MSHN
Mid-State Health Network

Mid-State Health Network

February 2018 Newsletter

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

The Michigan Department of Health and Human Services (MDHHS) contract with Pre-Paid Inpatient Health Plans (PIHPs) includes certain performance requirements/metrics. The Performance Based Incentive Pool provisions require that the MDHHS withhold a certain percentage of PIHP capitation payments, currently 0.75%. The performance metrics are weighted, and if a PIHP achieves the required level of performance, the performance bonus is awarded to that PIHP. On a statewide basis, if a PIHP fails to achieve the required level of performance, the amount of what would have been awarded is placed into the performance bonus incentive pool and distributed to the PIHPs that did achieve the performance requirement.

There were four principal performance measures for the fiscal year that ended September 30, 2017. These include: partnering with Medicaid Health Plans (MHPs) to reduce non-emergent emergency department use and increase data sharing; increased participation in patient-centered medical homes; and identification of individuals who may be eligible for services from the Veterans Administration. The fourth measure requires that the PIHP, and each Medicaid Health Plan operating in the region, meet established standards for follow-up after hospitalization for mental illness for both adults and children. (This is a joint performance metric required of the MHPs and the PIHPs).

Mid-State Health Network (MSHN) has been at the forefront of statewide work to partner with Medicaid Health Plans since early 2015. Our staff, in partnership with Community Mental Health Service Program (CMHSP) staff in the region, have worked directly with our MHP colleagues to improve care coordination and improve health outcomes for dozens of consumers. In partnership with our CMHSP participants and our MHP colleagues, we have worked to exceed the established standards for follow-up after hospitalization for mental illness for both adults and children during the measurement period. CMHSPs in the region have improved consumer participation in patient-centered medical homes. With the addition of a Regional Veteran's Navigator (through a cooperative arrangement with The Right Door for Hope, Recovery and Wellness, funded by the Substance Abuse Prevention and Treatment Block Grant and the Mental Health Block Grant), we have increased the effectiveness of services and supports to veterans seeking services in the region.

MSHN was recently notified that the region has achieved 100% of the performance bonus award.

In MDHHS-PIHP contract negotiations last year, there was agreement to treat funds awarded to the PIHP through the performance-based incentive pool as restricted local funding (rather than Medicaid funding). This is a very significant change that directly benefits the CMHSP participants in the region. Restricted local funding must be utilized for the benefit of the public behavioral health system.

The MSHN regional operating agreement requires that any local funds earned by the PIHP be distributed to the CMHSP participants. Because of the change in identity of the performance bonus from Medicaid to restricted local funds, before the end of the current fiscal year MSHN will be distributing to each CMHSP participant a proportionate share of the $3.473M performance bonus.

I would like to recognize the many MSHN staff involved in achieving this level of performance and leading this work both within our region and Statewide. I would also like to recognize the many CMHSP staff that have partnered with MSHN. These performance requirements, and our achievement of 100% on them, are excellent examples of how our regional partnerships and collaborations make better health, better care, and better value a reality.

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

PIHP Mental Health and Addictions Parity Workgroup
Mental Health Parity and Addictions Equity Act of 2008

Per the Center for Medicare and Medicaid Services (CMS), states are required to apply the parity rules to Medicaid beneficiaries enrolled in managed care. The rules apply to all services provided to that beneficiary, whether managed by the Managed Care Organization or managed by a Prepaid Inpatient Health Plan (PIHP), or provided on a Fee-For-Service basis. Essentially, the rule states there can be no more restrictive limitations on a mental health or substance use disorder than on the same classification of medical/surgical benefits.

In Michigan, due to the behavioral health carve-out, assessment of compliance with the parity rules is the responsibility of the state. Because there are approximately sixty-six (66) Medicaid Health Plan (MHP) - PIHP combinations, the state has taken a "statewide" approach to ensure compliance. The Michigan Department of Health and Human Services (MDHHS) collected information from all PIHPs regarding their Utilization Management, Access and Authorization and Benefit Management policies. During the review, two (2) items were discovered that requires review and planning to achieve compliance; prior authorization and continuing stay reviews for both inpatient and outpatient services. Therefore, the PIHPs developed a Parity Workgroup that consists of two (2) members from each of the ten (10) PIHPs to develop a workplan by February 28, 2018, with implementation by April 2018.

Additional details regarding the parity rule can be found at
https://www.gpo.gov/fdsys/pkg/FR-2016-03-30/pdf/2016-06876.pdf

Welcome to MSHN's New Team Members!

MSHN is pleased to announce that we have two new employees who joined us in February.

