



Mid-State Health Network

Provider Network Management Committee - Key Decisions and Required Action

DATE: 7/28/2021 | Time: 10AM until 12PM

Zoom Meeting ID: Outlook Calendar Invite | Meeting Materials: [Box](#)

Attendees:

- M. Rozek, BABHA
- S. Gunsell, BABHA
- E. Magen, CEI
- K. Squire, CMHCM

- S. Stroh, GIHN
- T. Humphries, HBH
- A. Ferzo, HBH
- M. Cupp, Lifeways
- D. Caruss, MCN
- L. McNett, TRD

- T. Curtis, MCN
- J. Huson, MCN
- J. Labun, Newaygo
- J. Keilitz, SCCMH
- L. Vyvyan, SHW
- J. Hagedon, TBHS

- N. Derusha, TRD
- S. Richards, TRD
- B. Owens, TBHS
- K. Jaskulka, MSHN
- Ad Hoc: A. Dillon, MSHN
- K. Gunsell; HBH
- Ad Hoc: A. Ittner, MSHN

AGENDA ITEM	KEY DECISIONS	ACTION REQUIRED			
Agenda Approval Pg. 1-5	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions	By		When	
Minutes Approval 5/26/2021 Pg. 6-12	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions	By		When	
HCBS Transition	Updates (T. Lewicki) - Ask Todd to provide update for next meeting or attend as his schedule permits	By		When	
Regional Efforts – Training, Contracting and Monitoring	<ul style="list-style-type: none"> • Regional Crisis Residential RFP Update & Contract Considerations Background/Update: Review Committee met to review 1 submission. Provider did not meet RFP requirements based on physical location. Since we completed formal RFP, we will request to schedule a meeting to discuss viability of establishing a unit in the counties designated in the RFP Discussion: Staffing for Hope Network may be issue; Closing other facilities due to this Decision: Based on sole RFP being rejected; Going to suggest to Hope Network and Family Health & Psych. that direct meeting between them and MSHN take place to discuss possibility of moving forward. 	By		When	

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	<ul style="list-style-type: none"> <p>Independent Facilitation Proposal</p> <p>Background/Update: Operations Council (5.17.21) supported proposal in concept. PNMC will need to outline mechanics and submit to OC</p> <p>Discussion: Contract Terms, Contract Parties, Payment/Financing, Monitoring. Request copies of contracts utilized by CMHs. Will begin contract development.</p> <p>Decision: Identify sub-workgroup contract development. – Will send out request for interested parties and current templates be sent to MSHN; PNMC to outline mechanics and send to Op’s council for review and approval. In interim – anyone that has a current independent facilitation contract – send to Kyle and he will compile those into rough draft initial format for review going forward. Once a workable template- a request will be sent (maybe August) for interested parties to participate in sub-group</p> <p><u>Autism</u> Contract</p> <p>Background/Update: Annual Contract Review - sub-workgroup met to review provider suggested changes. Finance Council reviewed claims language; RRO changes submitted; MSA policy changes expected but have not received as of 7.9.21; Awaiting MDHHS contract to inform state required changes if applicable.</p> <p>Discussion: Finance, RR, Autism group reviewed contracts. MSA policy is expecting changes but haven’t received. Also waiting on MDHHS master agreement to see if this will impact contract.</p> <p>Decision: <input type="checkbox"/> Support as presented <input type="checkbox"/> Support as amended <input checked="" type="checkbox"/> Other: feedback to be rec’d by Monday 8.2.21; Finalize for OP Council for their August meeting</p> <p>Next Step: Submit to Operations Council (August)</p> <p><u>FI</u> Contract</p> <p>Background/Update: Annual Contract Review; technical guidance changes on hold until CFI discussions result in final set of requirements.</p> 				
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	<p>Discussion: Reissue FY21's in place of FY22 until changes agreed to</p> <p>Decision: <input type="checkbox"/> Support as presented <input type="checkbox"/> Support as amended <input checked="" type="checkbox"/> Other: feedback from PNMC to be rec'd by Monday 8.2.21; Finalize for OP's Council after that time</p> <p>Next Step: Submit to Operations Council (August)</p> <ul style="list-style-type: none"> <p>IPHU Contract</p> <p>Background/Update: Annual Contract Review; Providers input due May 31st; McLaren due by June 30th. June sub-workgroup reviewed; Finance council reviewed claims language; RRO changes submitted.</p> <p>Discussion: All drafts linked in box; IPHU feedback from McLaren contract</p> <p>Decision: <input type="checkbox"/> Support as presented <input type="checkbox"/> Support as amended <input checked="" type="checkbox"/> Other: feedback to be rec'd by Monday 8.2.21; Finalize for OP's Council after that time</p> <p>Next Step: Submit to Operations Council (August)</p> <p>Training</p> <p>Background/Update: Training grid reviewed by Training Coordinators</p> <p>Discussion: A. Dillon provided update to changes (will remove column L for now)</p> <p>Decision: <input checked="" type="checkbox"/> Support as presented <input type="checkbox"/> Support as amended <input type="checkbox"/> Other:</p> <p>Next Step: Submit to Operations Council (August) – Submit as currently changed</p> <p>Specialized Residential</p> <p>Background/Update: Referred to PIHP CEOs for discussion on next steps with statewide implementation.</p> <p>Discussion: More to come based on PIHP CEO's continued discussions</p> <p>Decision: None at this time</p> 				
Provider Directory	1. Open ITR with PCE – additional validations	By Who		By When	

