MSHN

Mid-State Health Network

Compliance Summary Report

October 2018 – September 2019

Prepared By: MSHN Compliance Officer – January 2020
Approved By: MSHN Compliance Committee – January 15, 2020
MSHN Board – March 3, 2020
Reviewed By: Regional Compliance Committee – February 21, 2020
Operations Council – February 10, 2020

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Introduction

The Compliance Summary Report provides an overview of the activities performed during Fiscal Year 2019 as part of the Compliance Program and identified within the Compliance Plan. Those activities included monitoring and oversight of the provider network for the delegated functions; site reviews of the PIHP completed by external agencies; compliance related training; Office of Inspector General (OIG) reporting; customer service complaints and compliance investigations.

The report also includes an analysis of region wide strengths in service provision, trends related to deficiencies and recommendations for areas of quality improvement.

Summary and Recommendations

Internal Site Reviews

Mid-State Health Network (MSHN) completed delegated managed care reviews at all twelve (12) Community Mental Health Service Participants (CMHSP). As a region, the highest improvements from the previous site review were in the standards for Coordination of Care/Integration, Peer Delivered and Operated Services, Crisis Residential Services, and Targeted Case Management. The standards that were among the lowest in terms of compliance were 24/7/365 Access, Behavior Treatment Plan Review Committees (BTPRC), Home and Community Based Services (HCBS) and Assertive Community Treatment (ACT).

MSHN also completed reviews of nine (9) Inpatient Hospital Units (IPHU) within our region. The findings indicated that 2 hospitals showed an improvement in their compliance with standards related to consumer records from the previous site review and only 2 hospitals showed an improvement in compliance with standards related to recipient rights.

There were twenty-three (23) Substance Use Disorder Service Providers (SUDSP) that received a full review and sixteen (16) that received an interim review. As a region, the standards that showed the highest level of compliance included Quality and Compliance, Enrollee Rights, Customer Services, Progress Notes and Residential. The standards that were among the lowest in terms of compliance were Coordination of Care, Sub-Recipient Financial Reviews, Case Management, Peer Recovery Support Services, Women's Specialty Services and Recovery Residences.

The Medicaid Event Verification site reviews were completed for all twelve (12) of the CMHSPs and thirty-five (35) SUD treatment providers. The elements that received full compliance for the CMHSPs included ensuring the code is an allowable service code under the contract and that the beneficiary is eligible on the date of service. The elements that received full compliance for the SUD providers included ensuring the code is an allowable service code under the contract and that the amount billed and paid does not exceed contractually agreed upon amount.

External Site Reviews- Michigan Department of Health and Human Services

The Michigan Department of Health and Human Services (MDHHS) completed a follow up review for the Habilitation Supports Waiver (HSW) during FY2019 and found MSHN to be in full compliance with the plan of correction.

The MDHHS Autism site review found deficiencies in the areas of the individual plan of service (IPOS), credentialing, and determination of level of care. The largest deficiency was in the standard of credentialing, but this same standard showed the largest improvement in compliance (increase of 43%) from the previous site review.

External Site Reviews- Health Services Advisory Group

The Health Services Advisory Group (HSAG) completed three reviews during FY2019.
The Performance Measure Validation (PMV) review identified full compliance with all standards reviewed, which has occurred each review year since FY2014.

The Compliance Monitoring review included the review of nine ()9 standards, with one new standard for FY2019. MSHN received full compliance in five (5) of the standards and had findings within the other four (4) standards. The overall compliance percent was 87% which indicated full compliance with 71 out of 82 elements. The areas with the most opportunities for improvement included the standards for credentialing and utilization management.

The Performance Improvement Project (PIP) is "Patients with Schizophrenia and Diabetes who had an HbA1c and LDL-C Test." This was measurement year two and MSHN received a status of "Met" which indicates full compliance with the standards reviewed. MSHN has received full compliance with the PIP each year since 2014/2015.

Customer Service/Compliance

MSHN had 143 customer service complaints during FY2019. The largest number of complaints were initiated by consumers, CMHSP staff and SUD Provider Staff. The majority of the complaints fell into the categories of access to treatment, consumer discharges and provider practices. FY2019 showed a decrease in the overall number of complaints made from the previous year.

