Mid-State Health Network

December 2017 Newsletter

From the CEO's Desk

Joseph Sedlock

Chief Executive Officer

The State of Michigan has recently released to the public a report called "*The Michigan Epidemiological Profile*." The report describes Michigan residents' substance abuse consequences, consumption patterns and intervening variables, and mental health well-being, and establishes a method for monitoring and improving outcomes. In this article, I will highlight a few of the findings in this years' report.

Of particular note to us as a purchaser and funder of services to the poor, the percentage of individuals living below the Federal Poverty Limit in Michigan has changed from 10.1% in 2000 to 16.7% in 2015 (compared to the national individual poverty rate of 12.2% and 15.5% respectively).

The findings for Michigan youth include:

- Between 2006 and 2015, alcohol-related traffic crashes involving at least one driver, 16 to 20 years of age, who had been drinking, caused an annual average of 149 deaths and serious injuries. The injury rate is trending significantly downward, from .34 injuries per 1,000 licensed drivers in 2006 to .15 injuries per 1,000 licensed drivers in 2015. This is a statistically significant improvement, and evidence that our underage drinking prevention efforts are successful.
- In 2016, 697 youths 16 to 20 years of age, were admitted to treatment for alcohol as the primary drug of abuse in Michigan, accounting for 20.2% of all substance abuse treatment admissions. This is down from 34.3% in 2006 and is further evidence that our underage drinking prevention efforts are successful. Similarly, alcohol use in the past 30 days is down from 38.1% in 2005 to 25.9% in 2015. First use of alcohol before age 13 is also down from 22.6% in 2005 to 14.8% in 2015.

The findings for Michigan's adult population include:

- Between 2006 and 2015, alcohol-related traffic crashes involving at least one driver, 21

years of age or older, who had been drinking, caused an annual average of 1,135 deaths and serious injuries. The injury rate has been trending downward from .18/1,000 licensed drivers in 2006 to .12/1,000 in 2015. The Mortality (death) rate remains steady at about .04/1,000 licensed drivers.

- In 2015, the prescription drug overdose death rate was the highest for adults 35 to 54 years of age, at 19.6 overdose deaths per 1,000 Michigan residents. This is significantly up from the 2005 rate of 8.6. Rates for all age groups are trending higher, with deaths in the 21-34 year-old age group growing from 5.9/1,000 in 2006 to almost 18 deaths thousand residents in 2015.
- In 2016, prescription drugs totaled 9,563 treatment entrances for individuals 21 years of age or older, accounting for 14.0% of all substance abuse treatment admissions. This percentage has doubled since 2006.

While much work remains to be accomplished, it is important to note the successes of our substance abuse prevention efforts across the region and across the State. Our prevention staff partners with dozens of prevention providers across the region to impact substance abuse and prevent misuse/abuse, which prevents the more serious problem of addiction. We are proud of the work that community coalitions, prevention providers, faith-based organizations, schools and a whole host of others do every single day to prevent substance abuse problems. Even while we work together to face and implement prevention and treatment strategies to address the opioid crisis, we must maintain the gains that have been made.

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

MDHHS Performance Based Incentive Bonus

As per the Michigan Department of Health and Human Services (MDHHS) FY17 contract requirements, Mid-State Health Network (MSHN) participated and submitted the year-end report related to obtaining the Performance Based Incentive Bonus. This fiscal year the incentive bonus related to performance in three areas:

1. Partnering with Medicaid Health Plans (MHPs) to develop, monitor and follow-up on joint care management plans as well as coordination of, and follow-up after, inpatient psychiatric hospitalization;
2. Participation in Patient-Centered Medical Homes through:
    - Comprehensive Care;
    - Patient-Centered Care;
    - Coordinated Care;
    - Accessible Services; and
    - Quality and Safety.
3. Addressing Veterans' Needs and Services

MSHN expects to receive the full performance incentive bonus for our region, based on successful

implementation of the three areas. Highlights from the repot include:

