PREFERRED INTEGRATED NETWORK (PIN) AMENDMENT

AMENDMENT NO. 2 TO B22512

Contract Start Date: September 1, 2009
Original Contract Expiration Date: 12/31/2009
Current Contract Expiration Date: 12/31/2009
Requested Contract Expiration Date: 12/31/2009

Total Contract Amount: N/A
Original Contract Amount: PMPM
Previous Amendment(s) Total: PMPM
Amendment Amount: N/A

This amendment is by and between the State of Minnesota, through its Commissioner of the Department of Human Services ("State") and Medica Health Plans, Managed Care Organization (MCO), identified as Contract No. **B22512** for Medical Assistance, General Assistance Medical Care and MinnesotaCare programs; and

WHEREAS, the State, pursuant to Minnesota Statutes, § 245.4682, subd. 3, is authorized to implement up to three projects to demonstrate the integration of physical and mental health services within prepaid health plans and their coordination with County social services (herein known as the Preferred Integrated Network, or PIN). The State shall require that each PIN project be based on locally defined partnerships that include at least one MCO, a community integrated service network, and the county or counties within the MCO Service Area; and

WHEREAS, Counties shall retain responsibility and authority for social services in these locally defined partnerships; and

WHEREAS, the State is in need of provision of health care services, including mental health care services, coordinated with county social services for persons eligible for medical assistance with serious mental illness or emotional disturbance; and

WHEREAS, the MCO represents that it is willing to provide for the services set forth in this amendment to the 2009 Families and Children Contract.

Therefore, the parties agree that:

REVISION 1. Article 6A. Preferred Integrated Network. The Articles of this Contract are amended to add a new **Article 6A** as follows:

Article 6A. Preferred Integrated Network. The Preferred Integrated Network (PIN) demonstration project is designed to integrate mental health treatment within the mainstream health care delivery system, ensure coordination with social services, and improve outcomes through timely and effective care through locally defined partnerships pursuant to Minnesota Statutes, § 245.4682, subd. 3. Expected outcomes include improvement in access and quality of physical and mental health care for persons with serious Mental Illness, or Children with Emotional Disturbance (ED), while maintaining access to county administered social services. The PIN will effectively manage the range of treatment and supportive services each Enrollee requires in order to maintain the highest possible level of health, mental wellness and function.

6A.1 General Requirements

6A.1.1 Local Partnership Agreement. Partnership agreement must be approved by the STATE prior to the STATE and MCO contract agreement and implementation. MCO will maintain this agreement until the termination of the project. Any substantive changes in this agreement must be submitted to the STATE for review and approval. For purposes of this section, substantive change means any change that has a direct effect on an Enrollee's ability to access care or services provided by either the MCO or the county partner(s).

(A) The MCO shall have an agreement with the county partner(s). The agreement must include:

(1) Enrollee outreach and identification of health and social service needs paired with coordinated access to appropriate resources;

(2) A structure for ongoing monitoring of performance;

(3) A process for the identification and resolution of problems associated with the effective and efficient coordination and delivery of mental health and medical services to Enrollees; and

(4) A process that ensures an active role for local stakeholders to participate in the monitoring and structure of the PIN program. Stakeholders include but are not limited to Enrollees, Providers, advocates and local advisory councils.

(B) A description or definition of the roles of each partner, and the assigned responsibilities for the management of the Preferred Integrated Network in order to coordinate access to health care, mental health care and social services for PIN Enrollees;

6A.2 Duties of the PIN MCO

6A.2.1 PIN Program Structure. The MCO is responsible for identifying and implementing strategies for integration of mental health care and physical health care for PIN Enrollees with Mental Illness. The MCO will meet quarterly with the STATE to review the effectiveness of these strategies. The MCO will participate in workgroups in order to improve the integration of mental health and physical health care. Examples of proposed strategies include:

(A) Co-location of mental health and primary care services;

(B) Consultative models including continuing education, to improve management of mental health issues Enrollees might be experiencing when presenting in primary care settings;

(C) Consultative models including continuing education, to improve management of medical issues Enrollees might be experiencing when presenting in a mental health care setting; and

(D) Comprehensive Care Management and case management models.

6A.2.2 Eligibility. Eligibility for the MCO PIN will be determined by the STATE. In addition to the eligibility criteria listed in section 3.1.1, specific PIN eligibility must be determined. Eligibility for the PIN program includes the following:

(A) **Service Area.** Section 3.1.1(A) does not apply to the PIN Enrollee. The Service Area for the PIN Enrollee is limited to the county or counties contracted with the MCO as a Preferred Integrated Network.

(B) **Eligible PIN Enrollees.** Specific Enrollee Eligibility groups include:

(1) Disabled Children with ED, including SED. This group will have a separate payment structure.

