



Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

March 17, 2017

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

- **Work and Accomplishments of MACMHB Member Organizations**
 - **Northcare receives URAC Health Plan accreditation**
- **State And National Developments And Resources**
 - **MACMHB 's Center for Healthcare Research and Innovation issues analysis on cost control success of Michigan's public mental health system**
 - **Governor Snyder not supportive of segments of ACHA**
 - **Call For Presentations for MACMHB Spring Conference**
 - **Value of Michigan Tobacco Quit line for persons with serious mental illness**
 - **2nd Annual Rally & Advocacy Day for Substance Use Disorder Prevention and Treatment announced**
 - **HMA webinar announced focused on healthcare and criminal justice collaboration**
 - **Michigan ACE Initiative announces kick-off**
 - **Health Management Associates to acquire firm founded by Seema Verma**
- **Don't Forget About the 2017 PAC Campaign**
- **Legislative Update**
 - **Telehealth Fix Bill Passes House Committee**
- **National Update**
 - **CBO Reports ACA Replacement Bill Would Slash Medicaid Funding, Coverage**
- **MACMHB committee schedules, membership, minutes, and information**

New format for Friday Facts highlights its multiple purposes: The Friday Facts is designed to fulfill two distinct needs: to highlight the work and accomplishments of individual MACMHB members and to be a source for MACMHB members to get information gleaned from across the nation and the state on a wide range of topics, without the members having to spend their time identifying and reviewing these numerous information sources (a "one-stop-shop" for information on the national and state developments in our field).

In an effort to ensure that both needs are met, the Friday Facts is now redesigned to have focused segments revolving around state and national developments and resources; the work and accomplishment of MACMHB member organizations; as well as the longstanding Friday Facts sections focusing on state legislative action; national Congressional, executive, and judicial action; and MACMHB committee schedules, membership, minutes, and information.

Highlighting the work of individual MACMHB members: If your organization has an event or accomplishment that you would like highlighted in an upcoming Friday Facts, send the article (200 words or less with the exact wording that you would like to have included in the Friday Facts) that you would like included in an upcoming MACMHB Friday Facts, to Bob Sheehan at rsheehan@macmhb.org. Feel free to provide a website address in the article, if that website can provide Friday Facts readers with additional information on the topic covered in the article (i.e., copy of an article, story, photos, and video).

WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Northcare receives URAC Health Plan accreditation

Below is an excerpt from a recent press release from Northcare on the organization's URAC accreditation. Congratulations to Northcare for their receipt of this accreditation – an impressive achievement.

URAC IS PROUD TO ANNOUNCE NORTHCARE NETWORK HAS EARNED URAC ACCREDITATION IN HEALTH PLAN, 7.3 ACCREDITATION PROGRAM: *This designation demonstrates the highest level of commitment to quality healthcare.*

WASHINGTON, DC – URAC, the independent leader in promoting healthcare quality through accreditation, certification and measurement is proud to announce that NorthCare Network has earned URAC accreditation in Health Plan, 7.3 Accreditation Program. By achieving this status, NorthCare Network has demonstrated a comprehensive commitment to quality care, improved processes and better consumer outcomes.

NorthCare Network operates as the Specialty Prepaid Inpatient Health Plan (PIHP) for persons enrolled in Medicaid living in any of the fifteen counties in the Upper Peninsula of Michigan. We organize and monitor services and supports for persons with developmental disabilities, serious mental illnesses, serious emotional disorders (children and adolescents), and substance abuse disorders under contract with the Michigan Department of Health and Human Services (MDHHS) under their Specialty Supports and Services Waivers with the federal government. For more information regarding NorthCare Network visit www.northcare-up.org.

“In earning Health Plan Accreditation from URAC, NorthCare Network proves that it aligns with the key components of the Affordable Care Act as well as healthcare industry trends,” said URAC President and CEO Kylanne Green. “It also shows NorthCare Network possesses a willingness to track performance and strive for a continual improvement of services. NorthCare Network has made a commitment to quality and will stand out in the marketplace.”

The URAC accreditation process demonstrates a commitment to quality services and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards.

