

Partners Provider Council

MINUTES

JUNE 26, 2015

9:30 – 11:30 A.M.

PBHM – HICKORY OFFICES

CHAIR/PRESIDENT	Margaret Mason (not present)
VICE CHAIR/ VICE PRESIDENT	Tonya Oakley (presiding)
SECRETARY	Safi Martin
ATTENDEES	

Agenda topics

- **APPROVE APRIL COUNCIL MINUTES** ALL
- **OLD BUSINESS**
 - Assigning/selecting new committee members (specifically for credentialing committee) VARIOUS
 - IDD
 - MH
 - SA
- **REVIEW OF COMMITTEES: DATES, TIMES, CHAIRS**
 - Quality Improvement-
 - Clinical Advisory-
 - Utilization Review-
 - Credentialing-
- **GLOBAL CQI-**
- **PROVIDER ONLY DISCUSSION ITEMS:**
 - No agenda items were received
- **WORKGROUP ON REDUCING REGULATION REDUNDANCY (SB 453)** TABLED UNTIL JULY
- **PARTNERS UPDATES** PAUL CALDWELL
BETH LACKEY
 - Partners & Centerpoint Merger
 - Other Topics

AGENDA TOPIC:	Approval of April Minutes	
DISCUSSION	Change date at the top to reflect the accurate date (April rather than March)	
	Shannon Childress moved to approve with date correction. John Waters seconded the motion. Motion passed unanimously.	
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
AGENDA TOPIC:	Old Business: Assigning/selecting committee members (specifically the credentialing committee)	
DISCUSSION	<ul style="list-style-type: none"> • Assigning/selecting new committee members (specifically for credentialing committee) – John pointed out how important it is to have representation from all disciplines on the credentialing committee. John is willing to step off of the committee. Eddie Hughes is interested in joining that committee. <ul style="list-style-type: none"> ○ IDD ○ MH ○ SA • Global CQI – Judy Bentley (CVBH) to join • UM/UR – 	

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CONCLUSIONS	We need a comprehensive list of the committees and representatives before the need is truly clear.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Verify from Natalie McBride what the credentialing requirements are and what the expected representation is across the disciplines on each of the various committees. Send out previous list to Provider Executive Committee	Safi Martin John Waters	By July meeting

AGENDA TOPIC:	Provider Only Topics: <ul style="list-style-type: none"> • FNP requirement, John Waters 	
DISCUSSION	<ul style="list-style-type: none"> ○ <i>FNP requirements (psychiatric certification) – this requirement has been postponed for 2 years (June 30, 2017). Currently SMC is in charge of credentialing and is proving challenging due to this future requirement—they are requiring an attestation from the FNP indicating that they will get this certification by June 30th, 2017 deadline. It appears that SMC’s requirements are more stringent than Partners or the State. Do MCOs have the authority to enforce stricter requirements than defined at the state level?</i> <p><i>If Partners MCO does not have the same stringent requirements, it begs the question of which MCO’s standards should be followed.</i></p> <ul style="list-style-type: none"> ○ <i>Informal conversation initiated about Medicaid reform at the state level. Very concerned that under a private system, that all of the enhanced services would be “up for grabs”. House & Senate have very different approaches and are working out the details. John Waters encouraged providers to reach out to their elected officials and express their thoughts.</i> 	
CONCLUSIONS	We’ll discuss this further when Partners representatives are present later in the meeting.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	Partners Updates
DISCUSSION	<p>FNP Discussion continued:</p> <p>Paul & Beth shared that there is a WRP meeting next Thursday to continue discussions about operations. This topic will be added as an agenda item for this discussion. They will seek clarity on the three different MCO’s stances on this particular topic, as well. Partners committed to putting their specific information out in a communication bulletin. Beth did clarify that if the MCO’s have differing stances, that they need to do the role of the credentialing and then kick it back to Partners Credentialing Committee for further decision-making.</p> <p>Beth Lackey</p> <ul style="list-style-type: none"> ○ IPRS (and B3) Process/Contracts: <ul style="list-style-type: none"> ○ Partners used the March 1st claims data and annualized that to determine contract amounts. With capped contracts, Partners has had to move money frequently based on peaks and dips in utilization. Partners is asking that providers monitor their utilization during the first quarter. By December 1st, 2015 providers should send in their requests for additional dollars rather than sending requests throughout the year. Partners is holding on this timeline on this particular topic due to the decision-making that must happen in the General Assembly related to the budget. ○ Same process is in place for B3 services. ○ Are currently in the contract renewal process with all providers. <ul style="list-style-type: none"> ○ Partners has been engaged in an in-depth process to review and clean up provider contracts. New contracts may either be a 1-year contract extension or 3-year Medicaid contract (if you have recently gone through credentialing). Once providers have completed credentialing, they will receive the 3-year contracts aligned with re-credentialing dates moving forward. ○ Auditing various services throughout network: <ul style="list-style-type: none"> ○ Most recent service that was reviewed was IIH. Criterion Consulting assisted Partners staff with an in-depth review that included verifying that providers have adequate documentation on hand (in the client file) that proves that medical necessity was met, that providers were meeting the minimum requirements of the service definition, and that all documentation justified billing of the service. A meeting was held with all providers on June 9th to review the general finds of this review. Individual meetings have or are

