Mid-State Health Network

February 2017 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) requires reciprocity in provider network procurement and performance management activities, training, credentialing and other areas. The policy "seeks to: 1) identify statewide standards for service provider reciprocity; 2) offer fairness to all service providers in areas of reciprocity; 3) address both internal and external reciprocity within and between PIHPs; and 4) allow flexibility for all systems in the methods for reciprocity actions."

Reciprocity means processes whereby corresponding status is mutually granted by one system to the other. In other words, if a provider is credentialed to participate in the provider network of one PIHP, other PIHPs do not need to repeat the credentialing process in order for that provider to participate on the provider panel of the second PIHP. Similarly, it also means that if the provider, through performance monitoring, is confirmed as operating in substantial compliance with performance standards, a second PIHP does not need to confirm compliance.

Reciprocity has many implications for our system at MSHN and for PIHPs across the State. Because many managed care functions are delegated by MSHN to participating CMHSPs in the region, reciprocity arrangements between PIHPs across the state is more complicated. MSHN and participating CMHSPs are working to consolidate site reviews for providers held in common among several (or all) CMHSPs to achieve a single site review for that provider. Psychiatric inpatient hospitals are a good example. The efficiencies are obvious: instead of all CMHSPs in the MSHN region conducting a provider performance review, one CMHSP (or a MSHN team) can do the review for all CMHSPs in the region. That site review would then be made available to other PIHPs across the state that contract with those same psychiatric inpatient units in the MSHN region, and those other PIHPs would not be required to do their own site reviews.

I've given just one example but there are many areas that are required to be addressed

in the MDHHS/PIHP contract regarding reciprocity. There are two statewide workgroups, sponsored by Michigan's 10 PIHPs addressing reciprocity among and between PIHPs. Within the MSHN region, our Provider Network Management Committee and a recently formed Regional Inpatient Operations Workgroup are addressing these policy requirements. While many details are in the process of being worked out within the region, and between regions, we wanted to highlight this work. It is consistent with our strategic plan and should lead to better value in our work as a PIHP.

The reciprocity policy can be read in its entirety by clicking HERE.

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

Organizational Updates

Amanda Horgan

Deputy Director

Strategic Planning & Balanced Scorecard

MSHN continues implementation of the Fiscal Year 2017 & 2018 Strategic Plan. This year, Leadership has decided to develop separate committee and council level balanced score cards that provide data on key performance indicators from the strategic plan. The score cards will be aligned with the triple aim and provide management, board and the public with the ability to easily identify progress throughout the year. Key performance metrics from each area will be presented quarterly to the MSHN Board, beginning with the May 2017 Board of Directors meeting.

Integrated Care Delivery Platform (ICDP)

In an effort to streamline our balanced scorecard performance metrics, MSHN has been working with Zenith Technologies Systems (ZTS) to develop regional reports in our integrated care delivery platform. Community Mental Health Service Programs (CMHSPs) also have access to ICDP that includes their local county data. Five **new** key performance indicators (KPIs) have recently been added to our platform for committee/council review and action planning. ICDP divided the KPIs into two groups:

Key Performance Indicators - Living with Illness:

- Antidepressant Management (New)
- Use of Multiple Concurrent Antipsychotics (New)
- Cardiovascular Screening
- Follow-up Children Attention Deficit Hyperactivity Disorder (ADHD) Medication (New)
- Adherence to Antipsychotics with Schizophrenia (New)
- Diabetes Screening

Key Performance Indicators - Utilization and Access to Care

- Adults Access to Care

- Children Access to Care
- Plan All-Cause Readmissions (New)
- Follow-up Hospitalization Mental Illness

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

Information Technology

Forest Goodrich

Chief Information Officer

MSHN continues to work with and participate in secure information sharing with the Michigan Health Information Network (MiHIN). What is MiHIN? It is Michigan's initiative to continuously improve health care quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MiHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.

MSHN has signed an agreement with MiHIN that identifies us as a qualified data sharing organization. This means that we are able to send and receive information between organizations in our region and other health care provider organizations throughout Michigan. We do this exchange process by using a process called "use cases." A use case is a specifically defined set of data records holding key information about persons we serve. We join in a use case if the information being exchanged by other provider organizations is of value to us for treatment and prevention purposes.

Our first exchange use case was the Admission, Discharge and Transfer records (ADT) which identifies persons that were hospitalized in Michigan for physical health concerns, and used the emergency room. MSHN and all 12 Community Mental Health Service Programs (CMHSPs) are receiving ADTs.

We are signed up for the Medication Reconciliation use case and are in process of testing and receiving these records for the participating hospitals. This development is almost complete and will make discharge information available to all 12 CMHSPs. Information in this use case will comprise of hospital diagnosis at the time of discharge, any lab work done during hospitalization, and any scripts that were filled.

MDHHS has signed up with MiHIN to send laboratory data records for any lab work done in the State labs into the exchange. We are working on the agreement right now and will participate in this exchange next.

