**NORTHERN MICHIGAN REGIONAL ENTITY**

**PROVIDER NETWORK MANAGERS MEETING**

**10:00AM – AUGUST 13, 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 | Access and Emergency Services Director |
|  | | |
| **North Country:** | Angie Balberde | Provider Network Manager |
|  | Katie Lorence | Contract Manager |
|  | Kim Rappleyea | Chief Operating Officer |
|  | | |
| **Northeast Michigan:** | Connie Cadarette | Chief Financial Officer |
|  | Vicky DeRoven | Quality Improvement |
|  | Morgan Hale | Contract Manager |
|  | Jen Walburn | Compliance Officer |
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| **Northern Lakes:** | Kari Barker | Director of Quality Improvement and Compliance |
|  | Mark Crane | Contract and Procurement Manager |
|  | Tiffany Fewins | Administrative Assistant |
|  | Trapper Merz | Business Intelligence Specialist |
|  | Jessica Williams | Performance Improvement Specialist |
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| **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.

REVIEW AGENDA & ADDITIONS

No additions to the meeting agenda were requested.

APPROVAL OF PREVIOUS MEETING MINUTES

The July 9th minutes were included in the meeting materials and approved by consensus.

PRIOR ACTION ITEMS

**Non-Violent Intervention Training Requirements**

This topic was referred to the NMRE Quality and Compliance Oversight Committee (QOC). After considerable discussion, the decision was made to keep the requirement that all CMHSP staff are trained in Nonphysical Intervention Skills/Nonviolent Crisis Intervention within 90 days of hire. The citation on the NMRE Monitoring review tool for element 1.11 will be revised to reference 42 CFR § 485.910(f)(2).

REGION 2 CONTRACT BOILERPLATE REVIEW

**Crisis Residential**

Chip clarified that the Crisis Residential boilerplate is based on the “Residential Type A” template; however, greater emphasis was placed on serving individuals in crisis. Much of the language was taken directly from the PIHP/CMHSP Contract and the Medicaid Provider Manual.

Chris noted the following differences between the “Crisis Residential” and “Residential Type A” boilerplates:

* Section X, “Target Service Group and Eligibility Criteria for Services,” includes language defining “indigent persons” in the “Crisis Residential” boilerplate.
* Section XI, “Provider’s Services and Responsibilities,” is far more robust in the “Residential Type A” boilerplate.
* Section XII, “Staffing and Training Requirements,” includes language in the “Crisis Residential” boilerplate related to the provision of active treatment that is medically necessary (Medicaid and non-Medicaid). Conversely, the “Residential Type A” boilerplate is far more robust in the areas of staffing levels and ratios and self-determination.
* Section XIII, “Service Access, Preauthorizations, and Utilization Management,” is far more robust in the “Residential Type A” boilerplate.
* Section XIV, “Billing and Payment for Valid Service Reimbursement Claims,” is far more robust in the “Residential Type A” boilerplate.
* Section XVIII, “Applicable Law and Venue: Compliance with the Law,” of the “Crisis Residential” boilerplate includes an additional subsection related to the assurance of a smoke-free environment that is to be added for child placements.

Chip explained that the NMRE/CMHSP Network Agreements contain language related to service obligations and delegated functions. Megan Rooney, CEO of NorthCare Network, took NMRE’s boilerplate and separated it into two separate agreements: 1) Service Contract and 2) Managed Care Contract. Chip is proposing the same for the NMRE and its CMHSPs which will affect the language in the regional contract boilerplates. The current PIHP/CMHSP Agreements will be extended on a month-to-month basis until the new Agreements take effect.

Information about “CMS Technical Instructions: Reporting Sub-capitation Payments and Encounters Associated with Sub-capitation Payments from Managed Care Plans” may be found by visiting [CMS Technical Instructions: Reporting Sub-capitation Payments and Encounters Associated with Sub-capitation Payments from Managed Care Plans | Medicaid](https://www.medicaid.gov/medicaid/data-and-systems/macbis/tmsis/tmsis-blog/137296#:~:text=These%20entities%20contracted%20with%20managed%20care%20plans%20are,%28i.e.%2C%20they%20are%20paid%20on%20an%20at-risk%20basis%29.).

