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	Lyndril Leonard*, Darlene Norton*, Shannon Childress*, John Waters*, , Gary Meosky*, Stefanie Wiley, Sharon Wilcox*, Jasmine Burgess*,, Margaret Mason*;,Rachelle McKey for Ashley Conrad*, Sara Seidel Beall, Debra Zlobecki for Khalil Nassar*, Tracy Frye*, Tricia Davis, Asheli Thompson*; Logan Cohen; Tommy Abel; Jana Brown; MK Santiago; Martin Osteen for Safe Martin*; Roben Devore*; Boyce Smith; Julie Walker; Kathy McGuire; Jenny Carrington; Rachel McKoy*

Agenda topics

- APPROVE MARCH COUNCIL MINUTES — MARGARET MASON
- REVIEW OF COMMITTEES: DATES, TIMES, CHAIRS — VARIOUS
  - Quality Improvement-
  - Clinical Advisory-
  - Utilization Review-
  - Credentialing-
  - GLOBAL CQI-

- PARTNERS UPDATES — PAUL CALDWELL, BETH LACKEY
  - Partners & Centerpoint Merger
  - Other Topics

AGENDA TOPIC:	Approval of March. Minutes		
DISCUSSION	None		
Passed unanimously.			
CONCLUSIONS			
ACTION ITEMS		**PERSON RESPONSIBLE**	**DEADLINE**

AGENDA TOPIC:	Review of Committees: Purpose, Chair, Date, Time
DISCUSSION	• **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—moved to Thursdays (6 provider members, though this may change) John Waters (LCSW), Garry (LCSW, LIP), ???, ???. Group makes 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. • **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).
CONCLUSIONS	Need to consider adding language to the Provider Council Guidelines regarding committee membership and participation

TH ACTION ITEMS	**PERSON RESPONSIBLE**	**DEADLINE**
• Provider representatives that want to step off or switch to another committee need to notify Margaret.	Margaret Mason	May meeting

AGENDA TOPIC:	Workgroup on Reducing Regulation Redundancy (SB 453)
DISCUSSION	*Performance reviews are redundant. Noted that reviews seems to be somewhat targeted. Question for the MCO is how their random selection is done. Seem to be a focus on state dollar claims. Every MCO is working somewhat differently.* *Partners is moving toward having supervisors do the monthly monitoring for Innovations casesrather than care coordinators which should help with reducing some of the time.* *HCS will add another level of monitoring. Piloting agencies for this project will provide financial impact statements at their May meeting.* *Discussed IRIS complications around multiple providers submitting incident reports on the same incident. Could there be clarification around lead agency for IRIS reports.*
CONCLUSIONS	Combined efforts for financial impact statements as they are important process. Margaret has sent the link for legislative action regarding redundancy. Council members could write a letter, need to get back with Rep. Blackwell regarding viewpoint of the council

ACTION ITEMS	**PERSON RESPONSIBLE**	**DEADLINE**
E-mail Margaret your agency cost for accreditation (could include staff time) by May 1. Margaret and Robin will draft something to bring back to provider council next month for review. Cost analysis numbers for HCS pilot will be collected	Margaret and Robin	

AGENDA TOPIC:	Committees and Guidelines
DISCUSSION	Reviewed guidelines
CONCLUSIONS	

ACTION ITEMS	**PERSON RESPONSIBLE**	**DEADLINE**
Notify Margaret if you are willing to step off or switch committee; Consider revision of guidelines to include language	Committee Members/Margaret	May meeting

AGENDA TOPIC:	Policy 8c that is under revision-recommended comments
DISCUSSION	John Waters, Licensed staff signature would be considered service order for that specific assessment. Associate staff would still have to have signatures from mid-level, MD,
.FNP extension of advanced practice: recommend that providers consider adding language regarding grandfathering. Medication management only individuals would not need to sign their service plan, support. Support 15 day extension to develop service plans.	
CONCLUSIONS	Recommend provider review and comments

ACTION ITEMS	**PERSON RESPONSIBLE**	**DEADLINE**

Encouraged that each provider agency review and comment		

AGENDA TOPIC:	UM Concerns for today's discussion
DISCUSSION	Peer to peer with contract MD's can be challenging to have an understanding of the culture and community. Do the doctor's understand service definitions and our provider network? Documentation is not consistently added by contract doctor. Concerns that if there is not a provider MD on the appeal call that the input of the staff closest to the case are not respected. Innovations is complicated by the care coordination role in the plan development, assessment, etc. There are different interpretations of service definitions. Substance abuse providers are challenged by the short term authorizations for the most intense clients (SA IOP, SA COT) SMC gives a 90 day authorization for SA IOP.
CONCLUSIONS	It seems that we are not on an even playing field as we move through the appeals process.