Julia Louisignau officially joined MSHN on February 5, 2018, as the **Waiver Assistant**. Previously, she was contracted with MSHN to support the implementation of the compliance standards with Home and Community Based Service (HCBS) rules. Julia also has many years of experience working at Community Mental Health Authority of Clinton, Eaton and Ingham Counties.

Sherrie Donnelly officially joined MSHN on February 12, 2018, as the **Treatment and Recovery Specialist** that will support and provide guidance to our Substance Use Disorder (SUD) network. Sherrie also comes to MSHN with many years of experience working at Community Mental Health Authority of Clinton, Eaton and Ingham Counties.

Please join us in welcoming the newest members of the MSHN Team!

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

Our top priority project continues to be the successful transition from CareNet to the new managed care information system, REMI, which stands for Regional Electronic Medical Information. We completed the two weeks of training for substance use providers and Community Mental Health Service Program (CMHSP) access staff. This occurred from January 16 through January 31.

Conversion of all data is complete. It includes all relevant CareNet information and all CMHSP encounter information. This data processing is now being managed through REMI.

We started up our REMI system live on February 1. We have 975 user accounts and adding. Some minor technical support issues and a few questions about the workflow in REMI seem to be the most common phone calls at this point; all resolvable and trending in the right direction with the assistance of PCE Systems and MSHN staff.

Next up with this effort is to develop key reports and expand the data sharing capabilities.

We continue to support day-to-day operations and to make sure all contractual reporting is complete and submitted timely.

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) has completed its field work for MSHN's Fiscal Year (FY) 2017 Fiscal Audit. The remaining two audits (Single and Compliance Examination) will occur over the next several months. The goal is to present the final fiscal report to the Board of Directors in May 2018. In addition to preparation and participation for MSHN's certified public accounting audits, the internal finance team will also begin enhanced fiscal review of any provider rendering Substance Use Disorder (SUD) services as part of the site visit process. In addition to audit work, Finance Staff are gearing up for fiscal year-end reporting to the Michigan Department of Health and Human Services (MDHHS). The data provided to MDHHS includes fiscal information as well as service utilization for the associated costs.

MSHN's Finance Department is performing fiscal analytics to assess regional impacts such as Community Mental Health Service Programs (CMHSPs) expenditures, MDHHS funding adjustments, and federal government activities. The analytics will review regional fiscal obligations as compared to anticipated funding and reserve balances.

Finance staff is heavily involved in the Managed Care Information System (MCIS) implementation by participating in team meetings and providing data and process information to PCE (IT vendor). Two finance department staff are also included in the Super User groups to provide technical assistance to providers and staff. The Super Users participated in provider training for the February 1, 2018 'go-live' date.

MDHHS has increased SUD Medicaid and Healthy MI funding for Fiscal Year 2018. This increase is needed since MSHN covered nearly $4 million in SUD spending with savings for Fiscal Year 2016 and project the same for Fiscal Year 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

Guiding MSHN Decision-Making for the REMI Utilization Management (UM) Process

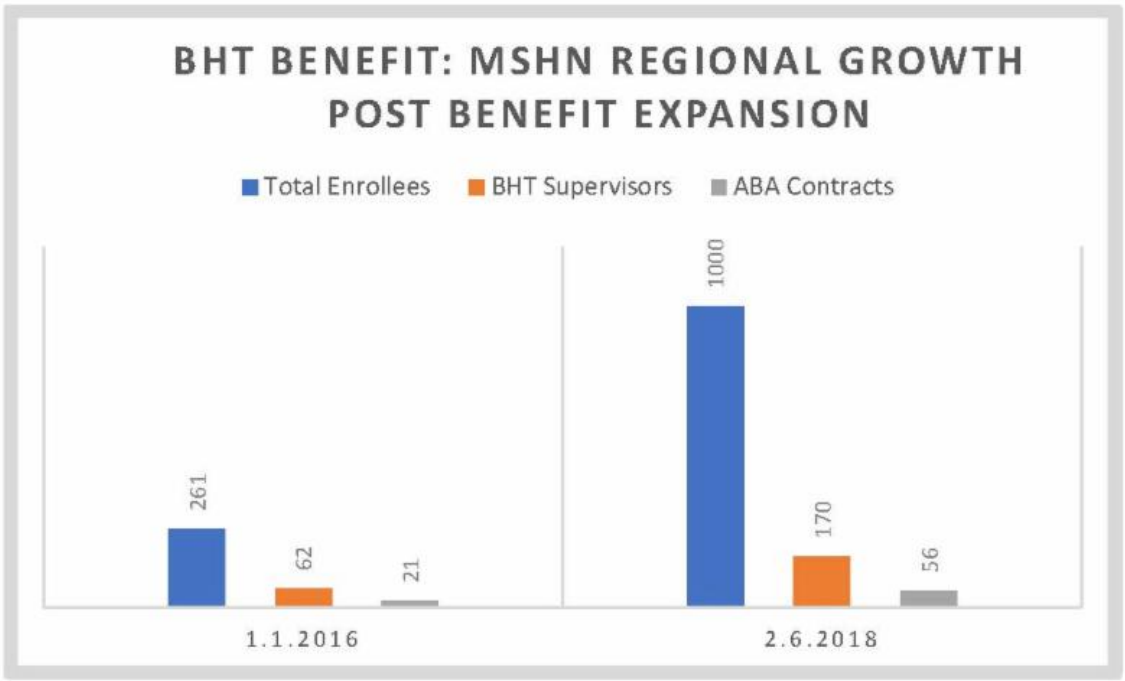
On February 1, 2018, MSHN began use of its new managed care information system (MCIS), "REMI," which stands for Regional Electronic Medical Information. Prior to this start, MSHN departments reviewed their processes to map out how to address those needs in the new MCIS system. The MSHN UM Department oversees the substance use disorder (SUD) benefit (i.e. eligibility and authorization of ongoing care) and used its data to determine average utilization patterns for each service code as well as outlier ranges (i.e. the further data point is from the average, the more "unique" its place in the data becomes). This was instrumental in helping to develop the current benefit grid and recommended utilization trigger thresholds for each service code as well as authorization time frames based on average regional utilization patterns. Further, the UM team developed authorization parameters (in a benefit grid) to allow for authorization processing of typical authorization requests.

