



From the Chief Executive Officer's Desk Joseph Sedlock

As part of our board member knowledge base development work, MSHN encourages board members to participate in the Medicaid Innovations Forum held virtually February 1-4, 2021. Sponsored by the Strategic Solutions Network, this virtual event is free to health plans, state agencies, and health systems. (MSHN is considered a health plan).

Broken down into multiple modules over four days, this comprehensive virtual conference addresses the issues Medicaid professionals and service agencies face today. Conference sessions include a broad range of topics essential to understanding your roles as board members.

Modules include:

- The shape of the new Medicaid market
- Care delivery innovations during COVID-19
- Social determinants of Health (SDoH) and community partnerships
- Opioid/SUD management
- Behavioral Health
- Member-facing (Consumer-facing) Medicaid Technology
- Innovations in operational technology
- Pharmacy-based interventions

Each module includes several conference sessions that are about 30 minutes, and you can choose which sessions you wish to participate in. These sessions include population health management strategies, telehealth adaptations, case studies in social determinants of health, addressing bias and health equity, integrated care, and much more. The agenda and related information can be [found at this link](#).

If you choose to register, you can do so by following the link above and clicking on the "register now" button near the top of the page.

Once you click on the "register now," a new screen will open, where you should click on the "Free (Click Here)" button.

It isn't often that we can offer our board members a conference opportunity of this quality that is also virtual and free! We encourage your participation.

Please contact Joe with any questions, comments or concerns related to the above and/or MSHN administration at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Ittner, MBA
Deputy Director

New 2020 Medicaid and CHIP Managed Care Final Rule

On November 13, 2020, Centers for Medicare & Medicaid Services (CMS) released the 2020 Medicaid & Children's Health Insurance Program (CHIP) Managed Care final rule.

The last update to the rule was in 2016 that included significant changes to Managed Care Responsibilities.

CMS received many comments regarding the 2016 rules and therefore considered changes to a few sections that reduce administrative burden and federal regulatory barriers. The 2020 final rule strengthens provisions in the 2016 rule, giving states greater flexibility, advancing delivery system reform, improving quality of care, reinforcing program integrity by improving accountability and transparency, and aligns essential Medicaid and CHIP managed care requirements with other health coverage programs.

Most provisions, as listed below, will be effective thirty days after issuance of the Final Rule. There are two provisions that will be effective with contract rating periods starting on or after July 1, 2021, and two provisions that states will be required to comply with for certain reports and quality strategies submitted on or after July 1, 2021.

1. Setting Actuarially Sound Capitation Rates
2. Pass-Through Payments
3. State-Directed Payments
4. Network Adequacy Standards
5. Risk Sharing Mechanisms

6. Quality Rating System
7. Appeals and Grievances
8. Requirements for Beneficiary Information

Mid-State Health Network has developed a workplan to monitor the Managed Care Rule changes and effective dates and is working with Michigan Department of Health and Human Services and our regional Community Mental Health Service Program Partners to provide feedback and strategies for implementation in Michigan. To learn more details about the rule and related changes, click [here](#).

COVID Risk Reports Available

MSHN and our regional partners continue to assess the impacts of the COVID-19 pandemic while monitoring the COVID positive statistics for our communities as provided by the State of Michigan. To assist planning, MSHN has developed COVID Risk Reports specific to the MSHN coverage area. There are 2 separate risk reports:

- 1: COVID Risk by Population: number of cases (positive test results) per 1 million
- 2: COVID Risk % Positive: % of positive test results

Both reports allow for selecting timeframes, by county and by CMHSP. The reports have been posted to our MSHN COVID [Website](#) and can be located at [COVID RISK REPORT](#).

Contact Amanda with any MSHN Organizational related questions at Amanda.Iltner@midstatehealthnetwork.org

Information Technology

Forest Goodrich

Chief Information Officer

As Mid-State Health Network ends the year for BH-TEDS (Behavioral Health Treatment Episode Data Set) and encounter reporting prior to December 31, 2020, technology staff found this year to be quite different due to the pandemic. Telehealth and telephonic services quickly became allowable encounters for billing and reporting to MDHHS (Michigan Department of Health and Human Services). CMHSP (Community Mental Health Program) staff had to adjust and revise EMR (electronic medical record) solutions and to assist its remote workforce. With extra planning and effort, our goal to provide the most accurate and timely information for MDHHS was achieved thanks to everyone involved.