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	<p>Background/Update: Non-MI Counties will not be validated – ITR submitted.</p> <p>Discussion: Status COMPLETE – No further issues</p> <p>Decision: NA</p> <p>2. Interpreter Services – issue with adding ALL languages.</p> <p>Background/Update: with ~200 languages, looking for solution which doesn't require adding all languages.</p> <p>Discussion: Should 'Interpreter' services be listed on directory? – Or simply "LEP services available?" – "Yes/No" for interpreter services possible on the directory? – Submit issue to REMI Implementation workgroup for solution; Should the languages be listed on the directory or just remove interpreter services entirely from the directory? Or would a general statement "LEP services available" suffice?</p> <p>"do not think we should remove from the directory but maybe show they are available. "</p> <p>KJ- for example like a yes/no?</p> <p>"we had issue putting in for interpreter services but was getting rejected from REMI. Because their physical location was not in Michigan."</p> <p>"sometimes PCE only lets us update billable contractors/providers and therefore unable to add the – may need to check with REMI to see if can add non-encounterable provider into the system."</p> <p>"Our interpreter service is available to all of our providers. What I wouldn't want to lose is that identifier of what language is provided."</p> <p>How do you fill the column now- Lifeways we are just putting if someone has someone on staff that speaks the language.</p> <p>Decision: KJ will take this back to the REMI workgroup to see what PCE can do to add the directory. Kyle will do a deeper dive to figure out the issue and see options/solutions.</p>				NA

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	<p>Kyle to keep on agenda for next meeting to give update. – Represent for August meeting</p> <p>3. HSAG Compliance Audit – Provider Directory Background/Update: Audit completed last week. Report is not final. HSAG commended region on the work done to develop its directory. While ‘cultural competence training’ was eliminated; HSAG indicates that cultural and linguistic capabilities are required and languages alone don’t meet the requirement. HSAG could not offer examples of what additional information needs to be included and referred us to MDHHS. More information to come. NOTE: Carolyn Tiffany is working under a temporary contract to support HSAG CAP needs. Discussion: Decision:</p>				
<p>Credentialing</p>	<p>1. Organizational Provider Application Update (K. Jaskulka, M. Cupp). Background/Update: Discussion: - Make note on application checklist to specify which services specifically they are applying for in available text field and make text field entry required; Possible to include a text field for providers proposed rates, or submit a rate sheet as an optional attachment – Lifeways to go ahead with their own internal staff credentialing application process with FlighPath. Decision: Next Step: develop process to eliminate duplication of organization credentialing when provider applies to join multiple CMH provider panels – supports reciprocity. Is one process supported and possible? – Yes; Should we establish a credentialing workgroup out of PNMC? – Yes; – What impact would this have on the Statewide Credential process and database? KJ to discuss w/Amanda regarding Statewide process and potential impacts</p>	<p>By Who</p>		<p>By When</p>	

