

**REGIONAL OPERATIONS COUNCIL/CEO MEETING**

Key Decisions and Required Action

Date: 06/16/2025

**Members Present:** Chris Pinter; Ryan Painter; Maribeth Leonard; Carol Mills; Julie Majeske; Tracey Dore; Tammy Warner; Kerry Possehn; Michelle Stillwagon; Bryan Krogman; Sandy Lindsey; Sara Lurie, Cassie Watson

**Members Absent:** David Lowe, Jeff Labun

**MSHN Staff Present:** Joseph Sedlock; Amanda Ittner; Leslie Thomas and Kim Zimmerman for applicable areas.

Agenda Item		Action Required			
CONSENT AGENDA	No items removed for discussion				
	Acknowledged and receipt	By Who	N/A	By When	N/A
CCBHC DIRECT PAYMENTS BY MDHHS- IMPACT ON OPERATING AGREEMENT; OPERATONS	<p>L. Thomas reviewed the Operating Agreement in light of the CCBHC direct payment model which MDHHS intends to implement on October 1, 2025. MDHHS will pull revenue from MSHN to pay CCBHCs directly. No proposed changes to the Operating Agreement.</p> <p>No transparency yet on how the funds will be pulled from capitation payment. Leslie requested information on how this will occur and also requested budget information be shared with PIHP. There is also a concern about mid-year rate adjustments that could reduce the capitation. Answers to these questions are necessary to prevent subsidizing CCBHC payments by non-CCBHC CMHSP Participants and the MSHN region.</p> <p>FY26 Revenue estimates will be difficult/impossible to determine without another rate setting certification/meeting with MDHHS. FY25 doesn't include the new adjustment, and our region doesn't have the impact of the CCBHC capitation amount.</p>				
	MSHN will keep CMHSPs/CCBHCs informed if/when we know more.	By Who	N/A	By When	N/A
REGIONAL FINANCING: • RATE INCREASE • FY 21 MSHN/MDHHS COST SETTLEMENT • INTERNAL SERVICE FUND REPLENISHMENT DISCUSSION (FOLLOW-UO FROM MAY 2025)	<ul style="list-style-type: none"><li>• Rate Increase: Based on the information received in the certification and enrollees, anticipating about \$41m. However, we are cautious as the last rate setting, we calculated an amount that was \$35m more than actual revenue received, which was significantly less. If this comes through at \$41m, we will have a surplus and Leslie recommends using that as savings (opposed to ISF). This decision will be discussed in September.</li><li>• MDHHS has issued its FY21 settlement of \$17m due to the State from MSHN. As previously discussed we would bring this back to Ops Council, to discuss further the return. A response is required by the June 19<sup>th</sup>. Recommendation to send a letter saying the settlement for ISF amount is under litigation and MSHN would request a hold on the settlement until the litigation is finalized.</li><li>• ISF replenishment discussion, Joe recommends we put this discussion on hold due to procurement and that FY25 expectation of a surplus. Will add this back to the agenda after a determination as to bidder status and/or awardee notice.</li></ul>				

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	MSHN will follow up as indicated above and keep the CMHs informed.	By Who	J. Sedlock	By When	7.15.25
FY 25 COMPLIANCE PLAN – V.2 (REVISIONS)	Kim Zimmerman reviewed the revisions to the Compliance Plan as required by the OIG.				
	Ops Council reviewed and approved the changes presented and will proceed with MSHN Board approval in July.	By Who	K. Zimmerman	By When	7.1.25
FY 25 PRIVACY NOTICE - REVISED	Kim reviewed the revisions to the Privacy Notice as required by the OIG.				
	Ops Council reviewed and approved the changes. More information on the rule will be distributed to the regional Compliance Officer	By Who	K. Zimmerman	By When	7.1.25
PARITY SURVEY	The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires group health plans and health insurance issuers to ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits.				
	MDHHS is conducting a new parity assessment to update the results of the previous 2017 parity assessment.				
	The following survey explores these various limits through these activities categories: <ul style="list-style-type: none"><li>• Service Authorization</li><li>• Progressive Therapy/Step Therapy</li><li>• Provider Network, Credentialing and Contracting</li><li>• Medication Prescribing and Monitoring</li><li>• Financial Requirements</li><li>• Disclosure Requirements</li></ul>				
	MSHN staff are working with CLC members to complete the survey. CMHSP-specific folder contains a blank 2025 Parity Survey Tool and a copy of the CMHSP's 2017 submission to assist with submission.				
	The completed survey tool and all supporting policy/procedure documents due by COB 6.27.2025.				
	MSHN will share any findings once received from MDHHS	By Who	A.Ittner	By When	10.1.2025
CARE COORDINATION FOR CHILDREN/YOUTH IN FOSTER CARE	MSHN was recently made aware that at least one CMHSP in the region has been experiencing an uptick in requests for information from Medicaid Health Plan (MHP) care managers regarding children/youth in foster care				

