

Managed Care Organization (MCO) Committees Seeking Provider Participation

Committee	Purpose	Other
Credentialing	This committee will be responsible for the review and development of recommendations regarding a network provider's credentialing approval for participation in the network.	These meetings will be held potentially at any of the Waiver sites. The time commitment will be significant (4 plus hours per month) from June 2012 through May 2013. After that the time commitment will decrease to 1-2 hours per month.
Provider Council	This committee will be charged with the development of the Provider Council, including development of their bylaws, liaison communication with the Waiver entity, the scheduling and conduction of the Council meetings until elections are held.	These meetings will be held potentially at any of the Waiver sites. The time commitment will be 4-6 hours per months in planning meetings and engagement in between meeting doing preparation activities and then 2-3 hours per month in the Council meeting.
Implementation Meetings	This representative will represent the provider network on the monthly update calls with DHHS as we move toward implementation of the waiver. They will need to be prepared to give an update on activities that have occurred with the provider community as the three LME's move toward merger and waiver implementation.	These meetings will be held via the phone. There may be multiple providers selected but they may only have one spokesperson during the monthly update calls. These meetings will be conducted from January 2012 through January 2013. During the month between the update calls the provider participants will be asked to participate in face to face and phone conferences to discuss updates for approximately 2 hours.
Cultural Competency	This committee will work to ensure that the MCO and all service providers are knowledgeable about the cultures of the families and the communities in which and with whom they are working. The committee is responsible for conducting an annual literature review in order to set quantifiable goals for the cultural competency plan. Provide input into the establishment, implementation, reviewing and updating the cultural competency plan annually. Providing guidance to Eastpointe on cultural issues in a process that involves performing periodic measurements to evaluate performance and identify interventions to improve performance. Addressing ongoing training needs related to cultural competency. Develop programs and policies that will ensure that the unique and diverse behavioral healthcare needs of all consumers are achieved.	This group will meet face to face and have phone communication and review of written communication requiring a time commitment of approximately 3-4 hours per month.
Quality Management	The Quality Management meeting ensures continuity of care to consumers through access to quality care is available 24 hours 7 days a week, and 365 days a year through management of our network community of service providers. This committee shall be a data-based decision-making group that continuously gathers and evaluates information from all stakeholders (interested community citizens, consumers, staff, Consumer & Family Advisory Committee and providers). Information is gathered regarding services and every aspect of service delivery to determine system performance.	This group will meet on a monthly basis at any of the Waiver sites. The time commitment will be a 2-4 hours per month from June 2012- January 2013.
Clinical Advisory	The Clinical Advisory Committee is composed of the Clinical Directors from providers certified in the MCO catchment as Critical Access Behavioral Health Agencies. The Committee will assist the MCO with clinical concerns, QM Planning for the LME, provide input to the QM Department, review for approval clinical content materials, reviewing Best Practices guidelines and reviewing the State dollar Benefit Plan for the MCO. Within a waiver environment this committee and the Medical Advisory Committee will review practice guidelines utilized in the authorization of services and making training recommendations surrounding the responsibilities of the clinical director within a provider agency and other clinical concerns.	The Committee meets quarterly for 2-3 hours with reading review and communications of approximately 1-2 hours possible between meetings.