**NORTHERN MICHIGAN REGIONAL ENTITY**

**PROVIDER NETWORK MANAGERS MEETING**

**10:00AM – SEPTEMBER 10, 2024**

**VIA TEAMS**

|  |  |  |
| --- | --- | --- |
| **AuSable Valley:** | Mary Martin | Contract and Compliance Specialist |
|  | Trish Otremba | Chief Quality Officer |
|  | | |
| **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 |
|  | | |
| **Northern Lakes:** | Kari Barker | Director of Quality Improvement and Compliance |
|  | Mark Crane | Contract and Procurement Manager |
|  | Tiffany Fewins | Customer Services Specialist |
|  | Carrie Hubbell | 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 August 13th minutes were included in the meeting materials and approved by consensus.

PRIOR ACTION ITEMS

There were no prior action items included on the agenda.

REGION 2 CONTRACT BOILERPLATE REVIEW

**Single Case Agreements**

Chris shared the Health Service Advisory Group (HSAG) FY24 Compliance Review Template for Standard III, “Availability of Services.” For some elements, single case agreements were uploaded as evidence. Chris read Element 6 as follows:

1. The PIHP requires out-of-network providers to coordinate with the PIHP for payment and ensures the cost to the member is no greater than it would be if the services were furnished within the network, *including a prohibition on balance billing in compliance with 42 CFR 438.106, 42 CRR 438.116, and the Medicaid Provider Manual.*
2. *The PIHP must comply with all related Medicaid policies regarding authorization and reimbursement for out-of-network providers.*
3. *The PIHP must pay out-of-network Medicaid providers’ claims at established Medicaid fees in effect on the date of service.*
4. *If Michigan Medicaid has not established a specific rate for the covered service, the PIHP must follow Medicaid policy to determine the correct payment amount.*

HSAG requested three examples of executed single case agreements as supporting documentation for this standard. The response from HSAG was that the region needs to do a better job of indicating that the member cannot be billed for services within the contract/agreement.

Chris shared Chapter 8 of the Michigan Mental Health Code, “Financial Liability for Mental Health Services,” Section 804 (330.1804), “Financial Liability of Responsible Party.”

Sec. 804 (“Financial liability of responsible Party”)

1. A responsible party is financially liable for the cost of services provided to the individual directly or by contract with the department or a community mental health services program.
2. The department or community mental health services program shall charge responsible parties for that portion of the financial liability that is not met by insurance coverage. Subject to section 814 (“Willful Refusal to Apply for Insurance Benefits or Provide Information”), the amount of the charge shall be whichever of the following is the least amount:
3. Ability to pay determined in section 818 (“Adult Inpatient Psychiatric Services Less Than 61 days, Nonresidential Services, and Services to Minors; Provisions Applicable to Ability to Pay; Rules”) or 819 (“Residential Services and Inpatient Services Other Than Psychiatric Services Less Than 61 Days; Provisions Applicable to Ability to Pay; Minor's Ability to Pay”).
4. Cost of services as defined in section 800 (“Definitions”).
5. The amount of coinsurance and deductible in accordance with the terms of participation with a payer or payer group.
6. The department or community mental health services program shall waive payment for that part of a charge determined under subsection (2) that exceeds financial liability. The department or community mental health services program shall not impose charges in excess of ability to pay.
7. Subject to section 114a (“Applicability of Provisions Requiring or Permitting Rule Promulgation”), the department may promulgate rules to establish therapeutic nominal charges for certain services. The charges shall not exceed $3.00 and shall be authorized in the recipient’s individual plan of services.

Chris next referenced the Managed Care Rules:

42 CFR 438.106 (“Liability for Payment”)

Each MCO, PIHP, and PAHP must prove that its Medicaid enrollees are not held liable for any of the following:

1. The MCO’s, PIHP, or PAHPs debts, in the event of the entity’s insolvency.
2. Covered services provided to the enrollee, for which –
3. The State does not pay the MCO, PIHP, or PAHP; or
4. The State, or the MCO, PIHP, or PAHP does not pay the individual or health care provider that furnished the services under a contractual, referral, or other arrangement.
5. Payments for covered services furnished under a contract, referral, or other arrangement, to the extent that those payments are in excess of the amount that the enrollee would owe if the MCO, PIHP, or PAHP covered the services directly.

The NMRE Single Case Agreement boilerplate includes the following language:

“The PROVIDER shall ensure beneficiaries are not held liable when the PAYOR does not pay the health care provider furnishing services under this agreement. Also, PROVIDER is to ensure beneficiaries are not held liable for payment of covered services furnished under this agreement if those payments are in excess of the amount that the beneficiary would owe if the PAYOR provided the service directly.”

Chris took the position with HSAG that the stated language meets the requirement for Standard III, Element 6; the NMRE waits their response and will disseminate any HSAG requests as needed.

Chris asked the Boards to review their processes for executing single case agreements to be sure they align with medical necessity and provider of choice criteria and contain references to Chapter 8 of the Michigan Mental Health Code and 42 CFR.

**The CLS/Respite Boilerplate will be reviewed in October.**

UNIVERSAL CREDENTIALING

Pursuant to Public Act 282 of 2020, MDHHS agreed to establish a uniform credentialing process for providers/practitioners. This led to the creation of the Universal Credentialing CRM in MiCAL. The NMRE’s training dates with MDHHS are November 4th – November 22nd. Chris has furnished the Department with a list of regional contacts. Kim noted that Disclosures of Ownership (which include Social Security numbers) are still visible/downloadable in the CRM.