Another important use case that MiHIN is working with MDHHS to make available, is a security management use case. MSHN will be participating in this use case as it becomes available to us. It will assist MSHN and the CMHSPs with integrating the sign

on process between its electronic medical record (EMR) and Care Connect 360 and other State systems.

We are beginning work with MiHIN as they develop a process for electronic consents. This Consent Management use case will provide automated routing of specified information between multiple provider organizations where the information has been consented to exchange. More will be reported as this use case further develops.

Many other developing technologies are being put into place within the region to exchange information in a safe, secure way.

Please contact Forest Goodrich with questions related to MSHN Information Technology at forest.goodrich@midstatehealthnetwork.org or 517.253.7549.

Finance News

Leslie Thomas

Chief Financial Officer

Departmental Updates

The Finance Department is currently preparing year-end reporting to MDHHS. The bundle includes Financial Status, Utilization Net Cost (UNC) by fund source, Administrative Costs and Hospital Reimbursement reports. MSHN auditors have also conducted on-site field work for its Fiscal Year 2016 Financial and Single Audits. We have finalized numerous reports for presentation to MSHN's Operations and Finance Councils. The intent of the new reports is to provide more useful information for decision making purposes. It also enhances accountability for the information being reported to and by MSHN on an interim basis.

MSHN continues to work with certain Substance Abuse Prevention and Treatment (SAPT) providers in assessing their fiscal payment and service utilization 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.

Please contact Leslie Thomas 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 Services Rule Transition Update

The Mid-State Health Network (MSHN) region, along with the rest of the state of Michigan, recently completed Phase 2 of the Home and Community Based Services (HCBS) survey process. The federal rule mandates that Medicaid beneficiaries receive

services in their own home or community rather than institutions or other isolated settings. MSHN will begin reviewing this survey data and running reports to determine which providers are out of compliance according to the rule. With guidance from the Michigan Department of Health and Human Services (MDDHS), providers that have not met the full intent of the HCBS rule (the expectation being to improve the experience of persons in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning) will receive a letter relative to their services, outlining the areas that that need correction, along with guidelines for how they can come into compliance with the new rule.

In addition, within the next several months, MSHN will also begin the review process for consumers that have not yet been surveyed who receive services through the authority of 1915(b)(3) of the Social Security Act (referred to as B3s). The intent of the B3 supports and services is to fund medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity when identified in the individual plan of service as one or more goals developed during person-centered planning. This process will look similar to the first two phases of surveying; however, it will be initiated by MSHN instead of the Developmental Disabilities Institute (DDI). This entire process will be repeated on an annual basis to ensure ongoing adherence to the HCBS rule for existing and new providers.

Please contact Dr. Todd Lewicki with questions and/or concerns related to MSHN Utilization Management at todd.lewicki@midstatehealthnetwork.org.

Treatment & Prevention

Dr. Dani Meier, PhD, LMSW

Chief Clinical Officer

Neonatal Abstinence Syndrome (NAS)

Among the many issues created by the national opioid epidemic is the challenge of infants who were exposed to opioids in utero. The challenge is compounded by the fact that suddenly discontinuing use of opioids when pregnant is extremely dangerous for the fetus and can result in miscarriage. Continued opioid exposure in utero, however, can result in newborns being born with Neonatal Abstinence Syndrome (NAS), a drug-withdrawal syndrome that typically manifests within 72 hours after birth.

Mirroring the trend of increased prescriptions, use and abuse of opiates and heroin, the incidence of NAS in the United States nearly tripled from 2000 to 2009. From 2004 through 2013, the frequency of NICU admissions for infants with NAS increased from 7 cases per 1000 admissions to 27 cases per 1000 admissions with a median length of stay of 19 days. While opioid withdrawal for the fetus and/or newborn can be fatal, more common NAS symptoms include a high-pitched cry, tremors, insomnia, autonomic instability, irritability, poor sucking reflex, and impaired weight gain. With medically monitored withdrawal management, however, the prognosis for full recovery is positive.

If a pregnant mother who had been abusing opioids gets into treatment, the Standard of Care is to engage the mother in a recovery program that includes Opiate Maintenance

Therapy, either with methadone or buprenorphine (Suboxone). This protects both mother and fetus from withdrawal and adds stability to the pregnancy. Postpartum, the baby is monitored and assessed for NAS severity to determine whether pharmacologic treatment and/or non-pharmacologic treatment are appropriate. Breastfeed ing is also encouraged, both for strengthening the mother-child bond, but also for its potential impact on decreasing the need for medication and shortening hospitalization times.

Upon discharge, close monitoring of mother and child are necessary to ensure the safety of the child even after recovery from NAS. Ideally, the mother stays engaged in her treatment and recovery with counseling, case management, MAT, and recovery supports including extended family, sober living and employment opportunities. With these pieces in place, mother and child can build healthy lives from fragile beginnings.

