

Provider Network Management Committee Minutes

Date: 3/27/2019

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

Attendance (phone*):	<input type="checkbox"/> T. Lawrence (CMHCM)*	<input checked="" type="checkbox"/> A. Ferzo (Huron)*
<input checked="" type="checkbox"/> M. Cupp (Lifeways)*	<input checked="" type="checkbox"/> J. Keilitz (Saginaw)*	<input checked="" type="checkbox"/> S. Jamieson (Tuscola)*
<input checked="" type="checkbox"/> D. Jenks (Shiawassee)*	<input checked="" type="checkbox"/> K. Jaskulka (MSHN)*	<input checked="" type="checkbox"/> E. Lewis (BABH)*
<input type="checkbox"/> N. Derusha (The Right Door)*	<input checked="" type="checkbox"/> C. Watters (MSHN)*	<input checked="" type="checkbox"/> M. Rozek (BABH)*
<input checked="" type="checkbox"/> S. Richards (The Right Door)*	<input type="checkbox"/> J. Labun (Newaygo)*	<input type="checkbox"/> T. Curtis (Montcalm)
<input type="checkbox"/> S. Stroh (Gratiot)	<input checked="" type="checkbox"/> B. Pazdan (CEI)*	<input checked="" type="checkbox"/> T. Humphreys (Huron)*
	<input checked="" type="checkbox"/> T. Lewicki (MSHN)*	<input type="checkbox"/> A. Dillon (MSHN)*
		<input type="checkbox"/> M. Davis (MSHN)*

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 3/27/2019 Agenda
3. Review PNMC Minutes 2/27/2019
4. PNMC Action Plan Review Progress to Plan

a) HCBS Transition

Decision: No action, update only.

Background: NA

Question: NA

Discussion: Exit ramp notices (n=163) have gone out to providers and HCBS lead. Exit ramp means a step down from HS→OOC. Those take off HS are not in compliance, they still have items to address but are closer to being in compliance. What is the next step for HS? Provider will work with the state to determine if a) provider wants to remain in business and b) what the provider needs to do in order to get off HC. HS review committee *may* be developed to review and make determinations.

When can we expect to see the impact to network capacity? That is, the number of providers who don't come into compliance. 2022 in its fullness.

Outcome: NA

b) Inpatient Contract

Decision:

- 1) IPHU Provider Memo – Recommend changes. Discuss timelines. Responsibility.
- 2) Summary of changes (links include tracked changes, clean, and change log)
 - a. [Health Source](#)
 - b. [Mid-Michigan](#)
 - c. [Memorial](#)
 - d. [FY20 template](#)

- e. Added: RR Audit Feedback regarding C6.3.2.4 – this attachment must be included in the Inpatient Contracts according to ORR.
- 3) Insurance carrier feedback (additionally insured and sexual abuse/molestation language)
- 4) [Rate data review](#) – recommendations for rate negotiations

Background:

Question:

Discussion:

- 1) **Memo** – no changes recommended. Discussed timeline to send out IPHU contracts to providers for final FY20 feedback. One CMH questioned if we should provide another opportunity for input. Reminded group that last year, change requests were occurring in as late as September/October. Asked group if they wished to request early feedback this year or just move forward without an opportunity for feedback. Final feedback from members was to move forward with seeking provider input. Question if/how rate discussions are tied to this process. See bullet #4.
- 2) **Changes** - Added: RR Audit Feedback regarding C6.3.2.4 – this attachment must be included in the Inpatient Contracts according to ORR.
- 3) **Insurance carrier feedback** – Kyle updated on feedback from MSHNs insurance carrier.
- 4) **Rates** - Reviewed rate information provided. Appears to be missing information which doesn't allow for a complete view of rate variances. Difficult to develop a recommended strategy. Feedback/Options from group: some CMH rates may increase and some will decrease; don't want this to result in rate increases. Some hospitals will not even entertain a rate discussion. Suggestion to target a few hospitals with overall higher rates and negotiate a lower rate. One CMH has maintained lower rates in general and could be impacted significantly by negotiating rates. Recommendation to involve Finance Council in the discussion. Requested rate information be provided in order to provider Finance Council information to analyze/discuss.

Outcome:

- 1) **Memo** – no changes recommended. Discussed timeline to send out IPHU contracts to providers for final FY20 feedback. One CMH questioned if we should provide another opportunity for input. Reminded group that last year, change requests were occurring in as late as September/October. Asked group if they wished to request early feedback this year or just move forward without an opportunity for feedback. Minimal input from the committee, but final feedback from members was to move forward with seeking provider input. Question if/how rate discussions are tied to this process. See bullet #4.
- 2) **Changes** - NA
- 3) **Insurance carrier feedback** – support keeping 'additionally insured' provision; sexual molestation language – would be part of the general liability coverage and could be dropped.
- 4) **Rates** – No formal outcome. MSHN requested rate information be provided in order to provider Finance Council information to analyze/discuss.

c) Fiscal Intermediary Contract & Performance Monitoring

Decision:

- 1) process for FY20 review. Recommend CMH designee collect input from providers; submit input to MSHN to compile; review and resolve input at PNCM or Sub-group.

Background: FI Auditor meeting snapshot (informational)

Question:

Discussion:

Outcome: All committee members will review contract and offer recommended changes by April 16th. Changes to be reviewed and resolved in April.

d) Network Adequacy Assessment Action Plan

Decision: NA; informational. Quarterly updates be provided.

Background:

Question:

Discussion:

Outcome:

5) Other Discussion & Planning

a) Provider Directory

Decision:

- 1) Contracted services list; review recent outliers; other considerations
- 3) Counties serviced filter feature vs. county of physical location
- 4) PCE establishing a directory export from CMH systems – discuss approach

Background:

Question:

Discussion: NA due to time.

Outcome: Will discuss at next meeting

b) Policy and Procedure

Decision: Do you recommend changes to the following:

Out-of-State Placement Policy – no changes recommended by MSHN (no changes to MCL or admin rules)

Out-of-State Placement Procedure – no changes recommended by MSHN

Background: Annual policy review cycle for MSHN regional policies and procedures.

Question: NA

Discussion: No changes from committee members

Outcome: Will proceed through approval process.

6) Informational

a) Regional Training Requirements, Resources, Procedure

Decision: NA – procedure submitted for approval.

Background:

Question:

Discussion:

Outcome:

b) Regional Autism Operations Workgroup (C. Watters)

Decision: NA – February meeting snapshot

Background:

Question:

Discussion:

Outcome:

c) Workforce Retention Survey, Focus Groups, and Strategy

Decision: NA – update
Background:
Question:
Discussion:
Outcome:

Next Meeting: 4/24/2019 – Conference Call