



Published by Venture Provider Network Department
Published with funding from the Michigan Department of Community Health

IN THIS ISSUE

ABW Changes	1
Screened Persons Update	2
Provider Access Update	2
Evidence Based Practices	3
Network Adequacy Information	3
Provider Network Representatives	3
Ends Metrics.....	4
Performance Indicators	5
HSAG Review Cycle	5
ARR Update.....	6
Medicaid Inspector General	7
MDCH Site Review Summary.....	9

Venture Behavioral Health is the Regional Medicaid Benefits Manager.

Venture Behavioral Health is an affiliation of Barry County Community Mental Health Authority, Riverwood Center (Berrien Mental Health Authority), Pines Behavioral Health (Branch County Community Mental Health Authority), Summit Pointe (Community Mental Health of Calhoun County) and Van Buren Community Mental Health Authority.

ABW Changes

The Adult Benefits Waiver (ABW) program provides an ambulatory healthcare benefit to childless adults. In the past, the funding and responsibility for mental health services within this program was held by our affiliate Community Mental Health Service Providers (CMHSPs) and by the Coordinating Agencies (Kalamazoo Community Mental Health and Substance Abuse Services and Lakeshore Coordinating Council) for Substance Use Disorder (SUD) services. As of May 1st, 2010, the program will be delivered under a Medicaid waiver and thus the funding and responsibility will be managed by the PIHPs statewide and more specifically, Venture Behavioral Health, for our five counties.

MH and SUD Benefits

The types of services covered under ABW will be similar to those covered under the program in the past.

MH Providers

Processes for mental health providers regarding requesting authorizations and paying claims will likely not change but will continue to be managed by our Affiliate Community Mental Health Providers. Please contact them with any questions.

SUD Providers

See below for changes related to SUD providers:

Authorizations

All services provided on or after May 1 must be prior authorized by VBH. Providers will request authorizations for services through Provider Access (similar to the process for Medicaid members). Utilization Management staff at Venture may be reached directly at (877) 252-0916 (phone) and (269) 441-1234 (fax).

Contracts and Rates

Providers will be reimbursed for SUD services provided to ABW eligibles at current Medicaid rates. Contract amendments for the ABW program will be issued in the near future. If you are not aware of your Medicaid rate or have additional questions about your contract, please contact the Venture Provider Network Manager, Shelley Cizio, at (269) 979-9132 x303 or sjc@summitpointe.org.

Claims

Claims for services rendered on or after May 1st and authorized by VBH should be submitted through Provider Access or the 837 process. Claims staff at Venture may be reached at (269) 797-9132 x309 or sp2@summitpointe.org.

Continued page 2

Screened Persons Update

Section 438.610 of the Code of Federal Regulations (42 CFR §438.610) prohibits PIHPs from knowingly having a relationship with an individual who is debarred, suspended or otherwise excluded from participation in any federal health care program or with anyone who is an affiliate of such individual. A PIHP may not have as a director, officer, partner, or person with a beneficial ownership of 5% or more of the PIHP or have an employment, consulting or other agreement with an individual or entity that provides items or services that are significant and material to the PIHP's obligations under the FY2009 Agreement between the Michigan Department of Community Health and Michigan Prepaid Inpatient Plans for Medicaid Specialty Services (the Medicaid Agreement) who is debarred, suspended, or excluded from any health care program, including the Medicaid program.

Section 438.610 further requires that all PIHP directors, officers, employees, contractors and subcontractors be screened to determine whether they have been listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in a federal health care program, such as Medicaid.

In January of 2009 VBH and our affiliated CMHSPs required our providers to submit the names of individuals who are considered 'Screened Persons', these may include: Board of Directors, CEO, CFO, COO, the owner(s) of a business or agency, HR Director, Billing Manager, Clinical Director, any other managers or supervisors within the business or agency who have authority or responsibility relative to the conduct or behavior of other staff within the business or agency.

Venture then ensures that these names are checked in the OIG 'Excluded Database' and the 'Excluded Parties Listing System' for all 'Screened Persons' within a provider entity before offering a contract for services and at least monthly thereafter.

