

Partners Provider Council

MINUTES

MARCH 27, 2015

9:30 – 11:30 A.M.

PBHM – HICKORY OFFICES

CHAIR/PRESIDENT	Margaret Mason
VICE CHAIR/ VICE PRESIDENT	Tonya Oakley (not present)
SECRETARY	Safi Martin
ATTENDEES	Mary Corey, Celeste Dominguez, Lyndril Leonard, Darlene Norton, Candi Dula, Lindy Davis, Shannon Childress, Josh Martin, John Waters, Rhonda Cooper, Kim Mitchell, Gary Meosky, Beth Brown, Stefanie Wiley, Edward Highes, Sharon Wilcox, Jasmine Burgess, Christopher White, Margaret Mason, Safi Martin, Ashley Conrad, Nancy Prichard, Sara Seidel Beall, Michelle Davis, Debra Zlobecki, Angie Manafre, Tracy Frye, Loretta Heavner, Jennifer Lineberger, Tricia Davis, Asheli Thompson

Agenda topics

- APPROVE JAN. COUNCIL MINUTES MARGARET MASON
- REVIEW OF COMMITTEES: DATES, TIMES, CHAIRS
 - Quality Improvement-
 - Clinical Advisory- VARIOUS
 - Utilization Review-
 - Credentialing-
 - GLOBAL CQI-
- DRAFT LETTER FROM JOHN WATERS
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- PARTNERS UPDATES PAUL CALDWELL
BETH LACKEY
 - Partners & Centerpoint Merger
 - Other Topics

AGENDA TOPIC:	Approval of Jan. Minutes		
DISCUSSION	Add Tracy Frye to January minutes as present.		
	Eddie Hughes motioned approval. Darlene Norton 2nded approval. Passed unanimously.		
CONCLUSIONS			
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	

AGENDA TOPIC:	Review of Committees: Purpose, Chair, Date, Time		
DISCUSSION	<ul style="list-style-type: none"> • Quality Improvement Committee: MCO (Partners) drives this committee. Focused on Policy review initially. Currently, focus is on QI projects & customer service metrics. Current members: Sharon (MH), Monica Harris (SA), Laurie Erlin (IDD). Committee meets 2nd Tuesday of each month via teleconference. • Clinical Advisory Committee: Jennifer Lineberger (IDD), Kevin Oliver (SA), Angela (MH). Committee meets quarterly. Cover policies related to UM/Medical Necessity, etc. • Utilization Review Committee: Ashleigh Jacobs (MH), Rodney (SA), Kathy (IDD). Committee meets 1st Monday of each Quarter in Statesville. Reviews all service lines & data related to contracts/concerns/etc. • Credentialing Committee: Meets monthly—need clarification on regular monthly day/time/location. (6 provider members, though this may change) John Waters (LCSW), Garry (LCSW, LIP), ???, ????. Group makes 		

	<p>decisions about continuation of contracts & credentialing for practitioners and providers. Chair is Partners Medical Director. If folks are interested in sitting or having representation on this committee, contact John Waters.</p> <ul style="list-style-type: none"> • Global CQI: 1st Friday of each month at Partners Hickory offices (9:30). Sarah Siedel-Beal is co-chair. Meetings include NC TOPPS updates (including TOPPS stars), DMA/DMH combined report out, review of Innovations reports (progress & changes). Currently still looking at Partners Provider Performance Indicators. March meeting—looked at CQO indicators. Had a deeper discussion about outcomes and how providers are tracking this. Doug Gallion was able to speak to what Partners is starting to look at. The Perception of Care Survey is coming out in May of this year. April meeting is cancelled due to Good Friday Holiday. May will have a focus on getting data/info back from Partners related to the IRs that providers are submitting to their Human Rights Committee. Partners is still considering allowing agency IR submissions vs. site submissions. Doug will be presenting a compromise on the Quarterly Progress Report for Innovations. 	
CONCLUSIONS		
...question about		
TH ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
<ul style="list-style-type: none"> • Provider representatives to bring minutes from these committees to the Provider Council. • Margaret will reach out to Kevin & Beth for clarification on various committees. 		

