



## COMMITTEE CHARTER

<b>NAME:</b>	Provider Network Management
<b>LEADER:</b>	Steve Vandermay, Chair Patti Bush, Co-Chair
<b>ADOPTED:</b>	April 21, 2014
<b>LAST APPROVED:</b>	February, 2015

This charter shall constitute the structure, operation, membership and responsibilities of the Mid-State Health Network (MSHN) Provider Network Management Committee (PNMC).

Purpose of the Provider Network Management Committee: PNMC is established to provide counsel and input to Mid-State Health Network (MSHN) staff and the Operations Council (OC) with respect to regional policy development and strategic direction. Counsel and input will typically include: 1) network development and procurement, 2) provider contract management (including oversight), 3) credentialing, privileging and primary source verification of professional staff, and 4) periodic assessment of network capacity. In fulfilling its charge, the PNMC understands that provider network management is a Prepaid Inpatient Health Plan function delegated to Community Mental Health Service Programs (CMHSP) Participants. Provider network management activities pertain to the CMHSP direct operated and contract functions.

Responsibilities and Duties: The responsibilities and duties of the PNMC include the following:

- Advise MSHN staff in the development of regional policies for Provider Network Management;
- Establish regional priorities for training and establish training reciprocity practices for (CMHSP) Sub-contractors;
- Support development of regional PNM monitoring tools to support compliance with rules, laws, and the PIHPs Medicaid contract with MDCH.
- Provide requested information and support development of periodic Network Capacity Assessment;
- Monitor results of retained functions contract for Network Capacity Assessment;
- Support development and implementation of a Regional Strategic Plan;
- Look for opportunities and recommend strategies to establish uniformity in contract language and rates, to achieve best value
- Establish regional contract negotiations reciprocity;
- Recommend and deploy strategies for sub-contractor credentialing reciprocity agreements; and
- Support development of regional agreements with Medicaid Health plan agreements.

### Decision-Making Context and Scope

1. The PNMC provides counsel and input to the MSHN OC and the Chief Executive Officer (CEO). Committee input is related to the defined purpose and may be strategic, operational or improvement focused in nature.
2. MSHN Board of Directors, CEO and Operations Council (OC) are the final authority for matters involving strategic plan (Mission, Vision, Values and Board Ends/Results), Board policy and budget.
3. The CEO reserves final decision-making authority for operational matters.
4. Members of the PNMC will strive for consensus. When consensus is not immediately reached, discussion will continue to reword, resolve, or propose a resolution. If consensus cannot be reached a vote will be taken. The vote will be accompanied by a majority and minority opinion, and a MSHN Deputy Director recommendation to the CEO and OC.

Defined Goals, Monitoring, Reporting and Accountability: The PNMC shall establish goals consistent with the MSHN Strategic Plan and to support compliance with the MDCH – PIHP contract including:

1. Completion of a Regional Network Capacity Assessment;
2. Development of reciprocity agreements for sub-contract credentialing/re-credentialing, training, performance monitoring, and standardized contract language;
3. Develop a plan to establish a common training plan;
4. With the Finance Council, improve the efficiency of intra-region COFR agreements and standardize the agreements for inter-region COFR;
5. Implement strategies to establish regional inpatient rate negotiations for best value; and
6. Fully execute regional agreements with Medicaid Health Plans.

### Membership

1. The PNMC shall be comprised of CMHSP Participant member staff, the MSHN Director of Provider Network Management Systems and other designated MSHN staff as required.
2. CMHSP designees become members of the PNMC through appointment by MSHN OC and as recommended by the CMHSP Participant CEO.
3. Membership shall be representative of the MSHN Region with each CMHSP having one vote.
4. Alternates may attend and speak with the power granted by their CEO.
5. Others in attendance by invitation (not regularly attending), should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the PNMC for a specific agenda topic and shall only participate during the related topic.

### Roles and Responsibilities

1. Chairperson – Prepares the agenda, runs the meeting and maintains order; serves as the point of contact for the committee; is accountable for representing the committee and making reports on behalf of the committee. The assignment of chairperson shall be on an annual term and established on a voluntary basis. MSHN staff will facilitate agenda preparation and distribution of materials with the Chairperson.
2. Vice Chairperson – Assists with chairperson duties detailed above. The assignment of Vice-Chairperson shall be on annual rotation and established on a voluntary basis.
3. Recorder –The recorder and shall prepare the “Meeting Snapshot of Key Decisions and Actions” following each meeting. The recorder shall rotate per meeting in alphabetical order.
4. Member – An appointed member is a voting member. All members shall participate in the PNMC in accordance with established ground rules.

Member Conduct/Ground Rules: Members of the MSHN PNMC seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others
  - Only one person speaks at a time; no one will interrupt while someone is speaking.
  - Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
  - No sidebars or end-runs.
  - Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
  - No personal attacks. “Challenge ideas, not people.”

- Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged. Disparaging comments are discouraged. Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.

## 2. Meeting Efficiency

- The agenda and related materials will be distributed in advance of the meeting.
- Members are prepared for the agenda content and have completed related assignments on time.
- Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members share equally in the work of the body.

## 3. Decision Making

- Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.
- Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodates their interests and the interests of others.
- Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

## Meetings

1. Regular Meetings: Meetings will occur routinely, no less frequently than quarterly.
2. Special Meetings: Special meetings of the PNMC will occur as deemed necessary to conduct the work of the PNMC. Special Meetings may be call by the Chairperson or MSHN staff.
3. Attendance at Meetings: Regular attendance of all members is essential to the effective operations of the PNMC. Attendance can be in person, via conference call, by Webx, or videoconference.
4. Agenda: The agenda shall be prepared by the MSHN committee liaison in consultation with the Chairperson. When possible, the agenda and related materials shall be distributed electronically and in advance of the meeting to provide sufficient opportunity for committee member meeting preparation.
5. Location: Meetings of the PNMC will typically be held at GCCMHA, in Alma.

## OC Annual Evaluation Process

- a. Past Year's Accomplishments: The PNMC had eight meetings during the reporting period in that time they completed the following tasks:
  - a Completed and had approved a regional Assessment of Network Adequacy;
  - b Drafted a region-wide contract and initiated inpatient contract negotiation strategy;
  - c Developed and implemented region-wide training requirements
  - d Developed region-wide credentialing and re-credentialing policies and procedures; and
  - e Established regional standards for professional and direct care worker training.

b. Upcoming Goals for Fiscal Year Ending, September 30, 2016

- a Update the Assessment of Network Adequacy to address newly identified needs specifically services added as a result of Healthy Michigan Plan implementation;
  - i Address network capacity issues for opiate and medication assisted treatment; work with existing provider to meet regional consumer need;
  - ii Further research needs to address service capacity for children and families;
  - iii Improve access for designated eligible veterans;
- b Implement region-wide inpatient contract negotiations with six (6) priority inpatient hospitals;
- c Adopt standardized Fiscal Intermediary practices for contract, monitoring, and documentation of training;
- d Per the recommendation of the Operations Council, propose a plan to eliminate COFR agreements within the region, to improve intra-region efficiency, but maintain COFR agreements across regions;
- e Document regional training objectives (MSHN Training Glossary); and

Develop a coordinated sub-contractor/provider manual.