**NORTHERN MICHIGAN REGIONAL ENTITY**

**PROVIDER NETWORK MANAGERS MEETING**

**10:00AM – APRIL 9, 2024**

**VIA TEAMS**

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| **AuSable Valley:** | Mary Martin | Contract and Compliance Specialist |
|  | Trish Otremba | Chief Quality Officer |
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| **Centra Wellness:** | Chip Johnston | Executive Director |
|  | Kacey Kidder-Snyder | Provider Network Specialist |
|  | Pat Kozlowski | Director of Customer and Provider Services |
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| **North Country:** | Angie Balberde | Provider Network Manager |
|  | Kim Rappleyea | Chief Operating Officer |
|  | | |
| **Northeast Michigan:** | Vicky DeRoven | Quality Improvement |
|  | Morgan Hale | Contract Manager |
|  | Larry Patterson | Accounting Officer |
|  | Jen Walburn | Compliance Officer |
|  | | |
| **Northern Lakes:** | Kari Barker | Director of Quality Improvement and Compliance |
|  | Mark Crane | Contract and Procurement Manager |
|  | Tiffany Fewins | Administrative Assistant |
|  | Jessica Williams | Performance Improvement Specialist |
|  | | |
| **NMRE:** | Carol Balousek | Executive Administrator |
|  | Eric Kurtz | Chief Executive Officer |
|  | Heidi McClenaghan | Quality Manager |
|  | Brandon Rhue | Chief Information Officer/Operations Director |
|  | Chris VanWagoner | Provider Network Manager |

INTRODUCTIONS

Chris welcomed committee members to the meeting and attendance was taken. Katie Lorence will be joining the committee next month as Contract Manager with North Country CMHA.

REVIEW AGENDA & ADDITIONS

Mary asked to add the Code Change for 0100 Inpatient to the meeting agenda.

APPROVAL OF PREVIOUS MEETING MINUTES

The March 12th minutes were included in the meeting materials and approved by consensus.

PRIOR ACTION ITEMS

Chris has uploaded the completed FY23 FI reviews to Teams. Chris asked that the date of the review be added to the reports. FY24 reviews will be due 364 days from the date of the FY23 review.

Given the recent turnover in staff at North Country CMHA, AuSable Valley CMHA will be completing the review of Stuart Wilson.

ELECTRONIC VISIT VERIFICATION (EVV) IMPLEMENTATION

For Behavioral Health, the EVV applies to codes H2015 (Community Living Supports) and T1005 (Respite Care) with location code 12 (Home Location, other than a hospital or other facility, where the patient receives care in a private residence).

All applicable services providers (including Fiscal Intermediaries) will have to have an email address, NPI number, and be enrolled in CHAMPS by April 18th.

The reports that were completed by the CMHSPs in March will be used to schedule training and create the provider portals within the HHAeXchange system.

The question has been raised regarding the use of location code 12 for individuals in private homes where the CMH contracts or directly provides 24-hour services (Supported Independent Placement/SIP). The state has indicated that the use of location code 12 is appropriate for SIP homes, although CMS does not require EVV for “living facilities or private homes where personal care services are provided 24 hours a day and a caregiver furnishes services to three or more individuals throughout a shift.”

An additional location code for SIP homes has been proposed but this would take some time, presumably beyond the September 3, 2024 implementation date.

Brandon noted that CMHSPs/PIHPs are not required to use HHAX to implement EVV; PCE Systems is looking to develop its own EVV system to interface with HHAX.

Medicaid Provider L-Letter 24-14 regarding Electronic Visit Verification (EVV) Information and Implementation Timeline may be found by visiting: [Numbered-Letter-L-24-14-EVV.pdf (michigan.gov)](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Assistance-Programs/Medicaid-BPHASA/2024-L-Letters/Numbered-Letter-L-24-14-EVV.pdf?rev=807aed1128434f04a3d8ea14efbe8a3d&hash=6A5772AB7A0869A520ED61585CB8C93F).

