is concern that opening other worker categories to the DCW premium pay would create more problems than it would solve. MSHN reminded CMHSPs that, within CMH budget constraints, CMHSPs in the region could create incentives or provide premium pay to other job classifications.<br>C. Mills asked how this would affect rates. DCW premium pay done by MSHN independent of MDHHS financial should be recognized in PIHP rate setting process, Provider Stabilization would not but need to be allocated in costs. | | | | |
| | Ops Council supports DCW through 6.30.21 (actual end date to be determined by MSHN to coordinate with MSHN Board meetings), MSHN will present to the January Board meeting. MSHN has already extending PS through FYE 21.<br>L. Thomas will follow up with Finance Council to determine fiscal impact, cash flow, etc. | By Who | J. Sedlock | By When | 1.11.21 |
| **BBA Managed Care Rules Tracking Sheet** | A. Ittner reviewed the new BBA Managed Care rules effective 12.14.20 with some exceptions that are effective July 1, 2021. MSHN will send out excel version for easier tracking/review. Discussed areas being monitored by MSHN and respective councils. | | | | |
| | A. Ittner will send out excel BBA tracking | By Who | A. Ittner | By When | 12.14.20 |
| **Diabetes Monitoring Summary Report** | K. Zimmerman reviewed the PIP for FY20 – Diabetes HEDIS screening and monitoring. The baseline of calendar year 2018 did have an error related to incorrect diagnosis in specifications that dropped our rate. MSHN was not able to achieve statistical significance in FY20. | | | | |
| | CMHSPs take note of local results and asked to support local change and improvements; this is important for CMHSP follow-up as it relates to health outcomes improvements for the people we support and with HSAG reviews | By Who | CMHSPs | By When | Ongoing |
| **Health Equity Analysis Report** | S. Pletcher reviewed FY21 Integrated Health Metrics Equity Analysis<br>Plan all Cause Readmissions has been removed from PIHP performance incentive bonus<br>Report period changed to July 1, 2020 – June 30, 2021; with comparison year - calendar year 2019<br>Interest in sharing the barriers identified | | | | |
| | Skye will share data and barriers with Ops Council | By Who | S. Pletcher | By When | 12.20.20 |
| **Complex Care Management for the Unenrolled – PIHP Proposal Questions – Follow-Up** | J. Obermesik indicated they have looked at high utilizers and have saved physical health expenses by conducting complex care management; wanted to share some concerns and questions. | | | | |

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| | J. Sedlock clarified there is no risk to the CMHs and that it was specifically designed to be FFS (non-risk based) with the PIHPs. There is no involvement of, no risk to, and no financial relationship to CMHSPs unless an individual is already in service, which would already be the CMHSPs responsibility. If a CMHSP is contracted to do work related to the Unenrolled under this proposal, the CMHSP would be paid for its work. If the proposal is taken up by MDHHS, PIHPs collectively will negotiate with MDHHS on savings sharing. There are many benefits to the proposal, including putting the PIHPs and our CMHSP partners in the position of solving a "headache" for MDHHS. Adopting the PIHP proposal would significantly strengthen the value proposition of the public system as well as make it more difficult for the system to be "taken apart". The proposal is specific to unenrolled – those not enrolled in a Medicaid Health Plan PIHPs have submitted to MDHHS Executive Office, which has assigned it to BHDDA; Al Jansen expected to attend a future PIHP meeting to discuss; A copy of the proposal was sent to the Association, which has referred it to a number of internal groups/committees to inform a decision on whether the Association supports or takes an alternate position. | | | | |
| | Discussion and informational Only | By Who | N/A | By When | N/A |
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