Our providers must ensure that any changes, additions and deletions, to the Screened Persons list are reported to Venture or the affiliate that holds the contract for Medicaid Services. Please report any changes to your Screened Persons list to the appropriate person. If you aren't sure who to report the changes to, please contact Shelley Cizio at Venture Behavioral Health as she can direct you to the correct person.

Contact information for each Venture affiliate and Venture Behavioral Health are listed below.

Venture Behavioral Health: *Vanessa Cross*
(269) 979-9132 x327 or vrc@summitpointe.org

Berrien Mental Health Authority: *Jennifer Poole*
(269) 934-3474 or jhp@riverwoodcenter.org

Pines Behavioral Health: *Sue Enos*
(517) 278-2129 or senos@pinesbhs.org

Summit Pointe: *Donna Swift*
(269) 441-5969 or djs@summitpointe.org

Van Buren CMH Authority: *Ruth Mac Neill*
(269) 655-3322 or rmacneill@vbcmh.com

Provider Access Update

As you may already be aware, Venture Behavioral Health and its affiliate partners began offering providers electronic means of submitting claims in the last year. The providers that have already begun using this system to either submit claims manually or through an 837 format have met with continued success.

The next phase of this implementation will make the use of this system, Provider Access, mandatory for all providers who are contracted with Venture Behavioral Health and its five affiliate partners, Barry County Community Mental Health, Pines Behavioral Health, Summit Pointe, Riverwood Center and Van Buren Community Mental Health.

Effective August 1, 2010 Venture and its partners will no longer accept claims for services in a paper format. All providers will be required to submit claims through the Provider Access system or via 837 uploaded to the Provider Access system. This includes any provider that contracts with any of the above organizations.

Information has been mailed to all providers regarding training dates and also information on how to apply for a waiver from this requirement. If you have not received this information please contact Anne Wickham, Operations Manager, at (269) 979-9132 x302.

If you have questions at any time you are encouraged to contact the Provider Network Manager at the CMHSP you contract with or the Venture Operations Manager.

Contributed by Anne Wickham

ABW Changes, Continued

Customer Service

Customers should be instructed to contact VBH Customer Service at (888) 357-0016 with any grievances or appeals and should be informed of their right to the Fair Hearing process.

It is our intent to make this change as seamless as possible for our providers and customers. Disruptions to client care and service are to be avoided by prior planning and communications with VBH and affiliates.

If you have any questions or concerns about this transition, please feel free to contact Shelley Cizio at (269) 979-9132 x303 or spc@summitpointe.org.

Evidence Based Practices Across the Region

Family Psycho-Education

The State Subcommittee for FPE continues to meet to plan trainings and finalize the Certification process for FPE practitioners throughout the state. The Subcommittee submitted a training, certification, and sustainability plan to the MDCH Standards Group for approval which is currently pending. In addition to finalizing the certification process, members of the subcommittee worked on securing a grant to study the organizational factors that affect sustaining Evidence Based Practices. Venture has agreed to volunteer as one of the PIHPs to participate in this study which is focused on FPE and IDDT. The next statewide FPE training is in Traverse City, April 28th-30th.

Integrated Dual Disorders Treatment

Venture Affiliates continue to actively develop and improve their IDDT services to customers throughout the region. Two teams have passed Fidelity Monitoring with approval to use billing modifiers with two more teams actively working toward an on-site Fidelity Assessment. Fidelity Assessments are provided free of charge through the Michigan Mental Health Board Association and no deadline has been set for obtaining this free service. Several training opportunities will be available for staff working on IDDT teams or in COD services in the next several months.

Currently scheduled:

Relapse Prevention for Early Recovery Clients*
May 26-27 and August 25-26

Aging, Alcohol Use, and Addiction*
June 30

Statewide Co-Occurring Disorders Conference
June 14-15

* Hosted by Venture, CEU and CAAC specific credits offered, registration will be through FOCUS

Supported Employment as an Evidence Based Practice

With the support of Affiliates, Venture submitted a Block Grant Proposal to MDCH at the end of February for the March 1, 2010 deadline. The grant is for two years of funding for implementing Evidence Based Supported Employment throughout the Venture Affiliate Region. Venture is currently in the final stages of clarifying details of the proposal with MDCH and expects to begin the grant by May 1st. The target population for Supported Employment as an EBP is customers with a Mental Illness or a co-occurring Mental Illness and Substance Use Disorder. Core elements of the program include no artificial barriers to beginning job searches. Job searches begin soon after entering the program.

