NORTHERN MICHIGAN REGIONAL ENTITY
PROVIDER NETWORK PLAN
PLAN #: 05-05-001-15

Introduction

The Northern Michigan Regional Entity (NMRE) is the Prepaid Inpatient Health Plan (PIHP) for twenty-one (21) northern Michigan counties. This means the NMRE manages the Medicaid funding for the behavioral health services in the region. This includes contracts with Community Mental Health Service Programs (CMHSPs) which provide mental health services to adults with a severe and persistent mental illness, children with a severe emotional disturbance, and individuals with intellectual/developmental disabilities. The NMRE also contracts for the provision of substance use disorder treatment services. For persons with co-occurring mental health and substance use disorders, the NMRE and the CMHSPs are committed to provide integrated services.

In addition to making sure that services are available within the region, the NMRE must monitor the quality and appropriateness of care provided to persons served as well as control costs. Each CMH, and the NMRE as a whole, monitors the services and providers in the region.

The five CMHSPs within the region are the NMRE provider network. These include AuSable Valley Community Mental Health, Manistee Benzie Community Mental Health d.b.a. Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health, and Northern Lakes Community Mental Health. Each CMHSP maintains a provider network sufficient to meet the needs of the individuals in their area.

The Northern Michigan Regional Entity is the department designated community mentalh health entity responsible for substance use disorder services. As such, the NMRE manages the public funding for substance use disorder prevention, treatment and recovery services. The NMRE manages the provider network for substance use disorder services.

This document presents the NMRE's plan for meeting the requirements found in 42 CFR Part 438, Subpart D, as well as those found in the master contract between the NMRE and the State of Michigan; it will describe the manner in which the NMRE will monitor the provider network to ensure adequacy in terms of service array and availability, as well as how the NMRE will monitor the delegated Network Management function.

Service Area

The NMRE is the PIHP for the following twenty-one (21) counties in northern Lower Michigan: Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford. Each of the counties listed is served by one of the five CMHSPs as indicated:

- **AuSable Valley Community Mental Health**: Iosco, Ogemaw, Oscoda
- **Centra Wellness Network:** Benzie, Manistee
- **North Country Community Mental Health:** Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, Otsego
- **Northeast Michigan Community Mental Health:** Alcona, Alpena, Montmorency, Presque Isle

- **Northern Lakes Community Mental Health:** Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon, Wexford

Geographically, the service area covers 11,160 square miles. The total population is 506,048 people. Population density by county ranges from 15.3 to 187.3 people per square mile, with the average being 45.35. This is considerably lower than the state average of 175 people per square mile. There are approximately 100,000 Medicaid recipients in the twenty-one (21) counties.

Covered Services

The NMRE manages a comprehensive array of mental health and substance use disorder services for adults with mental illness, children with serious emotional disturbance, persons with intellectual/developmental disabilities, and persons with a substance use disorder. This array of services is consistent with the Michigan State Medicaid Plan and the Michigan Department of Health and Human Services/PIHP Contract. Details of the services provided may be found in the Michigan Medicaid Provider Manual, Mental Health and Substance Abuse Chapter and the NMRE's *Community Mental Health Guide to Services* handbook.

Service provision, and provider network management and relationships will be significantly impacted in the next year by the emergence of conflict free case management requirements and continued development of integrated care arrangements. These arrangements may be impacted by the ongoing development and implementation of the state's System Innovation Model (SIM) and the Excellence in Mental Health Act's Certified Community Behavioral Health Center (CCBHC) standards. Currently two of the member CMHSPs are participating in a pilot implementation of a Health Home as provided in Section 2703 of the Affordable Care Act. Centra Wellness Network has implemented a health home in Manistee County, and Northern Lakes CMH has implemented one in Grand Traverse County. The NMRE will be responsible for the funding and reporting of this pilot.

Service Population

Adequacy of the provider panel must consider the service population. This has changed with the implementation of the Healthy Michigan Program. Enrollment in this program is approximately 600,000 statewide. It is difficult to estimate, at this point, just what the ultimate increase will be in the 21 county area served by the NMRE; it is currently in excess of 20,000 individuals.

The following Table illustrates the number of consumers served by each service population. Because the effective date of the NMRE was January 1, 2014, these data are not yet available for FY14. Table 1 represents numbers served by each CMHSPs in FY 14.