Authorization requests that follow the recommended authorization parameters are approved in the REMI system, allowing the UM department to focus on unique patterns of data in the system that warrant further analysis (i.e. outliers). Additionally, authorization routing rules and validation edits were informed by state treatment policies, Medicaid billing rules, and the American Society of Addiction Medicine (ASAM) criteria for each level of SUD care. In total, the REMI system has been created and implemented to be a progressive and thoughtful tool in the monitoring of patterns of SUD care and services in the MSHN region and is off to a great start.

MSHN Autism Benefit Post Expansion Summary

Dr. Todd Lewicki and Barb Groom, MA, LLP, Waiver Coordinator

In January of 2016, the Autism Benefit, known as the Behavioral Health Treatment (BHT) Benefit expanded to include those between birth and 21 years, as compared to previous policy language that included those between 18 months and 6 years. Since the expansion, the MSHN region has focused its efforts on the development of programs to accommodate this growth, including: restructuring of Community Mental Health Service Program (CMSHP) systems, contract development and monitoring of Applied Behavioral Analysis (ABA) providers, and intensive staff training. With these efforts, MSHN has grown to serve 1,000 individuals enrolled in the BHT Benefit, which is 383% growth since 01.01.2016, has credentialed 170 BHT Supervisors, a 274% growth since the same time, and has active contracts with 56 ABA providers, a 266% growth. It is through the diligent efforts of our CMSHPs that 1,000 young persons and their families are now receiving this evidence-based treatment (ABA) for symptoms and issues related to Autism Spectrum Disorders (ASD). The efforts of each CMSHP to support this growth is acknowledged and appreciated.



MSHN continues to plan and target strategies that address the steady rate of growth (historically and consistently 5% growth per month since 2016) in the BHT Benefit, underscoring the importance of program integrity, fidelity, efficiency, and performance. Early intervention is a coveted point in time in the treatment of any cycle of behavioral difficulty, illness, disease. Neurodiversity advocates believe that ASD is not a disease to be

cured, but rather another form of communication and self-expression (National Symposium on Neurodiversity at Syracuse University). An individual with ASD is not someone with a disease, but an individual with a different way of connecting to the world, and ABA helps to enhance the skills of the individual with ASD to more successfully and productively live to their highest potential. Thus, the BHT Benefit is of great assistance with proper diagnosis and intervention, starting as early as the clinician is able to appropriately diagnose ASD in the child.

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

Alcohol Abuse Still a Dominant Concern:

With all the critically important attention to the opioid epidemic in Michigan and across the nation, it is easy to lose sight of the ongoing devastating impact of alcohol abuse on Michigan families and communities. While 27 million Americans reported abuse of prescription drugs and/or illicit drugs in 2015, over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the last month. The Surgeon General reported in 2016 that the economic costs of alcohol abuse are nearly $250 billion annually (versus $193 billion for illicit drug use). Some estimates put the combined cost at nearly double that.