Behavioral Health - Treatment Episode Data Set (BH-TEDS) Consumers Processed to Date for FY 2020: **48,162*** (FY 2019 = 59,911)

Mental Health = 36,741;

Substance Use Disorder = 11,421

*Includes Crisis Only Records

Service Encounters Processed to Date for FY 2020: **3,774,231*** (FY 2019 = 3,892,783)

Mental Health = 2,914,206 Services;

Substance Use Disorder = 860,025 Services

* Additional Services Can still be Reported During the Month of December.

Trending this information shows a slight drop in service volume during the first 3 months of COVID-19. The MSHN region matches the statewide average during those three months, and remains a high performer when it comes to timeliness and volume submissions per MDHHS contractual requirements.

Contact Forest with any questions, comments or concerns related to the above and/or MSHN Information Technology at forest.goodrich@midstatehealthnetwork.org

Finance

Leslie Thomas, MBA, CPA

Chief Financial Officer

MSHN's Finance Team has been working diligently to support its Community Mental Health Services Programs (CMHSPs) and Substance Abuse Prevention and Treatment (SAPT) providers. MSHN has developed regional guidance based on MDHHS and Governor issued mandates related the following:

- *Direct Care Worker (DCW) Premium Pay:* MDHHS provided Fiscal Year (FY) 2021 quarter one funding to MSHNs for DCW Premium Pay. The intent of the continued funding, which began 4/1/2020 allows DCWs to receive a \$2 per hour temporary pay increase and funds an additional 12% to cover associated provider administrative expenses such as taxes. CMHSP networks as well as SAPT Residential and Withdrawal Management workers are eligible for premium pay when rendering approved MDHHS service codes. Further, MSHN is reimbursing Personal Protection Equipment (PPE) expenses purchased in the identified settings. In the next several months, MSHN and its CMHSP partners will conduct payroll record audits to ensure employees received the temporary increases.
- *SAPT Provider Stabilization Assistance:* MSHN issued over \$2 M to its SAPT network for FY 2020 to ensure continued operations and stabilized the network for provision of ongoing consumer service needs. Granting of funds were contingent on completion of a cash advance request form, reasonableness determination of the amount requested, and continuation of rendering medically necessary services. Providers receiving other federal funding to cover the same expenses and same period were not eligible for a MSHN stabilization payment. MDHHS made no provisions for the provider stabilization payments as the expectation is to use current per eligible per month (PEPM) dollars as needed. MSHN FY 2020 financial position was to meet stabilization payment needs.

MDHHS has continued its practice of relaxing telehealth service delivery during the COVID-19 pandemic. Typical telehealth services require two-way communication consisting of audio and video between the clinician and consumer. The relaxed rules allow audio only telehealth which means a simple phone call to a consumer is acceptable for service delivery. The relaxed standards have allowed clinicians, peers, and consumers to safely engage in treatment.

MSHN's submitted its Interim FY 2020 Financial Status Report (FSR) to MDHHS in November 2020. Based on fiscal information contained in this report, MSHN will end the fiscal year with a fully funded Internal Service Fund (ISF) of approximately \$46 M and more than \$33 M in savings to support FY 2021 operations. I anticipate similar results for fiscal year-end reporting due to MDHHS February 2021.

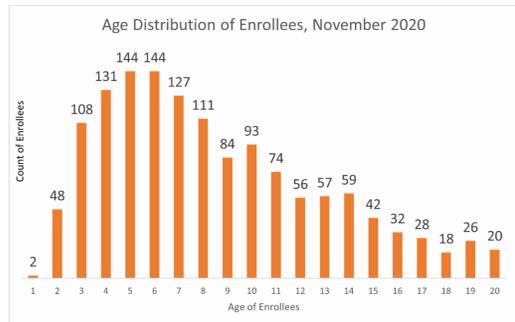
Contact Leslie with any MSHN Finance related questions, comments at Leslie.Thomas@midstatehealthnetwork.org

