Mid-State Health Network

April 2018 Newsletter

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

Today, we did something really important.

I was ill recently and took a couple of days off. As I returned to a normal work schedule, I was nearly overwhelmed by the whirlwind of federal, state, regional and local issues that came up in just two or three days. There's a seemingly ever-growing swirl of latest, greatest, saddest, most important, most ridiculous stuff to keep track of. And we're also supposed to figure out what impacts these things have on our operations across the region.

There are a huge number of things happening in our state that have huge implications for the public behavioral health system. The search for solutions to improve psychiatric inpatient access for people we support is continuing. We're supposed to tackle 19 short-term recommendations to change those systems this year.

There were over 70 recommendations made for improving the public behavioral health system as a part of the Section 298 Initiative. A report detailing implementation plans and progress is expected in the next couple of weeks. We're supposed to be working on over 40 of them.

The CARES Task Force, a part of the House of Representatives, has also developed and released its version of solutions to problems we face. Legislation is pending in about a dozen or so areas that affect public behavioral healthcare.

Federal parity regulations, a long-sought equity between the coverage of behavioral health benefits on par with physical health benefits, is requiring serious overhaul of the behavioral health utilization management system so that it is based not on local standards but national ones. All ten PIHPs have committed to doing the same things the same way. Not at all an easy lift.

Meanwhile, the foundations of our system are threatened by the potential failure of a PIHP to implement its contract with the Michigan Department of Health and Human Services.

Not to mention that the configurations of three regions in the state must adapt to the Medicaid Health Plan - operated "298" financial integration pilots and change their operations, structures and potentially staffing to accommodate the pilots. Two of the three regions are losing between

30 and 60 percent of their covered lives, which, while promised that it wouldn't happen, raises question about their ability to sustain current operations.

While the prospect of federal approval of the state-submitted 1115 waiver seems elusive - or now the possibility of rather than a single consolidated 1115 waiver, several "1915(i)" waivers that will need to be written and approved in order for us to continue to serve tens of thousands of persons each year; each waiver with its own rules, regulations and changes.

Today, we did something really important. And it didn't have anything to do with any of this.

Today, in the thousands of lives that are touched in our region and across the state, we healed someone - likely many, many people. Today, our team helped someone recognize past trauma and the impacts that trauma has on them. Today, we helped him take a step in the direction of recovery. Today, we helped someone get their diabetes under control. Today, we helped her move from contemplating action to taking a first step. Today, our emergency services personnel across the region prevented harm and saved lives. Today, we helped a community heal. Today, we took important steps with our partner agencies toward better health outcomes. Today, we prevented a youth from using. Today, we helped get someone to 30-days clean. Today, we worked together to help someone achieve independence. Today, we found a shelter for a homeless consumer in collaboration with our community partners. Today, we helped someone be less afraid of what was happening to them inside their brain. Today, we found a blanket for the folks in that drafty apartment. Today, we held a hand. Today, we got medicine for our neighbors that decompensate without it. Today, we supported ending violence. Today, we served. Tomorrow we will serve again.

Today, and every single day, we are a part of something really important.

Please contact Joe with questions or concerns related to the above information and/or MSHN Administration at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan

Deputy Director

Population Health and Integrated Care Plan

As an organization, Mid-State Health Network (MSHN) is committed to increasing its understanding of the health needs of individuals within its 21-county service region and finding innovative ways to achieve the goals of better health, better care and better value by utilizing informed population health and integrated care strategies. While MSHN and our regional partners have been addressing population health and integrated care over the past few years, MSHN drafted a population health and integrated care plan to establish a collaborative and consistent regional approach and best practices in these areas. The plan also includes specific

population health and integrated care initiatives currently underway in the MSHN region. The plan will provide stakeholders and our region information that includes:

- Identification of the population served by MSHN and explore key population health needs
- Identification of chronic co-morbid physical health conditions that contribute to poor health and drive health costs for individuals with behavioral health disorders
- Description of population health and social determinants of health
- Examination of key foundational areas necessary to support population health programs and evaluate MSHN's stage of readiness for each area
- Description of current population health and integrated care initiatives underway by MSHN and its Community Mental Health Service Program (CMHSP) organizations

The regional medical directors and CEOs are meeting in April to discuss and recommend strategic elements to finalize the plan which will be presented to the MSHN Board of Directors for approval in May.

