Medicaid Health Plan and PIHP Integration

Coordinating Care for Our Shared Members

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Case and Disease Management

**Strategic Goals**
Target Chronic Disease
Improve Care Transitions
Population Health Management

**Team**
RN, SW, Health Educators
Behavioral Health is “Carved-In”
Integrated Case Management Model
Priority Health Key Drivers

• Growing awareness of impact of behavioral health on medical conditions

• Industry trend of aligning behavioral health services with primary care

• Trend to place care management at the “point of care”

• MDCH promotion of:
  • Integrated care
  • Collaboration between MHPs and PIHPs
The IHI Triple Aim

Population Health

Experience of Care  Per Capita Cost
History

8 years ago

• Began working for staff model HMO
• Managed behavioral health inpatient admissions
• Provided behavioral health services in primary care
According to SAMHSA, 68% of individuals with mental illness have one or more chronic physical health conditions.

Providing healthcare in “silos” is contrary to what many of our beneficiaries need.
network180

- System Manager
- Contracts with over 40 agencies to serve adults and children with MI, SUD and DD
- Few direct-run services
- Approx. 7% Medicaid penetration rate
- 3900 shared members with Priority Health
- 1100 are Healthy Michigan members
Several integrated healthcare efforts:

- Behavioral Healthcare Home
- Clinicians embedded in primary care
- Spectrum Health Medical Group’s Center for Integrative Medicine
network180 Key Drivers

- Increased awareness of complex needs of individuals with BH and medical comorbidities
- Desire to add additional tools and resources for system staff
- MDCH promotion of integrated care
Barriers

• Longstanding history of a split care system
• Lack of systems knowledge for both organizations
• Mental Health and Public Health Codes more restrictive than HIPAA
• Paucity of integrated services in the community
Project Funding

Year 1:
• Michigan Department of Community Health (MDCH) Block Grant and administrative support from n180 and Priority Health

Year 2:
• MDCH Block Grant and Priority Health
Program Goals

Priority Health

• Increase access to specialty behavioral health services
• Improve collaboration and information-sharing with CMH
• Improve health outcomes
• Providing “right” care at the right time

n180

• Increase engagement and self-management skills
• Improve provider collaboration
• Increase access to primary care
• Improve health outcomes
• Providing “right” care at the right time
Project Team

Priority Health
- BH Case Manager
- RN Case Manager
- Clinical Managers (BH and Medical)
- Evaluator

network180
- MSW Care Manager
- Peer Support Specialist/Recovery Coach
- UM Program Manager
- Grant Manager
- Evaluator
Project Overview

• Identification of shared high-risk individuals
• Shared development of coordinated care management plans
• Leverage care management resources at both sites to better integrate care
• Year 1 goal is to serve 150 individuals
Program Design

- Embed care coordination at point of care
- ID high-risk members, “hot spotting”
- New coordination model employing best of both organizations
- Enhanced access to services
- Sharing best practices with providers
- One release authorization!
Healthcare Integration for Case Managers

- Lack of knowledge about chronic physical health conditions
- Rely on consumer report; limited access to physical healthcare utilization data
- Unsure how to navigate the healthcare system, HMOs, benefits
- Can get focused on “putting out fires” for SMI
How is Care Management Helping?

• Provide support, education and resources to case managers
• Share data (physical healthcare utilization)
• PAM-13 e-coaching tool
• Promote and model relationship building between behavioral health and physical health providers
Care Management is **Not** a Replacement for Case Management

- Duration and scope of intervention varies based on need; some cases are “one and done”
- No direct intervention or counseling
- More flexibility; peers driving the 1:1 health coaching
Staffing and Program Support

• Staff have integrated care or multidisciplinary team experience
• Online certification in integrated care
• Certified Peer Support Specialist with Recovery Coach training
• Orientation to network180 and Priority Health
• Biweekly meetings with Priority Health CM to develop care plans and for supervision
• Steering Committee support
Case Presentations
Jackie, Janice, and John

Mellany Porraz, LBSW, LPC, NCC
Priority Health Behavioral Health Case Manager

Nichol Scholten, LMSW
network180 Clinical Care Manager

Mary Robinson, CPSS/Recovery Coach
network180 Care Management Support Specialist
Outcomes Measurement

• Claims Utilization Data
  • CMH-funded psychiatric services
  • Medical claims for inpatient, emergency, outpatient services
Year 2 and Beyond

• Shared funding arrangement
• Expanding peer support services
• Spread knowledge and lessons learned
  • Service Providers
  • network180 Staff
  • Priority Health Staff
• Collaborating with other areas in the PIHP