MSHN completed 16 compliance investigations during FY2019. The highest number of compliance reports originated from CMHSP Staff, SUD Provider Staff, MSHN Staff and Office of Inspector General (OIG). The highest number of investigations were related to suspicion of fraud, waste and abuse. During FY2019, MSHN was contractually required to submit quarterly program integrity activity reports to the OIG that included data mining, audits performed, overpayments, recoupment of funds, provider disenrollment's, etc.

Recommendations

The following recommendations are made based on findings and outcomes identified during internal site reviews inclusive of the Delegated Managed Care (DMC) review, the Medicaid Event Verification (MEV) review, external site reviews inclusive of the Health Services Advisory Group (HSAG), the Michigan Department of Health and Human Services (MDHHS) reviews, contractual requirements and issues identified through the Customer Service and Compliance System.

Each recommendation identifies the audit or compliance related activity that supports the recommendation and are intended to focus on an area of risk of non-compliance.

Areas for Monitoring/Areas of Risk

The following warrant further monitoring and oversight to ensure compliance with state and federal requirements.

- Behavior Treatment Review (BTR) Plans (Repeat finding from the MDHHS Habilitation Support Waiver (HSW) and DMC site reviews)
    - BTR committees are identifying, tracking and analyzing the use of intrusive and restrictive techniques used for individuals and properly reviewing plans that include these techniques
- Autism Services (Repeat finding from the MDHHS Autism site review)
    - Services must be provided as identified in plan
    - Provider qualifications are verified
    - Plans to address risk factors
- Credentialing (Repeat finding from the DMC, MDHHS HSW and HSAG Compliance site reviews)

    - Providers are completing the credentialing process as identified by MSHN policy (including primary source verification)
    - Providers have documentation for each step of the credentialing process within the personnel file
    - Completion of exclusion checks as required
- Notice of Adverse Benefit Determination (ABD) (Finding from the HSAG Compliance site review)
    - ABDs are being completed and provided to consumers for all decisions to deny or limit authorization of a requested service and to reduce, suspend or terminate a currently provided service
- Grievance and Appeals (Repeat finding from the HSAG Compliance site review)
    - Acknowledgement letters and disposition letters are being completed using the appropriate language and within the appropriate timeframes
- Recovery Housing (Repeat finding from the DMC site review)
    - Revise delegated managed care site review tool for standards related to recovery housing programs
    - Complete a site visit with preliminary compliance review prior to implementing a contract
- OIG Quarterly Program Integrity Activity Report
    - Monitor areas identified as repeat findings such as Self Determination Arrangements, CLS services, use of appropriate billing codes, double billing and adequate documentation to support service provision and billing
- Accurate reporting of claims and encounters from the provider network
    - Identify trends from the MEV site reviews for increased monitoring and provider education
- Implementation of the Home and Community Based Service standards
- Identify quarterly data mining targets (MSHN level and Regional)
    - Target areas of non-compliance
    - Target areas identified as high risk
    - Use deficiencies and trends from MEV site reviews and other internal and external site reviews

Monitoring and Auditing

Mid-State Health Network Internal Site Reviews

The Mid-State Health Network's monitoring and oversight review of the Community Mental Health Service Provider's (CMHSP) and the Substance Use Disorder Service Providers (SUDSP) includes a review of the Delegated Managed Care (DMC) Functions, Program Specific Standards, Clinical/Practice Standards (randomized sample of consumer records) and Supplemental Validations such as data quality, provider qualifications, training, and performance indicators to ensure compliance with federal and state requirements or as well as MSHN-contractual requirements.

Additionally, MSHN provides regional monitoring for Fiscal Intermediaries and Inpatient Psychiatric Hospital/Units (IPHU).

During 2019 (calendar year) twelve (12) delegated managed care full reviews were completed. The reviews are completed both by desk audit and on-site audit and include the following: evaluation of organizational policies and procedures; specialized programming practices and data; sub-contracts; sub-contractor monitoring; critical incidents; consumer record reviews; provider qualifications,

credentialing; staff training, grievance and appeal file reviews, and performance indicator validation(s).

CMHSP Delegated Managed Care Review

Includes review of one hundred eighty-two (182) standards to ensure compliance with MSHN's Delegated Functions. Regionally, the CMHSP network was found to be 98.33% compliant.

