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Chapter: **QUALITY IMPROVEMENT**  
Title: **INTEGRATION OF BEHAVIORAL HEALTH  
AND PHYSICAL HEALTH SERVICES**

Prior Approval Date: N/A  
Current Approval Date: 04/27/16

Approved by: \_\_\_\_\_

Executive Director

Date

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I. **Abstract**

This policy establishes the standards and procedures for addressing the implementation of joint care management of physical and mental health services provided by the Macomb County Community Mental Health Board (MCCMH Board) as a Prepaid Inpatient Health Plan (PIHP) with its regional Medicaid Health Plans (MHP) for common Medicaid enrollees. The implementation of joint care management is intended to improve the health status and experience of care for Medicaid enrollees, and reduce unnecessary costs.

II. **Application**

This policy shall apply to all MCCMH Board workforce members, including but not limited to, administrative and directly-operated network provider employees, independent contractors, and volunteers; and MCCMH board contracted network provider workforce members, including but not limited to, employees, independent contractors, and volunteers.

III. **Policy**

It is the policy of Macomb County Community Mental Health (MCCMH), as a PIHP responsible for services to individuals enrolled in Medicaid, to coordinate care provided to individuals with the MHP also managing services for those individuals. It is further the policy of MCCMH to work cooperatively with other MHP/PIHPs to jointly identify priority need populations for purposes of care coordination. In support of this policy, MCCMH shall work to secure appropriate consents, share necessary electronic data, and conduct routine care coordination activities necessary to fulfill this policy.

#### IV. Definitions

- A. Admission, Discharge, Transfer Record (ADT)  
A MiHIN Use Case that assists organizations in leveraging existing or establishing new capabilities to share transitions of care information by sending and/or receiving hospital Admission, Discharge and Transfer events to those organizations that desire to be notified of such events.
- B. Active Care Relationship Service (ACRS)  
A MiHIN Use Case that contains information about organizations and health professionals who use MiHIN and have an active relationship with a patient.
- C. Care Connect 360 (CC360)  
A web portal to support care coordination of Medicaid Enrollees' physical and behavioral health conditions. The portal provides PIHPs and MHPs access to Medicaid claims information in the MDHHS Data Warehouse related to both physical and behavioral health care.
- D. Health Information Network (HIN)  
A Health Information Network is a set of standards, services, legal agreements, and governance that enable the Internet to be used for secure and meaningful exchange of health information to improve health care.
- E. Information Exchange  
  1. Send and receive information from multiple electronic sources, including CC360 export lists and other affordable health information exchanges that are pertinent to the coordination plan process.
  2. Accept CC360 extracts that are generated at monthly intervals to update or refresh information about shared members and coordination planning.
- F. MHP  
Medicaid (Medical) Health Plan
- G. MiHIN  
A Health Information Exchange (HIE) organization providing services to enable the electronic sharing of health-related information. MiHIN is the Michigan network used for sharing electronic health information statewide.
- H. Shared Member List  
A MDHHS generated report identifying members assigned to a specific PIHP that have received services through a specified MHP.
- I. Use Case  
Specifications that prescribe the data content, technical, and security requirements that an organization must follow to use the specified feature of the HIE Platform.

## V. Standards

- A. In order to ensure collaboration and integration between PIHPs and MHPs as required by MDHHS, the following three standards will be met:
1. Identification and Access to Data on Joint Members
    - a. PIHP and MHP will attend a meeting convened by MDHHS to discuss CC360 and MiHIN application and potential use as data sources.
    - b. PIHP and MHP will submit policies/processes to demonstrate that they have systems and processes in place to confidentially do the following:
      - i. On a monthly basis, identify which members are assigned to an MHP and have sought services through the PIHP. This should include, but is not limited to, the following data elements: name, date of birth, Medicaid ID number, providers seen, medications, diagnoses.
      - ii. Receive information from electronic sources such as CC360 or HIT/HIE including which reports are received at what interval including customizable extracts and how this information is shared between PIHP and MHP.
      - iii. Participate with MiHIN including which Use Cases they are participating in Active Care Relationships are being established for shared members, and ADT messaging is being received and appropriately shared.
  2. Development of Joint Care Management Standards and Processes
    - a. PIHP will submit a narrative description of efforts to develop joint care management standards and processes including dates, attendees, and brief meeting notes to document that a minimum of three meetings took place between MHP and PIHP.
  3. Implementation of Joint Care Management Processes
    - a. MHP and PIHP will demonstrate that joint care plans exist for members with appropriate severity/risk that have been identified as receiving services from both entities and have consented to a joint care plan.
    - b. DHHS will generate a random list of members and share with both PIHP and MHP. Plans will submit the joint care plans to MDHHS within the specified time frame.
    - c. MHP and PIHP will submit a narrative description including dates, attendees, and examples of the diagnoses of members discussed to document attendance at monthly care management meetings.
- B. Confidentiality
- The release of personal health information from consumer records shall only be made pursuant to valid consumer release authorizations or for specific and limited purposes as established by law or administrative rules. MCCMH will comply with all confidentiality laws including the Michigan Mental Health Code, 42 C.F.R. Part 2, HIPAA, and HITECH.

**VI. Procedures**

- A. MCCMH will identify staff members responsible for using Michigan.gov CareConnect360 (CC360) to generate a Shared Member List. Designated staff will generate the Shared Member List on a monthly basis.
- B. The Shared Member List will include persons served by MCCMH and its provider network for serious mental illness within the last six (6) months. The Shared Member List will include, but is not limited to the following data elements: Name, DOB, Medicaid ID, Providers Seen, Medications, and Diagnoses.
- C. The Shared Member List generated will be sent to a .CSV formatted file, which can be used in MS Excel.
- D. MCCMH will review the Shared Member List in order to ensure that there are no discrepancies. If there are members listed whose status is unclear, MCCMH shall validate the information using the following method:
  - 1. View the MDHHS generated 834 file enrollment file;
  - 2. If the discrepancy remains unresolved, use the Medicaid Eligibility live look-up link in the consumer's record. This link provides the information from Michigan Public Health Institute (MPHI) which is connected to the MDHHS Bridges System.
  - 3. If the discrepancy continues to be unresolved, contact the onsite MDHHS liaison to verify the information directly through the MDHHS Bridges system.
- E. The Shared Member List will be used as a master list between MCCMH and the MHPs to determine which persons will be included for follow-up based on the mental health chronic conditions and/or health conditions that have been identified. Additionally, the Admission, Discharge, and Transfer (ADT) information will be reviewed and shared in the coordination of care process.
- F. Any exchange of lists or specific PHI will be handled using encrypted email or secure messaging.

**VII. References/Legal Authority**

- A. MDHHS-MCCMH Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract, FY 16
- B. Medical Services Administration (MSA) 2015 Medicaid Provider L Letter 15-71

**VIII. Exhibits**

None