“First accredited by URAC in 2014, we are very pleased to renew full accreditation status. Our continued compliance with evolving national standards of healthcare reflects the diligence, competence and commitment to quality standards and accountability by the fine staff at NorthCare Network”, stated William Slavin, NorthCare CEO.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MACMHB 's Center for Healthcare Research and Innovation issues analysis on cost control success of Michigan's public mental health system

The *Center for Healthcare Research and Innovation*, the research arm of the Michigan Association of Community Mental Health Boards (MACMHB) will be releasing to the public, early next week, a new study underscoring the cost-effectiveness of Michigan's behavioral health system.

The study, titled *Bending the Healthcare Cost Curve: The success of Michigan's public mental health system in achieving sustainable healthcare cost control*, details the monetary and health-quality savings that the state of Michigan has realized from its public mental healthcare system. While being publicly announced during the week of March 16, this study can be found on the MACMHB website at:

<https://www.macmhb.org/sites/default/files/attachments/files/Bending%20the%20cost%20curve-rev.pdf>

The study found that:

- When compared against Medicaid rate increase in the rest of the country, **Michigan’s public mental health system saved over \$5 billion dollars** (\$5,273,089,686) since 1998, when this public system became the managed care organization for the state’s Medicaid mental health, intellectual/developmental disability, and substance use disorder services benefit
- When compared against the rate increases of commercial health insurance companies, **Michigan’s public mental health system saved over \$13 billion dollars** (\$13,992,156,714) since 1998, when this public system became the managed care organization for the state’s Medicaid mental health, intellectual/developmental disability, and substance use disorder services benefit

The new study shows how Michigan’s public BHIDD system delivers exceptional benefits while using sound and creative methods to keep costs significantly below national Medicaid per enrollee costs and those of commercial health insurers. These methods include:

- very low administrative costs
- comprehensive and closely aligned provider networks
- applying person-centered planning approaches to care
- addressing a range of social determinants of health through a whole-person orientation by working closely with a range of healthcare and human services in the consumer’s home community
- weaving the services offered by the CMH and provider network with the care that families and friends provide
- using other consumers as peer supports and advocates on behalf of the persons served
- using an array of both traditional (psychiatric care, psychotherapy, inpatient psychiatric care) and nontraditional services (housing supports, employment supports, homebased services).

“This study finds that Michigan’s public mental health system has shown a tremendous return on investment, saving the state billions of health care dollars over the past two decades,” said Robert Sheehan, CEO of MACMHB. “While the achievement of the triple aim – improving the overall health of our population, improving patient care, and reducing the per capita cost of healthcare – has long been the aim of Michigan’s public mental health system, as it has been for the entire healthcare industry, this study makes clear the system’s ability to meet the cost control component of the triple aim. Low overhead, working closely with the health care consumer, a closely knit provide network, integrating a range of non-traditional and traditional services, a whole person orientation to healthcare, and the integration of mental health and physical health care have led to the successful cost control work of Michigan’s public mental health system.”

This study underscores the wisdom of those who are recommending that Michigan’s public mental health system remain publicly managed. That recommendation is one of several in the Section 298 report, recently released to the Michigan Legislature by the Michigan Department of Health and Human Services.

“The success that Michigan’s public mental health system has achieved in controlling healthcare costs for nearly two decades and resulting in the saving of billions of taxpayer dollars is eye opening for those unaware of the strong fiscal and risk management skills of this system,” Sheehan said. “In addition to cost control, the system’s value lies in its ability to employ and continually develop innovative mental health practices in communities across the state, with one of the broadest mental health services arrays in the country, in serving as the state’s mental health safety net, serving some of the state’s most vulnerable and resilient community members make this state’s public system.”

Governor Snyder not supportive of segments of ACHA

Below is an excerpt from a recent news story, from Michigan Radio’s Rick Pluta, describing Michigan Governor Snyder’s concerns over parts of the American Health Care Act, recently introduced in the US House.

Snyder not on board with GOP health care overhaul : Governor Rick Snyder is one of the Republicans who is not on board with the GOP plan in Congress to overhaul the Affordable Care Act (The GOP plan is known as the American Health Care Act) Michigan is one of the states that expanded its Medicaid program under the ACA.

Snyder is particularly concerned about how the congressional plan would affect Medicaid, especially the Healthy Michigan program that enrolled more than 650,000 people who wouldn't have coverage otherwise.

