

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER HEALTH

MSHN will improve its population and integrated health activities, and will develop a comprehensive integrated care/population health management plan		NEW
MSHN will procure a Managed Care Information System and related components	MSHN will improve and standardize processes for exchange of data between MSHN and MHPs; CMHSPs and MSHN and will facilitate CMHSP-to-CMHSP data exchange	NEW
	MSHN will integrate SUD data with other behavioral health data at the PIHP level	
	MSHN will establish the organizational capacity to process claims	NEW
MSHN will develop and establish a measurement portfolio to improve use of data in monitoring regional performance metrics and assist with decision making, both internally and at the council, committee and board levels	Continue deployment of the knowledge services improvement strategy to enhance use of data in all decision-making venues, including MSHN councils, committees and workgroups	NEW
	Health Information Exchange, <b>including expanded number of use cases with MiHIN</b> , occurs with other healthcare providers to assure appropriate integration and coordination of care	REVISED
	Audited CMHSP participant records demonstrate evidence of primary care coordination (including consideration of CC360 information)	CONTINUE
MSHN will establish the organizational capacity to carry out its contractual responsibilities for improved care coordination with Michigan's Medicaid Health Plans	MSHN will establish a care coordination/integration position on its staff to:	NEW
	* Carry out MSHN obligations relating to care coordination and care coordination agreements with Medicaid Health Plans	NEW
	* Provide assistance to CMHSP participants in complex care management/coordination	NEW
	* Better integrate SUD with other behavioral health and physical health systems at the plan level	NEW
	MSHN will provide leadership in relation to care coordination activities with Medicaid Health Plans, including learning communities and clear role delineation	NEW
	MSHN will engage with stakeholders, principally Medicaid Health Plans, to identify shared savings related to improved population health outcomes	CONTINUE
	Medicaid Health Plans report satisfaction with MSHN's systems and collaboration to integrate and coordinate care	CONTINUE

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER HEALTH - Continued

Improve Behavioral Health Treatment/Service Outcomes (inclusive of all populations)		
Implement standardized assessment tools <b>across the region for all populations served</b>	Regionally implement the LOCUS system as contractually required	REVISED
	Regionally deploy a standardized assessment for persons with primary substance use disorders	CONTINUE
	Regionally deploy the Supports Intensity Scale (SIS) and comply with related MDHHS contractual obligations	CONTINUE
	Develop systems to aggregate and report on regional performance in standardized assessments and outcomes reporting	NEW
Implement required elements of the Home and Community-Based Service Final Rule with the goals of improved independence, community integration and freedom	Develop internal capacity for the PIHP to carry out its responsibilities and to assist CMHSP participants with responsibilities for HCBS Implementation	REVISED
	Develop and implement practice strategies for the MSHN provider network to comply with the new standards, including those related to <b>onboarding new providers</b>	REVISED
	Conduct fiscal impact analysis and incorporate into budgeting process	REVISED
MSHN implements a regional strategy to impact opioid-use disorders	MSHN develops strategies, with Medicaid Health Plans, to impact the prescribing of opioids	REVISED
	MSHN develops sustainable strategies to prevent accidental death through the distribution of Narcan	NEW

