

**NORTHERN MICHIGAN REGIONAL ENTITY  
PROVIDER NETWORK MANAGERS MEETING  
10:00AM – DECEMBER 9, 2025  
VIA TEAMS**

<b>Centra Wellness:</b>	<input type="checkbox"/> Chip Johnston	Executive Director
	<input checked="" type="checkbox"/> Kacey Kidder-Snyder	Provider Network Specialist
	<input checked="" type="checkbox"/> Pat Kozlowski	Access and Emergency Service Director
<b>North Country:</b>	<input checked="" type="checkbox"/> Angie Balberde	Provider Network Manager
	<input checked="" type="checkbox"/> Katie Lorence	Contract Manager
	<input checked="" type="checkbox"/> Kim Rappleyea	Chief Operating Officer
<b>Northeast Michigan:</b>	<input type="checkbox"/> Connie Cadarette	Chief Financial Officer
	<input checked="" type="checkbox"/> Vicky DeRoven	Quality Improvement
	<input checked="" type="checkbox"/> Jen Walburn	Compliance Officer
	<input checked="" type="checkbox"/> Jennifer Wiczorkowski	Contract Manager
<b>Northern Lakes:</b>	<input type="checkbox"/> Mark Crane	Contract and Procurement Manager
	<input type="checkbox"/> Bailey MacDonald	Administrative Specialist
	<input type="checkbox"/> Trapper Merz	Business Intelligence Specialist
	<input type="checkbox"/> Hillary Rappuhn	Project Coordinator
	<input checked="" type="checkbox"/> Jessica Williams	Performance Improvement Specialist
<b>Wellvance:</b>	<input type="checkbox"/> Teresa McGee	Chief Clinical Officer
	<input checked="" type="checkbox"/> Julie Streeter	Contracts Specialist
<b>NMRE:</b>	<input checked="" type="checkbox"/> Carol Balousek	Executive Administrator
	<input type="checkbox"/> Eric Kurtz	Chief Executive Officer
	<input type="checkbox"/> Heidi McClenaghan	Quality Manager
	<input type="checkbox"/> Brandon Rhue	Chief Information Officer/Operations Director
	<input checked="" type="checkbox"/> Chris VanWagoner	Contract and 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 November 13<sup>th</sup> minutes were included in the meeting materials and approved by consensus.

**PRIOR ACTION ITEMS**

**Collect hospitals SCAs have been completed, hospitals with ORR reviews**

This topic will be discussed under "Hospitals."

**Set up credentialing training (FY2025 HSAG CAP)**

This topic will be discussed under "FY2025 HSAG Compliance CAP Update." Chris will set up a 2-hour Credentialing training toward the end of January 2026.

## **Implement telehealth services on directories (all)**

This topic will be discussed under "Provider Directories."

### **Issue DOO Guidance**

Chris added several educational documents to the PNM Guide folder in Teams including:

- The Behavioral Health and Developmental Disabilities Supports and Services, HCBS, and EVV Sections of the Michigan Medicaid Manual,
- Numerous citations that have to do with Credentialing,
- Guidance from Chip Johnston, and
- Guidance related to Disclosures of Ownership.

Chris also added a section to the Regional PIHP/CMHSP Provider Network Management Collaboration Guide under the "Disclosures of Ownership Section" (page 5), labeled "Confidentiality – Region 2 does NOT share DOOs."

If a provider sends a CMHSP a disclosure that is NOT the Region 2 approved template, the CMHSP must make best efforts to obtain the Region 2 approved version, as the Provider Network Committee has vetted this template to ensure compliance with 42 CFR 455.104-106. Auditors may accept disclosures from other agencies but there is no way to guarantee their template contains the required information, and may result in citations and corrective actions, etc.

### **Collect FMS reviews**

FY25 reviews have been collected for GT Independence and Stuart Wilson. Centra Wellness sent the review for HR Alliance in March 2025. Chris requested the review of Karen's Accounting and Amanda's Payroll from Northeast MI.

### **UNIVERSAL CREDENTIALING**

Every CMHSP in the region has utilized the CRM for credentialing of practitioners and/or organizational providers. Currently, Centra Wellness is the only one using the CRM for individual practitioners. Chris offered to help train Northeast MI, Northern Lakes, and Wellvance, on using the CRM for organizational providers after the upcoming holidays.

Chris has created a folder in the Provider Network Teams channel titled, "Universal Credentialing" to be used as a resource.

### **FY2025 HSAG COMPLIANCE CAP UPDATE**

As stated previously, Chris will schedule a required 2-hour Credentialing training early in 2026. This is in response to the NMRE's Corrective Action Plan with HSAG.

## **Section VII – Provider Selection**

10) For credentialing and recredentialing, the PIHP primary source verifies:

- a. Official National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
  - i. Minimum five-year history of professional liability claims resulting in a judgment or settlement.
  - ii. Disciplinary status with regulatory board or agency.
  - iii. Medicare/Medicaid sanctions.