(2) Non-disabled Children with ED, including SED. This group primarily includes SED Children receiving Children's Mental Health Targeted Case Management (CMH-TCM) who have previously opted out of PMAP;

(3) Non-disabled adults with SMI, including SPMI. This group primarily includes SPMI adults receiving Adult Mental Health Targeted Case Management (AMH-TCM) who previously opted out of PMAP.

6A.3 Enrollment.

6A.3.1 Enrollment into the PIN will be completed by the STATE.

(A) Potential Enrollees who meet the criteria for the PIN may opt out of the PIN program within sixty (60) days of receiving notice of enrollment. Enrollees who do not opt out will be enrolled into the PIN through the preferential enrollment process.

(B) For all Enrollees who are preferentially enrolled into the PIN program, enrollment becomes voluntary at any time after the initial thirty (30) days.

(C) When the Enrollee chooses to disenroll from the PIN, MCO coverage will end as follows:

(1) When termination has been entered on the STATE MMIS on or before the Cut-Off Date, MCO coverage shall cease at midnight, Minnesota time, on the first day of the month following the month in which termination was entered on the STATE MMIS.

(2) When termination has been entered on the STATE MMIS after the Cut-Off Date, MCO coverage shall cease at midnight, Minnesota time, on the first day of the second month following the month in which termination was entered on the STATE MMIS.

(D) Enrollee options after disenrollment from the PIN include:

(1) Disabled Children with emotional disturbance, including SED, may choose to return to fee-for-service Medical Assistance.

(2) Non-disabled Children with emotional disturbance including SED may choose to enroll in any available PMAP program in their Service Area. Fee-for-service is not an available option for these Children unless they meet other exclusion criteria for the PMAP program.

(3) Non-disabled adults with SMI, including SPMI may choose to return to fee-for-service, or may enroll in an available PMAP plan in the Service Area.

6A.3.2 Preferential Enrollment Intervals.

(A) Initial PIN preferential enrollment process will be phased in on a monthly basis through the end of Contract Year 2009. Following the phase-in period, preferential Enrollees will be enrolled on a semi-annual basis.

(B) Each MCO must submit to the State for review and approval by July 1st, 2009, the MCO plan describing the initial phase-in process. Enrollment may be initiated after approval of the process.

6A.4 Enrollee Information

6A.4.1 New Enrollment Information.

(A) A list shall be maintained by the MCO of all Primary Care Providers who also offer mental health services to specific individuals based on age or diagnosis, for use as a resource by the case managers when assisting Enrollees to establish a Primary Care Provider relationship; and

(B) All Enrollees and prospective Enrollees will be sent a PCNL and a list of mental health Providers available in the PIN.

6A.4.2 Direct Enrollee Communication. The MCO member services must:

(A) Be knowledgeable of the PIN program; and

(B) Be aware of the types of Mental Illnesses that PIN Enrollees may be diagnosed with. This includes the potential signs and symptoms characteristic to serious Mental Illness.

(C) Be experienced or receive training in appropriate communication skills that are unique to working with persons who live with chronic Mental Illness, with an emphasis on crisis intervention communication.

6A.5 Payments to MCO. Rates for the Children with ED per section 6A.2.2(B)(1), are listed in Appendix II-E, entitled Preferred Integrated Network Rates. Payment for Medicaid service providers for the months of May and June will be made no earlier than July 1 of the same Contract Year, pursuant to Minnesota Statutes, § 245.4682, subd. 3 (i).

6A.6 Managed Care Withhold. For capitation payments made specific to the PIN, the State shall withhold eight percent (8%) as stated in section 4.5 of the Families and Children contract. However, for the lead screening measure, PIN Enrollees will be excluded from the data used to calculate this measure. The percent of withheld funds will be returned to the MCO according to the timelines stated in section 4.5, without consideration of performance in regard to lead screening for PIN Enrollees only.

6A.7 Benefit Design and Administration

6A.7.1 PIN Enrollee Services. In addition to the covered services in the Families and Children, Prepaid Medical Assistance Program Contract, the PIN partnership will coordinate the provision of the following:

(A) Within thirty (30) days of enrollment in the PIN, the MCO will assess, triage, and place each Enrollee in an appropriate level of care management or case management.

(1) Each PIN Enrollee will be assigned a primary care manager or case manager designated to coordinate the integration of health care and mental health care needs.

(2) Once a primary care manager or case manager has been assigned to a PIN Enrollee, the MCO must ensure the assigned contact person remains as consistent as possible.

(3) The MCO will re-assign case managers or care managers at the Enrollee's reasonable request, making every effort to promote an effective working relationship with the Enrollee.

(4) Notification of Contact Persons.

(a) For new Enrollees, if the name of a case manager or care manager is not provided upon initial enrollment, the MCO must provide each Enrollee with a phone number of a contact person who is knowledgeable about the PIN program that a member can call for assistance in transitioning to managed care, including assistance in accessing medications and services that require prior authorization.