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	<p>in the CMHSP's catchment area. Unfortunately, there has been misinformation communicated from MHP care managers to CMHSP staff about care coordination requirements for this population which has resulted in confusion. We would like to take this opportunity to offer the following guidance and clarification in the event other CMHSPs receive similar requests from MHP care managers.</p> <ul style="list-style-type: none"> <li>MHPs have contractual requirements to perform outreach and care coordination with all treatment providers for children and youth in foster care, including behavioral health providers. Please continue to engage in routine care coordination as you typically do according to your agency's policies/procedures.</li> <li>PIHPs and MHPs have contractual requirements to open joint care plans for a subset of children and youth in foster care who have additional risk factors. These children/youth are identified through a risk stratification tool in CareConnect 360 and care plans are developed during monthly care coordination meetings between the MHP and PIHP. MSHN's Complex Care Coordinator, Carly Wormmeester (copied), communicates with CMHSP points of contact each month about these specific cases. MSHN staff maintain care plan documentation in CareConnect 360 based on the information provided by CMHSP staff. CMHSPs are not required to have written formal care plans with MHPs for children/youth in foster care (or any other populations). This function is not currently delegated to CMHSPs - please direct any requests pertaining to joint care plans back to MSHN.</li> </ul>				
	Contact Skye if your CMHSP receives requests for information from MHPs that are outside the scope of routine care coordination so that we may follow up as needed.	By Who	CMHSPs	By When	As needed
2025/06/05 PIHP OPERATIONS MEETING BRIEFING	<p><b>Conflict Free Access &amp; Planning Update:</b> Will be updating the timeline with the PIHP procurement process. No change from what has been included in the waivers. Also working with CMS on what they can provide to the system prior to procurement announcement.</p> <p><b>Actuarial Update:</b> ESTA &amp; Minimum Wage was not part of the rate change and that will continue to be evaluated. MDHHS need for policy clarification from legislature of the DCW add on for after the September. A supplemental request was conducted a week ago Friday to the legislature. Depending on outcome (and how quickly) another rate change and implementation time frame will be shared.</p> <p><b>Network Adequacy Update:</b> MSHN received preliminary results today and is reviewing for accuracy. Additional report towards the end of the summary with more insights into the data which will be used to amend FY26 reporting requirements. FY26 request (quest?) analytics is be used for ratios and time/distance and will engage PIHPs to provide input.</p>				

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	<p><b>Interoperability and Prior Authorization Rule Update:</b> CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F)   CMS</p> <p>Effective 10.1.2026 for PIHPs (FY27), including 3 points:</p> <ul style="list-style-type: none"> <li>• standard auth with 7 days (decrease from 14), expedited within 72hs</li> <li>• provide a specific reason for denied prior authorization decisions, regardless of the method used to send the prior authorization request. Such decisions may be communicated via portal, fax, email, mail, or phone.</li> <li>• requiring impacted payers to publicly report certain prior authorization metrics annually by posting them on their website.</li> </ul> <p>Assessing the impact of final rule; updating contracts, policies, developing service authorization policies, what requires prior authorization etc. plus an FAQ. Reviewing the quarterly report to help streamline and reduce reporting. MDHHS would like to involve current PIHPs to obtain feedback.</p>				
	Will send out information related to the Certificate of insurance request that came from an MDHHS contractor	By Who	J. Sedlock	By When	7.1.2025
<p><b>PIHP PROCUREMENT DISCUSSION CONTINUATION/UPDATES (IF ANY)</b></p> <ul style="list-style-type: none"> <li>• <b>MSHN OPERATIONS, PROJECT REVIEWS</b></li> </ul>	<p>Joe sent out the concept paper to the PIHPs and Association. Meeting today with the PIHPs to discuss. MSHN leadership is reviewing operations and projects in light of the procurement. MSHN leaders will work with councils, committees, workgroups to determine FY26 meeting schedule and workloads. MSHN considering nearly 300 items, including reduce site visits to CAP review only, reduce conference/trainings to licensed professionals for CEU's, etc. MSHN will still need HSAG and MDHHS Waiver requests for support.</p>				
	Please send any recommended considerations to J. Sedlock; MSHN will keep the Operations Council informed.	By Who		By When	
<b>CENTRIA</b>	<p>Tammy indicated Centria didn't want to sign the contract for the ABA rate increase. The Finance council discussed that Centria wanted the DCW on top of the \$66/hr. LifeWays indicated Centria signed. Saginaw reported not in the network anymore. Gratiot's contract is not signed as well and believes they stopped submitting claims.</p>				
	Discussion Only	By Who	N/A	By When	N/A