Table 1: DMC Functions Regional Performance Comparison

Delegated Managed Care Functions	2015 Results	2017 Results	2019 Results	2017-19 Comparison
Information and Customer Service	89.6%	97.9%	98.81%	+0.91
Enrollee Rights & Protections	99.1%	100%	100%	0
24/7/365 Access	94.8%	98.5%	95.27%	-3.23
CMHSP Provider Network (sub-contract providers)	95.5%	97.8%	100%	+2.2
Service Authorization & UM	90.8%	100%	100%	0
Grievance & Appeals	95.8%	97.7%	99.50%	+1.8
Person Centered Planning & Documentation	97.5%	98%	99.58%	+1.58
Coordination of Care/Integration	97.9%	97.5%	100%	+2.5
Behavior Treatment Plan Review Committee	88.3%	98.5%	93.41%	-5.09
Consumer Involvement	98.6%	100%	100%	0
Provider/Staff Credentialing	90.3%	95.4%	96.68%	+1.28
Quality & Compliance	98.1%	99.1%	100%	+0.9
Ensuring Health & Welfare/Olmstead	97.7%	99.1%	100%	+0.9
Information Technology	100%	100%	100%	0.0
Trauma Informed Care	NA	96.8%	90.97%	-5.83

Results/Trends

The DMC audit showed CMHSPs to be in full compliance in the areas of Enrollee Rights and Protections, CMHSP Provider Network, Service Authorization, Consumer Involvement, Quality and Compliance, Ensuring Health and Welfare, Information Technology. The largest improvement in FY2019 were in the standards for Provider Network (sub-contract providers), Grievance and Appeals and Coordination of Care/Integration. The largest decrease for FY2019 were for the standards of 24/7/365 Access and Behavior Treatment Plan Review Committee (BTPRC). The BTPRC has been lowest scoring standard in the full reviews completed in FY2015 and FY2019.

CMHSP Program Specific Review

Includes review of eighty-eight (88) standards to ensure compliance with the Michigan Department of Health & Human Services (MDHHS) Program Specific Requirements. Regionally, the CMHSP network was found to be 95.68% compliant.

Table 2: Program Specific Regional Performance Comparison

Program Specific	2015 Results	2017 Results	2019 Results	2017-19 Comparison
Jail Diversion	93.8%	95.3%	95.31%	0
Assertive Community Treatment (ACT)	98.1%	100%	96.25%	-3.75
Self Determination	95.4%	97.3%	100%	+2.7
Peer Delivered and Operated Services (Drop-In)	100%	91.7%	100%	+8.3
Home Based Services	95%	98.3%	98.25%	-0.05
Clubhouse Psycho-Social Rehabilitation	100%	96.4%	98.75%	+2.35
Crisis Residential Services	93.1%	85.6%	98.51%	+12.91
Targeted Case Management	91.7%	97.5%	100%	+2.5
Habilitation Supports Waivers (HSW)	95%	96.7%	96.55%	-0.15
Autism Benefit/Applied Behavioral Analysis	86.7%	87.7%	89.03%	+1.33
Home and Community Based Services (HCBS)	NA*	NA*	91.67%	NA

*HCBS Standards were introduced in 2018 during the interim review process.

Results/Trends

The Program Specific standards showed CMHSPs to be in full compliance in the areas of Self Determination, Peer Delivered and Operated Services (Drop In Centers) and Targeted Case Management. The largest improvement in FY2019 were in the standards for Crisis Residential Services, Peer Delivered and Operated Services and Clubhouse Psycho-Social Rehabilitation. The improvement with Clubhouse services is being credited to implementation of plans from the Clubhouse International professionals and a region wide effort for stronger member leadership, supportive employment opportunities and more consumer-friendly hours. The only decreases in compliance for FY2019 were noted for the standards of Assertive Community Treatment (ACT), Home Based Services and Habilitation Supports Waiver, with the latter two having a very minimal decrease. The lowest scoring standards for FY2019 included Home and Community Based Services (HCBS), which was newly introduced during 2018, Autism Benefit, Jail Diversion and ACT, which showed the largest decrease during FY2019.

CMHSP Record Review

Includes a review of seventy-eight (78) standards. In 2019, MSHN reviewed a sample of ninety (90) charts for CMHSPs in the region. Regionally, the CMHSP network was found to be 92.55% compliant.

