

## Region 3 PIHP Board Details

### Role of the Board

Together with the Michigan Department of Health and Human Services (MDHHS), the new Board will serve in both a fiduciary governance and oversight role over the Pre-paid Inpatient Health Plan (PIHP) in Region 3 to ensure sound management and protection of individuals receiving services. The Board will supervise the contracted PIHP entity, ensuring that there is a smooth transition of services, individuals are receiving appropriate levels of care, providers are being paid timely, and there is sound fiscal management.

The Board will have traditional fiduciary powers of a governance board, including to review and approve sub-capitated budgets; set and monitor execution of an annual strategic plan; establish, amend, or terminate contracts administered by the PIHP; and approve changes to PIHP policies and procedures. The Board will be able to monitor performance of the PIHP across all areas, including service access, quality, network adequacy, provider rates, financial management, and legal and regulatory compliance. It will have the ability to make inquiries, request data, ask questions, and issue public reports independent of the Department. Members of the public and individuals receiving services will be able to raise concerns to the Board.

In addition, MDHHS is committed to maintaining public oversight for the delivery of supports and services. The Board shall appoint an interim services review committee – an external body to review any denials or reduction of services or supports as an additional layer of protection for individuals (details below).

### Board composition

The Board will include the following members: 5 representatives from the Community Mental Health Services Programs (CMHSPs) in the region; 1 representative of County governments in the region; 1 individual or family member of an individual receiving services from the PIHP; 1 member of an advocacy group representing individuals with behavioral health needs or intellectual and developmental disabilities; 3 representatives of the Michigan Department of Health and Human Services; 3 individuals with expertise in behavioral health or intellectual developmental disability services and/or administration; and 1 representative of the contracted PIHP.

### Board selection

Each CMHSP in the region shall appoint one representative. The County Boards of Commissioners of Mason, Lake, Oceana, Muskegon, Ottawa, Kent, and Allegan shall jointly appoint one representative. The contracted PIHP shall appoint one representative. The Department of Health and Human Services shall appoint other representatives. Individuals who would like to serve on the board should apply at the following [link](#) by August 15 to nominate themselves.

CMHSPs, the County Boards of Commissioners, and the contracted PIHP shall notify MDHHS of their appointments by September 1, 2019. MDHHS will publicly publish the board membership list in early September.

**Terms of board service**

Board members shall be appointed to serve for 1 year (October 1, 2019 to September 30, 2020). Once appointed, Board members will be subject to removal only for just cause.

**Open meetings and FOIA**

The Board will be subject to the Open Meetings Act and the Freedom of Information Act (FOIA).

**Review of Services Determinations**

Pursuant to the Managed Care Regulations, the PIHP will comply with the managed care requirements and have a single grievance and appeal process at the PIHP. Individuals may appeal any adverse benefit determination as defined under the managed care regulations to the PIHP and will have the right to request a State Fair Hearing after receiving notice that the PIHP intends to uphold the adverse benefit determination or fails to comply with the notice and timing requirements for an appeal.

Additionally, the Board shall establish an interim independent service review committee in this region, comprised of practitioners. At the request of individuals receiving services, such a committee would conduct a clinically oriented paper review of adverse benefit decisions. The committee would have the power to make binding decisions with respect to care, without cost to the individual and without altering timeframes applicable to state fair hearings or disruption to the continuation of benefits.