MSHN Mid-State Health Network

Attendees:

M. Rozek, BABHA
S. Gunsell, BABHA
E. Magen, CEI
V. Pierson, CEI
K. Squire, CMHCM
J. Murphy, GIHN (T. Pitcher)

K. Gunsell, HBH
S. Clevenger, Lifeways
P. Hoffman, Lifeways
M. Owens, Lifeways
D. Caruss, MCN
J. Huson, MCN
A. Viher, Newaygo

□ J. Tomaszewski, SCCMH
 ☑ J. Keilitz, SCCMH
 ☑ L. Vyvyan, SHW
 □ S. Dudewicz, TBHS
 ☑ S. DeLorge, TBHS
 ☑ L. McNett, TRD

S. Richards, TRD
K. Jaskulka, MSHN
L. Thomas, MSHN
Ad Hoc: K. Hart, MSHN
Ad Hoc: A. Dillon, MSHN
Ad Hoc: A. Ittner, MSHN
Ad Hoc: T. Lewicki, MSHN
Ad Hoc: B. Groom, MSHN

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED	
Agenda Approval	 □ Approved □ Approved with revisions OP/PT/Speech re: ABA (B. Groom) to go first on agenda FY24 Q1 Balanced Scorecard (FYI; Copy in box) Central Registry Check Delay (J. Keilitz)? – Are other CMH's experiencing same type of delay? – Recommend clear results before services begin Lifeways New Members: P. Hoffman – M. Owens All materials can be found in box 	By Who	By When
Minutes Approval 10/25/2023	☑ Approved □ Approved with revisions	By Who	By When

Provider Network Management Committee - Key Decisions and Required Action

DATE: 2/28/2024 | **Time:** 10AM until 12PM **Zoom Meeting ID:** Outlook Calendar Invite | **Meeting Materials**: Box

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	10.25.23 Snapshot located in box			
HCBS Transition	 Updates (K. Hart) K. Hart to provide current updates; Meetings continuing re Provisional approval; On-going Monitoring still being worked out <u>2.28.24 HCBS Update</u> <u>10.25.23 HCBS Update</u> 	By Who	By When	
ASD Ancillary Services	 Background/Update: PT/OT/Speech (B. Groom) Codes allowed under current benefit? Discussion related to Children's Therapy Corner letter to MDHHS (attached to this agenda and in box) <u>ASD Coverage</u> <u>OP/PT Email Message</u> <u>CMH ABA Contract Adds</u> Discussion: B. Groom offered background as to how services are currently being identified. Decision: Contract Group to agree on how best to address ancillary services; Boilerplate or amendment? Next Step:	By Who	By When	
Regional Efforts – Training, Contracting and Monitoring	 Autism Performance Monitoring Snapshots (<u>11.2023</u>; <u>01.2024</u>); located in box (A. Dillon) FYI For Review <u>Background check requirements</u> (attached to the agenda and in box) 	By Who	By When	
	 <u>Training Coordinators Quarterly Meeting Snapshot (8.2023)</u>; located in box (A. Dillon) FYI For Review FY25 Training Grid being reviewed for any updates; Will be sent to PNMC following 			

GENDA ITEM	KEY DECISIONS	ACTION REQUIRED	
	- FY24Q1 Meeting Cancelled - <u>03.2024 Meeting Agenda</u>		
	 Add to February agenda initiation for CLS/Specialized Residential boilerplate language Consistency in Providers Consistency in language between same providers Regional Monitoring practices following development of 		
	 standardized boilerplate Create or send out link to folder for CMH's to upload current CLS/Specialized Residential Templates + any attachments (<u>CMH</u> <u>Templates</u>) 		
	 FY25 Regional Drafts – Internal Reviews being completed ABA FMS IPHU Healthsource – Saginaw CMH? McLaren – BABHA CMH? Memorial – Shiawassee CMH? 		
	 MyMichigan – Gratiot CMH? Regional RR workgroup and Monitoring Teams currently reviewing language (FMS, ABA & Regional IPHU) for any changes. Will notify PNMC when their review is completed Identify same CMH's as last year for hospital specific reviews 		
	 Partial Hospitalization Services Same contract? Separate contract? Different requirements? 		
ovider Directory	Directory Upload Process (J. Wager) – No Update Presently	By By Who When	