Behavioral Health

Dr. Todd Lewicki, PhD, LMSW, MBA
Chief Behavioral Health Officer

MSHN Addresses Family Training as a Treatment Priority

Autism spectrum disorder (ASD) is a developmental disorder typified by persistent impairment in social communication and interaction and restricted and repetitive patterns in behavior, interests, and activities [1]. Mid-State Health Network's (MSHN) ASD benefit presently serves 1,404 individuals and continues to increase in numbers. This number has continued to grow at a rate of approximately 2.5% per month. If growth continues at this rate, there will be about 1,586 cases by the end of FY20, making it the largest population served for a specialty benefit in the MSHN region. The median age for individuals on the benefit is approximately 7.96 years old. The mean is 8.93 years old, assuming everyone remains eligible and, on the benefit, they will receive ABA treatment potentially up through age 20. Outcomes found to be improved in ABA include significant contributions from the child's ASD diagnosis being confirmed and addressed at a younger age and family involvement in treatment.



MSHN and Michigan State University (MSU) completed a study of the frequency of parent/family training in the region and found it underemphasized. Applied behavior analysis (ABA) is made more successful through family training when parents or caregivers are involved. Involvement is especially advantageous as it offers increased treatment, skill generalization, and an overall improvement in family functioning [2].

To help address this finding, a family training brochure was created to explain what family training is, what to expect from it, and what the intended outcomes are. Effective and impactful ASD care should be timely and comprehensive for eligible families and children.

It's especially important to recognize this, given the necessary time and effort required to ensure ABA and family training is provided for the length of time needed.

References:

[1] American Psychiatric Association. (, 2013). *Diagnostic and statistical manual of mental disorders (DSM-5)*. Washington: American Psychiatric Publications.

[2] Straiton, D., Groom, B., & Ingersoll, B. (2020). Parent training for youth with autism served in community settings: A mixed-methods investigation within a community mental health system—*Journal of Autism and Developmental Disorders*, September 2020.

Contact Todd with any questions, comments or concerns related to the above and/or MSHN Behavioral Health at Todd.Lewicki@midstatehealthnetwork.org.

Utilization Management & Integrated Care

Skye Pletcher-Negrón, LPC, CAADC

Director of Utilization and Care Management

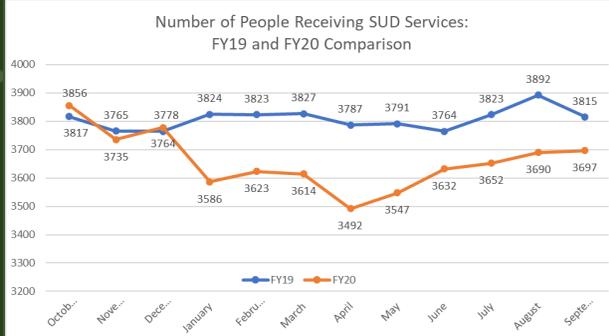
FY20 Year in Review: Utilization Trends in Substance Use Treatment Services

During FY20, there were 11,425 new admissions to MSHN-funded Substance Use Disorder (SUD) treatment services, a slight decrease of 310 admissions from FY19. The table on the right table represents the total number of admissions to treatment by the county of residence of persons served over the last three fiscal years:

There was an 8.5% increase in admissions to treatment from FY18 to FY19 but a 2.6% decrease from FY19 to FY20. It is essential to consider the impact of COVID-19 on SUD service utilization during FY20. The graph below shows a comparison of the number of people who received SUD services each month during FY19 and FY20, depicting a decline with the onset of the pandemic, which continued throughout FY20:

County of Residence	FY20 Served	FY19 Served	FY18 Served
Arenac	71	56	79
Bay	976	1072	1005
Clare	284	302	299
Clinton	258	291	252
Eaton	383	500	479
Gladwin	202	209	195
Gratiot	139	248	245
Hillsdale	229	159	168
Huron	143	121	183
Ingham	2707	2615	2397
Ionia	239	263	145
Isabella	347	467	455
Jackson	1307	1302	1211
Mecosta	384	311	262
Midland	480	394	432
Montcalm	503	477	362
Newaygo	353	430	382
Osceola	128	155	128
Saginaw	1400	1473	1291
Shiawassee	453	458	453
Tuscola	228	284	285
Unknown or Out of Region	211	148	106
Total Admissions to Treatment	11,425	11,735	10,814

