



Mid-State Health Network

Board Newsletter - April 2019

From the CEO's Desk

Joseph Sedlock
Chief Executive Officer

The Substance Abuse and Mental Health Services Administration (SAMHSA) has recently released a new guide, "Principles of Community-Based Behavioral Health Services for Criminal Justice Involved Individuals: A Research-Based Guide (Principles)." The Principles provide a foundation for realizing a quality, community-based behavioral health and substance use disorder treatment system that is responsive to all individuals with mental and substance use disorders, including individuals who are or have been justice-involved. The eight principles are:

- Community providers are knowledgeable about the criminal justice system. This includes the sequence of events, terminology, and processes of the criminal justice system, as well as the practices of criminal justice professionals.
- Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual behavioral health outcomes.
- Evidence-based and promising programs and practices in behavioral health treatment services are used to provide high quality clinical care for justice-involved individuals.
- Community providers understand and address criminogenic risk and need factors as part of a comprehensive treatment plan for justice-involved individuals.
- Integrated physical and behavioral health care is part of a comprehensive treatment plan for justice-involved individuals.
- Services and workplaces are trauma-informed to support the health and safety of both justice-involved individuals and community providers.
- Case management for justice-involved individuals incorporates treatment, social services, and social supports that address prior and current involvement with the criminal justice system and reduce the likelihood of recidivism.
- Community providers recognize and address issues that may contribute to disparities in both behavioral health care and the criminal justice system.

The Principles guide, [available free at this link](#), includes discussion of these principles, frequently asked questions, resources for further reading, and a glossary of terms for behavioral health providers and criminal justice professionals.

In our region, our CMHSP Participants and our Substance Abuse Prevention and Treatment System Providers are all engaged with justice-involved individuals in many ways. Jail diversion, both pre- and post-booking, are an expectation of our MDHHS contracts. Service to court-ordered individuals is a common occurrence in our treatment system for addictions. Many of our regional partners are working within their communities to use or implement the [Sequential Intercept Model](#) to inform improved and comprehensive community-based responses to the involvement of people with mental and substance use problems in the criminal justice system. The Right Door for Hope, Recovery and Wellness has been a leader, statewide, in these endeavors.

For further information, please contact Joe at Joseph.Sedlock@midstatehealthnetwork.org.

Organizational Updates

Amanda Horgan, MBA
Deputy Director

PIHP Mental Health & Addictions Parity Workgroup & MCG Software Implementation Update

MDHHS submitted to CMS their "Mental Health and Substance Use Disorder Parity Assessment and Corrective Action Plan" dated April 2018. A PIHP Parity workgroup that consists of two members from each of the ten PIHPs was tasked with developing a plan to address non-compliant areas. Included in that plan was an agreement to utilize a national tool for Acute Care Services medical necessity determinations, including prior authorizations and continuing stay authorizations by January 1, 2019.

The PIHPs conducted an RFP to jointly purchase a national tool and selected MCG Software, Inc. Negotiations and contracts have been finalized as of January 2019 with Michigan Consortium for Healthcare Excellence (MCHE) and MCG.

Under MSHN's model, utilization management is a delegated function assigned to CMHSPs. Therefore, CMHSPs will be required to utilize MCG for all acute care services. The MSHN Operations Council supported a regional approach to utilize a retroactive sampling method to conduct reviews of acute care cases and related authorization parameters against the MCG national standardized guidelines and approved the Retroactive Policy & Procedure. MSHN's Board approved the Policy in March 2019, which can be located on MSHN's website, at <https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies/utilization-management>

Additional details regarding the federal parity rule can be found at <https://www.gpo.gov/fdsys/pkg/FR-2016-03-30/pdf/2016-06876.pdf>.

Seeking Qualified Candidates: Home and Community Based Services (HCBS) Waiver Coordinators

MSHN's Board recently approved filing three (3) Home and Community Based Services Waiver Coordinator positions as full-time employees, in an effort to assist our region to obtain full compliance with the HCBS rule.

The posting and job description will remain open until filled, and can be found on the MSHN website, at: <https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers>

For further information, please contact Amanda at Amanda.Horgan@midstatehealthnetwork.org.

Information Technology

Forest Goodrich
Chief Information Officer

A critical process that Information Technology Council members and MSHN staff work together to achieve a high standard for contractual compliance is the service encounter submissions to MDHHS. This reporting process helps in so many areas, including: rate setting, volume and timeliness performance incentives, integrated care treatment history, and data exchange activities.

Every month we evaluate our success with this encounter submission process. This process supports hundreds of thousands of records monthly. We look at this during our council meeting to be sure that differences are visible and explainable. Of course, we like it a lot when the variance is so low that we can immediately conclude the process is working well. Below is an example of a quick comparison of two quarters worth of encounter submissions

Quarterly comparison of Medicaid beneficiaries enrolled and served			
	Fiscal 2018 quarter 4	Fiscal 2019 quarter 1	Variance
Medicaid beneficiaries enrolled	383411	381533	0.49%
Medicaid beneficiaries served	25677	25698	0.08%

(Monthly average within the quarter and includes Healthy Michigan)

For further information, please contact Forest at Forest.Goodrich@midstatehealthnetwork.org.