"Healthy Michigan has been a success in our state, and so that's one of the things I tried to communicate to Washington is, when you look at this, make sure you have the facts, and how our program has shown we can really help people and do it in a cost-effective fashion," he says.

Snyder says governors have tried to make their case, but have been ignored. He says he and other governors fear the effect of the Republican plan would be to drive up states' Medicaid costs.

"I think it needs a lot more work in many respects. If you look at it, I appreciate people addressing the issue. We had a lot of outreach from the administration and Congress to ask governors' opinions, but the current plan doesn't reflect the comments we made," he says.

Hospitals say Healthy Michigan has saved money because fewer people without insurance show up in emergency rooms.

Call for Presentations for MACMHB Spring Conference

MACMHB 2017 Annual Spring Conference, "Innovate . Integrate . Motivate," takes place on May 15, 16 & 17, 2017 (Pre-Conference Institutes May 15, 2017) in Dearborn, Michigan.

Those interested in presenting at the MACMHB spring conference can submit their workshop proposals now through March 24. Check out our new presentation submission process here: https://cmham-web.ungerboeck.com/spa/spa_p1_authors.aspx?oc=10&cc=117013028668

Again, the deadline is quickly approaching: Friday, March 24, 2017. Questions, contact Chris Ward at 517-374-6848 or cward@macmhb.org

Value of Michigan Tobacco Quit line for persons with serious mental illness

MDHHS recently underscored the value of the Michigan Tobacco Quitline in helping people with serious mental illness quit their tobacco use. That announcement is below:

People with behavioral health conditions use almost half of all tobacco products sold increasing dramatically their susceptibility to chronic disease and premature death. The good news is that, when asked to quit by a health professional, seventy percent express an interest in trying to quit. The most successful way to quit tobacco use is to combine counseling and medication. Smoking cessation medication should be covered by all Medicaid insurances, although a call to the health plan may be needed. Nicotine replacement and bupropion are great first-line options. In addition, the FDA black box warning for varenicline has now been removed thanks to the recently completed EAGLES study. Nicotine dependence is a chronic, relapsing illness in those with SMI and these patients may need on-going long-term pharmacotherapy to remain quit.

The Michigan Tobacco Quitline is one great option for help 1-800-QUIT-NOW (784-8669). Quitline fax referral forms can be found at: <https://michigan.quitlogix.org/files/pdf/MI-Prov-Ref.pdf>, or to order quitline cards and posters for distribution please call: 517-335-8376.

2nd Annual Rally & Advocacy Day for Substance Use Disorder Prevention and Treatment announced

Below is a recent announcement of the Second Annual Rally & Advocacy Day for Substance Use Disorder Prevention and Treatment:

Second Annual Rally & Advocacy Day for Substance Use Disorder Prevention and Treatment:
May 18th, 2017 • 9:00am—5:00pm
Michigan State Capitol Steps & Grounds

Please Join Together on May 18th at the Michigan State Capitol as we CREATE STRENGTH IN UNITY: Upcoming 2nd Annual Rally & Advocacy Day event at the Michigan State Capitol that will have Speakers and Artists from all over the country as well as many resources and opportunities to connect with prevention, treatment, recovery, advocacy, and legislative participants. We look forward to seeing you!!! Please don't hesitate to contact us for any information as we look forward to creating strength in unity. Don't Let Our Silence Define Us Thank You!!! UFAM Planning Committee
Website: www.ufamichigan.org

HMA webinar announced focused on healthcare and criminal justice collaboration

Building a Community Collaborative: Evidence-Based Interventions that Bring Together Healthcare Providers, Community-Based Organizations, and the Criminal Justice System
Wednesday, April 12, 2017
1 to 2 p.m. EDT

Individuals with complex challenges arising from chronic health conditions, mental health and/or substance-abuse disorders, or involvement in the criminal justice system are among the highest-cost utilizers of the healthcare system. A multi-pronged Community Collaborative can ensure evidence-based interventions that identify and effectively treat high utilizers – helping to keep them out of the emergency room and out of jail.

During this webinar, HMA Principal Bren Manaugh and Senior Consultant Amanda Ternan will provide a case study of a successful Community Collaborative in Bexar County, Texas. HMA Senior Consultant Laquisha Grant will discuss similar initiatives in New York. The webinar will offer practical considerations for building and operating a Community Collaborative, ensuring best practices, and creating a shared recognition of the need for trust and coordination among healthcare providers, community-based organizations (CBOs), and the criminal justice system.