(b) If a case manager or care manager is assigned to an Enrollee, the MCO or its subcontractor must provide the name and telephone number of the case manager or care manager within ten (10) days of assignment or change in assignment.

(c) The MCO will have a process in place which assists Providers, county staff, family members or others who are calling the MCO requesting the identification of a member's current case manager or care manager and contact information. This process must be efficient and not require the callers to make multiple phone calls to find the requested information.

(B) Within thirty (30) days of enrollment in the PIN program, the MCO will conduct an age appropriate health risk screening by phone or face-to-face that includes mental health screening. Subsequent to initial screening, the MCO will:

(1) Follow-up with triage that ensures the identification of health and social services needs paired with well coordinated access to appropriate services that may include:

(a) Immediate referral and treatment for a current health or mental health issue;

(b) Urgent referral and treatment if Enrollee's condition requires this level of intervention; and

(c) Immediate referral for necessary social services or resources.

(2) In addition to referral services, provide a process for continuity of services from the Enrollee's primary care provider for maintenance of treatment and ongoing monitoring.

(C) Based on the assessment and screening completed in (A) and (B), the MCO will incorporate appropriate follow-up of identified risks and medical or mental health needs into the Enrollee's plan of care;

(D) Develop processes or activities to maintain continuity of health care coverage;

(E) MCO will provide Enrollee assistance in establishing a primary care provider relationship;

(F) The MCO shall ensure that any case management services provided through the PIN program will work in partnership with the Enrollee and/or authorized family members or alternative decision makers, and Primary Care physicians in consultation with any specialists caring for the Enrollee, to develop and provide services and to assure consent to the medical treatment or service.

(G) The MCO will maintain telephone access to registered nurse consultation for members on a 24-hour, seven-day-per-week basis. RNs staffing the nurse line must be familiar with Mental Illness diagnoses, and be aware of appropriate communication skills when working with Enrollees with SMI and/or Enrollee support systems, especially Enrollee is experiencing a crisis.

(H) The MCO will have written protocols for access to case management services for members requiring additional assistance in accessing services, including members who require intensive case management due to serious mental health and physical health conditions. The protocol will provide for a range of case management services from telephone consultation to face-to-face visits or intensive ongoing intervention based on defined criteria. Case management will be provided and/or supervised by qualified professionals.

(I) Coordination of additional assessments and services as appropriate for each Enrollee. These services and assessments may include:

(1) Periodic Functional assessment;

(2) Complete physical assessment;

(3) Identify current social services, and assess for additional social needs;

(4) Chemical health screening;

(5) Chronic disease management care planning process that incorporates the coordination of mental health needs with physical health needs;

(6) Assistance in making appropriate referrals to the county for any Enrollees in need of housing, employment, or other social services not covered under this contract;

(7) Coordination with counties for access to Children's residential mental health treatment and treatment foster care;

(8) Court ordered assessments and treatments;

(9) For adult PIN Enrollees, the MCO shall make every effort to ensure that all adult enrollees receive an annual physical examination. The MCO will strongly encourage and assist in scheduling an annual preventive physical exam, and will offer to coordinate any transportation needs. The MCO will document: 1) Enrollee refusals; and 2) MCO efforts to educate Enrollees on the importance of maintaining good health to those who choose to refuse this annual exam; and

(10) Provide Child and Teen Checkups following the periodicity schedules outlined in section 6.1.5 of this Contract. MCO will document in the child's case management plan or care plan, any efforts to offer healthy child

education to parents, and will note specific reasons why children miss these required check-ups.

(J) Coordination of annual follow-up will include:

(1) Review and update of Mental Illness diagnosis and treatment history, including updated substance abuse screening; and

(2) Follow-up risk assessment for previously identified risk factors.

6A.7.2 Care Management Plans In addition to the mental health case management requirements listed in section 6.1.20, the care plans developed for PIN Enrollees must:

(A) Address a comprehensive array of life domains in order to support the Enrollee's needs. The MCO will work in a collaborative manner with the STATE and other PIN MCOs to develop and implement a common operational standard for comprehensive care planning across all PIN programs.

(B) Identify friends, relatives and other natural supports that the Enrollee wishes to involve in their care;

(C) Identify Enrollee specific preferences regarding the Enrollee's treatment and service delivery needs, and incorporate the treatment preferences of the enrollee into the care planning process.

(D) Include, if available, the Minnesota Advance Psychiatric Directive information completed by the adult Enrollee for use in the event of a Mental Illness crisis and the Enrollee is determined to no longer have the mental capacity to participate in the decision making process regarding the Enrollee's mental health care or medical health care needs. See Minnesota Statutes, § 253B.03, subd. 6d.