Table 3: Consumer Record Review Performance

Consumer Record Review Section	# of Standards	2017 Results	2019 Results	2017-19 Comparison
Assessment	11	96.83%	93.00%	-3.83
Pre-Planning	10	93.86%	93.12%	-0.74
Person Centered Planning	21	91.12%	91.41%	+0.29
Enrollee Rights & Protections	3	95.08%	97.53%	+2.45
Service Authorizations & Utilization Management	5	96.63%	97.12%	+0.49
Service Delivery Consistent with Plan	3	92.15%	88.32%	-3.83
Specific Service Requirements	18	94.01%	90.07%	-3.94
Discharge / Transfers	4	94.08%	85.34%	-8.74
Integrated Physical and Mental Health Care	3	93.69%	96.19%	+2.50

Results/Trends

The Record Reviews identified the largest improvement in FY2019 to be in the standards for Enrollee Rights and Protections and Integrated Physical and Mental Health Care. The standards with the largest decreases in compliance for FY2019 were noted for Assessment, Service Delivery Consistent with Plan, Specific Service Requirements and Discharge/Transfers.

It was noted that the increase with Integrated Physical and Mental Health Care was partially due to the CMHSPs encouraging consumers who were eligible for specialty mental health services to also receive physical health assessments.

Supplemental Review Elements

The focus of supplemental reviews is to validate, using primary source verification, information reported to MSHN and/or MDHHS as mandated by contractual obligation. These standards do not result in a numerical score, but if found to be out of compliance, corrective action is required.

Table 4: Supplemental Review Elements.

Supplemental Element	# of Charts/Files Reviewed
Grievance and Appeals	23
Staff/Contractor Credentialing	91
Staff/Contractor Training	91
Performance Indicators	98
BH-TEDS, QI, Encounters	202
Critical Incidents	57
Sub-Contracted Provider Contracts	82
Sub-Contracted Provider Monitoring	82

Results/Trends

No outcomes were considered concerning during the review of these elements in 2019. There were times were corrective action was required, but at no time did any required action result in a need to complete a referral to the MSHN Compliance officer. This section of the review was not completed during the last full review so there is no comparative information.

Fiscal Intermediary (FI)

The FI review team completed reviews for all providers (5 out of 5). Reviewers conducted interim reviews with 4 of the 5 providers. The interim review was a follow-up review to ensure that the 2018 approved Corrective Action Plans (CAP) were implemented. Consumer Direct, a newly contracted provider, received a full review for FY19.

FI Provider	2018 Results	2019 CAP Follow-Up Review Outcome*
BHT&D Gusco	60%	Compliant
Community Alliance (CLN)	86%	Complaint
Guardian Trac	76%	Complaint
Stuart Wilson	72%	Compliant
Consumer Direct	NA	100%

*The interim review is not scored but determined by reviewers as compliant or non-compliant.

Results/Trends

All the FIs showed compliance with the identified deficiencies and plans of correction from the FY2018 site reviews.

Inpatient Hospital Unit (IPHU) Regional Monitoring

During 2019 QAPI and CMHSPs primary focus included the following: State-provided training, State of Michigan representation at meetings, Recipient Rights Advisor inclusion during planning meetings, enhancing inter-rater reliability, ongoing efforts to provide and receive technical assistance due to the newness of process and/or implemented standards, use of Groupsite for file sharing, and ongoing process improvement discussions.

The IPHU review teams completed reviews for all IPHU providers in the region (9 out of 9). The following table includes the overall outcomes for both Consumer Record (Chart) Review and Recipient Right Review Outcomes in both 2018 and 2019.

IPHU	2018 Chart	2018 RR	2019 Chart	2019 RR	Percentage Change (Charts)	Percentage Change (RR)
Cedar Creek	99%	98%	94%	96%	-4.73%	-2.04%
Healthsource	93%	85%	81%	89%	-12.59%	4.71%
Henry Ford/ Allegiance	75%	97%	92%	65%	22.12%	-32.99%
Hillsdale Hospital	97%	100%	97%	95%	-0.34%	-5.00%
McLaren Bay Region	100%	100%	100%	99%	0.00%	-1.00%
Memorial Healthcare	98%	97%	90%	98%	-7.85%	1.03%
Mid-MI Med Center - Gratiot	92%	97%	88%	97%	-4.78%	0.00%
Mid-MI Med Center - Midland	100%	96%	93%	95%	-7.00%	-1.04%
Sparrow	82%	70%	95%	44%	15.38%	-37.14%

Results/Trends

The providers who demonstrated the largest decrease in compliance with the standards from the previous review of consumer records was Healthsource and Memorial Healthcare and the providers showing the largest increase in compliance were Henry Ford/Allegiance and Sparrow. The providers who demonstrated the largest decrease in compliance with the standards from the previous review of recipient rights was Henry Ford/Allegiance and Sparrow and the provider showing the largest increase in compliance was] Healthsource. The increase in compliance can be attributed to the providers following through with the previous site review plan of correction. The decreases in compliance may be attributed to the providers not providing the required documentation to show adherence to the standards and/or not properly following through with the previous year's plan of correction.

