

**Consensus
Joint Policy Position Statement
Between
Michigan Association of Health Plans
And
Michigan Association of Community Mental Health Boards**

February 13, 2011

Whereas Michigan's citizens deserve the highest quality cost-effective healthcare delivery system attainable; and

Whereas healthcare services for the whole person (physical, mental, substance abuse) must be seamlessly integrated, planned for and provided through collaboration at every level of the healthcare system, as well as coordinated with the supportive capacities within each community including a focus on improving the health status of individuals with mental illness, developmental disabilities, emotional disturbance and substance use disorders; and

Whereas the Michigan Association of Health Plans and its members have a proven track record of successful management of Medicaid and commercial physical health benefits and are nationally recognized as among the best in the nation by the National Committee on Quality Assurance, NCQA; and

Whereas the Michigan Association of Community Mental Health Boards and its members the Prepaid Inpatient Health Plans and Community Mental Health Service Programs have a proven track record of successful management of Medicaid, Adult Benefit Waiver and General Fund safety net specialty supports and services to individuals with mental illness, severe emotional disturbance, developmental disabilities and substance use disorders; and

Whereas each is committed to providing leadership to the promotion and provision of high quality, affordable and accessible health care services for all citizens of Michigan; and

Whereas each is committed to system transformation needs in support of improved quality of life, effective healthcare service delivery and the provision of cost-effective services; therefore

Each hereby fully commits to positive engagement with each other in pursuit of outcomes; support for respective Member local relationships; and working closely

with the new State of Michigan Executive and Legislative branches to achieve mutual goals on behalf of citizens and taxpayers; and thus

Each pledges its full support and weight to the following mutually agreed objectives:

I. Medicaid Enrollment, Benefits and Oversight

Maintain and expand the proven Medical Health Plan and Prepaid Inpatient Health Plan structure as direct MDCH contracted, capitated entities for organizing and delivering healthcare. In fulfilling this, we agree to:

- Support the renewal of the respective, current federal waivers. In all instances the principles of actuarially sound funding will be advocated.
- Align and make complementary MHP and PIHP contract performance objectives, outcomes and related incentives.
- Advocate for changes in Medicaid waivers and state plan to:
 - Convert remaining Medicaid fee for service populations to mandatory managed care.
 - Transfer the MI-CHILD program to mandatory managed care.
 - Move management of the Adult Benefit Waiver physical health benefit to MHPs with PIHPs managing the mental health and substance abuse benefits.
 - Move the dental benefit to Medicaid Health Plans except for 1915c (DD ICFMR) waiver individuals with dental benefit residing with PIHPs.
 - Advocate for MDCH's early and deep consultation with MAHP and MACMHB in the design of healthcare reform options and analyses.
- Support the integration and coordination of State of Michigan Executive branch Medicaid MHP and PIHP and related benefits management oversight.

II. Public Policy and State Infrastructure

- Support the concepts and goals of Medicaid "Early Adopter" expansion to the fullest extent possible rather than waiting until 2014 while maintaining the non-Medicaid health and CMH safety net system for non-Medicaid.
- Support pursuit of Medicaid health homes in state plan amendment with CMHs as a health home option for Medicaid enrollees.

- Support the appropriate coordination between MHPs and PIHPs in the development and implementation of Patient Centered Medical Homes to be implemented as part of Michigan's Primary Care Transformation, MiPCT, project - a multi-payer demonstration innovations grant with the Center for Medicare and Medicaid Services.
- Support the streamlining, timeliness and accuracy of Medicaid eligibility enrollment to include CMHs and others as out stationed agents, among other methods.
- Open and modify the Insurance Code provisions addressing health plan and HMO mental health benefits – agreement subject to detailed review - to allow the development of collaboration between Medicaid physical and behavioral health benefit managed by the MHP-PIHP system.
- Support appropriate changes in the Insurance Code, PA 350 (Blue Cross/Blue Shield Enabling Act), Mental Health Code, – subject to detailed review - to revise provisions consistent with the State Health Insurance Exchange.
- Support appropriate changes to make uniform the requirements for PIHPs and CAs, support appropriate changes in related statutes and rules.
- Support transparency of, alignment and inclusion of MHPs and PIHPs in state and regional planning, specifications and installation of emerging Health Information Technology (HIT) communications networks.
- Support the completeness, timeliness and accuracy of Medicaid data with appropriate access for providers, Health Plans, and PIHPs to DCH data systems and warehouses with patient registries to enable care coordination, patient safety and the reduction of Medicaid fraud and abuse.
- Support serious and rapid statutory and regulatory reform to achieve administrative savings and establish a framework of national accreditation, federal standards, with performance based outcomes based on audited data to set a level competitive playing field.
- Encourage the use by MDCH and other State regulating and oversight agencies in the use of “deemed compliance” of federal or state regulatory provisions when a MHP/PIHP has demonstrated that the same or reasonably similar provision has been addressed to the satisfaction of the national accreditation requirements.
- Support mental health parity overall, not for single diagnostic categories.
- Support Medicaid provider rate enhancements particularly for primary care providers and specialty physicians.

III. Fiscal Responsibility

- Support the maintenance of CMH General Fund safety net funding for those not eligible under Medicaid or other shared cost programs except where GF is used to leverage Medicaid or other funds for same populations and services.
- Support movement toward annual Medicaid eligibility.
- Support actuarial soundness including that for funding the Medicaid mild-to-moderate outpatient mental health benefit.
- Support mutually consistent objective quality, outcome, and access measures.
- Support local and regional joint MHP-PIHP approaches to cost containment that address overall over- and under-utilization of healthcare services and which support wellness and health maintenance.

IV. Effective Service Delivery

- Support the coordination of local MHP-PIHP partnerships with FQHCs.
- Support actuarially sound funded Medicaid mental health and substance abuse benefits as essential and core benefits which support health and reduce overall costs.

V. Follow-up

The leadership of both organizations will each identify an equal number of representatives to plan and organize collaborative activities and initiatives to address various objectives listed in this agreement and to develop a status report on accomplishments resulting from this agreement.

Both organizations agree to immediately begin thorough discussions and analyses on the following three issues:

- Pharmacy benefits, costs and roles related to psychotropic medications including appropriate use of generics and name brand medications.
- Proper placement and management of the twenty (20) visit Medicaid Outpatient Mental Health benefit to include what options are available and indicated – including analysis of the benefit's impact and actuarial cost analysis versus current capitation revenue in current MHP rates.
- Options and directions for MHP-PIHP approaches for dual eligibles (Medicare-Medicaid) to include the implementation of a mental health benefit and coordination of services. Further joint discussion to include the positions to be taken by MAHP and MACMHB in the MDCH Innovations

grant application to CMS regarding a strategy for how Michigan's dual eligible population and long term care population can be served in a managed care environment with an emphasis on Home and Community Based Services.

VI. Use and Distribution of Document

This joint agreement is intended for use by MAHP and MACMHB and is intended to provide the mechanism to identify priority issues that require communication between both associations, a reflection of consensus positions that may be articulated in joint public statements agreed to by both parties, and a commitment to work toward the seamless integration of physical and behavioral health services via MHPs and PIHPs at the individual, program and policy levels.

Neither MAHP nor MACMHB shall use the other's name or logo in any advertisement, promotion, publicity or press release without obtaining that party's prior written approval, which may be withheld for any reason.

This agreement and each provision hereof may be amended only by an instrument in writing signed by both MACMHB and MAHP.

Either party may terminate this Agreement at any time by thirty day written notice by one signatory to the other party.

Signed: Richard Murdock for MAHP

Signed: Michael Vizena for MACMHB