6A.8 Quality Assessment

6A.8.1 Process reporting requirements specific to PIN, which are due by July 1st of the Contract Year include:

(A) Copies of all initial screening and assessment tools. Subsequent updates of current tools or changes to new tools will be submitted to the STATE within thirty (30) days of any changes.

(B) Any practice guidelines that appropriately apply, or could be revised to apply, to the coordination of access to all areas of health care for Enrollees who live with chronic Mental Illness.

(C) A description of the MCO PIN strategies, including a description of the case management and triage process, including updates or changes to these strategies.

(D) Any descriptions of evaluation tools, quality improvement initiatives, or quality improvement activities that are directed specifically at PIN Enrollees.

6A.8.2 Quality review reports if available must be submitted to the State by December 31st of the first Contract Year, and will be scheduled to coincide with other program reporting requirements in subsequent Contract Years. These include:

(A) Results from any MCO PIN evaluation process, including feedback on applied quality improvement initiatives or activities that are specific to the PIN program;

(B) The MCO and contracted Providers will provide PIN service delivery and care plan documentation to any external quality review organization under contract with the State; and

(C) As required in Article 8, when submitting reports related to the Grievance System, the MCO will identify the PIN Enrollee on all Grievances or Appeals.

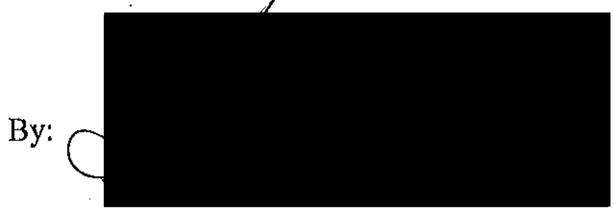
(D) Targeted Case Management reporting includes:

(1) The number of Enrollees who were found to be eligible for TCM following the initial PIN assessment described in 6A.7.1(A);

(2) The number of Enrollees receiving TCM at time of enrollment, but found ineligible for TCM following the PIN assessment; and

(3) The number of Enrollees who had not received TCM prior to PIN enrollment, but were found to be eligible for TCM after the initial PIN assessment. For these Enrollees, the MCO must report the enrollment date, and the actual date the initial TCM services were provided to each Enrollee.

IN WITNESS WHEREOF, the parties hereto have executed this Contract. This Contract is hereby accepted and considered binding in accordance with the terms outlined in the preceding statements.

STATE OF MINNESOTA	MEDICA (MCO)
DEPARTMENT OF HUMAN SERVICES	(Two corporate officers must execute)
By:	By:
Title: Assistant Commissioner	Title: SVP
Date: 7/2/09	Date: 6-26-09
	and
	By: 
	Title: VP & GM of CHA
	Date: 6.29.09

Appendix II-E
Preferred Integrated Network Rates
September 1, 2009 to December 31, 2009

Area and Age Group	Base Rate (a)	Rateable Reductions (b)	Adjusted Base Rate (c)=(a)-(b)	Medical Education Carve Out (d)	2009 Rates Excl. Med. Educ. and RF (e)=(c)-(d)	TCM Component (f)	Withhold (j)=(g)÷(i)	2009 Rates Excluding Withhold (k)=(h)-(j)+(d)	2009 Rates less MERC less Withhold	CY 2009 Plan Pymt w TCM (m)=(l)+(f)
Hennepin										
1-5	$4,557.01	$37.82	$4,519.19	$284.71	$4,234.48	$598.19	$338.76	$3,582.24	$3,297.53	$3,895.72
6-12	$2,920.52	$24.24	$2,896.28	$182.47	$2,713.81	$578.96	$217.11	$2,100.21	$1,917.74	$2,496.70
13-17	$2,532.66	$20.77	$2,511.89	$158.25	$2,353.64	$608.64	$188.29	$1,714.96	$1,556.71	$2,165.35
Other Metro										
1-5	$4,557.01	$37.82	$4,519.19	$90.38	$4,428.81	$625.64	$354.30	$3,539.25	$3,448.87	$4,074.51
6-12	$2,920.52	$24.24	$2,896.28	$57.93	$2,838.35	$605.53	$227.07	$2,063.68	$2,005.75	$2,611.28
13-17	$2,532.66	$20.77	$2,511.89	$50.24	$2,461.65	$636.57	$196.94	$1,678.38	$1,628.14	$2,264.71
Non-Metro										
1-5	$4,604.03	$38.21	$4,565.82	$73.05	$4,492.77	$603.20	$359.43	$3,603.19	$3,530.14	$4,133.34
6-12	$2,950.66	$24.49	$2,926.17	$46.82	$2,879.35	$595.79	$230.34	$2,100.04	$2,053.22	$2,649.01
13-17	$2,558.80	$20.98	$2,537.82	$40.61	$2,497.21	$630.66	$199.77	$1,707.39	$1,666.78	$2,297.44