The MSHN SUD Service Provider (SUDSP) network has gone to significant lengths to remain operational and safely provide services to vulnerable individuals throughout the pandemic. The Michigan Department of Health and Human Services (MDHHS) greatly expanded the type and



amount of SUD services that were allowable to provide telehealth during the pandemic to give multiple options to engage in services safely.

Many SUDSPs that did not previously offer telehealth services have acquired the technology to do so, while other SUDSPs made physical modifications to their offices and buildings in order to protect the health of employees and persons served while providing vital face-to-face services.

Timely access to withdrawal management and residential treatment services has always been a challenge. Still, the COVID-19 pandemic has made it even harder to find available placements due to many facilities operating at reduced capacity to maintain adequate social distancing among residents. MSHN has recently taken steps to increase access to these services by working with existing contracted providers to increase their bed capacity. There is a high likelihood that service utilization would have been adversely affected to a much greater extent during FY20 if not for the tremendous commitment and dedication of the region's SUD providers to ensure that access to services remained available throughout the pandemic.

Health experts warn of an impending behavioral health epidemic within the COVID-19 pandemic, including inevitable spikes in mental illness and substance use driven by unemployment, economic instability, social isolation, physical health concerns, and other stressors. The short and long-term impacts on the physical and emotional health of already vulnerable populations in MSHN's 21 counties will require that MSHN services and supports be ready to respond to this heightened need. MSHN will continue to engage in monitoring the changing needs of the population and workforce in response to COVID-19 throughout FY21.

Contact Skye with any questions, comments or concerns related to the above and/or MSHN Utilization Management and Care Coordination at Skye.Pletcher@midstatehealthnetwork.org.

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW

Chief Clinical Officer

Winter, Social Isolation and Impacts on Health

With winter upon us, many adults and adolescents experience Season Affective Disorder (SAD). Our days become ever shorter; there's less sunshine, and, as we all know in Michigan, looming are increasingly cold temperatures, snow, and ice. On top of that, the COVID pandemic has increased isolation and loneliness in ways that exacerbate all kinds of pre-existing mental health and substance use disorders. NICHM reports that in 2019 (pre-COVID), 20% of adults reported loneliness and social isolation. Today, 28% report loneliness, and 41% report isolation.

Social isolation is associated with poor health outcomes, including, for example, a 50% increased risk for dementia and a 29% increased risk of heart disease. There is also growing evidence of the pandemic's impact on increased risk-taking with substance use. New data from around the U.S. confirms that drug overdoses are spiking during the coronavirus pandemic, rising by roughly 18%. The American Medical Association has also raised alarms about the link between COVID-19, addiction, and drug overdoses, particularly in Black and Hispanic communities.

During the COVID-19 crisis, American adults have also sharply increased their alcohol consumption, drinking on more days per month, and to greater excess. Between 2019 and now, during the pandemic, men and women both reported increasing the frequency of their binge drinking episodes (defined as five or more drinks for men and four or more drinks for women within a couple of hours). Heavy drinking among women has soared significantly. As people's depression and anxiety increase, alcohol and other substances are often used to cope. One survey found that of those increasing substance use during the pandemic, 53% were trying to cope with stress, 39% were trying to relieve boredom, and 32% were trying to cope with mental health symptoms like anxiety or depression.

Though the distribution of a COVID vaccine for targeted populations begins this month, most health experts don't believe we'll see a semblance of normalcy well into 2021. The work of MSHN's Clinical, UM, Provider Network, and Finance teams, therefore, supporting our SUD provider network and the vulnerable populations we serve has never been more critical. Thanks to the Board for your ongoing support. We wish you all a safe holiday and all the best in what we all hope will be a better year in 2021.

Contact Dani with questions, comments or concerns related to the above and/or MSHN SUD Treatment and Prevention at Dani.Meier@midstatehealthnetwork.org.