REGIONAL DIRECTORIES

Chris reviewed all five CMHSPs’ Regional Directories against MDHHS PIHP Provider Directory Checklist in preparation for the upcoming HSAG Compliance Examination. When HSAG reviewed the Directories in 2021, specific mention was made regarding the section titled “Accommodations for Individuals with Physical Disabilities.” HSAG advised against entering, “Not Applicable” in this section; however, some locations are administrative only. For these instances, Chris proposed including “Not Applicable” and a brief description of why not, such as: “Not Applicable – Administrative Office Only.” English should be listed under languages for all providers, in addition to any additional languages offered.

HOSPITALS

**Kalamazoo NeuroPsychiatric**

A memorandum providing notice of rates for the new 64-bed Kalamazoo Behavioral Health facility was included in the March meeting materials. The facility is pending licensure, accreditation, and Medicare and Medicaid approval. A July 1st opening is tentatively planned. Chris has reached out to CEO, Cameron Gilbert, regarding future contracting.

**Munson ECT**

Munson is adding an ECT program effective July 1st. Chris is working with Munson to establish a rate for ECT.

**MyMichigan Contract**

The contacts for MyMichigan are Tammy Bruce, Managed Care Contracting Analyst and Emilee Anderson, Managed Care Contracting Director (Alma and Midland locations), and Danielle Ballard, Administrative Assistant to Marla Bunker, Vice President of Nursing and Operations (Sault location).

REVIEW NMRE MONITORING TOOLS

**(New) Organizational Credentialing Review Tool**

Chris explained that the tool was developed based on standards included in the HSAG Compliance Examination audit. Chris will complete this portion of the review on site. Heidi will send the sample to the CMHSPs five days prior to the scheduled site visit. Elements in the tool include:

1. Who performs the function (part of job description/evaluation)?
2. Who reviews and makes the credentialing approval decisions?
3. Clarify the credentialing committee process for approval.
4. Internal auditing process for mid-cycle documentation updates.
5. Record retention of primary source documents.

Credentialing/Recredentialing

* The CMHSP validated that the provider is licensed or certified as necessary to operate in the State.
* The CMHSP validated that the provider is approved by an accredited body or conducted an onsite quality assessment if the provider is not accredited. For solely community-based providers (e.g., ABA or CLS in private residences) an onsite review is not required; an alternate quality assessment is acceptable.
* The CMHSP validated that the provider is not excluded from Medicaid or Medicare participation.
* Office of the Inspector General’s (OIG) Exclusion database
* The System for Award Management
* The State of Michigan Sanctioned Provider List

Timing

* The CMHSP completed the credentialing process within 90 calendar days:
* Start Time: PIHP received all necessary materials from the provider.
* End Time: Written communication is sent to the provider (initial credentialing only).
* The CMHSP recredentialed the provider at least every two years (recredentialing only).

Credentialing Decision

* The CMHSP gave the provider written communication of its decision.

**Individual Staff Review Tool**

Chris reviewed the individual staff credentialing and recredentialing review tool for FY24. Elements in the tool include:

Initial Credentialing and Recredentialing Application

* A written application that is completed, signed, and dated by the person and attests to the following elements within MDHHS/PIHP standard timeframes.
* Lack of present illegal drug use.
* Any history of loss of license and/or felony convictions.
* Any history or loss or limitation of privileges or disciplinary action.
* Attestation by the applicant of the correctness and completeness of the application.
* An evaluation of the provider’s work history for the prior five years.
* Primary Source Verification
* Is at least 18 years old.
* Criminal history verification.
* National and state sex offender registry check.
* Licensure or certification, or if not available, copies of transcripts.
* Board certification, or highest level of credentials attained, if applicable, or completion of any required internship/residency program, or other postgraduate training.
* Documentation of graduation from an accredited school.
* Current and valid DEA or CDS certificate, if applicable.
* Current malpractice insurance coverage.
* National Practitioner Data Bank (NPDB) Healthcare Integrity and Protection Data Bank (HIPDB) query.
* Minimum five-year history of professional liability claims resulting in a judgement or settlement.
* Disciplinary status with regulatory board or agency.
* Medicare/Medicaid sanctions (including OIG Exclusion Database and MDHHS list of Sanctioned Providers).
* If the individual practitioner undergoing credentialing is a physician, the physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements.
* The credentialing file was presented to the credentialing committee for evaluation.
* The credentialing process was completed timely.
* The provider was informed, in writing, of the credentialing approval or of the reason for adverse credentialing decision within the timeframes of the MDHHS/PIHP standard.
* Measures of Current Clinical Competency in Areas of Work/Privilege:
* QI/Performance monitoring.
* Performance Evaluation.
* Peer Review.
* MCBAB Credential.