Please contact Amanda with questions or concerns related to MSHN organization and/or the above information at Amanda.Horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich

Chief Information Officer

As a follow-up to the update in February, we have successfully transitioned to our new Managed Care Information System, named REMI. which stands for Regional Electronic Medical Information. The bulk of the effort has been put toward making sure that Substance Use Disorder (SUD) providers can use the system to provide key information for treatment and reporting needs. We were successful at moving the Behavioral Health Treatment Episode Data Set (BH-TEDS) and encounter reporting processes to REMI.

Several key reports have been added and are being used to track progress with the system. We have also added new file upload processes for Community Mental Health Service Programs (CMHSPs) to use that check the quality of information being supplied and notification of issues. Previously, these were manual processes and were labor-intensive validation efforts.

An area for improvement for SUD providers using REMI is the completeness of BH-TEDS data. This has increased the level of effort for these providers as they learn the system and understand the requirements. It also helps MSHN improve the quality of data reporting in this area.

Some exciting next up features are: the Audit Module for the Provider Network Management team, and the Performance Indicator Validation and Reporting Tool for the Quality Improvement team.

Several workflow improvements and data integration processes will be made available in the coming months.

Please contact Forest with questions or concerns related to MSHN Information Technology and/or the above information at Forest.Goodrich@midstatehealthnetwork.org.

Finance

Leslie Thomas

Chief Financial Officer

Roslund Prestage & Company (RPC) will present the results of MSHN's Fiscal Year (FY) 2017 Fiscal Audit during the May 2018 board meeting. The Single Audit field work has been completed and the Compliance Examination will occur over the next few months. In addition to MSHN's operational audits conducted by a certified public accounting firm, the internal finance team conducts fiscal review of any provider rendering Substance Use Disorder (SUD) services as part of the site visit process.

MSHN finalized the 2017 fiscal year-end reporting in February 2018. Based on FY 2017 data and current fiscal information, MSHN's Finance Department is performing fiscal analytics to assess regional impacts such as Community Mental Health Service Programs (CMHSPs) expenditures, Michigan Department of Health and Human Services (MDHHS) funding adjustments, and federal government activities. The analytics will review regional fiscal obligations as compared to anticipated funding and reserve balances.

Finance staff continue its efforts with the Managed Care Information System (MCIS) which went live on February 1, 2018. These efforts include participation in team meetings as well as providing technical assistance to SUD contractors and internal staff.

MDHHS has increased SUD Medicaid and Healthy MI funding for FY 2018. This increase is needed since MSHN covered nearly $4 million in SUD spending with savings for FY 2016, and project the same for FY 2017. There has also been an increase in the number of consumers receiving services which also drive costs. MSHN continues to work with certain Substance Abuse Prevention and Treatment (SAPT) providers in assessing their fiscal payment arrangements. Numerous efforts have been made to resolve provider concerns as it relates to contract changes and to also provide technical assistance needed in order to reach certain utilization and spending targets. MSHN has implemented several cost containment efforts related to SUD services to ensure consumers receive medically necessary services in the most fiscally responsible way.

Please contact Leslie with questions or concerns related to MSHN Finance and/or the above information at Leslie.Thomas@midstatehealthnetwork.org.

Utilization Management

Dr. Todd Lewicki, PhD, LMSW

Utilization Management & Waiver Director

Familiarizing with the Terms of the Home and Community-Based Services Transition

Mid-State Health Network has been participating in the Home and Community-Based Services (HCBS) Rule Transition planning and activities since 2014. This article focuses on key terms briefly to help familiarize you with the relevant areas. Everything that you will see pertains to enhancing the quality of the protections, freedoms, and inclusion to individuals receiving services. For further information, you are also encouraged to go here: Home and Community-Based Services Program Transition.

