

Provider Network Management Committee Minutes

Date: 2/27/2019

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 checked="" type="checkbox"/> T. Lawrence (CMHCM)*	<input checked="" type="checkbox"/> A. Ferzo (Huron)*
	<input checked="" type="checkbox"/> J. Keilitz (Saginaw)*	<input checked="" type="checkbox"/> S. Jamieson (Tuscola)*
<input checked="" type="checkbox"/> M. Cupp (Lifeways)*	<input checked="" type="checkbox"/> K. Jaskulka (MSHN)*	<input checked="" type="checkbox"/> E. Lewis (BABH)*
<input checked="" type="checkbox"/> D. Jenks (Shiawassee)*	<input checked="" type="checkbox"/> C. Watters (MSHN)*	<input checked="" type="checkbox"/> M. Rozek (BABH)*
<input checked="" type="checkbox"/> N. Derusha (The Right Door)*	<input checked="" type="checkbox"/> J. Labun (Newaygo)*	<input checked="" type="checkbox"/> T. Curtis (Montcalm)
<input checked="" type="checkbox"/> S. Richards (The Right Door)*	<input checked="" type="checkbox"/> B. Pazdan (CEI)*	<input checked="" type="checkbox"/> T. Humphreys (Huron)*
<input checked="" type="checkbox"/> S. Stroh (Gratiot)	<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 2/28/2019 Agenda
3. Review PNMC Minutes 1/23/2019
4. PNMC Action Plan Review Progress to Plan
 - a) HCBS Transition (T. Lewicki) - 10:05 AM – 10:20 AM

Decision: No action, update only.

Background:

Question:

Is MSU involved with HS still? They are still working with providers; HS review committee that works on a recommendation.

To overcome HS, providers needs to send to MSU or is MSHN sending to MSU? If providers have not heard from MSU and they are expecting, let Todd know. Heightened scrutiny is not the PIHP responsibility, but Todd wants to bridge the provider to MSU.

Discussion: Referenced document provided by Todd relative to survey status. Continue to work through remediation activity of c-waiver. Project plan set aside for exit ramp, out-of-compliance activities. Original surveys of c-waiver – certain groups of providers who answered the survey indicting they were on HS. You may hear a reference to “question 163 – exit ramp” which are the questions that would have landed a provider on heightened scrutiny. Email going to all CMHSPs impacted informing of next steps (letters and CAPs). CMH HCBS leads will brought in on this. B3 – list sent to the leads with intent to determine which participants were still receiving services from a b3 provider. 637 letters and OOC responses going out to providers. Leads and will receive a ‘heads-up’ communication prior to formal communication which starts the 30-day timeline.

Outcome:

- b) Inpatient Contract – 10:20 AM – 10:50 AM

Decision:

- 1) Recipient Rights (Pg. 12 of Contract) and Program Integrity language (Pg. 15) review Recommendation to keep the RR section.
- 2) Insurance carrier feedback
- 3) Recommend a strategy for 2020 contract and rate negotiations. Data collection: FY19 Rates
- 4) Mid-Michigan Health Status – tentative meeting on 3.1.19 with NMRE and CMHSPs (to be confirmed)

Background: Continued work to address provider feedback to the regional inpatient contract in preparation for FY20

Question:

Discussion:

- 1) Recipient Rights and Program Integrity - Recommendation to keep the RR section. Montcalm reviewed with RR Officer and recommends keeping the language is as. Huron and Gratiot shared that the language (22.4) was not sufficient for the State ORR audit, that they wanted the actual technical advisory attached. Program Integrity section was updated to reflect the removal of 27.1.8 – per K. Zimmerman, these are not required for inpatient providers.
- 2) Insurance carrier feedback (additionally insured and sexual abuse/molestation language) – no update.
- 3) Rate negotiation strategy – need to collect more data to evaluate (FY17 and FY18 utilization by IPHU, including partial day).
- 4) Mid-Michigan Contract meeting with NMRE scheduled for Monday, March 4 at 11:30am. Gratiot, Montcalm, and possibly CMHCM will participate.

Outcome:

- 1) FY20 contracts – MSHN to draft a memo and summary of changes to review with committee in March. Obtain provider feedback April/May and schedule F2F meetings with providers as deemed necessary based on feedback. Goal is to submit to Ops Council in June.
- 2) Insurance carrier feedback (additionally insured and sexual abuse/molestation language) C. Watters to follow up.
- 3) Rate negotiation strategy – Verify your rates are correct ([current rates](#)). If you only have **single case agreements, indicate with red font**. C. Watters to obtain utilization data.

- c) Regional Autism Operations Workgroup

Decision: No action, February meeting update

Background: NA

Question: NA

Discussion: Met this week to begin review of contract language. Aligning boilerplate with the boilerplate of the inpatient contract. Statement of work specific to Autism services. Credentialing seems to be an area where there is wide variation of practices around the region.

Outcome: NA

5. Other Discussion & Planning

- a) PNM Balanced Score Card Metrics

Decision: Discuss balanced score card metrics and come to consensus on the Target Value. Consider source of data for reporting purposes.

Background: Annual balanced score card metrics for MSHN Board of Director Reporting

Question:

Discussion: Feedback from members relative to metrics. 1) Difficult to control for reduction in rates. More appropriate metric would be to develop a strategy to negotiate hospital specific

rates. 2) IPHU performance monitoring – suggestion to set 95% performance goal; those below in FY18, to improve by an additional 10% in FY19.

Outcome: Revised BSC to be shared with members.

b) Regional Training Requirements, Resources, Procedure

Decision:

1) Review draft procedure for annual review of regional training requirements. Discussion on who remains the final authority for recommending changes to Operations Council? Does the order of operations make sense – Committees, PNMC, Training Coordinators, OC? How to address difference in opinions? Other considerations?

2) Training Resources Page – how can this be enhanced?

Background:

Question:

Discussion:

1) Members were supportive the proposed policy with the following change: Training Coordinators review prior to PNMC review rather than after.

2) Reviewed the website (Training Resources). Suggestions to enhance the resource included the addition of Veterans Navigator Training (video and PP). Would like to see other training resources added . . . LEP, RR, Corporate Compliance trainings, assessments and/or attestations

Outcome:

1) C. Watters will make edits as suggested and submit for approval.

2) This will be referred to Training Coordinators for development (A. Dillon)

c) 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: Counties serviced vs. County of physical address. Currently 'County' is used to determine the physical location of the provider and to search by county in the filter or by clicking on the county on the map. BABH noted that this could be confusing if a provider is identified as servicing multiple counties (Bay and Arenac, for example) but has one physical location requiring a consumer to travel. This feedback will be considered. Possibility of adding a column for 'Counties Serviced' – Recommendation: add column to template Colum AB – Counties Serviced

Outcome: limited time to finalize decision as a group. C. Watters to follow up via email on next steps after working with PCE.