Employment is competitive and community based not part of a workshop or enclave setting, lifetime follow along in

employment, personalized benefits counseling is provided, supported employment services are integrated with other mental health services, and case loads for SE workers are small.

Assertive Community Treatment

On March 1 of this year, the Michigan Department of Community Health issues an eight page update to the Medicaid Provider Manual including clarifications related to ACT team composition, staff-to-beneficiary ratio, nurse practitioner roles on an ACT team, and use of paraprofessionals.

The update can be found on the MDCH site at http://www.michigan.gov/documents/mdch/MSA_10-06_312789_7.pdf

Contributed by Adam Simms

Network Adequacy Information

If you are a Substance Abuse Treatment provider that contracts with Summit Pointe you received a request for information in order for VBH to develop a **Network Adequacy Report**.

The information request was sent to you on March 25 and the information is due back to VBH by May 7, 2010. Some of you have already submitted your information and we thank you. If you haven't submitted your information, please remember to do so by the May 7 deadline. If you have any questions about the information request you may contact Shelley at (269) 979-9132 x303 or sjc@summitpointe.org

Provider Network Representatives

Venture Behavioral Health is an affiliation of Barry County Community Mental Health Authority, Riverwood Center (Berrien Mental Health Authority), Pines Behavioral Health (Branch County Community Mental Health Authority), Summit Pointe (Community Mental Health of Calhoun County) and Van Buren Community Mental Health Authority.

VBH and its affiliates welcome your ideas and input. If you, as a provider have suggestions on how we can better serve our consumers these are the individuals you may contact to voice your suggestions.

Barry County Community Mental Health Authority

915 West Green Street
Hastings, Michigan 49058

Phone: (269) 948-8041

Provider Network: *Tamie Case*

Continued on page 6

VBH FY 2010 Ends Metrics: March 25, 2010

Every year the Venture Administrative Board approves goals or Ends Metrics that will help Venture determine if we have met our Mega Ends Statement which is: *Venture Behavioral Health will be a Successful Benefits Manager*. Below are the goals that have been established for FY 2010.

END STATEMENT	MEASURES
<p>Acceptability Plan members are satisfied with their behavioral health care services.</p>	<ol style="list-style-type: none"> 1. MHCA customer satisfaction score at or above National average 2. VBH to achieve SUD customer satisfaction at or above National average
<p>Value The community supports behavioral health services. Affiliate CMHSPs benefit from their participation. Administrative efficiencies are achieved.</p>	<ol style="list-style-type: none"> 1. Regional Administrative Loss Ratio at or below Board approved budgeted 14.1% 2. Regional Medicaid Savings at or above Board approved budgeted level 3. Regional Medicaid Substance Abuse specific Medical Loss Ratio no less than 65% 4. Affiliate CEOs rate Value & Benefit for Fiscal Year 2010 at or above a 4 average on 5 point scale 5. Electronic claims submission via Provider Access or 837 in use at affiliate contracted providers in the month of September 2010 representing 85% of regional mental health claim lines (assuming mandatory requirement for all providers as of September 1st) 6. Select and apply for a minimum of one URAC accreditation
<p>Accessibility Plan members are made aware of services and those who seek behavioral health services are seen at or above stated standards.</p>	<ol style="list-style-type: none"> 1. 90% of performance measures will meet or exceed MDCH standards for Q1-3
<p>Impact Plan members utilizing behavioral health services experience improvements in their quality of life with a focus on maximizing recovery and self-sufficiency. All providers improve their clinical service delivery and administrative practices.</p>	<ol style="list-style-type: none"> 1. By September 30, 2010, VBH will complete an evaluation of consumer service use patterns for MI Adults by level of functional acuity (as evidenced by DLA), across respective Venture affiliate providers 2. Move from a 'partially met' to a 'met' score for the HSAG UM measure by developing and communicating uniform UM standards and implementing and enforcing UM monitoring processes
<p>Risk Management Venture and its five affiliates suffer no critical consequences of a fiscal, public perception or legal type.</p>	<ol style="list-style-type: none"> 1. Achieve full compliance on performance measure data validation by HSAG 2. 80% of elements within the top 5 priority DCH cited areas are 'met' 3. Fiscal Year 2010 Medicaid Clinical Documentation Review results for all sampled records will achieve a 90% compliance rate with Type 1 questions.