1. MSHN participated in a total of 96 monthly care management meetings with our eight (8) MHP partners during FY17. Follow-up after inpatient psychiatric hospitalization for adults exceeded the target of 58%, achieving 73%, while the child rate of 78% exceeded the state target of 70%.
2. Prepaid Inpatient Health Plan (PIHP) and MHP care management team members work closely together to identify members who have not had a Person-Centered Planning (PCP) visit in the last 12 months but who have other identified high-risk factors such as multiple chronic conditions, high emergency department utilization, and/or multiple inpatient hospital admissions. PIHP and MHP staff perform outreach activities to the member to facilitate referral and engagement with a primary care physician. As a result of these targeted efforts, 85% of individuals with an Integrated Care Plan during FY17 participated in a visit with a primary care provider. Additionally, through these coordinated efforts, there has been an 82% reduction of visits to the emergency room and a 73% reduction in admissions for psychiatric/physical health reasons.
3. In July 2017, MSHN added a Veteran Navigator (VN) to its staff (the first VN in the state at the PIHP-level), and developed a brochure to disseminate information about the Veteran Navigator program. This brochure is used by Community Mental Health Service Programs (CMHSPs) and substance use disorder (SUD) providers when referring veterans to the program, and contains contact information of the 12 CMHSPs and the Veteran Crisis Line. The VN will be working towards meeting the identified goals in the MDHHS Veteran Strategic Plan.

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

MSHN has worked with PCE Systems to develop a plan for training and implementing the new managed care information system (REMI). Because of the impact that this has on our substance use disorder (SUD) provider network and with our Community Mental Health Service Program (CMHSP) data submission processes, we have committed to a *data submission cutoff date of January 11, 2018.* This will allow for normal processing of encounters in early January for December services. It will also promote SUD providers getting their services submitted during a normal billing cycle. *We will stop processing any transactions as we train, between January 16 and January 31, and go-live on February 1, 2018.*

The managed care information system (REMI) will be replacing processes that are happening in CareNet related to 24/7/365 access screening and referral to SUD treatment. MSHN will host training sessions in Lansing and Saginaw for CMHSP access staff who perform these functions.

MSHN continues its work to finish all year-end encounter reporting prior to December 31, 2017, and to ensure everything is laid out for the data conversion, taking place in early January 2018.

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

The Finance Department has completed its Fiscal Year (FY) 2016 Financial Audit and Compliance Examination. Although MSHN's auditors have completed their work, we have been unable to finalize the Compliance examination due to one community mental health service program (CMHSP) not submitting a final report. MSHN delays submission to the Michigan Department of Health and Human Services (MDHHS) in order to ensure our final Compliance Exam contains all adjustments from our CMHSPs. The fiscal audit was presented to and approved by MSHN's Board of Directors during the November meeting.

MSHN recently issued Requests for Proposals (RFPs) for its auditing and accounting needs. Bids were received and recommendations were presented to its Board of Directors in November. The board approved the recommendation for Roslund, Prestage & Company to provide audit services for Fiscal Years 2017-2019. Also, the board approved the recommendation for Maner Costerisan to provide accounting services for the Fiscal Years 2018-2020. Both vendors have provided the requested services to MSHN during the past three years.

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 Systems. Two finance department staff are also included in the Super User groups to provide technical assistance to providers and staff.

MDHHS has increased substance use disorder (SUD) Medicaid and Healthy Michigan funding for FY18. This increase is needed since MSHN covered nearly $4 million in SUD spending with savings for FY16 and project the same for FY17. 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 relating 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 substance use disorder (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

Home and Community-Based Service (HCBS) Transition Project

Habilitation Supports Waiver (HSW) Survey Webinars Planned

The Home and Community-Based Services (HCBS) transition project continues to move forward with the first major survey portion completed, in Habilitation Supports Waiver (HSW) consumer and provider groups. In January, the Michigan Department of Health and Human Services (MDHHS) and the Michigan Developmental Disabilities Institute at Wayne

State University, will present an overview of the HSW survey process and the survey results. Informational materials will be shared from the Michigan HCBS Transition Project, including key areas of transition to compliance with the HCBS rules. Individuals with disabilities, family members, providers, and community mental health staff are welcome. *Online registration using one of the links below is required*, following registration, email confirmation and information on joining the webinar will be provided.