AGENDA TOPIC:	Draft Letter from John Waters	
DISCUSSION	<p>Council discussed some edits to language (oversight/oversee). Council members questioned the language in 1st sentence “has proven the ability to successfully manage”. Other council members questioned the need for a letter of this type at this time given the current political environment and potential change on the horizon.</p> <p>John arrived after this matter was initially discussed and was able to present his perspective on voting on a resolution. John made a motion that the council vote on a resolution supporting publicly funded and managed Medicaid within NC. Council members inquired where the resolution would be directed and John suggested that it be sent to elected representatives. Eddie Hughes seconded the motion. Celeste shared that there are conflicting approaches—specifically that MCOs are not in support of the existing system, but are advocating/lobbying for other options (ACO, partnerships with hospitals, etc.). Because of this, elected representatives find it difficult to support Provider resolutions of this sort. John suggested that the current system is the most effective system based on his experience and observations—values that this is a local process and that we know the players and decision-makers involved. One provider expressed concern that the needs/gaps analysis would get lost in a fully privatized system.</p> <p>Council voted 4 in favor, 5 against, and 9 abstaining. John Waters thus withdrew the motion. Council members asked that this stay on the agenda moving forward.</p>	
CONCLUSIONS	Table this to be addressed at a future meeting.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Add to the agenda for future meetings.		

AGENDA TOPIC:	On site visits for new Medicaid providers (PCG), letter indicating this is now MCO responsibility.	
DISCUSSION	<p>Providers continue to get on-site visits from PCG. Jasmine shared the December 2014 Medicaid Bulletin and Margaret has forwarded this same bulletin to the Provider Council.</p> <p>Feb. Medicaid Bulletin indicates that by June 30th, all associate level clinicians must be enrolled with Medicaid as well. Caveat for NCHC consumers birth – 3.</p>	
CONCLUSIONS	Add this to agenda for next meeting to check in.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	Workgroup on Reducing Regulation Redundancy – committee	
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DISCUSSION	Sarah (ACA) discussed some of the redundancies that are occurring. Committee members looked up some of the regulatory statutes around these issues. Committee developed priority list of items. Robin Devore was heading up this committee and is currently out on medical leave.	
	** Margaret brought language from Senate Bill 453 that addresses some regulatory oversight topics (pp 15-16). This Bill allows for the Secretary to exempt agencies from redundant regulatory oversight as long as they are in good standing with all oversight bodies.	
CONCLUSIONS	Add this to agenda for next meeting for update.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	Joint Provider Monitoring – looking for feedback from agencies.	
DISCUSSION	Margaret encouraged agencies to double-check to see if a link to the feedback survey is included on your letter after completion.	
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	Partners Updates	
DISCUSSION	<p>Beth Lackey:</p> <ul style="list-style-type: none"> • Apologies from Partners for the many alerts in February related to PSR. PSR does have pass through for authorizations of 32 hours per week. There is a limit in NC Tracks of 32 units per day (correct?). • IPRS Contracts: 2014-2015 contracts have caps to prevent overspending early in the fiscal year. These capped contracts will continue in the coming fiscal year. Partners has been reviewing the strategies that were put in place to reduce overspending of state funds. As a result, they will be loosening limits for IPRS enrollment for those who have availability of 3rd party insurance (if the insurance does NOT cover the service being requested)—<u>there will be a formal communication from Partners on this topic.</u> Providers asked how this would impact those services that providers are allowed to bill directly to Medicaid (passthroughs rather than going to Medicare or private insurance first)—send the specific question to Beth Lackey. Providers expressed gratitude for the reconsideration of the issue. Will facility-based crisis be impacted? Continue using current practices. • Thanked the providers who participated in the recent provider focus group. The contracted agency facilitating the needs assessment is being reviewed. Great participation across the region. • Partners will be reviewing IPRS utilization through March, annualize that information, then use this data to inform contracts moving forward. • Partners is currently also going through a contract renewal process for both Medicaid & IPRS. PBHM will be looking services provided, NC-TOPPS timeliness, etc. (the 5 performance indicators). The data will be pulled for January – June to get baselines for the different agencies. • Providers are also coming up for re-credentialing. Your recredentialing date is the first date you were credentialed with any of the three MCOs (SMC, Centerpoint, Partners). Providers may receive contract extensions prior to their recredentialing, in which case the contract could be abbreviated pending recredentialing. Once agencies are credentialed, they will receive 3-year credentialing as well as 3-year contract. • Recent bulletin highlighted some monitoring trends. Partners has been looking at inter-rater reliability with the joint monitorings. Providers need to be careful to look at education verifications as we have come across diplomas that are not legitimate (diploma mill). Make sure that your supervision plans meet the minimum requirements. What do providers do when their paraprofessionals have been homeschooled—what documentation is acceptable to verify education? • IDD Supported Employment (B-3)-Partners is still considering this service. Will continue to authorize 10 hours per week at the intermediate stage as long as it can be shown that this is needed. Partners looking closely at the definition for the service and want to ensure that this service is being provided as intended. There is quite a bit of variance from provider to provider with how this service is provided. CMS is the oversight body to the MCOs who will enforce adherence to the service definition, so this will be looked at more closely and continue to be discussed. 	