Who Should Attend: Medicaid directors and staff; regulators and healthcare policy analysts; executives of Medicaid managed care plans; executives of hospitals, health systems, health centers, community-based organizations, and long-term services and supports; and correctional health officials

Register at:

https://hlthmgtevents.webex.com/mw3100/mywebex/default.do?nomenu=true&siteurl=hlthmgtevents&service=6&rnd=0.5257032598300121&main_url=https%3A%2F%2Fhlthmgtevents.webex.com%2Fec3100%2Feventcenter%2Fevent%2FeventAction.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b00000003763b47107491bc8bbe2272fcd2e86b3cd8711ce7e872f6196abe417599e2e5b0%26siteurl%3Dhlthmgtevents%26confViewID%3D1759305089%26encryptTicket%3DSDJTSwAAAAOEq2hXRyIFG6apelbJ6cREYpD0PzxX9qmS_o3XtxLMw2%26

Michigan ACE Initiative announces kick-off

The announcement of the Michigan Adverse Childhood Events (ACE) Initiative kick off is provided below. MACMHB and a number of other healthcare, human services, and child development organizations are part of the ACE Initiative Advisory Council, working with the Michigan Association of Health Plans Foundation, as the convener of the project.

Michigan ACE Initiative:

Join us for our launch event

Thursday, March 30 10:30-2 p.m. at the Lansing Center

We would like to invite you to the launch of the Creating Healing Communities: A Statewide Initiative to Address Adverse Childhood Experiences (ACEs) in Michigan, funded by a Michigan Health Endowment Fund grant to the Michigan Association of Health Plans Foundation. The agenda includes a discussions: Social Determinant Issues Facing Our State (Dr. Kimberlydawn Wisdom Sr. VP of Community Health & Equity, Chief Wellness & Diversity Officer of Henry Ford Health System); Presentation by Dr. Robert Anda, co-founder of the ACE Study and ACE Interface; Presentation by Laura Porter, co-founder of ACE Interface; Screening of Resilience: The Biology of Stress and the Science of Hope

Register at:

<https://www.eventbrite.com/e/michigan-ace-initiative-launch-tickets-32185438513>

For more information on the initiative, please visit: www.mahp.org/ace-grant

Health Management Associates to acquire firm founded by Seema Verma

Below is a recent announcement from Health Management Associates, a partner of MACMHB, regarding HMA's acquisition of the consulting firm owned by Seem Verma, who was recently confirmed as the new administrator of the federal Centers for Medicare and Medicaid Services (CMS).

Today, Jay Rosen, founder and president of Health Management Associates (HMA), announced the signing of an agreement by which HMA will acquire SVC, a consulting firm which is owned by Seema Verma, founder and president, and recently confirmed Administrator of the Centers for Medicare & Medicaid Services (CMS).

SVC will become HMA Medicaid Market Solutions, a new subsidiary of HMA.

"We are pleased to welcome the employees of SVC to the HMA family. This immensely talented group has extensive experience working closely with state officials and others in various states, including Indiana, Iowa, Kentucky, and Ohio to design and implement innovative Medicaid solutions that advance alternatives to traditional Medicaid," said Rosen.

Following the acquisition, the SVC staff will continue to advise and support state and federal agencies, health systems, health plans and others on efforts to create new approaches to serving Medicaid beneficiaries and other low-income and vulnerable populations, with special emphasis on approaches that will become possible in an era of expanded state flexibility.

SVC has been central to the development of several recent Medicaid waiver initiatives, often modeled on the Healthy Indiana Plan (HIP), the nation's first consumer directed Medicaid program. These waivers include elements of personal responsibility, price- and quality-conscious healthcare consumption, and a focus on healthy lifestyles. The SVC team is experienced in all aspects of this process and has assisted their clients with everything from designing and drafting waiver documents and state plan amendments, to overseeing and guiding implementation efforts, and working with both providers and stakeholders.

Established in 2001, SVC is a national healthcare consulting company with experience specializing in supporting state governments and associated entities with Medicaid and health policy expertise.

Founded in 1985, HMA specializes in publicly funded healthcare reform, policy and programs. Clients include government, public and private providers, health systems, health plans, institutional investors, foundations and associations and is among the nation's leading health policy and program advisory firms.