- January 24, 2:00-3:00 p.m.
  https://zoom.us/meeting/register/685b35ebc558b90834538d7d4481ef37
- January 26, 10:00-11:00 a.m.
  https://zoom.us/meeting/register/e638bb85f561086dd746f627e8486654

January Board Education and Development

The MSHN Board of Directors will receive education pertaining to the Habilitation Supports Waiver (HSW) and the Home and Community-Based Service (HCBS) transition project during their January 9, 2018 regular business meeting, to include informational materials, survey results, and updates.

What is Applied Behavior Analysis? An Evidence-Based Practice in Action

Barb Groom, MA, LLP & Todd Lewicki, PhD, LMSW

Applied Behavior Analysis (ABA) is a Medicaid covered service under the Behavioral Health Treatment (BHT) "umbrella." ABA is a recommended service for children with Autism Spectrum Disorder (ASD) and is the science of analyzing socially significant behavior and producing behavior change by modifying related environmental variables. ABA services may be used to address skills and behaviors relevant to children with ASD. ABA services address areas including, but not limited to: Language, social & communication skills, following instructions, peer interactions, following daily routines, self-help and daily living skills, and behavior challenges.

ABA methods support individuals with autism in a variety of ways: Teach skills to replace problem behaviors, increase positive behavior and reduce interfering behavior, maintain behaviors, change responses to the child's behavior, increase the child's academic, social and self-help skills, improve the ability to focus on tasks and increase motivation to perform, and aim to improve cognitive skills by helping the child be more available for learning.

MSHN's oversight includes:

- MSHN is responsible for 950+ individuals enrolled in the Autism Benefit
- Eligibility Determination and Utilization Management
- Behavior Health Treatment (BHT) Service Delivery
- Behavior Health Treatment Provider Qualifications and Capacity

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

All 10 Pre-Paid Inpatient Health Plans (PIHPs) Issue Consensus in Support of Medication Assisted Treatment (MAT):

Medication Assisted Treatment (MAT), as noted in earlier newsletters, is a critical tool in the battle against the opioid overdose pandemic in the United States. It's endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Surgeon General, the National Institute on Drug Abuse , the Center for Disease Control, the White House Commission on Combating Drug Addiction and the Opioid Crisis, the American Society for Addiction Medicine (ASAM), and the Michigan Department of Health and Human Services (MDHHS).

On November 1, 2017, all ten (10) Prepaid Inpatient Health Plan (PIHP) Chief Executive Officers approved a consensus document in support of MAT-inclusive treatment philosophies; forcefully rejecting the practice by any publicly-funded substance use disorder (SUD) provider of delegitimizing MAT to consumers. It also prohibits pressuring MAT clients to taper off their medication on an accelerated schedule, or to adopt a period of abstinence which research has shown, if rushed, can trigger a dangerous relapse and risk of death by overdose.

This statewide declaration of support for a leading evidence-based practice in the arsenal against Opioid Use Disorder (OUD) was driven by MSHN's own "No Wrong Door" approach, which was brought to the Substance Abuse Prevention and Treatment (SAPT) Directors last summer. The group hammered out consensus language in fall of 2017, in consultation with MSHN's SUD Medical Director and experts at MDHHS.

Words are important, of course, but no less important is action. To that end, MSHN has continued to act on a number of fronts to tackle the opioid epidemic. These include:

- Expanded distribution of Naloxone (the overdose reversal medication);
- Use of recovery coaches in emergency rooms and in recovery courts;
- Expansion of MAT sites in Region 5;
- Support for MAT prevention efforts like expansion of Project ASSERT, which identifies and refers individuals who are at-risk but not yet in treatment;
- Pilots exploring long-term housing for individuals with OUD who are ready to move on from transitional housing into a longer-term living arrangement, which may be healthier than returning to their family, friends or former neighborhood, as those factors may have contributed to the problem in the first place.