Finance

Leslie Thomas, MBA, CPA
Chief Financial Officer

MSHN's final Fiscal Year (FY) 2018 Financial Status Report (FSR) was submitted to Michigan Department of Health and Human Services (MDHHS) in February 2019. MSHN's final reporting indicates a fully funded Internal Service Fund (ISF) totaling more than \$40 million. MDHHS allows PIHPs to retain up to 7.5% of the current year's revenue for its ISF and an additional 7.5% in savings.

MSHN's internal finance team continues its Sub-recipient monitoring through the site visit process for any provider rendering Substance Use Disorder (SUD) services. The monitoring includes enhanced oversight of fiscal policies, procedures, and business practices.

Roslund Prestage & Company completed MSHN's FY 2018 Financial and Single Audits. MSHN's financials statements presented fairly in all material respects and no instances of non-compliance were identified respectively.

MDHHS has increased Medicaid and Healthy MI funding for Fiscal Year 2019 by more than \$13.3 million net of taxes. MSHN projects a significant portion of the increase will be used as savings to cover regional Healthy MI cost overruns. MSHN will also continue its regional analysis to identify factors impacting Healthy MI expenses. Our overall goal is to ensure consumers receive medically necessary services in the most fiscally responsible way.

For further information, please contact Leslie at Leslie.Thomas@midstatehealthnetwork.org.

Behavioral Health

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

Regional Autism Benefit Performance

The Mid-State Health Network (MSHN) regional autism site review audit occurs every other year and is set to occur this mid-May. In terms of key performance areas, MSHN exceeds the state average in re-evaluation timeliness (96% compared to 91%), individual plan of service timeliness (96% compared to 89%), and appropriate real service intensity (58% compared to 52%). These areas are very important to the delivery of clinically sound applied behavioral analysis (ABA) services. MSHN continues to focus work on improving areas such as waiting greater than 90 days for service (54% compared to 57%), observation ratio (69% compared to 74%), and regular family training and guidance (53% compared to 65%). Continued regional focus on all noted areas is showing regular improvement in performance quarter over quarter, largely due to the ongoing efforts of MSHN and its Community Mental Health Service Provider partners at creating efficiencies around process. The Michigan Department of Health and Human Services (MDHHS) visit in May will underscore the outcomes of this concerted effort and offer new feedback for use in the benefit and for the region's participants.

MSHN has also convened an autism operations workgroup to standardize, across the region, clinical procedures, forms, tools, and systems as well as administrative procedures, forms, tools, and systems that are associated with autism services, provider network procurement (including contracting), provider network management (including provider performance monitoring and performance improvement), credentialing and privileging, and any other related systems. The result of the efforts of this workgroup will mean continued and accelerated progress in all program performance areas. Further, the intended benefit to standardizing procedures, forms, tools, and systems as is the focus of the workgroup, is around enhancing the effectiveness and efficiency of the MSHN autism benefit. MSHN is proud to be serving nearly 1,200 program beneficiaries and is strengthening the program through these efforts to continue meeting their clinical needs.

For further information, please contact Todd at Todd.Lewicki@midstatehealthnetwork.org.

Utilization Management & Integrated Care

Skye Pletcher, LPC, CAADC
Director of Utilization and Care Management

During the month of March the Robert Wood Johnson Foundation and the University of Wisconsin released the latest [County Health Rankings](#) data "which helps counties understand what influences how healthy residents are and how long they will live." One of the most unique aspects of the County Health Rankings is that it looks at the differences that exist in terms of opportunities and resources for people to experience better health, which is known as health disparities.

Some of the factors that affect the health of communities and contribute to greater health disparities are things such as high school graduation rates, access to healthy foods, income/poverty level, and access to safe and affordable housing. There are fewer opportunities and resources for better health among groups that have been historically marginalized, including people of color, people living in poverty, people with physical or mental disabilities, LGBTQ persons, and women. In fact, one of the largest health disparities that exists in the U.S. currently is that individuals with serious mental illness on average die 25 years earlier than others ([nami.org](http://www.nami.org)). The County Health Rankings data highlights significant need in our region related to the following factors that influence health:

- Tobacco
- Obesity
- Access to Safe and Affordable Housing
- High Percentage of Children Living in Poverty

The County Health Rankings data is a powerful tool to give us greater insight into areas of strength in our region as well as areas of need. By better understanding the factors that contribute to the poor health outcomes for the people we serve, we are better equipped to develop meaningful population health and integrated care strategies that can make a difference. For Michigan's County Health Rankings: <http://www.countyhealthrankings.org/app/michigan/2019/overview>

For further information, please contact Skye at Skye.Pletcher@midstatehealthnetwork.org