SUDSP Treatment Provider Delegated Function Reviews

The full review consisted of an on-site visit to the SUDSP to conduct consumer chart reviews, review and validate process requirements, review new standards added since previous audit, analyze performance and encounter data, interview staff, and monitor FY18 desk-audit corrective action plans as applicable.

MSHN completed twenty-three (23) full SUDSP treatment provider reviews and sixteen (16) interim reviews that included review samples of 76 licensed sites.

Compliance percent is calculated as the number of standards correct over total number of standards (based on the number of participating SUDSPs (23 full reviews completed at time of report).

Note: Full reviews are completed for half the providers one year and the other half the following year.

Delegated Functions Tool Results

The Delegated Functions Review tool includes a review of one hundred two 102 standards which are specific to functions MSHN delegates to Treatment Providers.

Overall, the SUDSP provider network scored 85.98%.

Delegated Functions Tool	# of Standards in each Section	2019 Results
Access and Eligibility	4	83.33%
Information and Customer Service	19	87.93%
Enrollee Rights and Protections	14	89.46%
Grievance and Appeals	17	83.33%
Quality and Compliance	12	90.28%
Individualized Treatment & Recovery Planning & Documentation	14	85.54%
Coordination of Care	5	79.17%
Provider Staff Credentialing	18	82.71%
Sub-Recipient Financial Review	8	49.30%

* Financial reviews were still in progress at time of report. This reflects the score of completed reviews at time of report.

Results/Trends

The lowest compliance scores were for the standards of Access and Eligibility, Grievance and Appeals, Provider Staff Credentialing, Coordination of Care and Sub-Recipient Financial Review (though these were still in progress). The highest compliance scores were for the standards of Quality and Compliance, Enrollee Rights and Protections and Information and Customer Service. The providers reviewed during the full review in FY2018 are different providers than reviewed during FY2019, and therefore a direct comparison cannot be completed. However, on average, the scores in FY2019 per standard, when compared to FY2018, were averaging between 5.5% to over 10% lower in compliance. This can be contributed to a variety of factors such as the type of service providers reviewed each year, how long the providers have been on contract with MSHN, the quality of services, staff training, etc. But this does warrant further investigation and continued monitoring by MSHN.

Program Specific Results

The Program Specific tool includes a review of forty (40) standards specific to various treatment program requirements. Overall, the SUDSP provider network scored 74.35% compliance.

SUDSP Program Specific	# of Standards in each Section	2019 Results
ASAM	3	80.56%
Residential	7	89.47%
Case Management	3	64.06%
Peer Recovery Support Services	1	70.83%
Women's Specialty Services	10	65.28%
Medication Assisted Programs	7	75.64%
Recovery Residences	9	62.50%

Results/Trends

The lowest compliance scores were for the standards of Case Management, Women's Specialty Services and Recovery Residences. The highest compliance scores were for the standards of ASAM and Case Management. The providers reviewed during the full review in FY2018 are different providers than reviewed during FY2019, and therefore a direct comparison cannot be completed. However, in FY2019 all the standards reflected a lower percentage of compliance than in FY2018 with the exception of the Residential standard which showed an increase of over 11% from FY 2018. The standards which showed the greatest decrease in compliance from FY2018 to FY2019 were Case Management which showed a decrease of over 22%, Women's Specialty Services which showed a decrease of over 17% and Recovery Residences which showed a decrease of over 18%. Some of the differences can be contributed to changes in the review criteria and elements from year to year, how long the providers have been on contract with MSHN, the quality of services, staff training, etc. But this does warrant further investigation and continued monitoring by MSHN.

Consumer Chart Review Results

The SUDSP treatment chart review tool includes a total of fifty-four (54) standards. In 2019, QAPI reviewed a total of 140 charts.

Overall the SUDSP provider network scored 80.81% compliance.

