

<b>PROCEDURE # 5.6a</b>	<b>EFFECTIVE DATE</b>	<b>REVISED DATE</b>
<b>TITLE: CARE COORINATION WITH MEDICAID HEALTH PLANS</b>	<b>4/21/2016</b>	<b>8/14/2024</b>
<b><u>ATTACHMENT TO</u></b>	<b>REVIEW DATES</b>	
<b>POLICY #: 5.6</b>	<b>4/21/2016, 5/12/2022, 8/14/2024</b>	
<b>POLICY TITLE: INTEGRATED CARE COORDINATION</b>		
<b>CHAPTER: UTILIZATION MANAGEMENT</b>		

## I. PURPOSE

To ensure the Lakeshore Regional Entity (LRE) as the Pre-Paid Inpatient Health Plan (PIHP) has a confidential process in place to provide coordination planning with Medicaid Health Plans (MHP) for shared members. The LRE shall promote a collaborative relationship with health plans and providers in the community, consistent with Michigan Department of Health and Human Services (MDHHS) policy direction.

## II. PROCEDURE

The Lakeshore Regional Entity (LRE), as a Prepaid Inpatient Health Plan (PIHP) responsible for services to individuals enrolled in Medicaid, shall coordinate care provided to individuals with the Medicaid Health Plans (MHP) also managing services for those individuals. The LRE will work cooperatively with other MHPs to jointly identify priority need populations for purposes of care coordination.

### A. Shared Member Risk Stratification List

1. Using the risk stratification tool in CareConnect360 ("CC360"), generate the Risk Stratification List on a monthly basis, or more frequently if needed. The Risk Stratification List identifies members who meet specific high-risk criteria as developed by the PIHP-MHP State workgroup composed of representatives from the ten (10) PIHPs and eleven (11) Medicaid Health Plans within Michigan.
2. The Risk Stratification List will include the data elements: Name, Date of Birth (DOB), Medicaid ID, primary care provider, number of emergency department visits, date of last visit to a primary care provider, number of chronic conditions, and inpatient hospitalization admissions. Additional elements will be included as needed.
3. The MHP and the LRE will exchange information each month regarding any shared members who appear on the Risk Stratification List and will develop a monthly care coordination meeting agenda for the purpose of joint care planning for high-risk shared members.

### B. Information Exchange

1. Send and receive information from multiple electronic sources. This includes: 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.
- C. Confidentiality of Protected Behavioral Health and Substance Use Disorder Information
1. In accordance with 42 CFR Part 2, information pertaining to the diagnosis and treatment of substance use disorders (SUD) will not be shared between LRE and the MHP without prior written consent of the member. Additionally, information pertaining to the diagnosis and treatment of SUDs will not be included in CC360.
- D. Participate with Michigan Health Information Network (MiHIN) as needed to develop a data sharing relationship.
1. Build and send monthly Active Care Relationship Service (ACRS) report for shared members.
  2. Receive Admission/Discharge/Transfer (ADT) messages for more timely hospital information.
  3. Exchange this information for shared members.
- E. Process
1. Identify staff responsible for using Michigan.gov Single-Sign On (SSO) and CC360 to generate Risk Stratification List.
  2. By the fifth day of every month, sign into CC360 and using the Risk Stratification tool, select the appropriate MHP and PIHP combination with the filter. Export the result set to a .CSV formatted file which can be used in MS Excel.
  3. The list will include persons served by LRE and its provider network for serious mental illness within the last 6 months who meet the high-risk criteria as developed by the PIHP-MHP State workgroup. Key identifying information will be included on the list, such as: Name, DOB, Medicaid ID, primary care provider, number of emergency department visits, date of last visit to a primary care provider, number of chronic conditions, and inpatient hospitalization admissions.
  4. Both MHP and LRE will generate this list within the specified time in order to ensure that there is not a discrepancy with these lists.
  5. The Risk Stratification List will be used as a master list to determine which persons will be included on the agenda for the monthly care coordination meeting occurring between LRE and MHP. The purpose of the monthly meeting is to develop and review joint care plans for shared high-risk members.
  6. Joint Care Plans for shared high-risk members will be housed in the designated "Interactive Care Plan" section in CC360. The joint care plans will be accessible only by authorized designees of LRE, MHP and MDHHS. LRE and MHP share responsibility for maintaining and updating information in the joint care plans for their shared members monthly.
  7. Any exchange of lists or specific Protected Health Information (PHI) will be handled using encrypted email or secure messaging.
  8. Distribute CMHSP specific lists for care coordination planning. It is the responsibility of the CMHSP to attempt to obtain any necessary behavioral

health or substance use disorder consent forms and to provide updated information to LRE on a monthly basis about any members who have been identified for care coordination.

9. Review care identified and provided from the Risk Stratification List and sub-lists.
10. Maintain data on all members served through joint care coordination between LRE and MHP.
11. Submit data on a quarterly basis to MDHHS in accordance with contractual obligations.

### III. SUPPORTING DOCUMENTS

Policy 5.6 Integrated Care Coordination

Medicaid Managed Specialty Supports and Services Contract

### IV. CHANGE LOG

Date of Change	Description of Change	Responsible Party
4/21/2016	New Policy	Chief Operations Officer
5/12/2022	Annual Update	CEO and Designees
8/14/24	Annual Review	COO/Clinical Manager