Please contact Dr. Dani Meier with questions or concerns related to MSHN Clinical/Treatment and Prevention at dani.meier@midstatehealthnetwork.org.

Provider Network Updates

Carolyn T. Watters, MA

Director of Provider Network Management Services

Statewide Inpatient Psychiatric Admission Denial Data Collection Expansion Update

In the December newsletter, we informed you that MSHN was awarded a Health Innovation Grant through MDHHS to support the implementation of state-wide data collection of inpatient psychiatric admission denials. With the grant, MSHN hassince subcontracted with PEC Technologies to enhance the database to support state-wide expansion. Enhancements include added efficiencies and the development of hospital report cards, various reports for CMHSP's, PIHP's, the Certificate of Need (CON) Commission, and the Behavioral Health and Developmental Disabilities Administration (BHDDA). Training will occur in March with a go-live date of April 1.

MSHN, the CON Commission, and the BHDDA presented on the pilot project and state-wide expansion at the Winter Conference last week. This presentation, along with the shared results o f MSHN's pilot, has generated positive dialogue among key stakeholders with the focus on addressing the issue collaboratively and improving access to care for the most vulnerable of populations.

Improving Access to Care with a Bed Availability Registry

Data collected during the pilot has demonstrated the high volume of contacts the emergency services staff is making on a daily basis in an effort to secure adequate care for consumers in MSHN's 21 county region. From March 1 through December 5, over

17,000 instances of denials were reported. This has led to discussions among the Operations Council to develop a bed registry to improve efficiency and allow consumers to access needed care in timely manner. Several states (e.g. Virginia SB260) have successfully implemented real-time bed registries. With that, MSHN is engaging in dialogue with Health Management Associates (HMA) and the Michigan Department of Health and Human Human Services (MDHHS) to conduct research into the success and challenges of psychiatric inpatient registries, lessons learned and market resources to support implementation, including key factors for consideration for Michigan implementation as well as facilitate dialogue with identified key stakeholders.

For questions and concerns related to MSHN Provider Network Management, please contact Carolyn Watters at Carolyn.watters@midstatehealthnetwork.org.

Quality, Compliance & Customer Service

Kim Zimmerman

Director of Quality, Compliance and Customer Service

Quality Assessment and Performance Improvement Program

The Michigan Department of Health and Human Services requires that each 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.

The Michigan Department of Health and Human Services 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:

Oversight of the QAPIP - There is documentation that the Governing Body has approved the overall QAPIP and an annual QI plan.

1. 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.
2. 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.
3. 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, and quantitative and qualitative assessments of member experiences.

In summary, MSHN has accomplished a significant amount this past year to ensure compliance with PIHP contract obligations and to ensure continued quality services to the individuals in our region. The FY2017 QAPIP and FY2016 Annual Effectiveness Report will be presented to the Board of Directors for approval in March and will then be posted on MSHN's website.

Regional Consumer Advisory Council Update

A drug manufacturer must have a rebate agreement with CMS to have its outpatient drugs covered under Medicaid (Section 1927(a)(1) of the Social Security Act). The OIG will determine whether MCO capitation payments included reimbursement for drugs that are not covered under the Medicaid program.

The Consumer Advisory Council includes representation from all of the CMHSP Participants in the region and meets every other month. The membership includes a diverse population representing individuals with mental illness, developmental disabilities and substance use disorders.

Some of the past year's accomplishments of the RCAC included the review of:

- Annual Compliance Plan and Compliance Report;
- Changes to the Consumer Handbook;
- Quality Improvement Performance Measure Reports that included Performance Indicators, Behavior Treatment Review and Oversight, Critical Incidents, Grievance and Appeals, and Medicaid Fair Hearings;
- Routine review of survey results;
- Internal delegated managed care site reviews and outcomes;
- External quality reviews including MDHHS and HSAG reviews and outcomes;
- MDHHS National Core Indicator (NCI) reports (A Guide to PCP and The Importance of Relationships) and provided feedback on identified barriers;
- Quality Assessment and Performance Improvement Program (QAPIP); and MSHN policies and procedures related to Customer Service

Upcoming goals for the RCAC for FY17 include (but are not limited to):

- Provide input on regional educational opportunities for stakeholders;
- Provide input for ongoing strategies for the assessment of primary/secondary consumer satisfaction;
- Review and advise the MSHN Board of Directors relative to strategic planning and advocacy efforts;
- Provide advocacy for consumer related issues identified as region wide barriers;
- Develop letters of support/advocacy on issues that affect quality of life for those served

For questions related to MSHN Quality, Compliance and Customer Service, please contact Kim Zimmerman at kim.zimmerman@midstatehealthnetwork.org.

Mid-State Health Network (MSHN) exists to ensure access to high-quality, locally-delivered, fiscally responsible, and effective behavioral healthcare that promotes recovery and resiliency.

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