

POLICIES AND PROCEDURE MANUAL

Chapter:	Population Health		
Section:	Follow Up After Hospitalization		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/> Page: 1 of 2	Review Cycle: Biennial Author: Chief Population Health Officer	Adopted Date: 03.01.2018 Review Date: 09.10.2024	Related Policies: Population Health and Integrated Care Policy

Purpose

To ensure that Mid-State Health Network as the Pre-Paid Inpatient Health Plan (PIHP) has a confidential process in place for sharing accurate and timely data regarding inpatient hospital admissions, discharges, and follow-up for shared members with Medicaid Health Plan (MHP) partners in a manner consistent with the guidelines that were developed by the State PIHP/MHP workgroup and Michigan Department of Health and Human Services (MDHHS) contractual requirements.

Procedure

- A. Each of MSHN’s Community Mental Health Service Program (CMHSP) participants will be responsible for maintaining data regarding inpatient psychiatric hospital admissions and discharges for Medicaid/HMP beneficiaries. This data is provided to MSHN once every 5 business days, at minimum, using the confidential online data sharing platform Box.
- B. CMHSPs should report information for all children and adult Medicaid/Healthy Michigan Plan (HMP) consumers who have an assigned Medicaid Health Plan. Individuals with Fee-for-service Medicaid, General Fund, or individuals who have a different primary insurance with secondary Medicaid should not be reported.
 1. CMHSPs should verify active eligibility for Medicaid/HMP prior to reporting information for a person.
 2. CMHSPs should not report information for individuals with Medicaid/HMP from other counties, even if the MSHN CMHSP Participant completed the pre-admission screening and facilitated the inpatient admission. Each CMHSP is responsible for reporting information for the consumers it is financially responsible for.
- C. CMHSPs must use the Excel Spreadsheet reporting template provided by MSHN. A new reporting template must be used for each weekly report (Monday-Friday). A new reporting template should be started each Monday.
- D. CMHSPs will report 2 types of records on the report template, Admission (A) or Discharge (D):
 1. Admission (A) – entered within 24-48 hours of consumer admission to psychiatric hospital unit. If discharge date/aftercare information is known it should be entered at the same time as the admission record and then a separate Discharge (D) record is not needed.
 2. Discharge (D)- If discharge date/aftercare information was not known at the time of the admission, a separate discharge record should be entered for the consumer at a later date once the information is known.
- E. Information related to Substance Use Disorder (SUD) treatment should not be included on the report.
- F. Please refer to the MSHN workflow document titled “Directions for Inpatient Admission/Discharge Reporting through Box “for additional detailed guidance including validation rules for the required fields in the report template.

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- G. Once every 5 business days, at minimum, a designated MSHN employee will compile the inpatient psychiatric hospital admission, discharge, and follow-up data from all 12 CMHSP organizations.
- H. MSHN will prepare a compiled spreadsheet of all Medicaid/HMP beneficiaries to share with the corresponding Medicaid Health Plans. The designated MSHN employee will upload the compiled regional report to CareConnect360 at least once every 5 business days, at minimum. CareConnect360 will distribute the information to the identified Medicaid Health Plan for each beneficiary.

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:

- 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.
- HMP: Healthy Michigan Plan
- MDHHS: Michigan Department of Health and Human Services
- MHP: Medicaid Health Plan
- MSHN: Mid-State Health Network
- PIHP: Prepaid Inpatient Health Plan
- SUD: Substance Use Disorder

Related Materials:

Directions for Inpatient Admission/Discharge Reporting through Box (Job Aid)

References/Legal Authority:

- 1. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY22 Contract

Change Log:

Date of Change	Description of Change	Responsible Party
02.01.2018	New Procedure	Deputy Director
01.29.2019	Annual Review	Deputy Director
08.15.2020	Annual Review: updated language to be consistent with FY21 file sharing process as designated by MDHHS	Deputy Director
06.13.2022	Biennial Review	Director of Utilization and Care Management
06.03.2024	Biennial Review - minor formatting changes, added reference to MDHHS contractual requirements	Chief Population Health Officer