SUDSP Chart Reviews	# of Standards in each Section	2019 Results
Screening, Admission, Assessment	8	85.42%
Treatment/Recovery Planning	10	80.39%
Progress Notes	4	89.31%
Coordination of Care	4	65.42%
Discharge/Continuity of Care	3	70.37%
Residential	3	89.49%
Medication Assisted Treatment	14	86.21%
Women's Designated/Women's Enhanced	8	65.28%
Recovery Housing	6	72.57%

Results/Trends

The lowest compliance scores were for the standards of Coordination of Care, Designated/Women's Enhanced and Discharge/Continuity of Care. The highest compliance scores were for the standards of Screening, Admission, Assessment, Progress Notes, Residential and Medication Assisted Treatment (MAT). The providers reviewed during the full review in FY2018 are different providers than reviewed during FY2019, and therefore a direct comparison cannot be completed. However, in FY2019 the standards for Screening, Admission, Assessment, Treatment/Recovery Planning, Progress Notes, Residential and Recovery Housing either reflected a very similar percentage or a slightly higher percentage of compliance than in FY2018. The standards of Coordination of Care, Discharge/Continuity of Care and Women's Designated/Women's Enhanced all showed a decrease in the compliance percentage ranging from 5.5 % to over 20% lower. Some of the differences can be contributed to changes in the review criteria and elements from year to year, how long the providers have been on contract with MSHN, the quality of services, staff training, etc. But this does warrant further investigation and continued monitoring by MSHN.

SUDSP Supplemental Review

QAPI also conducts what are referred to as supplemental reviews (review of sample files and documentation for verification and validation that are not scored but still require corrective action) of Training, Credentialing, Grievance and Appeal files, and Performance Indicators.

Area of Review	# of Charts/Files Reviewed
Grievance and Appeals	7
Staff Credentialing	102
Staff Training	115
Performance Indicators	102

Results/Trends

This section showed good progress with provider training documentation and more providers are taking advantage of the improving practices website as a training resource. This section of the review was not completed during the last full review so there is no comparative information. Standards that were out of compliance required a plan of correction as part of the site review report.

Medicaid Event Verification (MEV) Site Reviews

MSHN conducts oversight of the Medicaid claims/encounters submitted within the region by completing either an onsite review or 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.

The attributes tested during the Medicaid Event Verification review include: A.) The code is allowable service code under the contract, B.) Beneficiary is eligible on the date of service, C.) Service is included in the beneficiary's individual plan of service, D.) Documentation of the service date and time matches the claim date and time of the service, E.) Services were provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed, F.) Amount billed and paid does not exceed contractually agreed upon amount, and G.) Modifiers are used in accordance with the HCPCS guidelines.
The CMHSP site reviews are completed bi-annually (twice a year) for all twelve CMHSPs. The table below includes the score per CMHSP for all attributes reviewed.

Data presented in the below chart is relative to the 12 CMHSP's for the full fiscal year, October1, 2018 – September 30, 2019.

CMHSP Results

	A	B	C	D	E	F	G
BABHA	100%	100%	100%	99.70%	98.74%	100%	97.72%
CEI	100%	100%	97.24%	94.47%	96.03%	100%	98.67%
CMHCM	100%	100%	100%	96.20%	94.74%	100%	100%
Gratiot	100%	100%	100%	99.74%	100%	100%	99.15%
Huron*	100%	100%	90.93%	100%	92.20%	100%	99.64%
Lifeways	100%	100%	99.70%	98.85%	99.02%	100%	100%
Montcalm	100%	100%	100%	99.36%	98.30%	99.68%	85.37%
Newaygo	100%	100%	98.80%	99.53%	98.37%	100%	99.65%
Saginaw	100%	100%	100%	99.37%	97.34%	100%	100%
Shiawassee	100%	100%	100%	98.17%	98.29%	100%	96.34%
The Right Door	100%	100%	100%	99.90%	97.59%	100%	96.61%
Tuscola	100%	100%	100%	99.77%	99.58%	100%	99.70%
MSHN Average	**100%**	**100%**	**99.89%**	**98.76%**	**97.52%**	**99.97%**	**97.74%**

*It is noted that Huron Behavioral Health only had one MEV review during FY19 due to a review being rescheduled. Based on this Huron Behavioral Health will have three MEV reviews in FY20

The Substance Use Disorder site reviews are completed annually. Data presented in the below chart is relative to the 35 SUD treatment providers which includes 64 service locations reviewed for the full fiscal year, October1, 2018 – September 30, 2019.

The chart below includes the score for all SUD providers combined for each attribute reviewed.