Provisional Application

* A written application that is completed, signed, and dated by the provider and attests to the following elements:
* Lack of present illegal drug use.
* History of loss of license, registration, or certification and/or felony convictions.
* History of loss or limitation of privileges or disciplinary action.
* A summary of the provider’s work history for the prior five years.
* Attestation by the applicant of the correctness and completeness of the application.
* Primary Source Verification
* Licensure or certification.
* Board Certification, if applicable, or the highest level of credential attained.
* Medicare/Medicaid sanctions.
* Current and valid DEA or CDS certificate, if applicable.
* Current malpractice Insurance
* The PIHPs designee reviewed the information obtained and determined whether to grant provisional credentials.
* The credentialing process was completed timely: within 31 days from the receipt of a complete application, accompanied by the minimum documents within which to render a decision regarding temporary or provisional credentialing.
* Following approval of provisional credentials, the initial verification process is completed.
* If credentialing was denied, the provider was informed of the reason for the adverse credentialing decision in writing.

Other

* Case Manager is Category of Care trained.
* Wraparound Coordinator and Clinical Therapist are Child Mental Health Professionals (CMHP) with evidence of supervision.
* Qualified Intellectual Disability Professional (QIDP) and evidence of training for HSW supports coordinator, asst, and supports broker; CWP case manager, clinical therapist, and trainers.
* (CWP or SED) Dietician, Art Therapist, MD/DO, or NP/PA under MD/DO supervision; art therapist is ART registered.
* (CWP or SED) Music Therapist is Board Certified National (MT-BC).
* (CWP only) Massage Therapist is Nationally Certified in Therapeutic Massage and Bodywork (NCBTMB)

**Delegated Managed Care Review Tool**

Chris reviewed the portions of the DMC tool that pertain to this committee: CMHSP Provider Network Sub-Contract Providers (36 standards) and Provider/Staff Credentialing (24 standards). Suggested evidence of compliance has been included in Column D “Evidence of Compliance.” The title of the documents uploaded as evidence should be entered into Column F, “Evidence of Compliance.” The CMHSPs have each been provided with a copy of the DMC tool. Areas of noncompliance will be responded to with a request for corrective action.

CODE CHANGE FOR 0100 INPATIENT

The Code Chart is changing to include modifiers (V1 – V4) to identify tiers for 0100 Psychiatric Inpatient Room and Board effective July 1, 2024. This topic will be discussed further during the May meeting.

REGIONAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS

* **Statewide Contract Manager Meeting** –May 22nd at 10:00AM.
* **CMHAM Improving Outcomes Conference** – May 16th through May 17th at Crystal Mountain.
* **CMHAM SUD and Co-occurring Annual Conference** – September 16th through 17th in Novi and virtual.
* The NMRE **Day of Education** has been scheduled for May 17th at Treetops Resort.

GROUP TEAMS POSTS

Nothing additional was discussed related to group Teams posts.

OPEN DISCUSSION

**Credentialing Report**

The Provider Credentialing report for Quarter 1 and Quarter 2 of FY24 are due to MDHHS on May 15th. Chris requested that the CMHSPs send their reports to him by May 8th.

**McLaren Cheboygan Inpatient Psychiatric Facility**

A gathering will be held at North Country CMHA on April 10th to introduce McLaren Northern Michigan’s Chief Medical Officer, John Kennedy, MD. Kim asked about usage of the 18-bed inpatient Behavioral Health Unit and referrals to the BHU from the emergency departments of various McLaren hospital locations.

NEXT MEETING

The next meeting was scheduled for May 14th at 10:00AM.