- HCBS Frequently Asked Questions: A resource for addressing questions that relating to the HCBS Rule Transition, located here: HCBS Frequently Asked Questions
- HCBS Provider Readiness Tool - Non-Residential Settings: A tool created to assist providers in assessing and remediating (as needed) settings in which services are provided, to achieve compliance. This includes out-of-home- non-vocational services, pre-vocational services and supported employment.
- HCBS Provider Readiness Tool - Residential Settings: A tool created to assist providers in assessing and remediating residential service compliance. This includes specialized residential homes; private residence that is owned by the provider, alone or with spouse or nonrelative; or adult foster care home.
- Heightened Scrutiny: The setting or service is not home and community based and possesses properties that are isolative or institutional in nature. The provider must demonstrate that they want to overcome this status or will no longer be able to accept Medicaid funding for the services they provide.
- Joint Guidance Document: A collaborative document from the Michigan Department of Health and Human Services and Department of Licensing and Regulatory Affairs (LARA) document created to address issues relating to the licensing of Adult Foster Care home and Homes for the Aged. It addresses important issues where clarification of potential conflicts between HCBS and LARA exists. Video here: Joint Guidance Webinar
- Out of Compliance: When a provider has answered questions on the HCBS survey that are not consistent with the HCBS Rule but are not isolating or institutional violations. The provider must overcome each one of these areas per individual in order to be HCBS compliant. The readiness tools noted above, and a CAP guidance document have been created to assist providers in achieving compliance and are posted in the link above.
- Person-Centered Planning Process: Incorporates HCBS Rule requirements. Video here: Person-Centered Planning Guideline Changes
- Summary of Resident Rights: If the individual lives in a Adult Foster Care home or Home for the Aged, the individual has certain rights. This agreement lists those rights.

Please contact Todd with questions or concerns related to MSHN Utilization Management and/or the above information at Todd.Lewicki@midstatehealthnetwork.org

Treatment & Prevention

Dr. Dani Meier, PhD, MSW

Chief Clinical Officer

Cocaine-Fentanyl Mix Creating New Spike in Overdoses

A dangerous recent trend has become apparent in the opioid epidemic. Cocaine is being laced with fentanyl, the synthetic opioid that's up to 50 times stronger than heroin. Fentanyl (and its even stronger analogue Carfentanil) have significantly increased the rate of overdose deaths across the U.S. Over the last three years in Connecticut, adding these strong opioids to cocaine has resulted in a 420 percent increase in cocaine-fentanyl overdoses.

Similarly, overdoses are being seen on college campuses where students are snorting cocaine, a stimulant, to stay awake when studying for exams or during a campus party, and they unknowingly ingest fentanyl. Elsewhere, 30-, 40- and 50-year-olds are celebrating their big birthday with a line of cocaine thinking it's a "harmless" party drug, something they may have dabbled in during their 20s. Then they collapse and can't be revived. Regular cocaine users report feeling the expected rush of cocaine and then falling asleep. For those who fall asleep as a result of fentanyl in their system, they can go into respiratory failure, just like a heroin overdose. While opioid users might know what an overdose looks like and perhaps even have Narcan (naloxone) on hand to revive an individual who has overdosed, cocaine users are completely unprepared for this potentially lethal reaction.

Some medical and law enforcement experts speculate that the mix of fentanyl with cocaine may be an inadvertent contamination of cocaine due to the messy process of packaging, shipping and smuggling drugs. Others speculate that it may be an intentional effort on the part of cartels or local drug dealers who see a monetary opportunity in this drug combination: it helps create an opioid-addicted market from casual cocaine users. Either way, the effects can be deadly.

MSHN is engaging in efforts to get the word out to our provider networks, prevention coalitions, and our community partners. Education and awareness can save lives.

Please contact Dani with questions or concerns related to MSHN Clinical Operations and/or the above information at Dani.Meier@midstatehealthnetwork.org.