Table 1: Individuals Served, by Service Population in FY 14

	AVCMH	CWN	NCCMH	NEMCMH	NLCMH	TOTAL
DD	263	203	764	393	943	**2,566**
SED	406	544	556	237	888	**2,631**
MI Adult	662	265	1,308	1,010	2,935	**6,180**
Total	**1,331**	**1,012**	**2,628**	**1,640**	**4,766**	**11,377**

Substance Use Disorder services became the responsibility of the NMRE this fiscal year. At this point, it is not possible to summarize historical service trends. Baseline information is being developed.

Service Access and Demand

Adequate availability of services is best indicated by timely access to services. The NMRE reports access timeliness to the Michigan Department of Community Health (MDCH) on a quarterly basis. The established standards for timely access are:

- Ninety-five percent (95%) of emergency screenings for inpatient hospitalization result in a disposition decision within three hours of the request;
- Ninety-five percent (95%) of persons requesting services receive a face-to-face assessment with a professional within fourteen (14) days of the request;
- Ninety-five percent (95%) of persons starting an on-going service start that service within fourteen (14) days of the initial assessment.

While these timelines have generally been met, initial reporting suggests periodic failure to meet the standards. While clear trends have not developed, the most common area of noncompliance is initial access for individuals with intellectual/developmental disabilities. This is often due to the small "n" initiated services each quarter. However, this is being evaluated by the PIHP for potential action. Actual performance relating to the access standard will continue to be tracked quarterly by the NMRE.

The access timeliness standards provide an indication of adequate access, however, they are limited to initial or emergency services and do not indicate the adequacy of other non-access services such as Assertive Community Treatment, targeted case management, etc. Currently there are no waiting lists for Medicaid recipients.

Geographic access is equally important in assuring adequacy. The established standard, for rural areas, is that services are available within a sixty (60) mile radius. Throughout the twenty-one (21) county area, this standard is met for all services except Methadone treatment and psychiatric inpatient treatment. During the past year, NMSAS has implemented an opiate dependent treatment program located in Gaylord. Additionally, Michigan Therapeutic Centers has also expanded to Gaylord, providing medication assisted treatment. These programs put nearly all areas of the NMRE within a sixty (60) mile radius. It should be noted that this is a rural area with limited public transportation. Most services are available within a thirty (30) mile radius, which is a more realistic measure of accessibility. When necessary, providers travel to the individual and/or assist in meeting transportation needs.

Another critical factor in assuring adequate capacity of services is the expected utilization of services. While there was an increase in number of persons with intellectual/developmental disabilities served between FY 12 and FY13, there was a decrease in the number of children with a serious emotional disturbance served. The impact of Healthy Michigan on this will continue to be monitored.

An additional area of potentially inadequate provider access is Applied Behavior Analysis as covered by the Autism benefit. The Michigan Department of Health and Human Services has cited the NMRE for inadequate provider network for this service. The PIHP has been working with the CMSHPs to identify additional providers. This will become especially critical if the state expands the covered population.

Other than the areas identified, based on the history of the five CMHSPs, the existing provider panel appears to be appropriate for the current service population. However, as noted, this will be closely examined during the next several months.

Delegated Provider Network Management

The NMRE delegates the Provider Network Managemet function to each of the five CMHSPs in the region. While this delegated function is monitored, environmental factors and changes, as well various challenges identified during the past year, require that the monitoring process become more defined. During the next several months, the NMRE will work with the CMHSPs to establish Provider Network Management standards regarding network management, including but not limited to:

- Reciprocity of training and site monitoring for common providers;
- Consistent contract language for common providers;
- Timeliness of claims processing;
- COFR arrangements between member CMHSPs; and
- Credentialing of provider organizations and staff.

Provider Panel

The NMRE, as noted, maintains a provide panel that consists of the five CMHSPs and appropriate SUD prevention, treatment and recovery providers. Each CMHSP, through the delegation of the provider network function, maintains a comprehensive array of services through its own provider panel. The NMRE maintains a complete listing of each of these providers.

Under current state legislation, the NMRE was required to maintain the existing provider network of the previous coordinating agency until December, 2014. The NMRE has maintained this network and is currently planning to open the provider panel prior to FY 16.

REFERENCE:

REVISED: **May 27, 2015**

REVIEWED:

APPROVED: **April 23, 2014**

Signed copy is on file with NMRE

Dave Schneider
Northern Michigan Regional Entity Chief Executive Officer

Date

Signed copy is on file with NMRE

Joe Stone
Northern Michigan Regional Entity Board Chair

Date