Performance Indicators

FY 2010 1st Quarter

Venture recently submitted its 1st quarter Performance Indicator results to the Michigan Department of Community Health. Indicators #1 through #4 have a MDCH-set standard of 95%, with Indicator #12 having a standard of 15% or less.

Although the results have not been finalized by the state, based on our submission and these standards, the Venture affiliation met the state standard in 16 of the 17 categories. Indicators #5 and #8 are averages calculated by the state and are not currently available. Below is a summary of the results:

INDICATOR	RESULT
#1a Pre-Admission Screens (Children) <i>Percentage of dispositions completed within 3 hours</i>	98.08%
#1b Pre-Admission Screens (Adults) <i>Percentage of dispositions completed within 3 hours</i>	97.51%
#2a Request to Intake (Children) <i>Percentage seen within 14 days of non-emergent request</i>	99.56%
#2b Request to Intake (Adults) <i>Percentage seen within 14 days of non-emergent request</i>	99.72%
#2c Request to Intake (DD Children) <i>Percentage seen within 14 days of non-emergent request</i>	100%
#2d Request to Intake (DD Adults) <i>Percentage seen within 14 days of non-emergent request</i>	96.15%
#3a First Service (Children) <i>Percentage seen within 14 days of assessment</i>	*94.55%
#3b First Service (Adults) <i>Percentage seen within 14 days of assessment</i>	97.78%
#3c First Service (DD Children) <i>Percentage seen within 14 days of assessment</i>	100%
#3d First Service (DD Adults) <i>Percentage seen within 14 days of assessment</i>	100%
#4a Inpatient Follow-Up (Children) <i>Percentage seen within 7 days of discharge</i>	100%
#4b Inpatient Follow-Up (Adults) <i>Percentage seen within 7 days of discharge</i>	98.48%
#12a Inpatient Recidivism (Children) <i>Percentage readmitted within 30 days</i>	14.29%
#12b Inpatient Recidivism (Adults) <i>Percentage readmitted within 30 days</i>	2.30%

SUBSTANCE ABUSE INDICATORS	RESULT
#2e Request to Intake <i>Percentage seen within 14 days of non-emergent request</i>	95.24%
#3e First Service <i>Percentage seen within 14 days of assessment</i>	97.27%
#4c Detox Follow-Up <i>Percentage seen within 7 days of discharge</i>	100%

MDCH CALCULATED INDICATORS	RESULT
#5 Medicaid Penetration	N/A
#8 Hab Waiver Services	N/A

*Indicates standard not met. Contributed by Dan Damaska

HSAG Review Cycle

The 2010 HSAG follow-up review for Venture Behavioral Health was conducted March 2010 via a telephone call between PIHP staff and HSAG review team. This review evaluated the PIHP's implementation of corrective actions for any elements that were found non-compliant during the 2009 review. The findings for the 2010 follow-up review were determined from a review of the documents submitted by Venture Behavioral Health to HSAG, a review of records of beneficiary appeals, and interviews with key Venture Behavioral Health staff members. Below is a summary of the scoring for 2009/2010 review cycle:

STANDARD	Compliance Score
I QAPIP Plan and Structure	100%
II Performance Measurement	99%
III Practice Guidelines	100%
IV Staff Qualifications	100%
V Utilization Management	99%
VI Customer Services	100%
VII Enrollee Grievance Process	100%
VIII Enrollee Rights	100%
IX Subcontracts and Delegation	100%
X Provider Network	100%
XI Credentialing	100%
XII Access and Availability	100%
XIII Coordination of Care	100%
XIV Appeals	100%
Total Score	100%

Venture Behavioral Health will be required to submit corrective action plans to the State and HSAG for the two remaining elements that were scored Substantially Met. These elements are:

- PIHP has a process to ensure that persons involved in the review of sentinel events must have the appropriate credentials to review the scope of care.

- If the organization delegates responsibility for utilization management, it has mechanisms to ensure that these standards are met by the delegate.

Venture is in the process of developing systems and processes to ensure that both of these standards are addressed and compliant with Federal and MDCH standards.

Thanks to all Affiliate and Venture staff that helped prepare for this audit.