Provider Network

Carolyn T. Watters, MA

Director of Provider Network Management Systems

Provider Credentialing

Credentialing, as a Provider Network Management function, is delegated to both the Community Mental Health Service Program (CMHSP) and Substance Use Disorder (SUD)

provider networks. MSHN, as a Pre-Paid Inpatient Health Plan (PIHP), has oversight responsibilities of delegated functions and does so through delegated managed care audits. Over the past few years, we have seen substantial improvements around credentialing practices demonstrating compliance with state credentialing policies and contractual obligations. As MHSN Quality Assurance and Performance Improvement (QAPI) staff have completed full audits of the SUD provider network, including credentialing reviews and Medicaid Event Verifications, we recognize there is an improvement opportunity with the SUD network to ensure full compliance and reduce financial recoupments as a result of not meeting provider qualifications. Over the next several months, MSHN staff will develop trainings, tools, and resources to support our provider network to come into compliance with credentialing requirements.

Why is credentialing important? Consumer safety! Credentialing protects consumers and organizations by lowering the risk of errors that may be caused by a provider's competency. It ensures that practitioners are competent to practice within a specified scope, that they are duly qualified, licensed, and board certified as well as not having a history of malpractice claims, state or federal instituted sanctions, or other undesirable professional circumstances. Additionally, it protects payors, such as MSHN, from adjudicating claims when providers do not meet required minimum qualifications.

There are several statutory and other requirements, including the Medicaid Managed Specialty Supports and Services Program Contract, specifically the Credentialing and Re-credentialing Policy (P7.1.1) and SUD Credentialing Guidelines. Additionally, MSHN participates in external compliance audits through Health Services Advisory Group (HSAG) with elements specific to credentialing practices.

With the implementation of REMI (MSHN's managed care information system), we have the ability to have additional monitoring and oversight of provider credentials by developing automated systems which support credentialing, ensuring provider qualifications are met at the point of claims adjudication, and reducing recoupments.

Please contact Carolyn with questions or concerns related to MSHN Provider Network Management, and/or the above information, at Carolyn.Watters@midstatehealthnetwork.org.

Quality, Compliance & Customer Service

Kim Zimmerman

Director of Quality, Compliance and Customer Service

The Role of MSHN's Customer Service

Customer Service functions as the front door of the Mid-State Health Network (MSHN) Pre-Paid Inpatient Health Plan (PIHP), and is available to assist beneficiaries and stakeholders with their

questions and concerns. This includes providing information regarding available services and benefits, how to access services, assistance with complaints, appeals and grievances, and tracking and reporting patterns of problem areas for the organization. Customer Services also is responsible for ensuring compliance with regional, state and federal regulations regarding enrollee rights and protections.

Several required customer-service-related reports and surveys are completed by the Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder (SUD) providers and utilized by MSHN to ensure efficiencies with provider processes and timeliness in accessing services for our consumers where and when they need it. These reports and surveys (Performance Indicators, Satisfaction Surveys, Sentinel Events, Medicaid Fair Hearings, Denials/Appeals/Grievances/and Second Opinions, and Recipient Rights, etc.) are continually reviewed by the Quality Improvement Council, Regional Consumer Advisory Council and the Customer Service Committee to look at trends and areas that may need improvement or changes in processes in order to provide high quality care for our consumers.

MSHN employs a full time Customer Service and Rights Specialist to support the functions identified under Customer Service. MSHN maintains a dedicated Customer Service phoneline intended to provide easy access for consumers, providers, stakeholders and MSHN staff. In an effort to continually improve our service, a customer service log is kept for all calls received directly to MSHN's Customer Service and these calls are tracked, trended and analyzed on a quarterly basis. For the first quarter of fiscal year (FY) 18, MSHN identified several trends including a high volume of total calls originating from SUD Providers related to technical assistance with reporting data properly, and contacts received from consumers related to provider practices versus quality or access to services. MSHN uses this information to ensure a high level of responsiveness to consumer and stakeholder needs as well as ensuring high-quality service throughout our region.

Please contact Kim with questions or concerns related to MSHN Quality, Compliance or Customer Service at Kim.Zimmerman@midstatehealthnetwork.org.

Mid-State Health Network (MSHN) exists to ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.

STAY CONNECTED