Kari suggested that the current system remain in place for a period as the new MiCAL platform gets up and running. Chris agreed with that approach, however, more will be known after the November training.

HSAG AUDIT STATUS

The NMRE’s draft Compliance Examination report is due from HSAG by November 26th. The NMRE will have until December 3rd to submit comments. The Final Report with Corrective Action Plan Request is expected by December 20th. The NMRE will have until January 20th to respond.

Potential issues that pertain to this group would focus on provider directories, network capacity, and single case agreements.

HOSPITALS

**FY25 Hospital Rates**

The following hospital rates have been approved for FY25.

**BCA Stonecrest**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $785.00 | $808.55 | 3% |
| Enhanced 1:1 Staffing | $1,040.00 | $1,071.20 | 3% |

**Forest View**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult and Child Psychiatric Inpatient | $1,078.35 | $1,110.70 | 3% |
| Partial Hospitalization | $481.27 | $495.71 | 3% |

**Havenwyck**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $970.00 | $999.01 | 3% |
| Adolescent Psychiatric Inpatient | $970.00 | $999.01 | 3% |
| Partial Hospitalization | $427.00 | $439.81 | 3% |

**McLaren Health System**

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| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $1,007.00 | $1,037.21 | 3% |
| Partial Hospitalization | $504.00 | $519.12 | 3% |

**Munson**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $1,141.61 | $1,175.86 | 3% |
| Partial Hospitalization | $457.47 | $471.19 | 3% |

**MyMichigan Health**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $1,073.00 | $1,105.19 | 3% |
| Partial Hospitalization | $614.00 | $632.42 | 3% |

MyMichigan will be introducing an adolescent IOP program at its Midland facility. The program is designed to help adolescents who need more care than what is offered in traditional outpatient care settings, but less intensity than what is offered in partial hospitalization programs or inpatient behavioral health units. MidMichigan hospital has pushed for this service being included in contracts. Although the CMHSPs did not feel they would utilize the Adolescent IOP program, there was no objection to it being included in the contracts.

**Pine Rest**

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| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult R&B All Inclusive | $1,240.00 | $1,269.00 | 2.3% |
| Child/Adolescent Inpatient | $1,314.00 | $1,393.00 | 6% |
| Older Adult Unit | $1,240.00 | $1,269.00 | 2.3% |
| Partial Hospitalization Adults/Children | $554.00 | $582.00 | 5% |
| Partial Hospitalization for Eating Disorders | New for FY25 | $756.00 | NA |
| ECT Inpatient | $845.00 | $879.00 | 4% |
| ECT Outpatient | $1,092 | $1,136.00 | 4% |

**Trinity Health Muskegon**

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| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $1,050.00 | $1,082.00 | 3% |

**Trinity Health St. Mary’s**

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| --- | --- | --- | --- |
|  | FY24 Rate | FY25 Rate | % Increase |
| Adult Psychiatric Inpatient | $1,200.15 | $1,236.00 | 3% |
| Partial Hospitalization | $511.35 | $527.99 | 3% |
| ECT | $845.25 | $871.00 | 3% |

UP Health will be accessed by Single Case Agreements only for FY25. NorthCare has negotiated rates of $695 for Medicaid and $675 for ECT.

Boilerplates for the listed hospitals have been uploaded to Teams files.

**Munson ECT Update**

Munson anticipates opening an ECT program by November 1, 2024. FY25 Contracts may be amended to include this service. No rate has yet been specified.

**Tiered Rates**

There was no update provided on this topic during the meeting.

EVV UPDATE

The regional EVV workgroup reviewed the HHAX portal. PCE provided a work around for individual respite providers that do not have CHAMPS IDs or NPI numbers. Authorizations are being sent from PCE to provider portals. The next step is to connect clients to providers; testing has begun. The EVV uses 4 portals: Provider Portal, Caregiver Portal, Payer Portal, and Aggregate Portal. The hard go-live date is October 7, 2024.

Kacey asked whether providers would need to schedule appointments to submit their time. Angie responded that the scheduling feature is optional. Caregivers will be able to select “unscheduled visit” and then clock in/out.

MDHHS is examining the value of moving back to the H0043 per-diem rate for CLS services for persons with a significant number of hours (12) living in unlicensed CLS settings rather than the use of the H2015 15-minute code.

HCBS UPDATE

There was no update provided on this topic during the meeting.

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

Morgan Hale posed a question to the group “Can a CMHSP contract with a sole proprietor (for respite) with no license?” Kari Barker responded that if the child is going somewhere the respite provider should be licensed, and Chris stated that in other scenarios the providers typically do not need to be licensed, despite auditors occasionally asking for them. Morgan confirmed the provider is/has an agency and the respite provider is going into the home, which the group confirmed does not require a license.

Mary referenced the discussion in June about the Type A and Type B residential boilerplates, specifically Chip’s handout titled, “Use of Personal Care in Type A Settings.” She asked whether there had been any updates. Clarification was made that personal care should not be billed for individuals in Type A Residential settings unless they don’t receive Social Security payments.

NEXT MEETING

The next meeting was scheduled for October 8th at 10:00AM via Teams.