Lastly, in maintaining the Recovery-Oriented System of Care (ROSC) approach that MDHHS and national experts are promulgating, MSHN remains open to multiple pathways to recovery in our twenty-one (21) counties. Medication-Assisted Treatment isn't for everyone; MSHN will continue to work with providers who offer alternate approaches, when those providers also recognize that there are multiple pathways to recovery, do not disparage MAT as a viable option, recognize that no one-size-fits-all, and operate from an understanding that what guides a person's recovery is driven by an assessment of his/her individualized needs, and culminate in a treatment plan that is collaboratively developed with the client, based on medical necessity.

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

Quality Assurance and Performance Improvement (QAPI)

Provider Network Highlights

The QAPI team is finalizing audits of the provider network for the calendar year. The Community Mental Health Service Programs (CMHSPs) all received full reviews of delegated managed care functions and program specific standards such as Habilitation Supports Services, Crisis Residential, Self-Determination, etc.

The CMHSPs are focusing on integrated treatment and consistently demonstrate diligent efforts to improve overall health outcomes of consumers served. Examples include onsite wellness programs, community-based workout/exercise opportunities, and clinical interventions including trauma-based yoga. The CMHSPs are consistently leading community efforts to enhance trauma-informed interactions with a variety of stakeholders including local police departments, Department of Health & Human Services, legal systems, and schools. It is evident that there is a focus on evidence-based practices such as *No Harm Done* which strives to protect children from unintended consequences after traumatic events. Several examples of excellent trauma-informed practices are present throughout the region. One example of regional excellence includes team member support, to ensure secondary/vicarious trauma impacts are prevented and/or treated appropriately. Upon evaluation of internal surveys in which staff were asked questions regarding supports, training, and competence, many CMHSPs have implemented supportive practices such as education on the impact of treating tr auma survivors, open-door supervision, and company morale activities. Overall, the CMHSPs have implemented practices to ensure consumer access to 24/7/365 substance use disorder (SUD) screening and referral. Consistently, the CMHSPs share recommendations, strengths, and concerns regarding collaboration of care with the SUD provider network, demonstrating growing partnerships and a shared goal; to ensure exemplary care for consumers with co-occurring disorders.

The SUD network reviews consisted of a review of corrective action plans, delegated managed care functions and program specific standards such as residential, outpatient, women's specialty services, etc. The SUD network is expanding internal service array to include programming that meets the needs of individual consumers based on medical necessity. Expansion efforts include implementing group/individual therapeutic services, hiring Peer Recovery Coaches, developing effective case management practices, and ensuring team members receive training in evidence-based programming that meets the needs of the population. SUD providers have implemented practices to meet opioid-abuse prevention and treatment goals. This is evidenced by enhanced service arrays offered by Medication-Assisted Treatment (MAT) Providers to effectively address consumer need(s), through implementation and oversite of neo-natal exposure programming and increased number of consumers dually enrolled in treatment and recovery programs. MSHN has also expanded services by securing SUD Recovery Residence contracts with a variety of providers who help secure safe environments for persons in treatment and recovery from the disease of addiction. Collaboration with housing providers has begun, and is a growing process that includes understanding what information can and should be shared to ensure coordination of care with treatment providers.

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 Office of Inspector General (OIG) just released the Semiannual Report to Congress that summarizes the activities of the OIG, Department of Health and Human Services (HHS) for the six-month period of April 1, 2017 through September 30, 2017.

The OIG's mission is to protect the integrity of HHS programs and the health and welfare of the people they serve. This is accomplished by preventing and detecting fraud, waste, and abuse; identifying opportunities to increase the efficiency and effectiveness of HHS programs; and holding accountable those who do not meet program requirements or who violate Federal laws.

The following are some highlights from the report. The full report can be found at the following link: https://oig.hhs.gov/reports-and-publications/semiannual/index.asp.

