



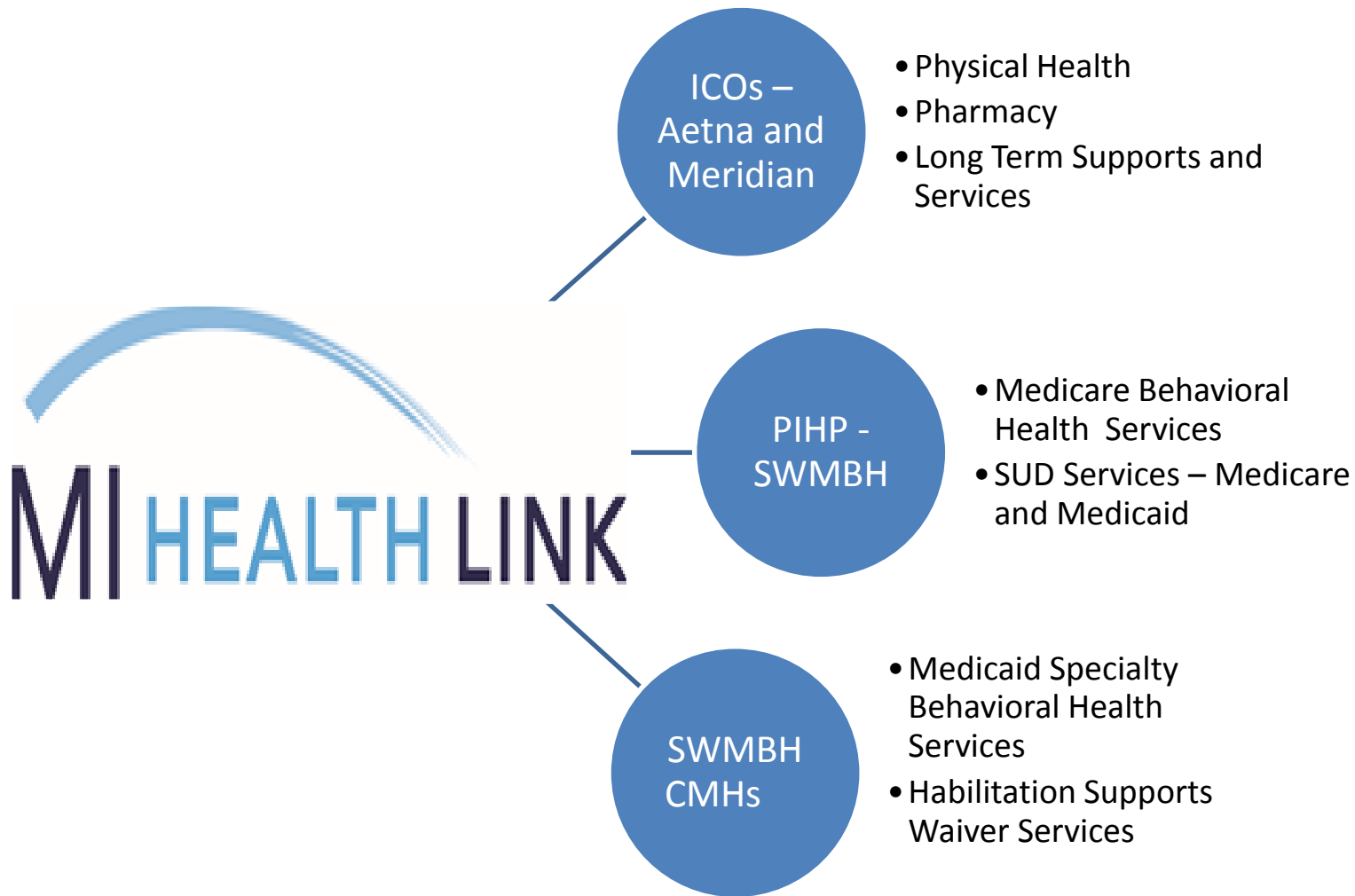
MI Health Link  
Integrated Care Dual Eligible Pilot – Provider Education  
Region 4

February 2015

# MI Health Link (MHL)

- A new program to ensure effective coordination between providers of medical services and supplies, BH, SUD, and/or I/DD services, pharmacy, and long term supports and services (LTSS).
- Every enrollee will have access to and input in the development of an Integrated Care Team (ICT) and Individual Integrated Care and Supports Plan (IICSP) to ensure the integration care needs.
- Utilizes the Care Bridge, a care coordination framework which allows secure access to information and enables all enrollees and members of the ICT to use and (where appropriate) update information.
- Care Coordination at the ICO and PIHP levels (for BH involved enrollees) will be a key component of the program.

# MHL Benefit Management in Region 4



# SWMBH Covered Benefits under MHL

## Medicare

- Inpatient Psychiatric Hospitalization (incl. Partial)
- ECT
- Individual and Group Outpatient Therapy – MH & SUD
- Psychiatric Services in Mental Health outpatient or inpatient settings (primary care settings excluded)
- OT, PT, Speech (for behavioral health diagnoses)

## Medicaid

- SUD residential treatment, detoxification in a non-hospital setting, methadone, counseling, recovery coaching, women's specialty services, and intensive outpatient services.

# Level II Assessments

- SWMBH will be required to assess all MHL Enrollees using the Level II Assessment tool approved for enrollees' areas of need.
  - Supports intensity scale (**SIS**) for enrollees with I/DD needs;
  - Level of care utilization system (**LOCUS**) for enrollees with behavioral health needs; and
  - American Society of Addiction Medicine (**ASAM**) tool for enrollees with SUD needs.
- Level II Assessments shall be completed within 15 calendar days of the ICO's Level I assessment of the enrollee.
- LOCUS and ASAM will be completed by SWMBH via phone with the enrollee. The remainder of the biopsychosocial shall be completed by the provider.
- SIS will be completed face-to-face by SWMBH.

