

POLICIES AND PROCEDURE MANUAL

Chapter:	Population Health		
Section:	Care Coordination Planning		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 3	Review Cycle: Biennial Author: Chief Population Health Officer	Adopted Date: 05.17.2016 Review Date: .09.10.2024	Related Policies: Population Health and Integrated Care Policy

Purpose

To ensure that Mid-State Health Network (MSHN) as the Pre-Paid Inpatient Health Plan (PIHP) has a confidential process in place to provide care coordination planning with Medicaid Health Plans (MHP) for shared members. Mid-State Health Network shall promote a collaborative relationship with health plans and providers in the community, consistent with Michigan Department of Health and Human Services (MDHHS) policy direction.

Procedure

A. Monthly Care Coordination Meetings

Each month, MSHN staff will participate in scheduled care coordination meetings with each of the eight (8) Medicaid Health Plans (MHP) that serve members within MSHN’s twenty-one (21) county region.

The following process will be used:

1. Using the risk stratification tool in CareConnect360 (“CC360”), MSHN staff will generate the Risk Stratification List on a monthly basis, or more frequently if needed. The Risk Stratification List identifies members who meet specific high-risk criteria as developed by the PIHP-MHP State workgroup composed of representatives from the ten (10) PIHPs and eleven (11) Medicaid Health Plans within Michigan.
2. The Risk Stratification List will include the data elements: Name, Date of Birth (DOB), Medicaid ID, primary care provider, number of emergency department visits, date of last visit to a primary care provider, number of chronic conditions, and inpatient hospitalization admissions. Additional elements will be included as needed.
3. The MHP and MSHN will exchange information each month regarding any shared members who appear on the Risk Stratification List and will develop a monthly care coordination meeting agenda for the purpose of joint care planning for high-risk shared members.
4. At their discretion, the MHP or MSHN may request to add members to the monthly care coordination meeting agenda in addition to those members who appear on the Risk Stratification List in CC360.
5. By the 5th of each month, MSHN staff will distribute lists of specific members who have been identified for care coordination to each Community Mental Health Service Program (CMHSP) and/or SUD Service Provider (SUDSP) that is serving the member. It is the responsibility of the CMHSP and/or SUDSP to attempt to obtain a signed MDHHS-5515 behavioral health consent form and to provide updated information to MSHN on a monthly basis about any members who have been identified for care coordination.
6. Joint Care Plans for shared high-risk members will be housed in the designated “Interactive Care Plan” section in CC360. MSHN and the MHP share responsibility for maintaining and updating the joint care plans for their shared members on a monthly basis and documenting information discussed during the care coordination meeting.

B. Referrals to Medicaid Health Plans

1. MSHN and its CMHSP participants shall exercise reasonable efforts to assist Medicaid beneficiaries in understanding the role of the MHP and how to contact the MHP. MSHN and its CMHSP participants shall exercise reasonable efforts to support Medicaid beneficiaries in selecting and seeing a Primary Care Physician (PCP).

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2. Each party (PIHP and MHP) shall exercise reasonable efforts to rapidly determine and provide the appropriate type, amount, scope and duration of medically necessary services as guided by the Medicaid Manual.
3. When making a referral to a MHP, MSHN staff will communicate with the MHP who is receiving the call using a “warm transfer” approach prior to transferring the Medicaid beneficiary’s call. MSHN staff will provide the MHP team with relevant background information to assist the Medicaid beneficiary. MSHN staff will document any referrals to MHPs as an “Access Note” in the beneficiary’s chart in REMI (Regional Electronic Medical Information) and will conduct further outreach and/or follow up if necessary to ensure the beneficiary’s needs have been adequately addressed.

C. Confidentiality of Protected Behavioral Health and Substance Use Disorder Information

1. In accordance with 42 CFR Part 2 (Code of Federal Regulations), information pertaining to the diagnosis and treatment of Substance Use Disorders (SUD) will not be shared between MSHN and the MHP without prior written consent of the member. Additionally, information pertaining to the diagnosis and treatment of SUDs will not be included in CC360.
2. Any written exchange of protected health information (PHI) for the purpose of care coordination will be handled using encrypted email or secure messaging.

D. Participation with Michigan Health Information Network (MiHIN)

1. MSHN will build and send monthly Active Care Relationship Service (ACRS) report for shared members.
2. MSHN will receive Admission, Discharge, Transfer (ADT) messages for more timely hospital information.
3. MSHN and its CMHSP participants will send behavioral health ADT messages for the purpose of care coordination.

Applies to:

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
- MSHN CMHSP Participants: Policy Only Policy and Procedure
- Other: Sub-contract Providers

Definitions/Acronyms:

ACRS: Active Care Relationship Service

ADT: Admission, Discharge, Transfer

CC360: CareConnect360; software tool developed by Optum for the State of Michigan to query and report from encounters submitted by fee for service providers, MHPs and PIHPs. Common tool used by MHPs, PIHPs and State of Michigan employees and contractors.

CFR: Code of Federal Regulations

CMHSP: Community Mental Health Service Programs

Customers/Consumers: Refers to those individuals who are eligible to receive specialty mental health and substance use disorder services, as well as those currently receiving such services and their families/guardians. For the purpose of MSHN policy, these terms are used interchangeably.

DOB: Date of Birth

MDHHS: Michigan Department of Health and Human Services

MiHIN: Michigan Health Information Network

MHP: Medicaid Health Plan

MSHN: Mid-State Health Network

PCP: Primary Care Physician

PHI: Protected Health Information

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PIHP: Prepaid Inpatient Health Plan

REMI: Regional Electronic Medical Information, the electronic managed care information system used by MSHN.

SUD: Substance Use Disorder

Related Procedures:

N/A

References/Legal Authority:

1. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY21 Contract

Change Log:

Date of Change	Description of Change	Responsible Party
05.05.2016	New Procedure	Deputy Director
01.31.2017	Annual Review	Deputy Director
01.26.2018	Annual Review	Deputy Director
01.29.2019	Annual Review	Deputy Director
08.15.2020	Annual Review	Deputy Director
06.15.2022	Biennial Review; Edited for clarity and removed repetitive information; added new contract requirement for sending behavioral health ADT messages	Director of Utilization & Care Management
11.28.2023	Revised to add new contract requirements regarding tracking of referrals made from PIHP to Medicaid Health Plans	Chief Population Health Officer
06.03.2024	Biennial Review; no changes	Chief Population Health Officer