ACTION ITEMS	**PERSON RESPONSIBLE**	**DEADLINE**
Ask Jane to walk us through the appeal processes, what documents do we need, how best to prepare, concerns about contract doctors		

AGENDA TOPIC:	Partners Updates
DISCUSSION	Beth Lackey: • Communication Bulletin: Extension of FNP qualifications to provide services without the advanced practice certification. • Seeking clarification regarding home schooling verification. This has been passed to the state for clarification but have not received this. Will continue to follow-up. • ACTT service definition and TMACTT: Cannot contract with a provider that does not meet the minimum fidelity score. PBHM does not receive the scores unless they are below fidelity. PBHM will work with the ACTT Collaborative to determine what technical assistance they could provide. Recommend that ACTT providers continue to address their TMACT scores. • Focus on NC TOPPS looking at timely submissions of 3 month reports. PBHM is now at 90.1% compliance. • Testing the outcome measures from January to June (Authorizations, NC TOPPS, Access to care • Working on therapeutic leave limits for IPRS. • May 12th provider forum, Total Care Solutions will present the gaps analysis Paul Caldwell: • July 1, 2015 implementation of IPRS individuals: Individual eligible for Medicaid may be enrolled in IPRS and can receive services that are NOT funded by Medicaid. Individual eligible for Medicare may be enrolled in IPRS and can receive services that are NOT funded by Medicare Individual with private insurance may be enrolled in IPRS and can receive services that are NOT funded by their insurance. All IPRS will be subjected to authorization, monitoring, etc. as with Medicaid. This will put the responsibility of the management of the capped contract dollars on the provider. • Burke Hub Open Houses: May 7 from 3 to 5 pm is stakeholder open house, May 21st from 3 to 5 pm is public open house • UR reviewed Inpatient and IIH. Initial IIH results are 43% did not meet service definition due to not meeting the "at risk for out of home placement". PBHM will host a group meeting with all providers involved, but then will meet individually with providers. Next UR is on long term residential including Level III and therapeutic foster care. o Recommend training for IIH providers Jane Harris: • Steps after a denial: o Criteria check sheet is reviewed and if it does not meet criteria, sent to reviewer (PhD or MD) o Within 24 hours alert put into ALPHA and letter template is sent to the recipient or guardian. Appeal rights are listed. Provider is sent the denial via regular mail. o Within 5 days the provider can request a peer to peer. o PBHM has 24 hours to schedule the peer to peer with the provider o If the denial is upheld there is certified letter notification of the denial to the guardian or service recipient o Reconsideration is completed by a different reviewer. o Provider can assist with the preparation for the appeal.

	○ If the denial or reduction is upheld the consumer/guardian is able to request either mediation or a hearing with OAH. ○ If the decision is upheld by the mediator (they will ask on that call if the consumer or guardian wishes to move on to OAH. *Important for consumers and guardians to be aware of this before participating in mediation ○ OAH appeals (PBHM has licensed clinician and their attorney present). IPRS is reviewed by CEO. • Note that there is a firewall between UM and finance so that the UM staff do not know the cost of the service. • There is a form for the consumer/guardian to sign over the appeal process over to the provider or to someone else. Responses to questions: • UM staff reviewing the SAR can approve, administratively deny due to missing information. • Reductions of hours is only made by the MD. • Peer to peer is with the MD that made the denial • Timeframe for reversed decisions: sometimes is completed immediately but feedback from the group is that there are delays in this process. • Raised concern regarding peer review process. Paul will take the lead on pushing these concerns forward. If there are specific concerns regarding a contract doctor send to Michael Forrester, Chief Clinical Office • Requested information on denials. Reported a 4-4.5% denial for clinical reasons. Administrative 7%. UM staff are asked to contact provider for missing information. • SA IOP authorizations are for 30 days and this is a 90 day service. There is a 30 pass through Request for review of the length of authorizations. Also needs to be a review of service array across the region.
CONCLUSIONS	

ACTION ITEMS	**PERSON RESPONSIBLE**	**DEADLINE**

OBSERVERS	
RESOURCE PERSONS	
SPECIAL NOTES	