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED
	 Background/Update: Possibility of REMI to "speak" to CMH's EMR's? As it relates to directory information (Not all CMH's use PCE based product; can those that do interface with PCE?) Discussion: PCE based CMH's would need to verify their local directory is in the format as what is needed to download into MSHN's REMI on an automatic basis Decision: Next Step: On-Going - Identification of steps needed on-going between MSHN and PCE. CMH Provider Directory Uploads (Leslie, MSHN) – Leslie and Kyle to review data inclusion rules for provider listing (i.e., County listing) – Follow up w/PNMC following discussions 	NA NA
Credentialing	 Update on <u>MDHHS Universal Credentialing</u> (located in box) – No update presently Super User training set for 10/31 and 11/2 Both Cancelled after PNMC meeting – to be rescheduled No additional updates to provide – still no go-live date identified by MDHHS Related <u>attachments</u> located in box No go-live date yet identified for MDHHS driven CRM Application process, but is expected sometime in FY24 <u>MDHHS Credentialing Policy Updated</u> (3.24.23) 	By Who By When
Policy/Procedure Edits	None at this time	By By Who By Who When

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED	
MSHN Strategic Plan & Scorecard	• <u>FY24 Q1 Balanced Scorecard</u>	By Who	By When
Misc.	 CMH Provider Closure/Termination Reporting (Reminder/FYI) PIHP/CMH Medicaid Subcontract Reporting Requirement (Pg. 32) "B. Given the MDHHS's requirements of the Payor related to Provider Network Services in the MDHHS/PIHP Contract, the Provider shall notify the Payor, pursuant to this Agreement, within three (3) days of any changes to the composition of the provider network organizations that negatively affect access to care. Provider shall have procedures to address changes in its network that negatively affect access to care. Changes in provider network composition that Payor determines to negatively affect recipient access to covered services may be grounds for sanctions (42 CFR 438.207(c)(3))." Reporting Template 	By Who	By When
Electronic Visit Verification (EVV)	 Updates - FYI (S. Grulke) – <u>IT Council Page link</u> Discussed through CIO Forum (CIO's meet 4th Friday monthly); While all the details are not completely flushed out, the meeting between the state and HHAX did result in a revised implementation timeline. Michigan will be implementing EVV in three phases across the seven programs: Phase 1 – Medicaid FFS Home Health – April 1, 2024 Phase 2 – Home Help – July 1, 2024 		

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	Phase 3 – Behavioral Health, MI Health Link, MI Choice, Medicaid Managed Care Home Health and Community Transition Services –	
	September 1, 2024.	
	There has been no change to workflow process. It is still expected	
	that CMHSPs will transmit to the EVV system Provider Agency and Patient Authorization files. We are working with HHAX on the	
	revised milestone dates for the September implementation and it	
	is likely that Initial Test files will be required in June, 2024. At this	
	time it is still planned that the EVV system will generate 837 Professional claims to submit to payer systems, recognizing that	
	there are many details to be worked through given the multiple	
	scenarios discussed during the meeting with the vendor and PIHP/CMHSP representative group.	
	The state is also working with the vendor to determine the best	
	strategy for accommodating critical technical meetings with the	
	80+ managed care organizations that support five of the programs scheduled for the September implementation.	
Next Meeting: 4/24/2	2024	

Parking Lot

State Monitoring Report	MDHHS - EVV	Independent Facilitation Proposal
HSAG Review		

MSHN Council & Committee Updates

- 1. MSHN Board Update <u>MSHN Website Board Meeting</u>
- 2. Operations Council Update <u>MSHN Website Operations Council</u>

- 3. Customer Service Committee <u>MSHN Website Customer Service</u>
- 4. Utilization Management Committee MSHN Website Utilization Management
- 5. Information Technology Council <u>MSHN Website Information Technology</u>
- 6. Regional Consumer Advisory Council <u>Consumer Advisory Council</u>
- 7. Provider Network Management Workgroup- MSHN Provider Network Management Committee
- 8. Compliance Committee MHN Website-Regional Compliance Committee
- 9. Training Coordinators Workgroup <u>Training Reciprocity (Box)</u>