Don't Forget About the 2017 PAC Campaign

Earlier this year we announced our 2017 CMH PAC campaign. We must increase our participation, last year we only had 15 boards participate in our PAC campaign. Please take some time over the next couple of board meetings to encourage your board and staff to participate in our 2017 PAC efforts. As you know, our CMH PAC is a key component to our overall advocacy efforts – the need to upgrade our PAC is greater today than ever before.

Boards should forward the results of their campaign and donations to the Board Association offices by May 5 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 30, 2017 in order to be in the drawing for the Detroit Tiger tickets if eligible. This year's Tiger game is Saturday, July 15 at 6:10pm vs. Toronto Blue Jays.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

LEGISLATIVE UPDATE

Telehealth Fix Bill Passes House Committee

In the final days of last year's lame duck session legislation changing Michigan's telehealth law passed both chambers and was sent to the Governor. We were told the bill, SB 753 simply added telehealth/telemedicine in the public health code in order for providers to get reimbursed. Telehealth/telemedicine was currently defined only in the insurance code – the bill was intended to be very broad and not impair any services that are currently taking place. However, after careful review, the bill would prohibit the prescribing of a controlled substance via telepsychiatry/telehealth services. This change was made late in the process and was intended to prevent potential doctor shopping for opioids, however, an unintended consequence of the legislation would stop the treatment of many mental health and substance use disorder drugs via telehealth.

This week, SB 213, sponsored by Sen. Peter MacGregor (R-Rockford), unanimously passed the House Health Policy Committee on Wednesday. The bill would remove the prohibition against prescribing controlled substances via telehealth services.

SB 213 is expected to pass the full House next week, which should be completed prior to the March 29th implementation date of SB 753 from last year. SB 213 also takes effect on March 29, 2017.

MACMHB staff would like to thank all the members who responded to our survey questions related to this issue, the information was very helpful to House and Senate members. Also, we would like to extend special thanks to those individuals who came up to Lansing and testified in the Senate and House committees: Paula Nelson and Dr. Janis Romaik from Sacred Heart and Dr. Angela Pinheiro from CMH for Central MI.

NATIONAL UPDATE

CBO Reports ACA Replacement Bill Would Slash Medicaid Funding, Coverage

The American Health Care Act (AHCA) will in result in dramatic reductions to Medicaid coverage and cuts to spending, according the Congressional Budget Office's (CBO) analysis released this week. Over the next ten years, the AHCA is projected to cut \$880 billion dollars from Medicaid, shifting the burden of these costs to states. These cuts to Medicaid and rollback of Medicaid expansion will result in a loss of coverage for an estimated 14 million beneficiaries. The CBO report is the latest wedge causing divisions within the Republican caucus.

Effects on Health Insurance Coverage

To estimate the budgetary effects, CBO and JCT projected how the legislation would change the number of people who obtain federally subsidized health insurance through Medicaid, the nongroup market, and the employment-based market, as well as many other factors.

CBO and JCT estimate that, in 2018, 14 million more people would be uninsured under the legislation than under current law. Most of that increase would stem from repealing the penalties associated with the individual mandate. Some of those people would choose not to have insurance because they chose to be covered by insurance under current law only to avoid paying the penalties, and some people would forgo insurance in response to higher premiums.

Later, following additional changes to subsidies for insurance purchased in the nongroup market and to the Medicaid program, the increase in the number of uninsured people relative to the number under current law would rise to 21

million in 2020 and then to 24 million in 2026. The reductions in insurance coverage between 2018 and 2026 would stem in large part from changes in Medicaid enrollment—because some states would discontinue their expansion of eligibility, some states that would have expanded eligibility in the future would choose not to do so, and per-enrollee spending in the program would be capped. In 2026, an estimated 52 million people would be uninsured, compared with 28 million who would lack insurance that year under current law.

<https://www.cbo.gov/sites/default/files/115th-congress-2017-2018/costestimate/americanhealthcareact.pdf>

MACMHB committee schedules, membership, minutes, and information

The meeting schedules, membership list, minutes of recent committee meetings and additional committee-related information can be found at the “Committees” tab on the MACMHB website: <https://macmhb.org/>

Have a Great Weekend!