

Provider Network Management Committee *Minutes*

Date: 4/26/2017

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"/> T. McMurtry (Lifeways)*	<input checked="" type="checkbox"/> G. Reed (Saginaw)*	<input checked="" type="checkbox"/> D. Babich (Tuscola)*
<input type="checkbox"/> K. Hartley (Shiawassee)	<input checked="" type="checkbox"/> K. Jaskulka (MSHN)*	<input checked="" type="checkbox"/> J. Pinter (NAA Contractor)
<input checked="" 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 type="checkbox"/> T. Curtis (Montcalm)
<input type="checkbox"/> S. Stroh (Gratiot)	<input type="checkbox"/> N. Derusha (CEI)	
	<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 new member and Roll Call (S. Vandermay)
2. Review and Approve 4/26/2017 Agenda (S. Vandermay)
3. Review PNMC Minutes 2/22/2017 (S. Vandermay)
4. PNMC Action Plan Review Progress to Plan
 - a. HCBS Transition Update (T. Lewicki/All)
 - b. Fiscal Intermediary (K. Jaskulka)
 - c. Network Adequacy Assessment
 - o Community Needs Assessment (J. Pinter)
 - o Geo-Mapping (K. Jaskulka)
 - d. SIS Assessments (G. Reed)
5. Other Discussion & Planning
 - i. Consumer Transportation (G. Reed)
 - ii. BH-TEDS Reporting (B. Pazdan)
 - iii. PNMC Balanced Scorecard Update (C. Watters)
 - iv. Regional Inpatient Operations Workgroup Update (C. Watters)
 - v. Reciprocity Update/Prioritization (C. Watters)
 - Credentialing (common provider application, sharing credentialing decisions/verifications)
 - Provider Monitoring (residential, others?)

- Procurement (common provider application)
- Provider Training/Con Ed.
- Provider Contracting

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- **Item 1: Roll Call**
 - Update on committee membership changes
 - **Item 2: Review and Approve Agenda**
 - Agenda approved
 - **Item 3: Review and Approve Minutes**
 - Approved
 - **Item 4a: HCBS Transition Update**
 - Update: Continue to participate in lead meetings weekly with State – process development and advocacy. Expect mid-May to have non-compliance letters for phase 1 and 2. Mindful of best ways to work with CMHSPs to ensure parallel information and involvement at appropriate levels. Be aware to heightened scrutiny. Will receive notice of these providers. Need to be cautious – state will be using a contractor to implement heightened scrutiny process. Triggers PIHP involvement in non-compliance process. Todd wants to ensure MSHN and CMHSPs are well informed of process so to best intervene if needed.
 - 5 staff at MSHN who will have access to and trained on qualtrix survey for B3 consumers. Will provide state file; MSHN staff will work directly with CMHSPs to obtain provider email address/contact info. CEOs have been informed along the way.
 - Communications with Providers – flow through CMHSPs as the contract holder as opposed to PIHPs? Phase 1 and 2 – once letters have been generated, go to CMHSP who in turn goes to providers? Todd – PIHPs are ultimately accountable/responsible and would ensure that CMHSPs have the same information as the PIHPs regarding the contract non-compliance. One issue that could get in the way, to the extent that the CMHSP has a vested interest in the provider that they survive, possible conflict of interest. Janis could argue that could be the case with direct operated programs but not the case with contracted providers as CMHSPs are already monitoring these providers. Janis - recommendation that anything outside the normal monitoring process should go through CEOs for guidance and opinions on expectations for review and approval of CAPs from providers. Todd – if CMHSPs are involved in the monitoring activities, would foresee that they are would be training to assess corrective action in a standardized fashion. Huron is agreement with Janis's thought on the monitoring process
 - **Item 4b: Fiscal Intermediary Workgroup**
 - MSHN Operations Council wants to review during the May meeting. No feedback regarding policy/procedure/monitoring tool documents. No objection to presenting to OPS Council. Member indicated the rate still under question and would be discussed at upcoming Finance Council. Carolyn will discuss the outcome of that discussion with Leslie. Only one FI had provided feedback on the proposed contract which was provided to Kyle/Carolyn for review. Forwarded it to Frank Ross – no response. Kyle asked for everyone to send list of who they forwarded it out to. Committee suggested holding off on presenting the contract to Operations Council until feedback was incorporated.
 - **Item 4c: NAA**

- Requesting annual submission; receive several already. Would like to have a draft by mid-summer so it can go to ops council for new FY. Tables will need updates – EBP, autism, etc. Will send one-by-one so you can work with appropriate staff to obtain updates. No concerns with this approach. Managed care rules were revised and were some new standards. Janis and Carolyn will review together and determine what needs to be changed in the assessment. Requested feedback on Geo-Mapping project. MSHN SUD staff have discussed various maps to assess SUD network capacity. With respect to mental health services, one recommendation was to map Autism providers. No other feedback provided. Kyle will coordinate a meeting with interested CMHSPs and Dale Howe.
- **Item 4d: SIS Assessments**
 - Ginny - Saginaw has 146 consumers who have refused to complete the SIS. Looking for guidance on addressing this. Supports Coordinators – some are skilled to present the SIS. Is there a written tool that may be presented to families to reduce refusals? While they have the right to refuse, there is pressure for MSHN to complete. Todd – recently received documentation from MORC to use in advance as an intro. Todd will locate and share with Carolyn to distribute. Todd has been gathering information on who has refused and which cases have closed prior to SIS being administered (moved out of region, passed away, etc.) and will be submitted to the state. We have approximately 1000 consumers between those two categories. Ginny – hearing that families do not see the benefit or don't want to spend the time.
- **Item 5a. Consumer Transportation**
 - Question raised regarding consumers getting access to transportation through their health plans. What are others doing. Developed a strong transportation system, but only responsible for transportation relative to their business or their consumers. Issues with successful access to transportation that should be provided by health plans. If no assigned health plan, who is responsible for transportation for medical appts.? Perhaps mention in the NAA report – partners to work with us on consumer transportation. Perhaps members take this back to their staff and find out if there are concerns/issues. Good procedure development to maximize resources. Carol - cannot bill Medicaid if the health plans do not provide. Transportation is only available for those listed in the Medicaid Provider Manual. Carol will send memo to Carolyn. Carolyn will share feedback with Janis.
- **Item 5b. BHTEDS**
 - Several discussions at CEI with regional inpatient contract – can we hold hospitals to input BHTEDS data into State system? Janis - We are not supposed to have a separate episode and should be under the CMHSP episode. There is a risk of the hospital having a separate episode. Brittany will go back to CEI group to see if they are closing episodes once admitted.
- **Item 5c: PNMC Scorecards:**
 - Presented updated version of PNMC scorecard. Will be reviewed quarterly.
- **Item 5d: Regional Inpatient Operations Workgroup Update**
 - Shared workgroup snapshot and draft clinical standards
- **Item 5e: Reciprocity**
 - Update on statewide reciprocity workgroup efforts.
 - Presented list to committee for consideration/prioritization of regional effort. Committee questioned what the scope of the issue is within our region. How many providers are in common? Committee member expressed concern with residential providers and remaining compliant. Finds value in multiple reviews being conducted to ensure compliance.