Contributed by Scott VanKirk

Provider Network Representatives

Pines Behavioral Health

Branch County Community Mental Health Authority
200 Orleans Drive
Coldwater, Michigan 49036
Phone: (517) 279-8404
Provider Network: *Sue Enos or Sue Germann*

Riverwood Center

Berrien Community Mental Health Authority
Benton Harbor Office
1485 M-137 - PO Box 547
Benton Harbor, Michigan 49022
Phone: (269) 925-0585
Provider Network: *Jenny Poole*

Summit Pointe

Community Mental Health of Calhoun County
140 West Michigan
Battle Creek, Michigan 49017
Phone: (269) 966-1460
Provider Network: *Donna Swift*

Van Buren Community Mental Health Authority

801 Hazen Street
Paw Paw, Michigan 49079
Phone: (269) 657-5574
Provider Network: *Mary Farrington*

Venture Behavioral Health

100 Country Pine Lane
Battle Creek, Michigan 49015
Phone: (269) 979-9132
Provider Network: *Shelley Cizio*

ARR Update

Venture's Application for Renewal and Recommitment (ARR) response detailed our regional plan for quality improvement over the next five years and was submitted in May of 2009. The ARR contained eleven sections covering areas such as Partnering with Stakeholders in Design, Delivery and Evaluation; Assessing Needs and Managing Demand; Expanding Opportunity for Integrated Employment; and Achieving Administrative Efficiencies.

Our complete response is available on the web at <http://www.summitpointe.com/Forms/VBH-ARR-Response.pdf> or a hard copy is also available upon request (see contact information at the end of this article).

ARR Update, Continued

The Department of Community Health (DCH) assigned 'Content Expert' and 'ARR Review' teams to review sections of the ARR in order to provide Venture and other PIHPs with feedback on their quality improvement plans. This preliminary review has been completed. Venture participated in an introductory call with our 'ARR Review' team headed by Deb Zeigler in September of last year and more recently during the first week of March to review this feedback and discuss progress in each section. Various Venture and affiliate staff, as well as a Member Advisory Council member, participated in these calls.

DCH has requested follow-up calls in May with additional stakeholders to continue reviewing progress in each area. The calls are scheduled during upcoming Venture Committee meetings where affiliates, customers, and other providers will be present including the Provider Network Committee, DD Initiative Committee, Health Resource Management (HRM)/Improving Practices Leadership Team (IPLT), Coordinating and Managing Care Workgroup (CMC), Member Advisory Committee (MAC), and the Jail Diversion Coordinators meeting.

Our quality improvement activities (milestones) are tracked in a workplan to ensure we continue to make progress in all areas. We have 72 milestones to complete over the five year period and are making significant progress in all areas thanks to the support of various staff at Venture, affiliates, customers, and other providers. We have completed all milestones within our timelines so far as of the end of March - 10 in total. Completed milestones have included items such as:

- Developing a regional catalogue of Health and Human Services resources to better coordinate and manage care for customers with complex needs
- Holding regional informational sessions on the Michigan Prisoner Release Initiative (MPRI) to educate our staff and improve coordination of services for individuals being released from Michigan prisons
- Defining and incorporating meaningful customer participation into Venture policies
- Holding workshops for customers, families and staff members to problem solve barriers and issues related to Choice Voucher arrangements
- Facilitating provider use of electronic claims submission via 837 or Provider Access

We will continue to involve providers in our quality improvement efforts as we move forward. Please contact Julie Wojtaszek at jaw@summitpointe.org or 269-979-9132 x334 if you are interested in learning more about the ARR and/or specific opportunities to get involved.

Contributed by Julie Wojtaszek

New Michigan Office of Medicaid Inspector General

Executive Order 2010-1 issued February 19, 2010 announced the creation of the Office of Health Services Inspector General, also referred to as the Office of Medicaid Inspector General.

The new Office within the Department of Community Health came to be through House Bill 5542 and Senate Bill 942; identical bills that were sponsored and co-sponsored by Republicans and supported by the Attorney General. These two bills were drafted with the intention of fighting healthcare fraud and abuse within the Michigan Medicaid program. Attorney General Mike Cox has estimated that Michigan loses \$225 to \$900 million per year due to false Medicaid claims. Proponents of the legislation anticipate the State to save \$100 million per year as a result of the implementation of the Office of Medicaid Inspector General.