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER CARE

### Improve Access to Care

MSHN ensures a consistent service array (benefit) across the region and improves access to specialty behavioral health and substance use disorder services in the region	MSHN will work with hospitals, CMHSPs and the state to reduce inpatient denials and establish a more efficient system of ascertaining where inpatient vacancies exist	NEW
	All Healthy Michigan expended SUD services are regionally available	CONTINUE
	All Medicaid and Healthy Michigan Specialty Behavioral Health Services described in the Medicaid Provider Manual are available through CMHSP direct-operated or contracted providers	NEW
	MSHN successfully negotiates regional inpatient contracts resulting in improved rates and performance results	CONTINUE
	With its regional CMHSP participants, MSHN develops improved crisis and inpatient capacity for targeted acute care needs ( <b>related to CON Commission and Children/Youth Crisis Capacity Assessment</b> )	REVISED
	<b>MSHN will improve penetration of covered individuals in all eligibility categories, in part by</b> defining a regional penetration rate analysis methodology that takes into consideration some of the uniqueness of the public behavioral health system	REVISED
	Fully implement the region's access and authorization practice guidelines to achieve a common benefit	CONTINUE
	<b>Standardize</b> practices for documentation of medical necessity to assure people are receiving an appropriate scope, duration and intensity of care	REVISED
	MSHN will ensure that the entire substance use disorder service array for Medicaid and Healthy Michigan Plan beneficiaries, described in the Medicaid Provider Manual, is available within 30 minutes/30 miles in urban counties or 60 minutes/60 miles in rural counties	NEW
MSHN will ensure there are uniform access and utilization management criteria in place, and will monitor admissions and denials for conformity with the established criteria	NEW	

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER CARE - Continued

MSHN ensures expanded service access and utilization for ex-offenders through collaborative efforts with the MDOC, community corrections <b>and other jail/prison stakeholders</b>	Assess current state of service needs	CONTINUE
	Define preferred partnerships and implementation approaches (specific planning with MDOC regarding SUD service access for persons with HMP)	CONTINUE
	Monitor for increased access and service use (current national benchmark indicates that Michigan's incarcerated population is comprised of 20% of individuals in jails and 22% in prison with a serious mental illness; nationally the population ratio is 16% and 17%).	CONTINUE
MSHN ensures expanded service access and utilization for veterans through collaborative efforts with the Veterans Administration, <b>at both the state and federal levels</b>	Assess current state of service needs	CONTINUE
	Define target eligible and priority population for services	CONTINUE
	Define preferred partnerships and implementation approaches	CONTINUE
	Identify eligible veterans who may be inappropriately served by the VA, make appropriate referrals and assure transition and coordination of care	CONTINUE
	Monitor for increased access and service use	CONTINUE
<b>Improve the Role of MSHN Customers and Key Stakeholders in MSHN Operations</b>		REVISED
Implement regional educational opportunities and input sessions around new initiatives <b>and ongoing operational matters</b>	Effectively implement improved trauma-informed practices through clearly defined learning communities	CONTINUE
	Establish regional opportunities for key stakeholder and provider input and communications	CONTINUE
Stakeholder feedback demonstrates effective, efficient and <b>collaborative</b> operations	Deploy a survey tool to measure participating provider satisfaction and achieve 80% satisfaction with the <b>effectiveness</b> and efficiency of MSHN's processes and communications	REVISED
MSHN will improve and integrate stakeholder and consumer input systems	Improve communication linkages between MSHN Regional Consumer Advisory Council and local councils	NEW
	Improve communication linkages between provider input forums, executive leadership and governance functions	NEW
	Evaluate feasibility of survey consolidation and streamlining	NEW

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER CARE - Continued

Enhance Organizational Quality and Compliance		CONTINUE
MSHN implements its approved Quality Assessment and Performance Improvement Plan (QAPIP), and specific Performance Improvement Plans, to improve quality and care across the region	Quality review tools are developed and implemented across the Substance Abuse Prevention and Treatment (SAPT) provider network	CONTINUE
	The electronic health and managed care records for SAPT services are integrated with provider network management systems	CONTINUE
MSHN will provide leadership on improving the consistency and implementation of person-centered planning in the region	MSHN will strengthen review of person-centered planning implementation in its provider network oversight activities	NEW
	MSHN will use data gathered in its provider network oversight activities to develop specific training and/or learning communities to strengthen person-centered planning implementation	NEW