Beyond the financial costs, the human and social consequences for Michigan families and communities can't be overstated. Alcohol abuse is associated with job losses and family dissolution, poverty, homelessness, child neglect and abuse, suicides, sexual assaults, drinking-related car accidents, incarceration, severe health problems and death.

Prevention efforts focus on preventing youth access to alcohol as well as education around warning signs and risk factors. American colleges and universities (who lose 1,825 students each year to alcohol-related deaths) sometimes embed programs like the Red Watch Band program, a training curriculum for students on campus that focuses on knowledge, skills, and confidence-building in preventing death from alcohol overdose. Students trained in CPR and alcohol bystander intervention are the "eyes and ears" at parties and other events where binge drinking is common on campus. The University of Iowa, for example, has trained 4,000 students in the program since its adoption nine years ago.

Alcohol treatment includes the full array of SUD services-detox; residential, outpatient treatment like counseling and case management, and recovery supports like 12-step programs, "sponsors" and peer recovery coaches. Some providers also offer sober activities where people in recovery from alcohol abuse can socialize and "party" in alcohol free environments, a particular challenge in a culture in which alcohol is embedded in so many aspects of life, especially socializing and celebrations. Medication-Assisted Treatment (MAT) for alcohol abuse is also effective with FDA-approved options including Antabuse (approved 1951), ReVia/Depade (approved 1994), Campral (2004), and Vivitrol (2006).

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 Services

Accessing and Visualizing Provider Performance

Prepaid Inpatient Health Plans (PIHPs) are increasingly in need of accurate and timely information about how well their provider network is performing for an ever-growing number of quality programs and outcomes measures. This information is critical internally for public resource allocation, provider management and contract negotiations. Additionally, PIHPs are required to annually monitor and assess the adequacy of its provider system. Through comprehensive provider performance monitoring, PIHPs can identify high-performing providers for network expansion and low-performing providers for training/technical assistance and quality/process improvement. Provider-level outcomes reporting can be used as the basis for value-based purchasing, for which Mid-State Health Network (MSHN) is currently piloting with a few select providers.

Over the next several months, MSHN will be testing and rolling out a provider performance dashboard system. Such data analytics systems streamline the process of data collecting, data preparation, data discovery and development of interactive dashboards.

This information will also be made available to the public via MSHN's website and will provide consumers and stakeholders with pertinent information in selecting a provider, such as; engagement in treatment, increased or sustained employment/education, stability in housing, access to services, treatment service retention, care coordination and social support connectedness. MSHN will engage with its provider network by seeking counsel and input to identify meaningful measures that are not only a measure of quality, but are actionable and allow for performance improvement.

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

Quality Assessment and Performance Improvement Program (QAPIP)

The Michigan Department of Health and Human Services(MDHHS) requires that each Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP) that meets the standards based on the Guidelines for Internal Quality Assurance Programs as distributed by the Health Care Financing Administrations (HCFA) Medicaid Bureau in its guide to states in July of 1993, the Balanced Budget Act of 1997 (BBA), Public Law 105-33 and 42 Code of Federal Regulation (CFR) 438.359 of 2002.

Michigan standards state that the PIHP must have a written description of its QAPIP which specifies 1) an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP; 2) the components and activities of the QAPIP; 3) the role for recipients of service in the QAPIP; and 4) the mechanisms or procedures to be used for adopting and communicating process and outcome improvement.

MDHHS also requires an annual effectiveness review of the QAPIP. To comply with the

Medicaid Managed Specialty Supports and Services Contract, specifically as it relates to the Annual Effectiveness Review, the QAPIP must be accountable to a Governing Body that is a PIHP Board of Directors. Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include:

1. **Oversight of the QAPIP**: There is documentation that the Governing Body has approved the overall QAPIP and an annual QI plan.
2. **QAPIP Progress Reports**: The Governing Body routinely receives written reports from the QAPIP describing performance improvement projects undertaken, the actions taken and the results of those actions.
3. **Annual QAPIP Review:** The Governing Body formally reviews on a periodic basis (but no less frequently than annually) a written report on the operation of the QAPIP.
4. The Governing Body submits the written annual report to MDHHS upon request. The report will include a list of the members of the Governing Body.

The QAPIP includes, but is not limited to, the review and analysis of performance indicators, performance improvement projects, critical incidents, Medicaid event verification, behavior treatment data, credentialing, provider monitoring, autism benefit and quantitative and qualitative assessments of member experiences.

In summary, MSHN continues to ensure compliance with PIHP contract obligations and to ensure continued quality services to the individuals in our region. The FY2018 QAPIP and FY2017 Annual Effectiveness Report will be presented to the Board of Directors for approval in March and will then be posted on MSHN's website.

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.