Provider Network

Carolyn Tiffany, MA

Director of Provider Network Management Systems

Strategic Action Plan Report: Addressing Provider Workforce Concerns

As part of the MSHN Strategic Plan, MSHN created forums for the Provider Network to discuss provider workforce concerns, including but not limited to wellness/self-care, trauma (including secondary trauma and compassion fatigue), workforce safety, attraction, and retention of a well-qualified workforce.

A survey was administered to the Substance Use Disorder (SUD) and Community Mental Health Service Participant (CMHSP) Provider Network in June of 2019. A total of 283 SUD provider employees and 1626 CMHSP employees (including subcontract providers) participated in the survey. Subsequently, in July, Mental Health America of Franklin County conducted several focus group forums around the region to delve into the survey results. A total of 37 SUD provider employees and 84 CMHSP employees (including subcontract providers) participated in the focus groups. The results are outlined in two reports: [SUD Providers and CMH Providers](#) and were previously provided to the MSHN BOD via the October 2019 Board newsletter. Key considerations for MSHN included in the workforce reports addressed over the past year are outlined in the updated report linked [here](#).

Contact Carolyn with any questions, comments or concerns related to the above and/or MSHN Provider Network Management at Carolyn.Tiffany@midstatehealthnetwork.org.

Quality, Compliance and Customer Service

Kim Zimmerman, MBA-HC, LBSW, CHC

Director of Quality, Compliance and Customer Service

Regulatory Changes to the Physician Self-Referral Law

The Centers for Medicare and Medicaid Services (CMS) announced regulatory changes to the Physician Self-Referral Law, commonly known as the "Stark Law," on November 20, 2020. This law prohibits a physician from referring a patient for many types of services (or "designated health services") to a provider with which the physician has a financial relationship. The Stark Law was first enacted in 1989 when healthcare was paid for primarily on a fee-for-service basis. The changes intend to update the law to both modernize and provide clarity for interpreting the law that was previously designed for a health care system that provided financial incentives to deliver more services. The new changes recognize an increasing movement toward financial arrangements that reward providers who are successful at keeping patients healthy and out of the hospital by shifting the culture toward value rather than volume. The prior system did not promote the move toward value across all payers, including Medicaid and private health plans. As providers take on the accountability of their patient's total care cost, self-referral risks have changed and needed to be recognized in the regulations. The final rule changes include the following:

- Finalizing new permanent exceptions for value-based arrangements will permit physicians and other health care providers to design and enter into value-based arrangements without fear that legitimate efforts to increase care coordination, improve quality of care, and lower costs will violate the Stark Law. These new exceptions still include safeguards to ensure protections against overutilization and other harms.
- Finalizing additional guidance on essential requirements of the exceptions to the physician self-referral law to make it easier for physicians and other health care providers to make sure they comply with the law.
- Finalizing protection for non-abusive, beneficial arrangements that apply regardless of whether the parties operate in a fee-for-service or value-based payment system, such as donations of cybersecurity technology that safeguard the health care ecosystem's integrity.
- Reducing administrative burdens that drive up costs by taking funds previously spent on administrative compliance and redirecting them to patient care.

All provisions of this rule will go into effect 60 days from the rule's display date in the Federal Register (which is expected December 2), except for one provision that will be effective January 1, 2022. The changes are expected to result in better access and outcomes for patients by creating more apparent paths for the providers that serve them through enhanced coordinated care arrangements.

Additional information can be found at the following links:

Final Rule: <https://www.federalregister.gov/documents/2020/12/02/2020-26140/medicare-program-modernizing-and-clarifying-the-physician-self-referral-regulations>

CMS Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/modernizing-and-clarifying-physician-self-referral-regulations-final-rule-cms-1720-f>

Contact Kim with any questions, comments or concerns related to MSHN Quality, Compliance and Customer Service at Kim.Zimmerman@midstatehealthnetwork.org

On behalf of our staff and regional colleagues, thank you for your leadership of our region. We celebrate your contributions and wish you good health and wellness in this holiday season and the year ahead



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

Mid-State Health Network | 517.253.7525 | www.midstatehealthnetwork.org