Treatment and Prevention

Dr. Dani Meier, PhD, LMSW
Chief Clinical Officer

MSHN/Michigan State University (MSU) Collaboration

As anticipated, on March 16th and again on April 6th, two cohorts of MSU medical students were trained in Mental Health First Aid (MHFA). This was thanks to a recommendation from MSHN's Medical Director Dr. Zakia Alavi and use of an STR (State Targeted Response) SAMHSA grant. MHFA, the behavioral health version of CPR, is a rapid response to a mental health or substance use disorder (SUD) crisis. Many of us have had the experience of a doctor who had poor bedside manner in terms of how they communicate with patients and whether a physician is in primary care (family practice, internal medicine, pediatrics, etc.) or otherwise (ophthalmology OB/GYN, etc.), exposure in med school to mental health is limited to a brief rotation in psychiatry, which may pack in exposure to assessment and diagnosis, treatment and some psychopharmacology. There's scant room for training med students how to interact in real life situations with patients specifically having a serious mental health or SUD crisis, with someone who just recovered from an overdose, for example. They may have a chance to see patients in an inpatient psychiatry unit, but exposure to real-life crisis situations is heavily lacking. These trainings at MSU gave 5 dozen future doctors that critical training.



This MSHN-MSU collaboration will enhance mental health and SUD competency in future doctors who will serve in Michigan and beyond, but also moves the needle in medical school education so that early identification, brief intervention, and referral for mental illness and SUD is something that eventually all physicians are trained to do. As we focus on the Quadruple Aim in healthcare reform, this will impact the new 4th aim, namely, caring for providers and provider systems. This kind of training allows health care professionals not only to impact patient care, but also to better identify and address stress, trauma and behavioral health crises in each other and themselves. With workforce shortages in many areas of health care, attending to provider health and satisfaction will inevitably impact the care for the populations we serve.

For further information, please contact Dani at Dani.Meier@midstatehealthnetwork.org.

Provider Network

Carolyn T. Watters, MA
Director of Provider Network Management Systems

Substance Use Disorder (SUD) Satisfaction Survey

The MSHN Provider Satisfaction Survey was administered to contracted SUD providers during December and January of 2018. Three new questions were added to the survey, with several demographic indicators removed to ensure anonymity. The SUD Provider Advisory Committee was offered the opportunity to provide feedback on changes to the survey, including methods to increase the response rate. The survey was administered via the MSHN Constant Contact, along with direct outreach to program administrators. In addition to announcing the release of the survey at an SUD Quarterly Provider meeting, MSHN staff who routinely interact with providers included a link in their email signature during the response period. The number of responses more than doubled over last year, with ninety-two (92) responses received.

Provider satisfaction is very important to MSHN and its staff. To that end, you will find an action plan developed to address feedback we have received from the provider system, particularly around communication and system efficiencies. This action plan will be updated quarterly and reported out to the SUD Provider Advisory Committee. The full report is accessible [HERE](#).

For further information, please contact Carolyn Watters at Carolyn.Watters@midstatehealthnetwork.org

Quality & Compliance Update

Kim Zimmerman

Director of Quality, Compliance and Customer Service

The Office of Inspector General (OIG) completes a semi-annual report to Congress that summarizes the activities of the OIG and the Department of Health and Human Services (HHS). The latest report was for the 6-month period of April 1, 2018 through September 30, 2018.

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>

For FY2018 (October 1, 2017 – September 30, 2018):

- Expected investigative recoveries of \$2.92 billion
- Criminal actions against 764 individuals or entities that engaged in crimes against HHS programs
- Exclusion of 2,712 individual and entities from Federal Healthcare Programs
- Civil action against 813 individuals or entities
- One of the most common types of fraud perpetrated against Medicare, Medicaid and other Federal healthcare programs involves filing false claims for reimbursement.

In addition to their other efforts, the OIG continues to enhance efforts to maximize the effectiveness of Medicaid Fraud Control Units (MFCU). 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 2018, in the state of Michigan, the OIG Medicaid Fraud Control Unit (MFCU) had a total of 439 investigations completed that included 389 cases of suspected fraud and 50 cases for abuse/neglect. Out of these investigations, 15 resulted in convictions, including 11 cases for fraud and 4 cases for abuse/neglect. There was a total of 16 cases that resulted in civil settlements and judgements. These judgements resulted in \$24,596,799 in total monetary recoveries.

The OIG continues to have heightened attention on all programs that utilize federal funding as evidenced by the required PIHP quarterly reporting of all compliance activities completed within our provider network and immediate reporting of any activity that involves suspected fraud or abuse.

The best way that Mid-State Health Network can enforce compliance with state and federal standards is to continue to have a strong Compliance Plan and Program that:

- Outlines state and federal requirements
- Identifies detection and prevention methods for fraud, waste and abuse
- Requires ongoing staff/board training
- Promotes a culture of self-disclosure and reporting
- Includes clear lines of communication
- Identifies investigation methods
- Includes effective monitoring and oversight of the delegated functions
- Has a defined Medicaid Event Verification review process
- Identifies potential disciplinary action and sanctions

By having local/regional processes for monitoring the provision of services, MSHN is better able to ensure compliance with state and federal requirements as well as ensuring the quality of services provided.

For further information, please contact Kim 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.