

Provider Network Management Committee *Minutes*

Date: 1/25/2017

Location: ☒ Gratiot CMH 608 Wright Ave, Alma, MI ☐ 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"/> S. Vandermay (Co-Chair)*	<input checked="" type="checkbox"/> G. Reed (Saginaw)*	<input checked="" type="checkbox"/> D. Babich (Tuscola)*
<input checked="" type="checkbox"/> P. Bush (Co-Chair)*	<input checked="" type="checkbox"/> K. Jaskulka (MSHN)*	<input type="checkbox"/> J. Pinter (NAA Contractor)
<input type="checkbox"/> K. Posen (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 checked="" type="checkbox"/> C. Mills (Newaygo)*	<input checked="" type="checkbox"/> T. Curtis (Montcalm)
	<input type="checkbox"/> VACANT (CEI)	
<input checked="" type="checkbox"/> S. Stroh (Gratiot)	<input checked="" type="checkbox"/> T. Humphreys (Huron)*	

Purpose and Powers

Purpose: *provide counsel and input to with respect to regional policy development and strategic direction.*

- **Develop** policies and standards related to provider network management
- **Identify** barrier and gaps related to network adequacy
- **Recommend** improvement strategies
- **Monitor** follow-through
- **Coordinate** with other committees

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 (S. Vandermay/P. Bush)
2. Review and Approve 1/25/2017 Agenda (S. Vandermay/P. Bush)
3. Review PNMC Minutes 11/30/2016 (S. Vandermay/P. Bush)
4. PNMC Action Plan Review Progress to Plan
 - a. Fiscal Intermediary Update (K. Jaskulka/P. Bush)
5. Other Discussion & Planning
 - a. PNMC Scorecard (C. Watters)
 - b. Medicaid Managed Care Rules Update (C. Watters)
 - c. Region-Wide Reciprocity Plan (All)
 - d. Geo-Mapping (C. Watters)

Decisions

Decisions that require use of resources (time, money) are written in the form of questions identifying the precise decision that the group is being requested to make. Each decision should be made by completing a formal [Decision-Making Checklist](#). The assumption is that all attendees are empowered to make decisions within the group's scope.

- **Item 1: Roll Call**
- **Item 2: Review and Approve Agenda**
 - Approved
- **Item 3: Review and Approve Minutes**
 - Approved
- **Item 4: Action Plan Updates**
 - Update: Action plan progress relative to HCBS transition. Questions with regard to CMHSPs role in provider compliance and corrective action plan. Asked that MSHN proactively discuss the process with CMHSPs. Carolyn has sent an invite to Todd Lewicki to provide an update and answer any questions.
 - Update: Status of SIS assessment completion. MSHN entered into a contract with MORC to support the work of SIS assessor who will be on leave and to also support MSHN in getting on track for 100% compliance by 9.30.17. Questions raised as to how billing would occur and why MSHN is holding the contract as opposed to CMHSPs. Carolyn will follow up with Committee. *Follow-up note since meeting:* The PIHP's are responsible for ensuring SIS assessments are completed as outlined on page 49 of the PIHP/MDHHS contract. Currently, the CMH's contract with one of the five CMHs to complete SIS assessor services, with Todd Lewicki providing administrative oversight to ensure we are on target. MSHN entered into a contract (as a retained function) with MORC to fill a gap. That is, the completion of SIS assessments is not a delegated function to all 12 CMHs but a retained contracted function of MSHN. The MORC contract and strategy to meet the deadline was discussed at Operations Council on December 19, 2016.
 - Update: status of psychiatric inpatient access advocacy efforts including state-wide expansion of denial collection.
- **Item 4a: Fiscal Intermediary Update**
 - Discussion: Kyle provided an update on current status of FI/SD workgroup. There are decisions to be made (surety bond) in order to finalize the contract language. Steve requested more information on the surety bond before seeking early input from FI with regard to contract language.
 - Discussion: Carolyn attended Finance Council in December to discuss the establishing a standard rate for FI services (T2025). Finance council provided feedback indicating they did not wish to establish a standard rate; however, there was interest in sharing of rates in order to negotiate a better rate. Finance Council asked to review the scope of work and provide feedback. Discussion continued around establishing a standard rate and opposition from the committee to do so. Kyle asked the group what the motivating factor is for an FYI to accept a lower rate from a CMHSP. Carol explained that there are volume discounts based on the # of consumers and setup necessary. From a philosophical standpoint, CMHSPs want the ability to establish their own rates.
 - Discussion: Carolyn has been asked to draft a proposal for the operations council which outlines options for managing FI contracts in the future – Option 1 with CMHSPs managing the contracts and Option 2 with MSHN managing the contracts. The committee expressed concerns with this request and provided feedback on concerns and issues with MSHN managing the contracts. Feedback will be reflected in the draft proposal to be shared with the committee prior to submitting to Operations

Council. While not all committee members provided a response, overwhelmingly, the committee members were in favor of CMHSPs maintaining contracts.

- Discussion: Per recommendation during November meeting, committee was provided the draft policy and procedure to be reviewed and feedback provided. Committee provided feedback on the appeal procedure and asked that FI workgroup revisit that section. Policy/Procedure will remain in draft form until contract questions are finalized.
- Decision: early input from FI's with regard to draft contract is necessary. FI workgroup meets on Monday, January 30th and will provide a current draft after the meeting. The following CMHSPs will seek feedback from FI's in the region **by February 10th** in order have feedback by the next FI workgroup meeting on February 13th.
 - Community Alliance – Lifeways
 - Stuart Wilson – BABH
 - Guardian Trac – Tuscola
 - Ross – CMHCM
- **Item 5a: PNMC Scorecard**
 - Decision: Committee reviewed draft score card performance metrics. Feedback will be provided to Carolyn **by January 31st**. Initial feedback during the meeting was in support of the proposed metrics.
- **Item 5b: Medicaid Managed Care Rules**
 - Update: reviewed PNMC feedback/questions with Amanda. Amanda shared a new site that has been developed to submit questions to the work plan committee. Carolyn will submit questions and will present necessary policy edits at the February committee meeting.
- **Item 5c: Region wide Reciprocity**
 - Update: Next meeting will develop a plan for working on regional reciprocity around credentialing, contracting, etc. Carolyn will send reciprocity activities currently happening the region.
- **Item 5d: Geo-mapping**
 - Update: MSHN is contracting with Dale Howe for geo-mapping services. This service is available to CMHSP's and was presented to Ops Council. The following CMHSPs have expressed interest: Saginaw, Lifeways, Bay-Arenac.
 - Action: If you have interest, an updated provider list will need to be provided to Carolyn (excel format is preferred). Send Carolyn your request along with current provider list **by February 3rd**. Question about costs to CMHSPs. Carolyn will confirm, but does not believe there will be a cost.