MSHN
Mid-State Health Network

Council, Committee or Workgroup Meeting Snapshot Meeting: Finance Council

Meeting Date: May 10, 2021	KEY DISCUSSION TOPICS
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 ⊠Newaygo – Scott Woodside ⊠Saginaw – Laura Argyle ⊠Shiawassee – Inna Mason ⊠The Right Door – Nathan Derusha ⊠Tuscola – Jennifer Hagedon 	 ACT Services Transportation Services Standard Cost Allocation Workgroup Operations Council Key Decisions MDHHS Contract Updates Behavioral Health Fee Screens Reporting – LARA license, NPI, and CHAMPS enrollment Other Updates – PIHP CFO, Contract Negotiation Committee, EDIT Sharing things that we have learned that could be helpful to others Next Meeting: June 14, 2021; 10:00am to 12:00pm – Zoom
✓ KEY DECISIONS	 Welcome and Attendance Review and Approval of Agenda – Approved with the addition of the use of lapse to fund pension liability and the crisis residential unit RFP. Approval of Snapshot from April 2021 – Approved as presented. COVID-19 DCW and Other Financing Impacts – There was discussion regarding the shortage of direct care workers. Some are considering increased reimbursement rates with the expectation that the funding is passed through to the direct care worker. Some are considering offering additional pay to internal staff for working during the pandemic. There will be continued discussion for ways to spend the projected lapse. MDHHS Reporting – The mid-year status report is due May 31st; MSHN can complete based on the savings estimates. The EQI report will be due 30 days after the template is released. The workgroup questioned if the report could be utilization only because of the short turn around and the amount of time needed to complete cost information. Kathy Haines is going to follow up internally. The PIHP CFOs will also be submitting a request to eliminate submission of the May report.

FY2022 Modifier Changes – Modifier changes are effective October 1st to align with the standard cost allocation changes. Additional programming may be required to submit the correct information. Stabilization Reporting – Reports are due the 20th of each month and should be reported on a cumulative basis since payments began, not on a fiscal year basis. Residential Tiered Rates – There has not been much movement because of various licensing rules which impact staffing levels. Savings Estimates FY2021 Q2 – The second quarter estimates were reviewed. The ISF and savings are maximized at \$48.6M each with a projected lapse of \$47.6M. Autism Services – No discussion. ACT Services – No discussion. Transportation Services - Implementation will be delayed until October 2022, but CMHSPs can pilot and provide feedback to DHHS on implementation concerns. There are no CMHSPs that will be participating as pilots during FY2022. Standard Cost Allocation Workgroup – CEI will be requesting an extension due the CFO transition; Tuscola may be requesting an extension. Requests for delays must be submitted by August 1st. There was discussion on implementation challenges and concerns with current financial reporting. Concerns should be shared during the upcoming Q&A sessions. Operations Council Key Decisions – The March minutes have been saved to Box. MDHHS Contract Updates – No discussion. Behavioral Health Fee Screens – No discussion. Reporting: LARA license, NPI, and CHAMPS enrollment – No discussion. Other updates – PIHP CFO, Contract Negotiation Committee, EDIT – The PIHP CFO meeting was cancelled. The contract negotiation notes have been saved to Box. The MSHN CMHSP representative for EDIT will be selected at the June meeting from those interested – Jeff Labun, Beth Swetz, and Laura Argyle. Use of Lapse to Fund Pension Liability – There was discussion about the ability to fund pension liability with current year resources. Saginaw is proposing to reduce their pension liability by reducing the amortization period used for the actuarial analysis. This option could potentially be used by others that may have pension liabilities. The dialogue should continue to ensure auditors have no concerns. Crisis Residential Unit RFP - The RFP review group has been established and includes clinicians and contract management staff from various CMHSPs. Per Operations Council, all CMHSPs would be a party to the contract but would have the option to use or not. CMHSPs would be responsible for authorizations and claims processing. MSHN would potentially fund any costs associated with vacancies. Finance Council has been tasked with developing a financial plan. Leslie will draft a plan and share with the group. Sharing things that we have learned that could be helpful to others – No discussion. Stabilization reporting is due the 20th of each month using the new template **ACTION/INPUT REQUIRED** Leslie will draft a financial plan for the crisis residential unit and share with the group for feedback ✓ KEY DATES • Next Meeting: June 14, 2021; 10:00am to 12:00pm – **Zoom**