#### PIHP Remediation Plan

The NMRE will seek clarification from MDHHS, in writing, regarding the specific non-licensed staff types in the sample that were reviewed but did not have NPDB, as well as asking MDHHS about any other specific staff types they may see as needing NPDB. The NMRE will disseminate this information to its CMHSPs as official guidance. The NMRE will subsequently review and update its credentialing policy as appropriate based on HSAG recommendations and review the policy with CMHSP delegates both remotely for training, and in person while monitoring, to assure delegate understanding of NMRE policy.

- 12) For credentialing and recredentialing, the PIHP conducts a search that reveals information substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and State sex offender registry check for each new direct-hire or contractually employed practitioner.
  - a. ICHAT: <https://apps.michigan.gov>.
  - b. Michigan Public Sex Offender Registry: <https://mspsor.com>.
  - c. National Sex Offender Registry: <http://www.nsopw.gov>.

#### PIHP Remediation Plan

The NMRE has already sought clarification from the MDHHS that the National check and Michigan checks must be pulled independently, despite any information overlap. For the CAP, the NMRE will disseminate this information to its CMHSP delegates and ensure monitoring tools reflect both. NMRE will also conduct a thorough review of its CMHSPs' processes for checking sex offender registries and storage to ensure evidence is present and made available for auditing purposes.

- 18) For credentialing and recredentialing, the PIHP confirms that the provider is not excluded from participation:
  - a. In Medicare, Medicaid, or federal contracts.
  - b. Through the MDHHS Sanctioned Provider List.

#### PIHP Remediation Plan

NMRE will provide training to its CMHSPs that ensures all staff are aware of the requirements for Medicare and Medicaid sanction checks, and aware that the checks should be done within the timelines of the MDHHS credentialing policy and should be primary checks during the credentialing period.

- 22) The PIHP ensures that the credentialing process provides for mandatory recredentialing at least every two years.

Note: While recredentialing is required every three years with implementation of universal credentialing, during the look-back period for the file review, PIHPs were required to recredential providers every two years.

#### PIHP Remediation Plan

The NMRE will provide staff training via review of the MDHHS credentialing policy to CMHSP delegate staff of the region to ensure understanding of the policy. NMRE will conduct a review of the internal processes of the CMHSPs to ensure compliance with the timelines of the MDHHS.

### **Section VII – Provider Selection**

- 21) The PIHP must require its business associates (i.e., subcontractors) to, following the discovery of a breach of unsecured PHI, notify the PIHP of such breach.
- A breach shall be treated as discovered by a business associate as of the first day on which such breach is known to the business associate or, by exercising reasonable diligence, would have been known to the business associate. A business associate shall be deemed to have knowledge of a breach if the breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee, officer, or other agent of the business associate.
  - Except as provided in 45 CFR §164.412, the PIHP must require a business associate to provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.
  - The notification must include, to the extent possible, the identification of each individual whose unsecured protected health information has been or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed during the breach.
  - The PIHP must require a business associate to provide the PIHP with any other available information that the PIHP is required to include in notification to the individual under 45 CFR §164.404(c) at the time of the notification or promptly thereafter as information becomes available.

#### PIHP Remediation Plan

The NMRE will review its BAA templates to ensure the provisions of this standard are included in these contracts, including such references as 45 CFR §164.412 and 45 CFR §164.404(c).

NMRE will strengthen its oversight process for business associates to ensure all breaches of unsecured PHI are reported and documented within required timeframes. This enhancement will align with the broader corrective action under Standard VIII, Item #11 (Delegate Oversight and Reporting) but will be expanded to explicitly include Business Associates and subcontractors in addition to CMHSP delegates.

Specifically, NMRE will:

#### **1. Revise Breach Notification Policy:**

- Expand the new Section N: Delegate Oversight and Reporting to explicitly include “Business Associates” alongside CMHSP delegates.
- Clarify that business associates must notify NMRE’s Privacy Office within **10 days of discovery** of any suspected or confirmed breach of unsecured PHI, consistent with NMRE’s BAA requirements.

- Require that such notifications include, at a minimum:
  - Identification of each affected individual (to the extent possible);
  - Description of the type of PHI involved;
  - Date of breach and date of discovery; and
  - Any additional information required under 45 CFR §164.404(c).

## 2. Develop a Centralized Tracking Process for Business Associate Reports:

- Incorporate a new category into NMRE's existing *Breach Tracking Log* to document reports from business associates.
- Include fields for "Business Associate Name," "Date of Notification Received," "Number of Individuals Affected," and "Verification of Required Information Received."
- Maintain all documentation for at least six (6) years.

## 3. Verification and Oversight:

- The NMRE Compliance Department will verify that business associate notifications are received within the required timeframe and contain all necessary elements.
- Quarterly reviews will include both CMHSP delegate and Business Associate breach reports.

## 4. Training and Communication:

- Provide education and guidance to all current Business Associates regarding their notification responsibilities and reporting timelines.
- Include reference to this process in future BAA renewals and amendments.

