MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
Nationally Accredited by the Public Health Accreditation Board

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Board of Health Action Sheet

Date: June 20, 2016	Administrator: Marcus Cheatham, Health Officer
Subject: Montcalm Care Network (MCN) Primary Care Project, Health360 Clinic	☒ **Information Only** ☐ **Action Needed**

I. Authority For This Action:

☐ Local Policy
☒ Law or Rule Public Health Code, Act 368 of 1978, MCL 333.2221

"[Local health departments] shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs, including prevention and control of environmental health hazards; prevention and control of diseases; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and agencies and health services delivery systems; and regulation of health care facilities and agencies and health services delivery systems to the extent provided by law."

II. Summary:
(Previous board action relating to this item? Background information and if any future action anticipated.)

In 2014, the MCN asked the Health Department to help them launch a pilot program called Health360, which placed a Physician Assistant (PA) trained in both behavioral health and primary care in MCN's facility. The PA provides integrated care to those seeking mental health services with an emphasis on prevention and wellness. Specifically, what the MCN needed from MMDHD was PA supervision from our Medical Director for those services provided by the PA and for MMDHD to bill for those services to sustainably meet the physical health care needs of people with severe mental illness.

In this project, the PA is an employee of MCN, but provides primary care services through a contract between MCN and MMDHD. The MMDHD established a new NPI to bill for these primary care services. New contracts with insurance companies were needed to bill and be reimbursed for in-network services.

Through this partnership, currently over 165 people are receiving physical health services. The most common medical conditions seen are diabetes, high blood pressure, high cholesterol, obesity and COPD. A significant part of the mental health problems includes opioid addiction due to poor prescribing practices by area physicians. There are many more people in the area who could be patients. We are not enrolling them at this time because we are still struggling to bill successfully and don't want to take losses.

III. Strategic Objective, Health Issue, or other Need Addressed:
(What priority should be given in relation to goals? Include reason for recommending change in priorities and how the need will be introduced into planning process.)

People with severe mental illness often have chronic physical health problems, yet, at the same time, they often lack access to primary care. Therefore, their chronic health conditions may worsen uncontrollably, which is one reason they die as much as 28.5 years younger than other people on average, according to a recent article in JAMA (JAMA Psychiatry. 2015 Dec; 72(12):1172-81.)

Community Mental Health agencies want to provide primary care to their mental health patients. But if they do so, they cannot bill for those services. Physical health care is out of scope for mental health providers. Mental health providers need physical health partners to offer those services. The Health Department intends to meet this need by collaborating with all Community Mental Health Agencies in our jurisdiction to expand the pilot program it launched in Montcalm County with MCN.

IV. Fiscal Impact and Cost:
(Immediate, ongoing, and future impact.)

According to "Advanced Healthcare Network for NPs and PAs", a PA can bill about $80 per visit. Because of the complexity of the patients seen, and the fact that clients receive treatment for both mental and physical health conditions at the same time, the expectation is that a PA could see about 64 patients per week. At this rate, a PA should be able to bill about $240,000 per year and this should cover their cost and an additional $120,000 for things like enhanced billing and technology.

In order to break even and to be able to sustain the project staff, just over 50 patients per week would need to be seen and health plans billed just over $60 per visit. Therefore, the Health360 Clinic should be able to operate even if the goal is not fully reached.

Currently, MMDHD and MCN have billed over $100,000 for mental and physical health services in this project. The physical health services portion is $52,800, of which $41,800 is estimated to be paid after contractual adjustments. The following table provides a breakdown of that amount:

Total billed (standard fee)	$52,800
Contractual adjustment	$11,000
Paid	$10,200
Outstanding & Expected	$31,600

To help sustain the project, the Mid-Michigan Health Plan contributed $25,000 to the MCN for the project. The MCN will cover the shortfall and the MMDHD should not need to contribute more to the project or access general fund dollars.

Contracting for primary care services is new to MMDHD and has been quite difficult because health plans do not understand public health departments as they are accustomed to working with private physician practices. Two contracts in particular, Medicare and Priority Health took a great deal of time to obtain. These two contracts represent about $24,000 of the $31,600 outstanding listed above. We have finally received a contract with Medicare effective February 23, 2016; however, services were provided from May 2015 through February 2016 that might not be paid. The issues we have had with Priority are being resolved as well.

MMDHD has secured contracts for primary care services with the following health plans since May 2015:

- Aetna/Cofinity/Coventry Health Care/First Health
- Blue Cross Blue Shield
- UnitedHealthcare
- McLaren
- Priority Health
- Blue Cross Complete
- Cigna
- Meridian Health Plan
- Blue Care Network
- Medicare

V. Alternatives Considered:
(Scope of options reviewed. Reasons for rejecting alternatives.)

At first, MCN considered partnering with a local, private doctor or working with MidMichigan Health-Gratiot and Sheridan Community Hospital. However, these entities found that for various technical and financial reasons they could not play that role. The MCH then asked the Health Department if they would be able to collaborate on this project. In the end, MMDHD felt strongly motivated to serve the population of people with severe mental illness who do not have access to preventive health care services. We felt that this is part of our mission.

VI. Recommendation:
(Advantages/benefits of proposal. Expected results. Possible problems or disadvantages of proposal. Effect of action on agency. Consequences of not approving recommendation or taking action.)

The Health Department and the three community mental health agencies in our jurisdiction: the Clinton Counseling Center, Gratiot County Community Mental Health and the MCN applied together for a $450,000 grant to upgrade our billing capacity by hiring a certified biller and connecting our Electronic Health Records (EHR) so bills would be generated automatically at the health department when visits occur in the other offices. We should hear about this grant sometime in July.

I recommend the Board of Health (BOH) monitor this project to ensure we garner the resources needed to sustain the project; refining our billing practices to receive all possible reimbursements at the highest rates possible.

VII. Monitoring and Reporting Time Line:
(Evaluation method and timeline. Next report to the Board.)

Standard measures of success at billing, such as aging of outstanding bills are being incorporated into our Performance Management System. The Quality Vision Action Team (QVAT) is meeting to discuss this next week. This has relevance beyond the Primary Care Project because of increased emphasis on billing in areas like Immunizations and Family Planning. Part of the reason we are interested in migrating to the new Patagonia EHR is because it has superior financial reporting capabilities that will enable us to do better quality improvement work in the area of billing.

We will update you on the financial position of the Primary Care Project when we close out FY 15/16.