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER VALUE

### Public Resources are Used Efficiently and Effectively

Implementation of the region's utilization management (UM) plans demonstrate achievement of defined goals	MSHN has utilization patterns that are within expected statistical limits when <b>benchmarked statewide and within the region</b>	REVISED
	MSHN adopts and implements site review protocol for utilization management (UM) reviews that are consistent with the regionally adopted UM plan	CONTINUE
	Audited medical records demonstrate evidence of <b>consistently applied</b> medical necessity criteria, consistent with regionally approved criteria and sufficient to support scope, duration and intensity of services	REVISED

### Regional Public Policy Leadership Supports Improved Health Outcomes and System Stability

MSHN Board of Directors reflect high degrees of satisfaction with MSHN operations and board development activities	Communications related to regional advocacy efforts result in board member satisfaction (improvements over prior year baselines)	CONTINUE
	Board members report being informed of key funding actions and advocacy	CONTINUE
	MSHN Board of Directors report strengthened advocacy efforts and skills	CONTINUE
	MSHN leadership engages in planning and advocacy to provide system leadership and guide statewide planning	CONTINUE
	MSHN will explore ways of increasing the diversity of individuals serving on its boards, councils, committees and workgroups	NEW
	MSHN will conduct a talent inventory of individuals serving on its board of directors to help guide talent acquisition as turnover occurs	NEW
	MSHN will regularly report core metrics to the board of directors, ensuring standardization and use of rates to facilitate “apples-to-apples” comparisons	NEW
MSHN develops and implements plan for PIHP accreditation	Select an accreditation provider	CONTINUE
	Complete an accreditation readiness plan, <b>including use of a consultant to guide readiness</b>	REVISED
	Implement necessary accreditation-related action plans regionally and within the PIHP	CONTINUE
	Achieve accreditation	CONTINUE

# MID-STATE HEALTH NETWORK STRATEGIC PLAN UPDATE FY 15-FY 18

## BETTER VALUE - Continued

MSHN will ensure consistent, standardized, and cost-effective operations and will position the region for continued success regardless of payer structure	MSHN assists participating CMHSPs with cash flow requirements within the established rules and risk management plan	NEW
	MSHN will conduct feasibility and benefit/cost analyses in areas where efficiencies are likely to be gained	NEW
	MSHN and its CMHSP participants fully implement the Statewide Reciprocity Policy within the region and between regions	NEW
	MSHN and its CMHSP participants will evaluate centralization of selected contracting functions	NEW
	MSHN and its CMHSP participants will revisit the delegated managed care functions grid and update, and will consider conducting evaluations of the effectiveness and efficiency of delegating managed care functions	NEW
	MSHN, with input from CMHSP participants, will consider using a neutral third party to conduct cost-effectiveness evaluations and make recommendations for improvements	NEW
	MSHN and its CMHSP participants will explore clinical process standardization, especially in the areas of access, emergency services, pre-admission screening, crisis response and inpatient stay management and discharge planning	NEW
MSHN will expand capability to conduct fiscal planning and analysis	MSHN will work with CMHSP participants to develop uniform administrative costing processes	CONTINUE
	MSHN will evaluate the financial and operational impact(s) of the HCBS Transition and develop appropriate plans	NEW
	MSHN will evaluate the financial and operational impact(s) of the 1115 waiver and develop appropriate plans	NEW
	MSHN will consider Value-Based Purchasing Pilot Programs in the SAPT provider system	NEW
	MSHN will develop methodologies, within established rules, to incentivize providers to cooperate with the PIHP to improve health or other mutually agreeable outcomes.	NEW
	MSHN will develop and implement a standardized Medical Loss Ratio (MLR) calculation ( <b>consistent with revised managed care rules</b> )	REVISED
	MSHN will implement and monitor the regional smoothing plan	CONTINUE
MSHN's Provider Network Management Systems are effective and efficient	MSHN is adequately staffed to accomplish its provider network oversight responsibilities	NEW
	MSHN publishes provider performance data to consumers and the public	NEW
	MSHN develops inter-regional reciprocity systems	NEW
	MSHN will work with CMHSP participants to implement CCBHC-related systems, including Prospective Payment Systems	NEW