

CHAIR/PRESIDENT	Margaret Mason
VICE CHAIR/ VICE PRESIDENT	Tonya Oakley
SECRETARY	Safi Martin
ATTENDEES	

Agenda topics

- Review & Approve August Minutes
- Old Business
 - First Responder Responsibilities
 - Provider Satisfaction Survey Results
- Committee Reports
- Credentialing Issues – feedback from providers

- Partners Updates

AGENDA TOPIC:	Review & Approve August Minutes	
DISCUSSION	Julie Walker motioned to approved. John Waters seconded motion.	
CONCLUSIONS	Approved unanimously.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	(OLD BUSINESS) First Responder Requirements in Clinical Coverage Policy	
DISCUSSION	<p>This was first brought to the Provider Council at the June 2016 workday. Some providers are interpreting these rules as requiring face to face consultation for basic services. The sub-committee/workgroup who met related to this issue are recommending that providers provide telephonic consult for basic benefit services, then call on Mobile Crisis Services should face to face consultation be needed.</p> <p>John Waters motioned that the Provider Council accept the recommendations of the workgroup and put these recommendations forward to Partners. Donnie Thurman seconded the motion.</p> <p>Providers discussed the financial burden involved in face to face consultations, especially in light of pending DOL changes.</p>	
CONCLUSIONS	Motion passed unanimously.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	(OLD BUSINESS) Provider Satisfaction Survey Results		
DISCUSSION	<p>Again, this was presented at the June workday. The Providers Council feels responsible for influencing provider satisfaction related to the Providers Council, but sees barriers to providing feedback on the scores or areas of improvement that do not relate directly to the Providers Council.</p> <p>Members present discussed some of the successes of the Providers Council as it relates to policies and practices across the network. We also discussed the value of the Council to the providers across the network, considering how accessible, transparent, and open the participation is on this council. Providers considered moving the Providers Council to every other month. Providers indicated that they find value in the Council meetings and would prefer that we keep the monthly meetings scheduled and cancel them if there are no topics.</p> <p>Providers Council minutes have not been posted on the website since June 2015, nor is the Providers Council meetings announcements being sent out to the network.</p> <p>Margaret updated the group that the meeting related to presenting the information from the SWOT to Partners leadership had been scheduled for September, but was canceled. It is currently being rescheduled.</p> <p>LME-MCOs recently presented their reinvestment plans. Providers were not consulted or allowed to give input into Partners reinvestment plan and see this as a missed opportunity.</p>		
CONCLUSIONS			
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE	

AGENDA TOPIC:	Committee Reports (no reports today to allow for discussion on other topics)		
DISCUSSION	<ul style="list-style-type: none"> ○ <u>Quality Improvement:</u> We need a new Provider Council representative as Sharon Wilcox needs to step down. Committee meets once per month and does video conferencing. Celena Moss with Partners leads the committee. Safi Martin offered to represent the council on this committee and the council approved. ○ <u>Clinical Advisory:</u> Kevin Oliver was not present for the meeting. ○ <u>Utilization Management:</u> Next meeting is next Monday. Ashley Conrad represents the council on this committee. ○ <u>Credentialing Committee:</u> Most recent meeting was announced as canceled, but it was apparently an incorrect cancellation. Previous meeting discussed concerns related Vaya continuing to do credentialing. ○ <u>Global CQI:</u> Darren Staley is new co-chair of GCQI (IDD). Lynn Gray was present at last meeting from UM. Was not an official presentation, but more of a Q&A. Doug Gallion was present and did a presentation on the outcome measures they have been working on. They have submitted a budget proposal to use CQL as outcomes measures for Innovations/IDD outcomes measures. Tammy Gilmore was present with Doug. There was discussion about on-site HCBS monitoring. They confirmed that there should NOT be any monitoring occurring 		

