

Executive Summary: MSHN FY2020 Annual Compliance Summary Report

The following executive summary provides a brief overview of the recommendations, monitoring, oversight and activities performed during Fiscal Year 2020 as part of the Compliance Program and identified within the Compliance Plan. Please refer to the FY2020 Annual Compliance Summary Report for complete information.

Recommendations

Recommendations were made based on findings and outcomes identified during internal site reviews, external site reviews and contractual requirements and issues identified through the Customer Service and Compliance System. The following are some of the areas of high risk warranting a recommendation for follow up.

Internal Site Reviews

Area(s) of Risk: Staff training completed according to requirements for Self Determination arrangements managed through Fiscal Intermediary Service (FMS) Providers.

Recommendation: Require use of MDHHS Self-Direction Technical Implementation Guide (October 2020) which identifies roles of the FMS and provides information specific to training oversight.

External Site Reviews- Michigan Department of Health and Human Services

Area(s) of Risk: Individuals on the Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP) and the Serious Emotional Disturbance Waiver (SEDW) were out of compliance with the standards for ensuring non-licensed service providers meet the provider qualifications identified in the Medicaid Provider Manual and the training requirements. This was a repeat citation.

Recommendation: The Michigan Department of Health and Human Services (MDHHS) will be conducting a follow up review within 90 days following the end of the FY2020 review. Any additional findings will require a plan of correction and could result in additional action. MSHN should look at additional monitoring needs, training and education opportunities, standardization of practices where necessary, and appropriate council/committee/workgroup involvement to ensure compliance with these standards.

Mid-State Health Network Internal Site Reviews

During 2020 (calendar year) twelve (12) delegated managed care interim reviews were completed.

CMHSP Reviews:

Results/Trends

- Regionally, the CMHSP network was found to be 85.99% compliant with the New Standards Review and 97.56% compliant with the BH-TEDs/Encounters review.
- All CMHSPs received 100% for the review of 1915(i) new standards.
- Staff training requirements continue to be an issue of compliance.

SUDSP Reviews

Results/Trends

- Recovery Housing consumer record results continue to demonstrate significant non-compliance related to coordination of care documentation.
- The network continues to struggle with utilizing Adverse Benefit Determination letters properly.

Medicaid Event Verification (MEV) Site Reviews

MSHN conducts oversight of the Medicaid claims/encounters submitted within the region by completing a desk review of the provider networks policy and procedures and the claims/encounters submitted for services provided for all 12 of the CMHSPs and for all substance use disorder treatment providers who provide services using Medicaid funding.

| | A | B | C | D | E | F | G |
|----------------------|-------------|---------------|---------------|---------------|---------------|---------------|---------------|
| CMHSP Average | 100% | 100% | 99.50% | 99.02% | 98.20% | 99.92% | 99.16% |
| | A | B | C | D | E | F | G |
| SUD Providers | 100% | 99.53% | 97.50% | 94.05% | 95.45% | 99.66% | 99.35% |

Mid-State Health Network External Site Reviews

MDHHS Waiver Site Reviews

The Michigan Department of Health and Human Services (MDHHS) conducted an on-site review for our region to provide monitoring on the service delivery requirements of the 1915 (c) waivers that include the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW) and the Children’s Waiver Program (CWP). This was the first year that the CWP and SEDW review was under the oversight of the PIHP.

Habilitation Supports Waiver (HSW) Review

Summary of the findings:

- A.1.1- A.1.5 Administrative Procedures (5 elements,1 scored NA): 100%
- A.3.1 Administrative: Environmental Modifications (1 Element): 80%
- F.2.1 – F.2.2 Freedom of Choice (2 Elements): 98%
- P.2.1 – P.2.8 Implementation of Person-Centered Planning (7 Elements): 89%
- P.5.1 – P.5.3 Plan of Service and Documentation Requirements (3 Elements): 78%
- B.1 – B.2 Behavior Treatment Plans and Review Committees (2 Elements): 69%
- G.1 – G.2 Health and Welfare (New Section for 2020): (2 elements): 98%
- Q.2.1 – Q.2.2 Staff Qualifications (Licensed) (2 Elements): 94%
- Q.2.3 – Q.2.4 Staff Qualifications (Non-Licensed) (2 Elements): 74%
- H.3 Health and Safety (NA – no home visits): NA
- H.3 Residential Home Visits/Training/Interviews (NA- no home visits): NA
- H.3 Non-Residential Home Visit (NA- no home visits): NA

Children's Waiver Program (CWP) Review

Summary of the findings:

- A.2.2 Claims coded in accordance with MDHHS policies (1 Element): 100%
- E.1.1 – E.1.2 Eligibility (2 Elements): 100%
- F.1.1 – F.1.2 Freedom of Choice (2 Elements): 100%
- P.1.1 – P.1.4 Implementation of Person-Centered Planning (4 Elements): 84%
- P.4.1 – P.4.7 Plan of Service and Documentation Requirements (6 Elements: 1 NA): 89%
- B.2 Behavior Treatment Plans and Review Committees (1 Element): 100%
- G.1 – G.2 Health and Welfare: (2 Elements): 100%
- Q.1.1 – Q.1.2 Staff Qualifications (Licensed) (2 Elements): 97%
- Q.1.3 – Q.1.4 Staff Qualifications (Non-Licensed) (2 Elements): 56%
- H.3 Home Visits/Training/Interviews (NA- no home visits): NA

Serious Emotional Disturbance Waiver (SEDW) Review

Summary of the findings:

- E.2.1 Eligibility (1 Element): 100%
- P.3.1 – P.3.4 Implementation of Person-Centered Planning (4 Elements): 76%
- P.6.1 – P.6.5 Plan of Service and Documentation Requirements (4 Elements: 1 NA): 88%
- B.2 Behavior Treatment Plans and Review Committees (1 Element): 100%
- G.1 – G.2 Health and Welfare: (2 elements): 98%
- Q.3.1 – Q.3.2 Staff Qualifications (Licensed) (2 Elements): 96%
- Q.3.3 – Q.3.4 Staff Qualifications (Non-Licensed) (2 Elements): 38%
- H.3 Home Visits/Training/Interviews (NA- no home visits): NA

MDHHS Substance Use Disorder Site Review

MSHN received full compliance on all standards reviewed by the Michigan Department of Health and Human Services (MDHHS) for compliance with the Substance Use Agreement with the Centers for Medicare and Medicaid services.

MDHHS – Health Services Advisory Group (HSAG): Performance Measurement Validation (PMV) Site Review

The purpose of performance measure validation (PMV) is to assess the accuracy of performance indicators reported by PIHPs and to determine the extent to which performance indicators reported by the PIHPs follow state specifications and reporting requirements.

Results/Trends

- Performance Indicators (10 Elements): **100%**
- Data Integration, Data Control and Performance Indicator Documentation (13 Elements): **100%**
- Denominator Validation Findings (7 Elements): **100%**
- Numerator Validation of Findings (5 Elements): **100%**

MDHHS- Health Services Advisory Group (HSAG): Compliance Monitoring Review

The intent of this review was to ensure that the PIHPs achieved full compliance with all federal and state requirements reviewed as part of the previous two years' compliance review activities.

Results/Trends

MSHN achieved full compliance in 15 of the 17 standards, indicating most program areas had the necessary policies, procedures, and initiatives in place to carry out the required functions of the contract. The remaining two standards have continued opportunities for improvement.

MDHHS- Health Services Advisory Group (HSAG): Performance Improvement Project (PIP)

MDHHS requires that the PIHP conduct and submit a Performance Improvement Project (PIP) annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33.

Study Topic: Patients with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test

Results/Trends

The PIP received an overall *Not Met* validation status as the improvement shown was not statistically significant ($p \text{ value} \geq 0.05$). MSHN received a score of 90% for all evaluation elements met and 90% for critical elements met.

Customer Service Complaints

The total number of Customer Services Complaints received in FY2020 was 133. By comparison, there were 143 complaints in FY2019. This resulted in a decrease of 6.9% in FY2020 from FY2019 and continues with a slight downward trend from previous years.

Results/Trends

- The highest consumer complaint category involved complaints addressing Provider Practices (14% / n=18)
- The highest non-consumer category involved requests for General Assistance (25% / n=34)
- For the Customer Service focus areas of Denial, Grievance, Appeals, and Second opinions the provider reported data shows 100% compliance to the standard for Grievance and Second Opinions Notification timeliness, but Denials (98% - 95%) and Appeals (100% - 97%) did not consistently meet the 100% standard for the previous 4 quarters (FY19Q4 to FY20Q3).

Recommendations for FY2021

- During FY2020, there was an identified need to develop a training focused upon welcoming standards, consumer sensitivity, and professionalism for the provider network. The training continues to be in development by MSHN Customer Service through research activities, but the COVID-19 pandemic elevated the need to focus upon more pressing Customer Service areas, thus delaying the completion of the training.
- Implement standardization of provider practices for MSHN's SUD provider network regarding the issuance of Adverse Benefit Determinations and the Grievance and Appeals process.
- Utilize MSHN's REMI system to issue Adverse Benefit Determination notices and for the Grievance and Appeals resolution tracking process.

- Providers who fall below the 100% standard for Denial, Grievance, Appeals, and Second opinions will complete the Plan of Correction (POC) process to bring their performance up to the required 100% standard.

Compliance Investigations

The total number of compliance investigations completed in FY2020 was 18. By comparison, there were 16 completed in FY2019. This resulted in an increase of 12.5% in FY2020 from FY2019.

Results/Trends

- Suspected Fraud/Waste/Abuse continues to be the highest reported category at 68%
- The number of referrals to the OIG regarding suspected fraud increased 100%
- FY2020 had an increase of 52% of reported activities from FY2019 (this was due to a large increase in activities reported during FY20 Q1)
- The largest number of findings reported include the following:
 - Lack of documentation to support the claims submitted
 - Documentation identical as in previous episodes of care
 - Service times on documentation not matching times on billing record

Recommendations for FY2021

- Advocate with the OIG regarding the increasing demands related to reporting and changes being made outside of the contract
- Develop a post test, in coordination with the PIHP Compliance Officers Workgroup and the Regional Compliance Committee, to accompany the compliance training in Relias
- Identify region wide data mining activities to detect possible deficiencies and/or non-compliance with established standards
- Look at opportunities for standardization to gain efficiencies where possible and appropriate

Data Mining Activities

Data mining is a process for finding anomalies, patterns and correlations within data sets.

During FY2020, MSHN completed the following data mining activities.

- Community Living Supports (CLS) (Code H0043)
- Multiple Case Managers
- Overlapping Residential Services
- Death Data Report

Results/Trends

- Each data mining activity was reported and trended for FY20 Q1 – FY20 Q4
- All issues identified outside of the defined parameters required correction by the responsible provider.