



Network Management Committee (NMC)  
**Meeting Minutes**  
4/23/2008; 1:00-4:00

S. Holda, L. Brown, **S. Reitmeier**, G. Noel, T. Neville, S. Dunbar, R. Green, M. Miller, H. Linky, M. McLain, M. Vergith, R. Hall, M. Harding, D. Virgo, T.Cortes. M. Lehey

**Total Attendance: 13**

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

AGENDA ITEM	DISCUSSION POINTS	ACTION/OUTCOME	RESPONSIBILITY
<b>I. Check In and Approve Agenda/Minutes</b>	<ul style="list-style-type: none"> <li>• <b>Agenda additions/deletions (Action)</b></li> <li>If time allows:               <ul style="list-style-type: none"> <li>• PI data</li> <li>• Also discuss <b>AEC</b> report</li> <li>• Foster care program and CLS providing respite (Tim Liv) and would they have to be paneled as a provider. What training requirements from a provider's perspective? Do they need to be on panel?</li> <li>• How to handle out of catchment?</li> </ul> </li> <li>• <b>4/9/09 Minutes changes (Action)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>4/9/09 Minutes approved</b></li> </ul>	
<b>II. Provider Performance Profile/Dashboard</b>	<ul style="list-style-type: none"> <li>• <b>Decide on what this is going to be called</b></li> <li>• Mike Lehey has been working with Belinda Hawkes from Livingston to collect info and brainstorming different data points. Looking at what an ideal provider might look like and work from there.</li> <li>• Mike Lehey's internship is up end of April-this is his last meeting with the NMC group.</li> <li>• Joint Commission conversation-wanted to have quality providers and delivering good services to consumers all in one place, but do it in a way so not to discourage providers to not report issues.</li> <li>• Mike Harding: PCE is working on a reporting solution that allows for more charting, parameters, etc., to put some items on dashboard. Hoping to deploy June, July or August. PCE is providing this for free.</li> <li>• New profile-shows charts. There is a core of 30 reports that should be the same for all of us within the affiliation. We should be able to do comparisons between Counties. Identify what we have now, to begin to get what we want to have. Make the terms more positive instead of a negative</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Get what type of information we want to Mike Harding so that he can start on this.</b></li> </ul>	

	<p>when labeling tabs.</p> <ul style="list-style-type: none"> <li>• When doing site visits instead of asking managers-ask the daily staff questions about the feeling of the site atmosphere. Use Zoomerang survey to have provider staff provide feedback on the atmosphere of the site.</li> <li>• Further discussion required on incorporating call log into dashboard.</li> <li>• Provider communication was discussed. Performance quality items: when a problem is identified-show how the problem is addressed and closed out. Incident reports also provide this data. Do we have a way in encompass to track providers who are on a provisional status? Dashboard is under construction right now</li> <li>• Use the staff turnover-put in as a new requirement, maybe not for every service. % of authorized services delivered would be a good report to review. Site visits are in a spreadsheet but not in Encompass.</li> <li>• Phase 2: Communication piece that we aren't all using but develop a process on all of us to use. Rights data that might be helpful-substantiation by provider, failure to report, dignity and respect, rights complaints with no substantiation. Failure to report-rights has a work group working on this now. We need to specify the number of reports that we expect from a good provider (provider self reporting). Use these tools as a purchaser of the provider services. Would like something different for SA compared to MH.</li> <li>• For rights: (specific provider profile including satellite sites) <ul style="list-style-type: none"> <li># of consumers served</li> <li># of complaints</li> <li># of certain substantiations</li> <li>% between complaints/substantiations (have this have a % of 1000)</li> <li>service type</li> <li>substance type</li> </ul> </li> <li>• Different dashboard at PIHP level</li> <li>• PCP compliance subscore-1 question if we contract with provider do they deliver the suitable services, reported periodically, high incidence substantiated not providing suitable services.</li> <li>• Provide a Zoomerang survey to provider staff.</li> <li>• PI data turned in by providers and what does the info mean-each group has different indicators.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Agreement to use the call log for provider contact documentation.</b></li> <li>• <b>Compile a list of what we want Mike to focus on such as #/complaints, administrative vs. clinical components, financial audits, etc.</b></li> <li>• <b>Contact Customer Service and Rights to find out what the providers are reporting so that we can use that data.</b></li> <li>• <b>Mike will meet with people on this: Admin-Rainey Clinical Finance</b></li> <li>• <b>Start with IR reports (by provider, # of reports, categories)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Rondrea will look at the IR module and see what categories would be helpful in getting the information.</b></li> <li>• <b>Mona will meet with Mike to get the PI data.</b></li> <li>• <b>Mike will meet with people on the following: Admin-Rainey Clinical Finance</b></li> </ul>
<p><b>III. Other Items &amp; Q&amp;A/Info Sharing</b></p>	<ul style="list-style-type: none"> <li>• <b>PI data</b>-Rondrea stated that info wasn't updated.</li> <li>• Ideally this should be done 3-4 months prior-old system.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>When there are changes that affect Encompass there</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Heather will work with Jackie or someone from</b></li> </ul>

	<ul style="list-style-type: none"> <li>• Send a memo out to providers mentioning that Encompass has not changed but that you only have to report 2<sup>nd</sup> quarter.</li> <li>• <b>AEC conversation</b>-Shauna presented part of the work plan starting service by service and what the process should look like from beginning to end. Measuring outcomes, and to standardize purchase price when we could. AEC chose LIP, OT, and PT to start with. Rates are a big challenge and that was a big discussion at the finance meeting on Wednesday. Starting with LIP's and look at OT, PT and Speech Therapy. She suggested looking at ways we can forward to the group to brainstorm solutions. The work plan is huge for us. Tim suggested that maybe we could touch base via phone and do conference calls instead of face to face. Possibly divide up the work plan.</li> <li>• Shauna needs some help with folks about hospitals and contract language information. She is collecting info</li> <li>• <b>Foster care</b>-Tim asked if they have a service agreement for them to do CLS or Respite. Do they have to be paneled, provider or our agents. They meet the DHS training requirements. Monroe could contract with them and we would have the relationship with Monroe. Shauna has talked with Patrick to talk about COFR's and the site visit conversations. NMC could use a version of our COFR contract that is used with our non-affiliate partners and contract with Monroe for this. CLS could be done out of network as long as they stay under 6 consumers.</li> <li>• <b>Shar:</b> COFR with Lifeways for a child placed in foster care. She took the rates from the contracts. We will charge them whatever the county says it will cost them or they could go direct.</li> <li>• There are a lot of COFR questions.</li> </ul>	<p><b>must be a change request form.</b></p> <ul style="list-style-type: none"> <li>• <b>Tim will send out the information on the Foster Care.</b></li> <li>• <b>Shauna will invite Patrick to our meeting to discuss COFR's.</b></li> </ul>	<p><b>IM to specify what has changed on the PI data and to come up with a work around plan.</b></p>
<p><b>IV. Next Meeting</b></p>	<p><b>May 28<sup>th</sup> @ LRC Room B 1:00-4:00pm</b></p> <ul style="list-style-type: none"> <li>• <b>Provider Indicator Data (May)</b></li> </ul>	<p><b>Agenda Items</b></p> <ul style="list-style-type: none"> <li>• <b>Provider Appeals Policy (admin vs. clinical appeals)</b></li> <li>• <b>Provider staff auto insurance risk assessment (Tim)</b></li> </ul>	<p><b>Parking Lot:</b></p> <ul style="list-style-type: none"> <li>• <b>ORR Out of Catchment</b></li> <li>• <b>Missing insurance/accreditat ions for Counties</b></li> </ul>