	<p>currently, but there is a monitoring tool available to use for on-site monitoring when it begins. Council requested that whenever the tool is ready for implementation, that if Partners plans to train their own staff they open up the training to providers also and provide TA to providers in the initial roll-out of the on-site monitoring.</p> <p>Several questions and concerns about EHR are coming up and it was requested that this topic come back to the Providers Council for further discussion.</p> <p>Next meeting is next Friday Nov. 4th (1st Friday of the month at 9:30 in Hickory).</p>						
CONCLUSIONS							
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AGENDA TOPIC:	Credentialing Issues – Provider Concerns							
DISCUSSION	<p>Providers shared that it is taking 6 months or more to get licensed folks credentialed. Frequently when applications have been submitted, they are somehow getting “lost” in the system. When there are items missing on the applications, it is a piece-meal effort that involves several back-and-forths to get the issues resolved within timelines. Providers are also concerned that clinicians are not getting credentialing retroactive to the date of the application.</p> <p>Providers discussed requesting outcomes measures from the LME-MCO/credentialing bodies. For all applications that go beyond 60 days for approval should be reported back to the Credentialing Committee. Providers may need to alert Partners when credentialing is submitted directly to Vaya. Providers also cannot find out if there are issues with their application in a timely manner—lack of communication flow.</p>							
CONCLUSIONS								
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AGENDA TOPIC:	General updates & discussion	
DISCUSSION	<p>Providers are encouraged to look up the recent presentation on Provider Monitoring that should be posted to Partners website.</p> <p>Partners recently rolled out their Whole Person Integrated Care plan. This is being funded via their reinvestment funds and will be rolled out in Iredell, Burke, and Gaston counties at their HUBs. Providers are encouraged to stay informed.</p> <p>Providers continue to be concerned about IPRS funding – very limited and running out quickly.</p>	
CONCLUSIONS		

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

AGENDA TOPIC:	Partners Updates
DISCUSSION	<p><u>BETH LACKEY</u> –</p> <p>Partners is beginning planning for IPRS/State Funds for 2017-18. For the current year, folks are being asked to work within their budgets. Partners is unable at this time to move or adjust funding at this time. Partners is meeting with providers as requested. Partners took a total \$36.4 million hit when the legislature pulled back state funds from the LME-MCOs. Partners has backfilled those state funds with Medicaid reinvestment savings and cannot continue to do so. As a result, Partners is changing the process for considering and approving IPRS funds for providers. Partners will not be using utilization to measure IPRS contracts, but will be moving to outcomes measures. The account specialists are starting with state contracts and standardizing the process for approving IPRS funding requests. Partners will be considering NC-TOPPS completion percentages and timeliness as part of this. The fact is that there are not enough dollars to go around from state funds. Providers want to make sure Partners understands that the limit in IPRS funds can affect the number of clients served and the number of slots available in the scheduler. Providers are also concerned about mixed messages given to the community as it relates to the HUBs and serving all clients who come through the door. Partners is aware that the limited IPRS funds in this fiscal year will affect services and multiple departments within the LME-MCO as it relates to contractual obligations vs. limited funding.</p> <p>First Responder obligations: This topic is coming up in the ACCESS dept./call center. People who are “known” to Partners are calling the call center and Partners is tracking the clients who are calling Partners rather than calling the providers. The biggest concern is that members/clients who are already linked to a provider are ending up in the ED rather than reaching out to their provider for crisis/pre-crisis situations. Getting input from Providers Council helps Partners develop stronger policy. Providers report that ACCESS dept. is good about connecting callers to their assigned provider. Partners is interested in making sure that members/clients are being educated about first responder process within the agency—are clients being educated to call the provider first? Providers Council put forward the recommendations discussed earlier in the meeting (see above). Providers have experienced some ACCESS staff mandating that the OPT providers provide face to face consultation. Providers agreed that it would be helpful if ACCESS staff can direct callers back to their provider with an accurate phone number. Group discussed use of call center—developing and publicizing a single mental health crisis number to the community.</p> <p>Credentialing Concerns:</p> <p><u>NATALIE MCBRIDE</u></p>
CONCLUSIONS	

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE