

**Michigan Department of Health and
Human Services**

**State Fiscal Year 2017
Validation of Performance Measures
for Region 5—Mid-State Health Network**

*Behavioral Health and Developmental Disabilities Administration
Prepaid Inpatient Health Plans*

September 2017



Table of Contents

Validation of Performance Measures.....	1
Validation Overview	1
Prepaid Inpatient Health Plan (PIHP) Information	1
Performance Measures Validated.....	2
Description of Validation Activities.....	3
Pre-Audit Strategy.....	3
Validation Team	4
Technical Methods of Data Collection and Analysis	5
On-site Activities.....	5
Data Integration, Data Control, and Performance Indicator Documentation.....	8
Data Integration.....	8
Data Control	8
Performance Indicator Documentation	8
Validation Results	9
PIHP Strengths	9
PIHP Areas for Improvement.....	9
Eligibility Data System Findings	9
Claims/Encounter Data System Findings.....	10
Behavioral Health Treatment Episode Data Set (BH-TEDS) Data Production	10
PIHP Oversight of Affiliate Community Mental Health Centers	11
PIHP Actions Related to Previous Recommendations.....	11
Performance Indicator Specific Findings and Recommendations	12
Appendix A. Data Integration and Control Findings.....	A-1
Appendix B. Denominator and Numerator Validation Findings	B-1
Appendix C. Performance Measure Results	C-1

HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

Validation of Performance Measures

Validation Overview

Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. The state, its agent that is not an MCO or an external quality review organization (EQRO) can perform this validation. Health Services Advisory Group, Inc. (HSAG), the EQRO for the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration, conducted the validation activities for the prepaid inpatient health plans (PIHPs) that provided mental health and substance abuse services to Medicaid-eligible recipients.

In 2013, MDHHS issued an *Application for Participation for Specialty Prepaid Inpatient Health Plans* and selected 10 regional entities to manage the Medicaid specialty benefit for the entire region defined by MDHHS. HSAG conducted the state fiscal year (SFY) 2017 validation activities for the 10 regional entities as outlined in the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012.¹

Prepaid Inpatient Health Plan (PIHP) Information

Information about **Mid-State Health Network** appears in Table 1.

Table 1—Mid-State Health Network Information

PIHP Name:	Mid-State Health Network
PIHP Site Visit Location:	530 W. Ionia St., Suite F Lansing, MI 48933
PIHP Contact:	Kim Zimmerman
Contact Telephone Number:	517.657.3018
Contact Email Address:	kim.zimmerman@midstatehealthnetwork.org
Site Visit Date:	July 18, 2017

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: Aug 25, 2017.

Performance Measures Validated

HSAG validated a set of performance indicators that were developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified for each indicator by MDHHS. Table 2 lists the audited performance indicators calculated by the PIHPs for different populations for the first quarter of Michigan SFY 2017, which began October 1, 2016, and ended December 31, 2016. Table 3 lists the audited performance indicators calculated by MDHHS, each with its specific measurement period. The indicators are numbered as they appear in the MDHHS Codebook.

Table 2—List of Audited Performance Indicators Calculated by PIHPs

	Indicator	Sub-Populations
#1	The percent of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	<ul style="list-style-type: none"> • Children • Adults
#2	The percent of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	<ul style="list-style-type: none"> • MI-Adults • MI-Children • DD-Adults • DD-Children • Medicaid SA
#3	The percent of new Medicaid beneficiaries during the quarter starting any needed ongoing service within 14 days of a non-emergent face-to-face assessment with a professional.	<ul style="list-style-type: none"> • MI-Adults • MI-Children • DD-Adults • DD-Children • SA-Adult
#4a	The percent of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	<ul style="list-style-type: none"> • Children • Adults
#4b	The percent of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	<ul style="list-style-type: none"> • Consumers
#10	The percent of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	<ul style="list-style-type: none"> • MI and DD-Adults • MI and DD-Children

MI = mental illness, DD = developmental disabilities, SA = substance abuse

Table 3—List of Audited Performance Indicators Calculated by MDHHS

	Indicator	Sub-Populations	Measurement Period
#5	The percent of Medicaid recipients having received PIHP managed services.	<ul style="list-style-type: none"> Medicaid Recipients 	First Quarter SFY 2017
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	<ul style="list-style-type: none"> HSW Enrollees 	First Quarter SFY 2017
#8	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs* and PIHPs who are employed competitively.	<ul style="list-style-type: none"> MI-Adults DD-Adults MI and DD Adults 	SFY 2016
#9	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	<ul style="list-style-type: none"> MI-Adults DD-Adults MI and DD Adults 	SFY 2016
#13	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	<ul style="list-style-type: none"> DD-Adults 	SFY 2016
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	<ul style="list-style-type: none"> MI-Adults 	SFY 2016

*CMHSP = Community Mental Health Services Program

Description of Validation Activities

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS Performance Measure Validation Protocol. HSAG obtained a list of the indicators selected by MDHHS for validation. Indicator definitions and reporting templates were also provided by MDHHS for review by the HSAG validation team. Based on the indicator definitions and reporting guidelines, HSAG developed indicator-specific worksheets derived from Attachment I of the CMS Performance Measure Validation Protocol.

HSAG prepared a documentation request, which included the Information Systems Capabilities Assessment Tool (ISCAT), Appendix V of the CMS Performance Measure Validation Protocol. In collaboration with MDHHS and PIHP participants, HSAG customized the ISCAT to collect the necessary data consistent with Michigan’s behavioral health service delivery model. The ISCAT was forwarded to each PIHP with a timetable for completion and instructions for submission. HSAG fielded ISCAT-related questions directly from the PIHPs during the pre-on-site phase.

HSAG prepared an agenda describing all on-site visit activities and indicating the type of staff needed for each session. The agendas were forwarded to the respective PIHPs prior to the on-site visit. When requested, HSAG conducted pre-on-site conference calls with the PIHPs to discuss any outstanding ISCAT questions and on-site visit activities.

Validation Team

The HSAG performance measure validation (PMV) team was assembled based on the full complement of skills required for the validation and requirements of the particular PIHP. Some team members, including the lead auditor, participated in the on-site meetings at the PIHP location; others conducted their work at HSAG offices. Table 4 describes each team member’s role and expertise.

Table 4—Validation Team

Name and Role	Skills and Expertise
Mariyah Badani, JD, MBA, CHCA <i>Director, Audits/State & Corporate Services</i>	Management of audit department, multiple years of auditing experience, certified HEDIS compliance auditor, data integration, systems review, and analysis.
Tanishia Bailey, BA <i>Lead Auditor</i>	Multiple years of auditing, quality improvement, data review and analysis, and healthcare industry experience.
Regina Cameron, MSW <i>Secondary Auditor</i>	Multiple years of experience in quality improvement, project and program management/coordination, research, analysis, evaluation, data abstraction, and audits.
Tammy GianFrancisco <i>Project Leader</i>	Project coordination and communication.

Technical Methods of Data Collection and Analysis

The CMS Performance Measure Validation Protocol identifies key types of data that should be reviewed as part of the validation process. The list below indicates the type of data collected and how HSAG conducted an analysis of these data:

- **Information Systems Capabilities Assessment Tool (ISCAT)**—The PIHPs were required to submit a completed ISCAT that provided information on its information systems, processes used for collecting and processing data, and processes used for performance measure calculation. Upon receipt by HSAG, the ISCAT(s) underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification. Where applicable, HSAG used the information provided in the ISCAT(s) to begin completion of the review tools.
- **Source code (programming language) for performance indicators**—PIHPs that calculated the performance indicators using computer programming language were required to submit source code for each performance indicator being validated. HSAG completed line-by-line review on the supplied source code to ensure compliance with the State-defined performance indicator specifications. HSAG identified areas of deviation from the specifications, evaluating the impact to the indicator and assessing the degree of bias (if any). PIHPs that did not use computer programming language to calculate the performance indicators were required to submit documentation describing the steps the PIHP took for indicator calculation.
- **Performance indicator reports**—HSAG also reviewed the PIHP performance indicator reports provided by MDHHS for the first quarter of SFY 2017. Previous reports were used along with the current reports to assess trending patterns and rate reasonability.
- **Supporting documentation**—The PIHPs submitted documentation to HSAG that provided additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, with issues or clarifications flagged for follow-up.

On-site Activities

HSAG conducted on-site visits with each PIHP. HSAG collected information using several methods including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening session**—The opening session included introductions of the validation team and key PIHP staff members involved in the performance measure validation activities. Discussion during the session covered the review purpose, the required documentation, basic meeting logistics, and queries to be performed.

- Evaluation of system compliance**—The evaluation included a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluated the processes used to collect and calculate the performance indicators, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately). Based on the desk review of the ISCAT(s), HSAG conducted interviews with key PIHP staff members familiar with the processing, monitoring, and calculation of the performance indicators. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.
- Overview of data integration and control procedures**—The overview included discussion and observation of source code logic, a review of how all data sources were combined, and how the analytic file used for reporting the performance indicators was generated. HSAG performed primary source verification to further validate the output files. HSAG also reviewed any supporting documentation provided for data integration. This session addressed data control and security procedures as well.
- Closing conference**—The closing conference summarized preliminary findings based on the review of the ISCAT and the on-site visit, and reviewed the documentation requirements for any post-on-site activities.

HSAG conducted several interviews with key **Mid-State Health Network** staff members who were involved with any aspect of performance indicator reporting. Table 5 displays a list of **Mid-State Health Network** key interviewees:

Table 5—List of Mid-State Health Network Interviewees

Name	Title
Kim Zimmerman	Director, Compliance—Mid-State Health Network (MSHN)
Forest Goodrich	Chief Information Officer (CIO), MSHN
Joanne Holland	Chief Information Officer, Clinton-Eaton-Ingham Community Mental Health (CEI)
Dan Dedloff	Customer Service and Rights Specialist, MSHN
Shyam Marar	Project Manager, MSHN
Stacia Chick	Chief Financial Officer, CEI
Brett Kish	IS Manager, Bay-Arenac Behavioral Health (BABH)
Sandy Gettel	Quality Manager, BABH
Joanne Holland	CIO, CEI
Katherine VanZwoll	Business Analyst Manager, CEI
Jane Cole	Systems Analyst, Community Mental Health for Central Michigan (CMHCM)

Name	Title
Kevin Faught	Systems Analyst, CMHCM
Ginger Hanley	Information Technology (IT) Manager, Gratiot Integrated Health Network (GIHN)
Alec Keck	IT Data Analyst, GIHN
Shannon Wichert	Information Systems (IS) Manager, Huron Community Mental Health (HCMH)
Susan Bensinger	Reimbursement Coordinator, HCMH
Levi Zagorski	QI Manager, HCMH
Lori Richardson	IT Director, Right Door for Hope Recovery and Wellness
Alexis Shapiro	EMR System Administrator, Lifeways Community Mental Health (LCMH)
Bill Mason	IT Coordinator, Montcalm Care Network (MCN)
Sally Culey	Quality and IS Manager, MCN
Jay Hollinger	IT Director, Newaygo County Mental Health (NCMH)
Jill McKay	Data Coordinator, NCMH
Steve DeLong	CIO, Saginaw County Community Mental Health Authority (SCCMHA)
Dave Dunham	Systems Analyst, SCCMHA
Kim Hall	Quality Systems, SCCMHA
Julie McCullough	Quality Systems and Public Information Supervisor, SCCMHA
Doug Meylan	IT Manager, Shiawassee County Community Mental Health Authority
Tammy Smith	IS Specialist, Tuscola Behavioral Health Systems

Data Integration, Data Control, and Performance Indicator Documentation

Several aspects involved in the calculation of performance indicators are crucial to the validation process. These include data integration, data control, and documentation of performance indicator calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, please see Appendix A.

Data Integration

Accurate data integration is essential to calculating valid performance indicators. The steps used to combine various data sources, including claims/encounter data, eligibility data, and other administrative data, must be carefully controlled and validated. HSAG validated the data integration process used by the PIHP, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at **Mid-State Health Network** were:

- Acceptable
- Not acceptable

Data Control

The organizational infrastructure of a PIHP must support all necessary information systems. Each PIHP's quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG reviewed the data control processes used by **Mid-State Health Network**, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at **Mid-State Health Network** were:

- Acceptable
- Not acceptable

Performance Indicator Documentation

Sufficient and complete documentation is necessary to support validation activities. While interviews and system demonstrations can provide supplementary information, HSAG based the majority of the validation review findings on documentation provided by the PIHP. HSAG reviewed all related documentation, which included the completed ISCAT, job logs, computer programming code, output files, work flow diagrams, narrative descriptions of performance indicator calculations, and other related documentation. Overall, HSAG determined that the documentation of performance indicator calculations by **Mid-State Health Network** was:

- Acceptable
- Not acceptable

Validation Results

HSAG identified overall strengths and areas for improvement for **Mid-State Health Network**. In addition, HSAG evaluated **Mid-State Health Network**'s data systems for the processing of each type of data used for reporting the MDHHS performance indicators. General findings are indicated below:

PIHP Strengths

Mid-State Health Network maintained a solid team with years of relevant experience gained primarily through working for previous PIHPs. Staff members were very familiar with all processes related to performance indicator (PI) and BH-TEDS measures and data reporting requirements. The robust validation processes in place ensured that only complete and valid data were submitted to the State by the PIHP. As in the prior year, the PIHP demonstrated a strong commitment to the performance indicators and quality data reporting.

For the current measurement year, all coordinating agency (CA) functions related to substance abuse services were the PIHP's responsibility. **Mid-State Health Network** continued to manage data reporting for the substance use disorder (SUD) population. After the challenges experienced in 2016 regarding the introduction of the BH-TEDS questions, **Mid-State Health Network** continued to work diligently with its CMHSPs to resolve issues regarding BH-TEDS data collection within clinical processes. In addition, **Mid-State Health Network** worked closely with CMHSPs to ensure that BH-TEDS questions were appropriately embedded within the CMHSPs' EHRs.

PIHP Areas for Improvement

HSAG identified no areas of improvement for **Mid-State Health Network**.

Eligibility Data System Findings

HSAG had no concerns with how **Mid-State Health Network** received and processed eligibility data.

The PIHP continued to contract with CEI to obtain and process eligibility information. CEI obtained the 834 eligibility files from the State daily and monthly using the FileZilla file transfer protocol (FTP) application software. These files were then uploaded to a "splitter" program where the eligibility data were separated according to each CMHSP. Each CMHSP received its eligibility files via the FTP site. Providers, staff members, and PIHP affiliates performed real-time eligibility verification through the State's website, Community Health Automated Medicaid Processing System (CHAMPS). The 834 eligibility files were matched against the 820 payment files. This process helped to ensure that each consumer for whom a payment was received had current, matching eligibility data. Each CMHSP used its own validation process as an added quality check, which involved confirming whether a payment was received for a consumer to verify the accuracy of the enrollment files.

In addition, the CMHSPs' systems had built-in 270/271 verification process capability, providing an additional form for eligibility verification.

Claims/Encounter Data System Findings

HSAG identified no concerns with how **Mid-State Health Network** received and processed claims/encounters and processed data for performance indicator reporting.

Mid-State Health Network has contracted with CEI as its vendor for validating and submitting encounter data to the State. **Mid-State Health Network** was responsible for SUD data collection, management, and reporting. The SUD providers uploaded data to CareNet, which had several validation processes to ensure that the SUD data entered were accurate. Once the SUD data were received and processed by the claims team, CEI was responsible for all SUD data reporting.

Each individual CMHSP was responsible for collecting and processing claims/encounter data. Gratiot implemented a new electronic health record, RUDI, a PCE system, in December 2016. PCE worked closely with Gratiot staff to ensure that RUDI operated effectively and met their data needs. The CMHSPs logged in to the PIHP's Web portal and uploaded data files to the **Mid-State Health Network** encounter data warehouse test area. Built-in validation edits were applied to each file. After passing the validation, data files were moved to the production area. In addition, the PIHP also reviewed all submitted data files for accuracy and ran them through Edifecs, a third-party tool which ensured that all files were submitted in the 837 format.

Upon passing all validation processes, the data were submitted to the State. The State generated a 999 response file, confirming receipt of each submission. In addition, within one day of submission, the PIHP received a 4950 detailed response file, which included an explanation for each file/record rejection that occurred. Each CMHSP had the capability to download and review its response file from the **Mid-State Health Network** portal.

The CMHSPs identified all cases based on the description provided in the MDHHS Codebook. Each quarter, detailed and aggregate information were submitted to **Mid-State Health Network** in a Microsoft Excel spreadsheet via a secure portal. All data files were placed into a staging table, where several validations were applied to ensure data completeness and accuracy. Validated data were then placed into a calculation table to finalize the measure rates for reporting.

Behavioral Health Treatment Episode Data Set (BH-TEDS) Data Production

The CMHSPs worked closely with **Mid-State Health Network** to resolve the issues experienced in 2016 with the implementation of the BH-TEDS data collection. From a technical perspective, about 70 to 80 percent of BH-TEDS questions have been integrated appropriately into the assessment workflow. Additionally, from a business perspective the CMHSPs have the added ability to mark a question as unanswered due to mental health crisis experienced by the consumer. Beginning, October 1, 2017, the CMHSPs will be required to incorporate veteran-focused questions into their BH-TEDS process. **Mid-**

State Health Network is planning to conduct training sessions for the CMHSPs to ensure that clinicians and other staff members have thorough understanding of all veteran-focused questions. The CMHSPs will update their EMRs to include the new veteran-focused BH-TEDS questions.

Mid-State Health Network contracted with CEI as its vendor for preparing, validating, and submitting BH-TEDS data files to the State. Monthly, each CMHSP logged in to the BH-TEDS portion of the **Mid-State Health Network** data warehouse test area and uploaded its data file. Validations were performed by each CMHSP prior to moving the file to the production area of the data warehouse. In addition, the PIHP also performed its own validation and reconciliation process for added assurance of data completeness and accuracy prior to submitting data to the State. After submission, the PIHP received an 837 response file which was loaded into the PIHP's data warehouse. Each CMHSP had the ability to log in to the warehouse and obtain its corresponding response file.

The first full year for BH-TEDS data submission was 2016; therefore, the State relaxed its 95 percent standard to 85 percent. However, for the next reporting period, each PIHP will be required to achieve the 95 percent standard for rates related to BH-TEDS data.

PIHP Oversight of Affiliate Community Mental Health Centers

HSAG found that **Mid-State Health Network** had sufficient oversight of its 12 CMHSPs.

Consistent communication and monthly committee meetings facilitated the resolution of any issues and provided opportunities to collaborate on solutions. In addition, the PIHP performed a full evaluation for each CMHSP, which included on-site desk audits and chart reviews for compliance with data capture and reporting requirements. **Mid-State Health Network** created an audit tool to assist in monitoring the CMHSPs' data completeness, data accuracy, and submission timeliness. The PIHP provided each of its affiliates an audit findings report. Best practices were shared among CMHSPs for the purposes of process improvement. A corrective action plan was implemented for any CMHSP that did not meet the required standard for a measure. This teamwork helped to ensure that affiliates were held accountable for missing, inaccurate, or incomplete data. One of the CMHSPs, Gratiot, changed its name from Gratiot Community Mental Health to Gratiot Integrated Health Network in 2016.

PIHP Actions Related to Previous Recommendations

Mid-State Health Network implemented all recommendations provided in the prior year. Based on last year's recommendation, for the current reporting period and to further ensure accuracy, **Mid-State Health Network** performed adequate primary source verification of sample cases of data provided by the CMHSPs prior to rate calculation. In addition, **Mid-State Health Network** continues to work closely with the State to resolve existing issues.

Performance Indicator Specific Findings and Recommendations

Based on all validation activities, HSAG determined results for each performance indicator. The CMS Performance Measure Validation Protocol identifies three possible validation finding designations for performance indicators, which are defined in Table 6. For more detailed information, please see Appendix B.

Table 6—Designation Categories for Performance Indicators

Report (R)	Indicator was compliant with the State’s specifications and the rate can be reported.
Not Reported (NR)	This designation is assigned to measures for which: (1) the PIHP rate was materially biased or (2) the PIHP was not required to report.
No Benefit (NB)	Indicator was not reported because the PIHP did not offer the benefit required by the indicator.

According to the protocol, the validation designation for each indicator is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be not compliant based on the review findings. Consequently, an error for a single audit element may result in a designation of NR because the impact of the error biased the reported performance indicator by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the indicator could be given a designation of R. Audit elements and their scoring designations (i.e., *Met*, *Not Met*, and *Not Applicable [N/A]*) can be found in Appendix A—Data Integration and Control Findings and Appendix B—Denominator and Numerator Elements. Table 7 displays the indicator-specific review findings and designations for **Mid-State Health Network**.

Table 7—Indicator-Specific Review Findings and Designations for Mid-State Health Network

Performance Indicator		Key Review Findings	Indicator Designation
#1	The percent of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#2	The percent of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#3	The percent of new Medicaid beneficiaries during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R

Performance Indicator		Key Review Findings	Indicator Designation
#4a	The percent of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#4b	The percent of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#5	The percent of Medicaid recipients having received PIHP managed services.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#8	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#9	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#10	The percent of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#13	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R

Appendix A. Data Integration and Control Findings

Documentation Worksheet

PIHP Name:	Mid-State Health Network
On-Site Visit Date:	July 18, 2017
Reviewers:	Tanishia Bailey, BA

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance indicator data repository				
The PIHP accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculations of the performance indicators have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from performance indicator data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy of file consolidations, extracts, and derivations				
The PIHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the PIHP uses a performance indicator data repository, its structure and format facilitates any required programming necessary to calculate and report required performance indicators.				
The performance indicator data repository's design, program flow charts, and source code enables analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data Integration and Control Element	Met	Not Met	N/A	Comments
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including PIHP production activity logs and the PIHP staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP's processes and documentation comply with the PIHP standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Appendix B. Denominator and Numerator Validation Findings

Reviewer Worksheet

PIHP Name:	Mid-State Health Network
On-Site Visit Date:	July 18, 2017
Reviewers:	Tanishia Bailey, BA

Denominator Validation Findings for Mid-State Health Network				
Audit Element	Met	Not Met	N/A	Comments
For each of the performance indicators, all members of the relevant populations identified in the specifications are included in the population from which the denominator is produced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance indicators.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP correctly calculates member months and member years if applicable to the performance indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member month and member year calculations were not applicable to the indicators under the scope of the audit.
The PIHP properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance indicator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications for the performance indicator, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance indicator specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by the PIHP to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not applicable to the indicators under the scope of the audit.

Numerator Validation Findings for Mid-State Health Network				
Audit Element	Met	Not Met	N/A	Comments
The PIHP uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Only standard codes were used or reported by the PIHP.
If any time parameters are required by the specifications for the performance indicator, they are followed (i.e., the indicator event occurred during the time period specified or defined in the specifications).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. Performance Measure Results

Indicator #1

The percent of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *Standard=95%*

**Table C-1—Indicator #1: Access—Timeliness/Inpatient Screening
for Mid-State Health Network**

1. Population	2. # of Emergency Referrals for Inpatient Screening During the Time Period	3. # of Dispositions About Emergency Referrals Completed Within Three Hours or Less	4. % of Emergency Referrals Completed Within the Time Standard
Children	555	550	99.10%
Adults	2,108	2,081	98.72%

Indicator #2

The percent of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *Standard=95%*

**Table C-2—Indicator #2: Access—Timeliness/First Request
for Mid-State Health Network**

1. Population	2. # of New Persons Receiving an Initial Non-Emergent Professional Assessment Following a First Request	3. # of New Persons From Col 2 Who Are Exceptions	4. Net # of New Persons Receiving an Initial Assessment (Col 2 Minus Col 3)	5. # of Persons From Col 4 Receiving an Initial Assessment Within 14 Calendar Days of First Request	6. % of Persons Receiving an Initial Assessment Within 14 Calendar Days of First Request
MI—Children	1,023	83	940	923	98.19%
MI—Adults	1,711	117	1,594	1,575	98.81%
DD—Children	82	7	75	74	98.67%
DD—Adults	75	5	70	70	100.00%
Medicaid SA	1,314	119	1,195	1,184	99.08%
TOTAL	4,205	331	3,874	3,826	98.76%

Indicator #3

The percent of new Medicaid beneficiaries during the quarter starting any needed ongoing service within 14 days of a non-emergent face-to-face assessment with a professional. *Standard=95% within 14 days*

Table C-3—Indicator #3: Access—Timeliness/First Service for Mid-State Health Network

1. Population	2. # of New Persons Who Started Face-to-Face Service During the Period	3. # of New Persons From Col 2 Who Are Exceptions	4. Net # of Persons Who Started Service (Col 2 Minus Col 3)	5. # of Persons From Col 4 Who Started a Face-to-Face Service Within 14 Days of a Face-to-Face Assessment With a Professional	6. % of Persons Who Started Service Within 14 days of Assessment
MI—Children	874	170	704	689	97.87%
MI—Adults	1,444	246	1,198	1,168	97.50%
DD—Children	88	21	67	67	100.00%
DD—Adults	82	16	66	62	93.94%
SA—Adults	1,151	0	1,151	1,151	100.00%
TOTAL	3,639	453	3,186	3,137	98.46%

Indicator #4a

The percent of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. *Standard=95%*

Table C-4—Indicator #4a: Access—Continuity of Care for Mid-State Health Network

1. Population	2. # of Discharges From a Psychiatric Inpatient Unit	3. # of Discharges From Col 2 That Are Exceptions	4. # of Net Discharges (Col 2 Minus Col 3)	5. # of Discharges from Col 4 Followed Up by PIHP Within 7 Days	6. % of Persons Discharged Seen Within 7 Days
Children	155	48	107	105	98.13%
Adults	648	198	450	437	97.11%

Indicator #4b

The percent of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days. *Standard=95%*

Table C-5—Indicator #4b: Access—Continuity of Care for Mid-State Health Network

1. Population	2. # of Discharges From a Substance Abuse Detox Unit	3. # of Discharges From Col 2 That Are Exceptions	4. # of Net Discharges (Col 2 Minus Col 3)	5. # of Discharges From Col 4 Followed Up by CMHSP/PIHP Within 7 Days	6. % of Persons Discharged Seen Within 7 Days
Consumers	382	168	214	214	100.00%

Indicator #5

The percent of Medicaid recipients having received PIHP managed services.

Table C-6—Indicator #5: Access—Penetration Rate for Mid-State Health Network

Total Medicaid Beneficiaries Served	# of Area Medicaid Recipients	Penetration Rate
23,065	303,687	7.59%

Indicator #6

The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.

Table C-7—Indicator #6: Adequacy/Appropriateness—Habilitation Supports Waiver for Mid-State Health Network

Population	Total # of HSW Enrollees	# of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	HSW Rate
HSW Enrollees	1,585	1,546	97.54%

Indicator #8

The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.

Table C-8—Indicator #8: Outcomes—Competitive Employment for Mid-State Health Network

Population	Total # of Enrollees	# of Enrollees Who Are Competitively Employed	Competitive Employment Rate
MI—Adults	18,356	2,675	14.57%
DD—Adults	3,423	333	9.73%
MI and DD—Adults	2,584	225	8.71%

Indicator #9

The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.

Table C-9—Indicator #9: Outcomes—Minimum Wage for Mid-State Health Network

Population	Total # of Enrollees	# of Enrollees Who Earn Minimum Wage or More	Minimum Wage Rate
MI—Adults	2,556	2,361	92.37%
DD—Adults	322	285	88.51%
MI and DD—Adults	221	191	86.43%

Indicator #10

The percent of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. *Standard=15% or less*

Table C-10—Indicator #10: Outcomes—Inpatient Recidivism for Mid-State Health Network

1. Population	2. # of Discharges From a Psychiatric Inpatient Care During the Reporting Period	3. # of Discharges From Col 2 That Are Exceptions	4. Net # of Discharges (Col 2 Minus Col 3)	5. # of Discharges (From Col 4) Readmitted to Inpatient Care Within 30 Days of Discharge	6. % of Discharges Readmitted to Inpatient Care Within 30 Days of Discharge
MI and DD—Children	157	9	148	12	8.11%
MI and DD—Adults	650	31	619	61	9.85%

Indicator #13

The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).

Table C-11—Indicator #13: Outcomes—Private Residence for Mid-State Health Network

Population	Total # of Enrollees	# of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s)	Private Residence Rate
DD—Adults	3,425	715	20.88%

Indicator #14

The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).

Table C-12—Indicator #14: Outcomes—Private Residence-MI for Mid-State Health Network

Population	Total # of Enrollees	# of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s)	Private Residence Rate
MI—Adults	18,480	9,809	53.08%

Behavioral Health Treatment Episode Data Set (BH-TEDS) Data Elements

The BH-TEDS data elements in Michigan PIHP performance indicator reporting are displayed in Table C-13. The table depicts how complete specific data elements were within the BH-TEDS data file that the PIHP submitted to MDHHS. Shown are the percent complete and the indicators for which the data elements were used. Data in the “Percent Complete” column were provided by MDHHS.

Table C-13—BH-TEDS Data Elements in Performance Indicator Reporting for Mid-State Health Network

BH-TEDS Data Element	Percent Complete SFY 2016	Percent Complete 1st Quarter SFY 2017	Quarterly and Annual Indicators Impacted
Age*	100.00%	95.63%	1, 2, 3, 4, 8, 9, 10, 13, 14
Disability Designation*	95.17%	91.11%	2, 3, 8, 9, 10, 13, 14
Employment Status*	99.67%	95.63%	8, 9
Minimum Wage*	99.93%	100.00%	9

* Based on the PIHP/MDHHS contract, 85 percent of records must contain a value in this field, and the value must be within acceptable ranges.