



Network Management Committee (NMC)
Meeting Minutes
August 9, 2007; 1:30-4:00 LLRC

K. Gauthier, G. Noel, T. Neville, S. Dunbar, R. Green, M. Miller, H. Linky, M. McLain, M. Vergith, S. Reitmeier, Anne Yu
(Guests: Mike Harding, Sven L., Laura D., Rainey M.)

(Bolded name indicates present at meeting and non-bolded indicates absent at meeting)

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
I. Check In and Approve Agenda/Minutes	<ul style="list-style-type: none"> • Agenda additions/deletions: <ul style="list-style-type: none"> ○ Add provider survey questions for 2007 • Minute changes: 	No changes to minutes.	
II. Demonstration of Encompass Changes	<ul style="list-style-type: none"> • Intensive testing will be needed (for about 2 weeks), including testing by staff who handle authorizations and claims, and by external providers. Testing will happen in Development, before moving to Production. Development is stand alone right now. Once this project moves to Production, no other project will be able to be in Production, so timing is important. • During testing, we will enter real contracts. Make sure to enter the “odd” contracts. These will be the most likely to show us changes needed in the system, to support contracts that are not standard service agreements. • Agreement – this section is similar to the old contracts section. <ul style="list-style-type: none"> ○ Contract # will be generated in Add mode; see it in View mode. ○ Leases will be included as agreements. ○ Need to ensure that Encompass can support contracts where CMH is the provider of services (currently Encompass is designed to support contracts where we purchase services). • Services – drives auths and claim payments. <ul style="list-style-type: none"> ○ RFP application will show status (approved, denied, provisional) ○ Available services are listed. ○ PI section only needs to be filled if box is checked. Add the number of consumers served if less than 6. (optional) 	<p>Local staff must be identified to participate in testing.</p> <p>PRU will continue to enter provider profiles for the affiliation.</p> <p>Remove these fields: Name (it already shows) and PO (should be entered by Finance staff).</p> <p>Remove “Service Type” (fee for service, capitated) – not needed.</p>	<p>NMC Members: Will identify local staff to participate in testing.</p> <p>M. Harding: Will attend NMC meeting next month to show updates.</p>

	<ul style="list-style-type: none"> • Fee Schedule – tied to Services <ul style="list-style-type: none"> ○ Unit type was added (ex. 15 minutes) ○ Expiration date is required, but fee schedules will not have to be updated annually ○ Crosswalk will not need to be extended annually ○ Inactive/Active status - if inactive, can't use that CPT code and no claims can be paid against it. Fee schedules will be archived. • Non-WCHO staff should have read-only access to affiliate contracts. • Feedback from NMC to Mike and Sven – <ul style="list-style-type: none"> ○ Improvement over the past (definitely on the right track); need to test with real data, to identify any potential problems. ○ Terminated contracts, but claims can still be paid on them. Need to look at this issue further. ○ Potential audit module will be demonstrated at PCE (for Saginaw and KG). ○ Scan contracts module is not ready. Will use the Scan Document link. 	<p>Auth Type of “specialty services” needs to be changed. SA Tx & Prevention need separate check boxes.</p> <p>Mike needs a timeline for putting into test mode. May proceed w/ Packard project first, if NMC wants additional time before testing (due to contract season).</p>	<p>NMC: will decide on a time frame for testing at our next meeting.</p>
<p>III. Q&A / Information Sharing</p>	<ul style="list-style-type: none"> • Lenawee had a billing question – can they change contract language to 90 days when Medicaid is the secondary payer. Discussed possibility of accrual for late claims, and encounter reporting dates. • Discussed ORR substantiation of incident at CSDD. Discussed related issues as well. <ul style="list-style-type: none"> ○ On-site supervision of staff – can we require providers to staff on-site supervisors? Would the presence of a supervisor have made a difference? Can use POC process to require a correction. ○ Nepotism policy – this is an issue with several providers. ○ Possible termination of contract – due to health and safety, administration problems. Would need to move about 100 consumers. • Committee needs to create 2-3 questions for 07 provider survey. 	<p>There should be a process already set forth in contract language.</p> <p>Need a root cause analysis and POC.</p>	<p>KG: will f/u with Linda Brown.</p> <p>AY: Will collect questions at our next meeting.</p>
<p>IV. PI Indicators for FY07/08</p>	<ul style="list-style-type: none"> • This item was tabled. 		
<p>V. Next meeting</p>	<ul style="list-style-type: none"> • August 23, 2007 (LLRC), 1:30-4:00 	<p>Agenda Items</p> <ul style="list-style-type: none"> ▪ Q3 PI data review ▪ PI Indicators for 07/08 ▪ CLS Code 	