- In July 2017, OIG and its law enforcement partners conducted the largest national health care fraud takedown in history. Sophisticated data analytics were critical. The end result: charges against more than 400 defendants in 41 Federal districts related to schemes involving about $1.3 billion in false billings to Medicare and Medicaid-protected the programs and sent a strong signal that theft of taxpayer funds will not be tolerated. Notably, 120 defendants, including doctors, were charged for their roles in prescribing and distributing opioids and other dangerous narcotics, and 295 individuals were served with exclusion notices for conduct related to opioid diversion and abuse.
- Texas doctor sentenced to 35 years and, $268 million in restitution, for massive home health fraud scheme. Dr. Jacques Roy was sentenced to 35 years in prison and, jointly and severally with his co-defendants, ordered to pay $268.1 million in restitution following his conviction on several counts of health care fraud. OIG's investigation found that Roy and his co-defendants were involved in a large-scale, sophisticated scheme to improperly recruit patients and bill Medicare for unnecessary home health services.
- Vendor of electronic health record software agreed to pay $155 million to settle false claims allegations. eClinicalWorks, LLC (ECW), and three of its senior executives agreed to pay $155 million for allegedly causing health care providers to submit false claims in connection with the Medicare and Medicaid Electronic Health Record Incentive Programs by concealing from ECW's customers that ECW's software did not comply with the requirements for "meaningful use" certification.
- OIG identified deficiencies in Maine's oversight of critical incidents involving Medicaid beneficiaries with developmental disabilities. Maine failed to demonstrate that it has a system to ensure the health, welfare, and safety of its beneficiaries with developmental disabilities who are covered by its Medicaid waiver program. OIG found, among other problems, that Maine did not ensure that providers reported and reviewed all critical incidents; did not investigate and immediately report to law enforcement all incidents involving suspected abuse, neglect, or exploitation; and did not ensure appropriate reporting, analysis, and investigation of all beneficiary deaths. (See OIG's report, A-01-16-00001.)

During this semiannual reporting period, Strike Force efforts resulted in the filing of charges against 137 individuals or entities, 112 criminal actions, and more than $504.6 million in investigative receivables. Included in this was a case from Michigan, which is highlighted

below.

- Michigan: Three colleagues at Advanced Care Services each pleaded guilty to conspiracy to commit health care fraud, and one of them also pleaded guilty to conspiracy to distribute and possess with intent to distribute controlled substances. They were sentenced to a combined six (6) years and five (5) months in prison and ordered to pay $2.5 million in restitution, joint and several. The defendants-Jorge Azar, an owner of Advanced Care Services; Diontay Bradley, a patient recruiter; and Jellie Villalon, the administrative director, engaged in a conspiracy to unlawfully distribute controlled substances and to defraud Medicare by billing for services not rendered, and billing for unnecessary services. According to the investigation, from June 2011 through October 2015, patient recruiters would recruit Medicare beneficiaries. After performing a cursory examination or no exam at all, a physician would write the beneficiary a prescription for a controlled substance. The beneficiary would then fill the prescription and sell the medication back to the recruiter for illegal street trafficking.

The OIG has also initiated enhanced efforts to maximize the effectiveness of Medicaid Fraud Control Units (MFCUs). MFCUs play a primary role for Medicaid in investigating and prosecuting provider fraud as well as patient abuse or neglect in health care facilities. OIG collaborates with the MFCUs on joint cases and investigative initiatives and has oversight responsibility for MFCU operations.

In 2016, in the state of Michigan, the OIG MFCU had a total of 511 investigations completed that included 472 cases of suspected fraud and 39 cases for abuse/neglect. Out of these investigations, 24 resulted in convictions, including 14 cases for fraud and 10 cases for abuse/neglect. Out of these convictions, there was $32,312,718 in total monetary recoveries.

These results reflect the heightened attention by the OIG when it comes to providing oversight to the delivery of services utilizing both state and federal funding. Having a local/regional process for monitoring the provision of services is crucial to ensuring compliance with state and federal requirements as well as ensuring the quality of services provided.

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