**CLS/Respite**

The CLS/Respite boilerplate will be reviewed in September.

ORGANIZATIONAL CREDENTIALING

Chris completed the site PIHP monitoring reviews on August 9th. This was the first year he reviewed Organizational Credentialing processes.

Per MDHHS, the PIHP must ensure that the initial credentialing of all organizational providers applying for inclusion in the PIHP network must be completed within 90 calendar days of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the organizational provider. Completion time is indicated when written communication is sent to the organizational provider notifying them of the PIHP’s decision.

Chris noted that not all CMHSPs send applications every two years to existing providers. The recommendation was made that, as contracts are sent for signature during the renewal period, language be included in cover letters to indicate that the issuance of the contact serves to demonstrate that the provider’s credentialing status was deemed to be in good standing.

Chris also reported that primary source verification was not always evident in records.

Chris recommended that systems be implemented to flag license expiration dates.

For FY25, Chris will be educating the CMHSPs about the requirement of the Credentialing Reports that must be submitted to MDHHS on November 15th and May 15th.

REGIONAL DIRECTORIES

HSAG will be reviewing the Regional Directories during the virtual review scheduled for August 21, 2024. Chris requested that the CMHSP directories be updated for August and include mention of what counties each provider covers. Ideally, HSAG would like the directories to have an option to sort providers by county. Chris posted HSAG’s Provider Directory Checklist tool to the Teams channel.

HOSPITALS

**Munson ECT Update**

Munson intended to add an ECT program effective July 1st. The rate for the ECT services has not been negotiated to date. Chris agreed to continue to reach out to Kim Speese.

**Havenwyck Contact**

The new contact for Havenwyck Hospital was provided as Michelle Bush.

**FY25 Hospital Rates**

Chris acknowledged being a bit behind on negotiating contract rates for FY25.

Instead of implementing tiered rates, the $8M allocated by the legislature will be used to uniformly increase the existing Hospital Rate Adjustment (HRA) for FY25. The NMRE makes quarterly HRA payments pursuant to the schedule provided by MDHHS. Chris is using the increase in HRA payments as leverage in the negotiations for FY25 hospital rates.

Several hospital rate requests will be presented to the regional Operations Committee on August 20th.

HCBS UPDATE

MDHHS sent surveys in July to all providers to complete to determine their HCBS compliance. By doing this, onsite visits will be postponed until 2026. Every three years thereafter there will be a comprehensive assessment for each person placed in one of those provider settings. A response from MDHHS regarding the surveys was received by NMRE Waiver Coordinator, Aarn Biery, on August 12th. The tracking system coming from MDHHS is very poor, making it difficult to determine the accuracy of the number of completed surveys.

EVV UPDATE

There are rumblings that, effective October 1st, MDHHS is planning to retire the 15-minute H2015 code for CLS in favor of the H0043 per diem code (with specific parameters on when it can be used), although there has not been an official announcement.

A subgroup of the regional Business Intelligence and Technology (BIT) has been assembled to collaborate on the September 3rd EVV implementation. The workgroup consists of membership from the NMRE and the 5 member CMHSPs across several disciplines (Finance, IT, and Provider Network/Contracts).

REGIONAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS

* **CMHAM SUD and Co-occurring Annual Conference** – September 16th – 17th in Novi and virtual.
* **CMHAM Fall Conference** – October 21st – 22nd at Grand Traverse Resort in Traverse City.
* **NMRE SUD Day of Education** – October 30th at Treetops Resort in Gaylord.
* **CMHAM Improving Outcomes Conference** – December 5th – December 6th in Dearborn.

ONGOING GROUP TEAMS POSTS

Nothing was discussed under this agenda topic.

OPEN DISCUSSION

**Mclaren Cyber Hack**

An August 5th ransomware attack led to disruptions at all 13 of McLaren Health System's hospitals, surgery, infusion and imaging centers, along with its network of 113,000 medical providers throughout Michigan, Indiana and Ohio.

Kari asked whether the NMRE has a plan in place for regional cyber-attacks. Chris agreed to pose the question to Brandon. It is possibly addressed during the NMRE’s annual security assessment.

NEXT MEETING

The next meeting was scheduled for September 10th at 10:00AM on via Teams.