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	<p>2. State Monitoring Report Background/Update: Shared MDHHS memo with committee in Feb. Expect a request to provide feedback on MDHHS proposed report for credentialing. Will go to CMH credentialing contacts and PNMC. NOTE: Carolyn Tiffany is working under a temporary contract to support submission of Credentialing Report. Discussion: Sent email to CMH staff responsible for Credentialing (org and LIP). Semi-Annual Reporting Process due to MDHHS. Q1/Q2 due to MSHN by August 9th. Must include all individual (LIP) and organizational providers directly credentialed/recredentialed by CMH for reporting period. – CT will be compiling data; Any questions refer to Amanda Decision:</p> <p>3. MSHN DMC Standards Review Background/Update: MSHN conducts and annual review of DMC monitoring protocol. Discussion: Do you recommend changes? A. Dillon reviewed any changes to be made Decision: No significant change. MSHN will review interim in 2022 to ensure CAP implementation. There will likely be a sample for IT review to verify the encounter/coding changes have been implemented.</p>				
<u>Policy/Procedure Edits</u>	NA	By Who		By When	
MSHN Strategic Plan & Scorecard	1. Strategic Plan	By Who		By When	

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	<p>Background/Update: MSHN strategic planning process – May Board of Directors presentations and approval of strategic priorities and goals. Council/committee input requested on objectives and tasks.</p> <p>Discussion: Objective/task input (refer to pg. 10/11 of strategic plan document).</p> <p>Decision: Input from PNMC by 8.2.21</p> <p>Next Step: Submit to MSHN leadership team for review.</p> <p>2. Q2 Scorecard Report</p> <p>Background/Update: Quarterly reporting to MSHN board of directors.</p> <p>Discussion: Autism provider satisfaction with new process – workgroup is developing a process improvement action plan to address feedback.</p> <p>Decision: Input from PNMC by 8.2.21</p>				
Misc.	<p>Network Adequacy Assessment</p> <p>Background/Update: Assessment is final and currently working with MSHN leadership on action planning. Expect final action plan to be reviewed in August meeting. MSHN website has been updated to include NAA. HSAG audit of NAA was positive; however, there will be necessary corrections to better analyze cultural and linguistic capabilities in the region; analyze timeliness for pregnant drug users (SUD Priority Populations); Geo-mapping annually vs. every 3 years. NOTE: Carolyn Tiffany is working under a temporary contract to support HSAG CAP.</p> <p>Discussion: Carolyn contracting to compile data related to HSAG review. Nothing to be decided right now. Any changes will be incorporated and presented back to PNMC once finalized.</p> <p>Decision: None at this time</p>	By Who		By When	

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Next Meeting: 8/25/2021

Parking Lot

PNMC Charter Review – August Meeting	Provider Application suggested edits	
Interpreter Services – issue with adding ALL languages		

MSHN Council & Committee Updates

1. MSHN Board Update – [MSHN Website - Board Meeting](#)
2. Operations Council Update – [MSHN Website - Operations Council](#)
3. Customer Service Committee – [MSHN Website - Customer Service](#)
4. Utilization Management Committee – [MSHN Website - Utilization Management](#)
5. Information Technology Council – [MSHN Website - Information Technology](#)
6. Regional Consumer Advisory Council – [Consumer Advisory Council](#)
7. Provider Network Management Workgroup- [MSHN Provider Network Management Committee](#)
8. Compliance Committee [MHN Website-Regional Compliance Committee](#)
9. Training Coordinators Workgroup – [Training Reciprocity \(Box\)](#)