# SWMBH Outpatient Authorization Processes

- Outpatient/Community Based Covered Service - Initial request
  - SWMBH obtains necessary information telephonically from the member
  - SWMBH completes applicable Level II screen and determines level of care
  - SWMBH does a warm transfer via three-way call to provider
  - SWMBH authorizes/denies Level II biopsychosocial assessment in our SmartCare
  - SWMBH provides authorization/denial to provider via SmartCare as applicable
  - Rendering provider submits claim to SWMBH via SmartCare
  - SWMBH adjudicates claims
  - Will provide denial/action notice to member via mail
- Outpatient/Community Based Covered Service - Concurrent Medicare service request
  - Provider submits service authorization request via SmartCare
  - SWMBH determines level of care
  - SWMBH creates authorization/denial in SmartCare
  - SWMBH provides authorization/denial to provider in SmartCare as applicable
  - Rendering provider submits claim to SWMBH via SmartCare
  - SWMBH adjudicates claims
  - Will provide authorization and/or denial notice to member via mail

# SWMBH MI Health Link Phone Lines

<b>Contact Points:</b>	<b>Phone Number:</b>	<b>TTY Number:</b>
Customer Services Line	(800) 676-5814	Michigan Relay MRC 711
Customer Access / Crisis Line	(800) 675-7148	Michigan Relay MRC 711
Provider Service Authorization	(800) 676-0423	

# Transition Processes

- People who enroll in an MHL health plan have the right to continue to see providers who are not in the MHL health plan's network during the Continuity of Care period
  - (Continuity of Care period for PIHP Specialty Services and Supports Program or Habilitation Supports Waiver - 180 days from enrollment; other services – 90 days).
- If a provider is serving an individual who enrolls in MI Health Link while in services during the Continuity of Care period, SWMBH will honor their current services for up to 180 days.
- The provider should submit an authorization request to SWMBH stating that the person is a current customer, and identify their service utilization history over the past six months. SWMBH will approve an authorization for up to six months based on that utilization history.
- If the provider is not on the SWMBH panel, a letter of agreement will be supplied to coordinate and assure service provision.



# Outpatient Authorization & Billing Tips for SUD Providers

- SUD Providers' Medicaid contracts with SWMBH are applicable to MI Health Link enrollees.
- Some codes in the Medicaid contracts are not Medicare billable and can still be used with MHL (methadone dispensing, counseling, recovery coaching, women's specialty services, and intensive outpatient services).
- Medicare services are currently identified in the SWMBH Streamline system with an **MC modifier**.
- Whenever a code is Medicare billable, it **MUST** be utilized rather than the Medicaid version for MHL enrollees, and it **MUST** be rendered by a practitioner who is Medicare eligible and registered by Medicare, unless valid incident to billing procedures are used.

# SWMBH MHL Coverage Plans

- Medicare Meridian MH
- Medicare Meridian SUD
- Medicare Aetna MH
- Medicare Aetna SUD
- SUD Medicaid (county name)

# SWMBH Claims Processing

- Outpatient claims should be entered into the SWMBH SmartCare system.
- Practitioners will need to be entered as rendering providers in our system in order for claims to be paid.
- Inpatient claims should be directed to:
  - Southwest Michigan Behavioral Health
  - Attention: Claims Processing
  - 5250 Lovers Lane, Suite 200
  - Portage, MI 49002

# Consent

- Due to the Mental Health Code and 42 CFR Part requirements, we must obtain consumer consent to coordinate the necessary disclosures of information among and between SWMBH, the ICOs and the treatment provider.
- SWMBH has created a four-way form to be used to obtain consumer authorization to disclose PHI – review form.
- Providers will need to facilitate the completion of the form when enrolling the consumer for treatment.

# Q&A

# Resources

# Project Timeline

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**January 30, 2015** – Introductory Opt-In Enrollment Letters sent

**March 1, 2015** – 60-day Passive Enrollment Letters sent

**April 1, 2015** – 30-day Passive Enrollment Letters sent

**March 1, 2015** – Services for Opt-In Enrollees start

**May 1, 2015** – Services for Passive Enrollees start

**December 31, 2016** – End of Demonstration “Year 1”

**January 1, 2017-December 31, 2017** – Demonstration Year 2

**January 1, 2018-December 31, 2018** – Demonstration Year 3 (final year)

# Eligibility

## People may be eligible for MI Health Link if they

- Live in the counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne or any county in the Upper Peninsula
- Are age 21 or over
- Have full Medicare and full Medicaid

## People are not eligible for MI Health Link if they are

- Enrolled in a Healthy Michigan Plan
- Enrolled in Children's Special Health Care Services (CSHCS)
- Enrolled in a commercial HMO
- Receiving Hospice services
- Incarcerated



# Appendix - Resources

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- MDCH MI Health-Link website [http://www.michigan.gov/mdch/0,4612,7-132-2945\\_64077---,00.html](http://www.michigan.gov/mdch/0,4612,7-132-2945_64077---,00.html)
- The CMS Financial Alignment website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Michigan.html>
- Template Three-Way Contract between MDCH, CMH, and ICO: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MichiganContract.pdf>
- Medicare Managed Care Manual <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS019326.html>

# Appendix – SWMBH Duals Team

<b>Project Management &amp; Back-Up</b>	
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