Kim McGuire:

- Human Rights Committee trainings are coming up next week.
- Will be offering two events around Peer Support Specialists meant to support providers. Partners is looking closely at Peer Support Specialist training (additional 80 hours on top of the current 40 hours). Partners will be sponsoring this training in June—information coming out soon. Initial cap to the training is 20 participants. Partners wants to help support this service.
- QM-11: Partners Human Rights Committee has been considering and reconsidering the QM-11 waiver; however, the committee members are adamant that they want to continue getting the IRs routinely in order to analyze and review data as it relates to health and safety for the consumers. Partners HRCommittee does not support the waiver (copy of the letter shared with the council). The letter Partners provides simply confirms that the agency contacted Partners. **Kim clearly stated that she is okay with Agencies/Providers submitting a single report. This report should include the agency name and how many sites you are reporting on.** Partners will send this information out in a Provider Alert next week. Only include information related to sites in the Partners area (all sites that serve Partners consumers). Providers asked about the agency annual Human Rights Report. This is being addressed when Glenda is here in April. Would prefer that the annualized report reflect the agency's fiscal year.

Doug & Stephanie:

- NC Innovations Service Definition Workgroup: group is looking closely at “maintenance/generalization of skills”. This topic was sent out to many folks for feedback. Ultimately, the goal is to pay providers to provide support to direct care staff. Scenario 2 was the option chosen by providers. Each MCO received this information and solicited feedback. The state level workgroup decided to cover generalization of skills through scenario 2. Some of the concerns Partners heard expressed was the limited timeframe providers were given to offer feedback. State work group is meeting today to consider further definitions (draft of residential supports and final draft of home modifications). In the process of finishing up crisis services definition. Recently finished with the Independent Living definition. Several definitions are still on the table and being worked on. Paul encouraged providers to reach out with specific questions & concerns.
- Innovations Monitoring Protocol: Partners is currently running a pilot program for monitoring because there are different monitoring frequencies/requirements for the different services. Pilot is a team approach to monitoring—working with Beth Lackey (provider network) to integrate concerns that come up during the monitoring process. Centerpoint & SMC also like the idea of the pilot program.
- April is IDD provider forum

Wyatt Bell, provider network specialist:

- QI Project #2 – promoting follow up with clients after discharge. Passed out a survey to providers for review.providers. Posters will be located in waiting areas of all walk-in clinics with surveys available at the same location. Lock boxes will be adjacent to posters so folks can drop surveys directly in while in the waiting room. There will also be an online survey and phone line to take calls. Target is to have it in clinics 3-weeks from now. Will have 1500 surveys printed. Partners will be in charge of posting, collecting, & replenishing surveys at each of the clinics. Direct comments and questions to wbell@partnersbhm.org

CONCLUSIONS		
ACTION ITEMS		
	PERSON RESPONSIBLE	DEADLINE
OBSERVERS		
RESOURCE PERSONS		
SPECIAL NOTES		