### MONITORING TOOLS (FMS, ETC.)

Chris will be collecting the tools that the CMHSPs are using to monitor their providers, including those for Fiscal Management Services. These tools and others collected throughout the state will be shared with this group.

### PROVIDER DIRECTORIES (HSAG 2024)

#### **Telehealth**

Chris reviewed the five CMHSPs' Provider Directories to determine whether they include the availability of telehealth services.

CMHSP	Added Telehealth?
Centra Wellness	Yes
North Country	Yes
Northeast Michigan	Yes
Northern Lakes	No
Wellvance	Yes

Chris reminded the CMHSPs that Provider Directories must be updated monthly.

#### **Machine Readability (HSAG 2024 S1, E20)**

All five CMHSPs have Provider Directories posted in a machine-readable format.

**Organized by county, Elements provided compliant with 42 CFR 438** (HSAG S1, E18)

All five CMHSPs' Provider Directories are sorted by county or at least list the county by which an .xlsx or .csv version of the directory can be sorted (as in the case of Centra Wellness). Chris asked Centra Wellness to post a pre-sorted version of its directory to its website, which Kacey agreed to do.

**Addresses Independent Facilitation** (via list, or link to webpage, etc.)

All five CMHSPs have Provider Directories posted that list Independent Facilitation.

HOSPITALS

**Outreach Initiative Status**

A list of hospitals with which the CMHSPs have issued Single Case Agreements was included in the meeting materials. Chris agreed to reach out to each of the hospitals listed to explore their interest in contracting with the region.

A list of hospitals that have reciprocity reviews loaded into the CRM was also included. Chris will reach out to these hospitals as well.

**Munson**

Current contracts with Munson include ECT (0901) while individuals are receiving inpatient care. Munson is developing a process to add the inclusion of ECT for individuals who are receiving outpatient care. Amendments to the contracts may be required to add this service. Katie noted that North Country has already issued a Single Case Agreement for the service. Chris requested that North Country share the agreed upon rate.

Chris asked that the CMHSPs notify him if they are not getting the required DOOs from hospitals and he will reach out to CMHAM for assistance.

FY2025 NETWORK ADEQUACY

The NMRE's Network Adequacy Plan is due to MDHHS annually on April 30<sup>th</sup> for the prior fiscal year. An MDHHS PowerPoint presentation from the December 3<sup>rd</sup> titled, "FY26 Network Adequacy Procedure and Reporting Document Changes" was included in the meeting materials.

**Procedure Document Includes the following:**

- Services included for FY26 reporting standards
- Time and Distance Standards
- Enrollee to Provider Ratio Standards for Select Services
- Time/Distance and Provider-to-Enrollee Ratios
- ASAM LOC Availability
- Timely Access Standards
- Timeliness
- Provider Definitions

**Adult Services added:**

- Skill Building
- Community Living Supports
- Targeted Case Management

- Pre-Admission Screen
- Outpatient Clinical Mental Health
- Partial Hospitalization

#### **Pediatric Services added:**

- Autism Services (including Autism Service Evaluations)
- Community Living Supports
- Targeted Case Management
- Pre-Admission Screen
- Outpatient Clinical Mental Health
- Partial Hospitalization

\* All new services are added as informational only (e.g. no standards established)

#### **Procedural Document Changes – Standards**

- FY25 standards have been retained
- New services have been added as informational only.

#### **Significant Reporting Template Changes**

All references to MMBPIS Indicator #3 have been removed. At this time, encounter and/or MichiCANS data (from CC360) will be used for the following:

- Percentage of enrollees during FY2025 that started H0039 (ACT) services within 14 calendar days of assessment.
- Percentage of pediatric enrollees during FY2025 who started Home-Based services within 14 calendar days of completing assessment for services.
- Percentage of pediatric enrollees during FY2025 who started Wraparound services within 14 calendar days of completing assessment for services.

#### **Small Template Changes**

- Added Population Served column to all services with bed counts (Inpatient Psychiatric, Crisis Residential)
- Updated Bed Count and Number of Teams columns to allow for only numeric entry

#### **Next Steps**

- The Network Adequacy Procedure Document and Reporting Template are planned to be released to the PIHPs for feedback.
- Timeline:
  - December = Procedure Document and Reporting Template released to the PIHPs for feedback
  - January 30<sup>th</sup> = Final procedure document and template released
  - April 30<sup>th</sup> = Reporting templates due back from PIHPs

#### REGIONAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS

- **A Regional Training on Contracts** – January 7<sup>th</sup> at 9:00AM
- **NMRE Regional Credentialing Training** – TBD
- **CMHAM Winter Conference** – February 3<sup>rd</sup> & 4<sup>th</sup> in Kalamazoo
- **Regional Quality Improvement Trainings in January, February, and March**

#### NEXT MEETING

The next meeting was scheduled for January 13<sup>th</sup> at 10:00AM.

DRAFT