POLICY AND PROCEDURE MANUAL

SUBJECT Care Coordination	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: April 27, 2016	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: 19.5, “Primary Care Coordination,” 6.3.2, “Informatin Requirements,” 7.3, “Medicaid Health Plan Agreements,” 8.4.1.9, BHH Services Other:	Last Review Date: July 18, 2019	Past Review Date:
Policy: ☒ Procedure: ☐	Review Cycle: Annual Author: NMRE Provider Network Manager	Responsible Department: Access & UM	Reviewers: NMRE Board of Directors

Definitions

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

Individual Plan of Services (IPOS): The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

MDHHS: Michigan Department of Health and Human Services.

MHP: Medicaid Health Plan.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state’s contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

Northern Michigan Regional Entity (NMRE): The PIHP for Region 2, the 21-counties located in Michigan’s northern lower peninsula.

Person-centered Planning: The process for planning and supporting the individual receiving services. It builds upon the individual’s capacity to engage in activities that promote community life and honors the individual’s preferences, choices, and abilities.

Prepaid Inpatient Health Plan (PIHP): One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

Purpose

To promote the coordination of physical and behavioral health care for those with comorbid conditions.

The purpose of this procedure is to assure appropriate care through the coordination of behavioral health providers, primary care physicians, and the Medicaid Health Plans (MHP).

Policy

It is the policy of the Northern Michigan Regional Entity (NMRE) to coordinate care provided to Medicaid beneficiaries with the Medicaid Health Plans managing the physical health care for those beneficiaries. It is further the policy of the NMRE to work cooperatively with MHPs to jointly identify priority need populations for the purposes of care coordination. In support of this policy, the NMRE will work to secure appropriate consents, share necessary electronic data, and conduct routine care coordination activities.

In support this policy, the NMRE will:

(1) At least monthly, identify beneficiaries who have requested services through the NMRE and are assigned to an MHP;
(2) Receive information from electronic sources;
(3) Participate in the Michigan Health Information Network (MiHIN) as appropriate for care coordination.

Approval Signature

7/18/19

NMRE Chief Executive Officer

Date

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<u>Procedure</u>

The NMRE will ensure high quality service in part, through the effective coordination of behavioral health care with primary care physicians, and other health care providers, MHPs and their contracted behavioral health managed care organizations.

A. Coordination of Care

1. <u>Coordination with the Primary and Other Health Care Providers</u>

    a. Network Providers will ask for the beneficiary’s primary care physician’s name, phone number, and address at the time of intake and document this in the clinical record. If no primary care physician is identified, the primary clinician will make efforts to help the beneficiary obtain one, and document accordingly. If the beneficiary is Medicaid eligible, he/she must have either selected a primary care physician or the Medicaid Health Plan (MHP) has or will assign one to them. Primary Care Physician information for Medicaid beneficiaries may be obtained from the MHP.

    b. Beneficiaries will be encouraged to include their primary care physician and any other health care providers they deem appropriate in their person-centered planning process.

    c. When specialty services or supports are no longer medically necessary, as determined through the person-centered planning process and with proper consent/authorization from the beneficiary or his/her legal representative, a copy of the discharge summary will be provided to the beneficiaryl’s primary care physician and/or MHP.

2. <u>Coordination with Medicaid Health Plan</u>

    a. The NMRE will identify priority need populations/individuals enrolled in MHP and receiving PIHP services at least monthly utilizing data extracted through the MDHHS Care Connect 360 data warehouse. The individual cases will be reviewed by NMRE and MHP at least monthly.

    b. As an established Qualified Data Sharing Organization, the NMRE will receive information from electronic sources to support integration of care as permitted through Use Case Agreements with those electronic sources.

c. The NMRE and/or its Network Providers will inform the MHP when and individual receiving services has reported any of the following:

   i. That they do not have a Primary Care Physician;

   ii. That they have not had a basic health screening within the last 12 months; or

   iii. They have not visited their Primary Care Physician for more than 12 months.

B. Documentation in the Clinical Record

Documentation in the individual's health record will include, but not be limited to, the following:

1. The name and contact information of the primary care physician, other health care providers, and any individual health care supports;
2. A plan for how care will be coordinated as documented in the Individual Plan of Services (IPOS);
3. Any refusal by the beneficiary to coordinate care;
4. Each attempt to address coordination of care activities as well as actual coordination of care activities.

C. Communication

1. Information will only be shared in accordance with applicable laws, which include, Michigan's Mental Health Code (Public Act 258 of 1974 as amended), 42 CFR part 2, Confidentiality of Alcohol & Drug Abuse Patient Records, 42 USC Section 290 dd – 2 Confidentiality of Records 2, and HIPAA Privacy Standards (45 CFR parts 160 and 164 subparts A and E) to the extent that they are applicable; keeping disclosures to a minimum amount of information necessary and only on a "need to know" basis, with proper authorization/consent as required.
2. Network Providers, primary care physicians, and other organizations may share health information verbally or through mail, fax or electronically with proper safeguards in place and according to organizational policy and consent.

D. Inpatient Stays

When a beneficiary is admitted to inpatient psychiatric services, the following procedures will occur:

1. The beneficiary's consent for coordination between behavioral health provider and the primary care physician or organization will be obtained in writing and will be noted in the clinical record with the provider's signature. A person's refusal to provide consent for coordination will be noted in the clinical record with the provider's signature and no information will be forwarded to the primary care physician.
2. In cases of signed consent for coordination, the primary care physician or organization will be notified of the admission in writing and this will be noted in the clinical record with the provider's signature.
3. In cases of signed consent for coordination, a copy of the discharge sheet including discharge medications, next scheduled appointment and discharge diagnosis(es) will be forwarded to the

primary care physician or organization immediately upon discharge by the hospital liaison. The date forwarded will be noted in the clinical record.

E. Compliance

Compliance with stated guidelines will be monitored by clinical record audits conducted per the NMRE's Quality Assessment And Performance Improvement Program (QAPIP).

Approval Signature

7/18/19

NMRE Chief Executive Officer

Date