happening with the effected providers. There will be ongoing PPRs moving forward to look for these same items. Specifically providers need to prove risk of out of home placement in the CCA. Other services will be treated similarly.

- Associate level licensed clinicians credentialing needs: starting July 1st, these clinicians must be credentialed with the MCOs where you are serving consumers. They should have the same taxonomy as the fully licensed professional. H-Codes go away on July 1st. Once credentialed with the MCO, the MCO enrolls them with NCTracks. However, if you have clinicians that serve other Medicaid populations that Partners doesn't cover, the agency or LPC needs to enroll directly with NCTracks. Look up joint communication bulletin J-138 for more clarification.
- There are some systems issues with NCFast & NCTracks. When NCFast has the wrong Medicaid information, then NCTracks uploads the wrong information into the system and there's no way to enroll the client.
- Providers did a great job participating in the perception of care surveys. Partners met their goal as a result of Providers doing such a great job.
- Performance Measures: Partners landed on 5 different Performance Measures (with input from providers council) and have been working to baseline test each of the five measures. Of the five, three are valuable. The 3 valuable data points: 1. Authorization approval data/rate 2. Claims denial data/rates 3. NC-TOPPS compliance. The other two measures (access to care and engagement) have not been consistent data and won't be used moving forward. These performance measures have not been factored into contracts yet. Paul & Beth will get baseline expectations out for each of the three measures that will be used moving forward. These measures have been included in addended contracts for the HUB providers. The longterm issue is that we will all be measured based on the outcomes our consumers achieve. Partners sees these performance indicators as a first step in the direction of collecting outcomes for clients. Partners does not currently have a means of pulling clinical outcomes.

Paul Caldwell

- Update on HUBs & schedule for roll out: Lincoln HUB & Burke HUB are both live. In both cases, there is improvement and an increase in the numbers of people that are presenting to them for treatment. Very pleased at how the Providers have figured out how to work together in these locations. Partners is pushing forward in Cleveland County (Support, Monarch, AYN, & Phoenix) by meeting with key stakeholders in the county. Working hard in Cleveland to develop a vision for what care should look like there...it will impact the implementation of the HUB. Have just begun to get Providers together in Iredell County. It is not imperative that Providers be a part of the HUBs, but to be connected to them. Likely roll-out is Cleveland in the fall (October 1), target for Iredell is Jan. 1st, 2016 (Partners needs to vacate the current building). Gaston County is different. CEO of Caromont & CEO at Partners have been meeting to consider being a central player in an integrated care setting. Also, Partners needs to vacate 2nd floor of Court Drive if this is to be the HUB. If Caromont is involved, there may be some complications with a current law. Catawba County will then be considered, but location is an issue.
- Current Budget proposals coming out of the state legislature are impacting decisions on the part of the MCOs. Partners supports the current House Bill 372 as it is written. There are significant concerns with the Senate bill that will result in dissolution of MCOs and pull out \$17 million per year over the next two years. This money comes directly out at the state level and will disproportionately impact periodic services because residential will take priority. Partners is looking at the ICFMR rates. MCOs have had to be "hands off" on adjusting rates for the past few years (law that prevented MCOs from adjusting rates for 3 years after they were created). ECBH has acknowledged a 4% rate increase for this service, as has Cardinal. The CEOs of the MCOs are trying to collaborate on these rate increases; however, if the Senate bill goes through there will be no increase in funding. Providers should read both proposals carefully and reach out as you see fit to your elected officials in the General Assembly. HB372 does allow for five MCOs—Senate does not keep MCOs.
- There will be no Provider Forum in July.

CONCLUSIONS			
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE
OBSERVERS			
RESOURCE PERSONS			
SPECIAL NOTES			