According to the Executive Order, the Office of Health Services Inspector General shall conduct and supervise activities to prevent, detect, and investigate fraud, waste, and abuse in Health Services Programs; the following duties and responsibilities of the Office are some of those noted in the Executive Order:

- Solicit, receive, and investigate complaints related to fraud, waste, and abuse in Health Services Programs;
- Actively seek out fraudulent billing practices of providers and develop techniques and procedures for detecting suspect billing patterns through the use of existing database resources;
- Pursue administrative and civil enforcement actions or collections against any individual or entity that engages in fraud, abuse, or illegal or improper acts or unacceptable practices;
- Provide information and evidence relating to suspected criminal acts to the Medicaid Fraud Control Unit of the Department of Attorney General;
- Provide all information and evidence relating to suspected fraud, waste or abuse by beneficiaries to the DHS OIG; and
- Prepare annual reports on the progress of implementing the Office

In fulfilling its responsibilities relative to pursuing administrative and civil enforcement actions or collections against individuals and entities engaging in fraud, abuse, or unacceptable practices, the Office may do any of the following:

- Refer information and evidence to regulatory agencies and licensure boards;
- Withhold payment of Medicaid funds;

- Exclude providers, vendors, and contractors from participation in the Medicaid program; and
- Impose sanctions and penalties

Michigan is now one of seven states with similar offices focused on preventing fraud, waste and abuse within Human Services programs. The three states with offices most similar to Michigan's new Office of Medicaid Inspector General are New York, Texas and New Jersey; each of these offices are relatively new and have reported record recoveries in Fiscal Years 2008 and 2009 as high as \$551 million in New York and as low as \$122 million in Texas.

In response to an environment that continues to become more threatening and more aggressive in terms of State and Federal fraud and abuse efforts, Venture continues to expand its compliance program. Our Fiscal Year 2010 compliance program plan includes more monitoring and auditing plans, policy development efforts and training opportunities as compared to years past.

Venture will work to keep our staff, providers and members well informed relative to our ongoing compliance program efforts. More information on Executive Order 2010-1 can be found at <http://www.michigan.gov/gov/0,1607,7-168-21975--,00.html>.

Questions or requests for more information related to the information provided in this article may be directed to Venture's Chief Compliance Officer, Laura Ferrara, at (269) 979-9132 x313 or llf@summitpointe.org.

Reports of any suspected fraud, waste or abuse involving Venture Medicaid services may be made anonymously in the following ways:

By calling the hotline at (800) 897-3035 x335

By mail to: Venture Behavioral Health
Attn: Corporate Compliance Officer
100 Country Pines Lane
Battle Creek, MI 49015

Contributed by Laura Ferrara



Mother's Day
Sunday, May 9



Armed Forces Day
Saturday, May 15



Memorial Day
Monday, May 31*



100 Country Pine Lane
Battle Creek, MI 49015

Presorted
Standard
U.S. Postage Paid
Progressive
Printing & Graphics

MDCH Site Review Summary

MDCH PHP Site Review was held February 9 - 10, 2010. This follow-up site review evaluated the current status of the PHP's corrective action plan submitted in response to the full site review conducted March 2 - 20, 2009.

There were definite signs of improvement in most areas. Standards that showed the greatest areas of improvement included documentation of person-centered planning, plan of service documentation and prescreen documentation. Affiliate CMH staff and the Venture Compliance Department did a fantastic job working collaboratively to choose records that demonstrated compliance with 2009 citations. Remedial action plans were submitted to MDCH on March 19, 2010 for any standards requiring corrective actions. Some areas of focus for improvement include documentation of DCH required staff trainings, jail diversion cross-training and documentation that coordinating agreements are signed and include required language.

It is anticipated that MDCH will conduct the Venture full site review March 2011. This review will include an audit of three new standards added to the DCH Site Review Protocols in 2009. These new standards are Implementation of Arrangements that Support Self-Determination (Standard C.3.), Access Standards (Standard D.4.) and Behavior Treatment Plan Review Committees (Standard D.5.). Thanks to all Affiliate and Venture staff that helped prepare for this audit.

Contributed by Scott Vankirk