SUD Results

	A	B	C	D	E	F	G
SUD Providers	**100%**	**99.39%**	**91.66%**	**97.26%**	**97.22%**	**100%**	**95.77%**

The CMHSP and SUD Providers are required to submit a plan of correction for each finding during the site review. For the FY2019 site reviews, 12 CMHSPs were required to complete a plan of correction and 46 SUD Provider locations were placed on a plan of correction resulting from their review.

Results/Trends

The overall findings included a total dollar amount of invalid claims identified for CMHSP's direct and indirect services of $126,608.56 and $112,499.87 for substance use disorder treatment providers. All invalid claims were corrected based on MSHN's established process.

Regionally the CMHSPs showed improvement from FY2018 to FY2019 for elements C, D, and F and the SUD Providers showed improvement shown for elements B, C, D, E and F.

A review of the elements tested from the MEV reviews completed at each CMHSP and SUD provider during FY2018 and FY2019 indicated there were not any repeated deficiencies at the CMHSPs. There were four (4) SUD providers that had repeat deficiencies from FY2018 to FY2019. The deficiencies for the SUD providers included that the service is included in the beneficiary's individual plan of service and modifiers are used in accordance with the HCPCS guidelines.

Monitoring and Auditing

Mid-State Health Network External Site Reviews

MDHHS Habilitation Supports Waiver (HSW) Site Review

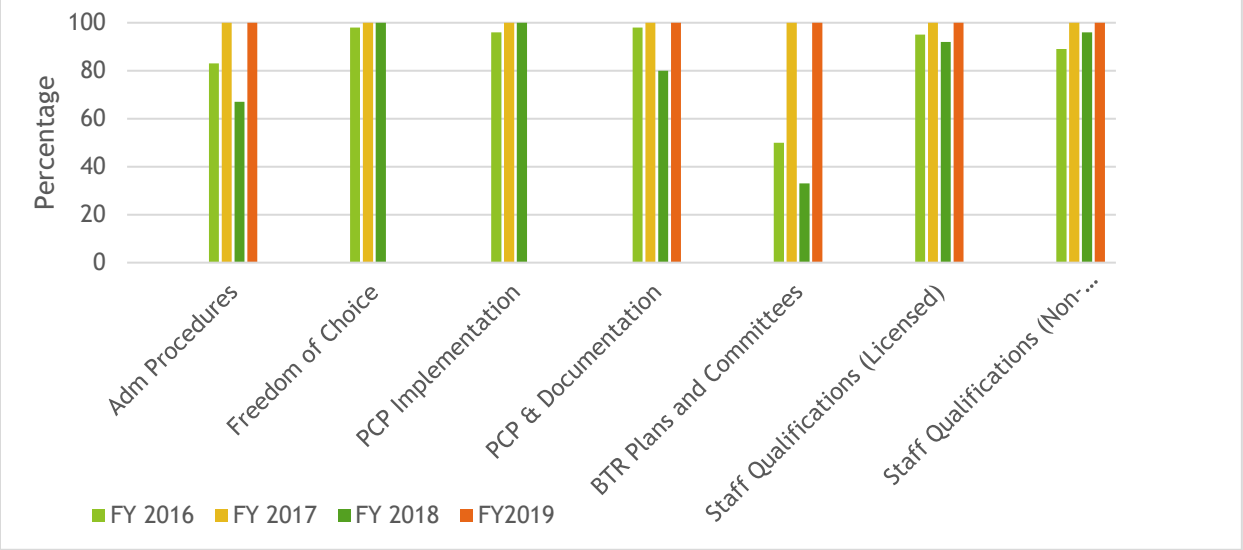
The Michigan Department of Health and Human Services (MDHHS) conducted a follow up site review from March 18, 2019 - April 24, 2019. The purpose was to review the implementation status and effectiveness of the correction action plan submitted for findings identified during the full review completed from July 18, 2018 - August 27, 2018. The HSW review is designed 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), the Children's Waiver Program (CWP) and the Wraparound Fidelity review.

Note: The SEDW, CWP and Wraparound Fidelity review is the responsibility of the CMHSPs and therefore not included in the MSHN summary report.

Results/Trends

The MDHHS review team determined that the actions taken by MSHN were effective in correcting the findings noted during the initial review.

Comparison of Results for Full Review (FY2016), Follow Up Review (FY2017), Full Review (FY2018) & Follow Up Review (FY2019):



Note: FY2017 and FY 2019 were follow-up reviews only for the plans of correction from the previous year.

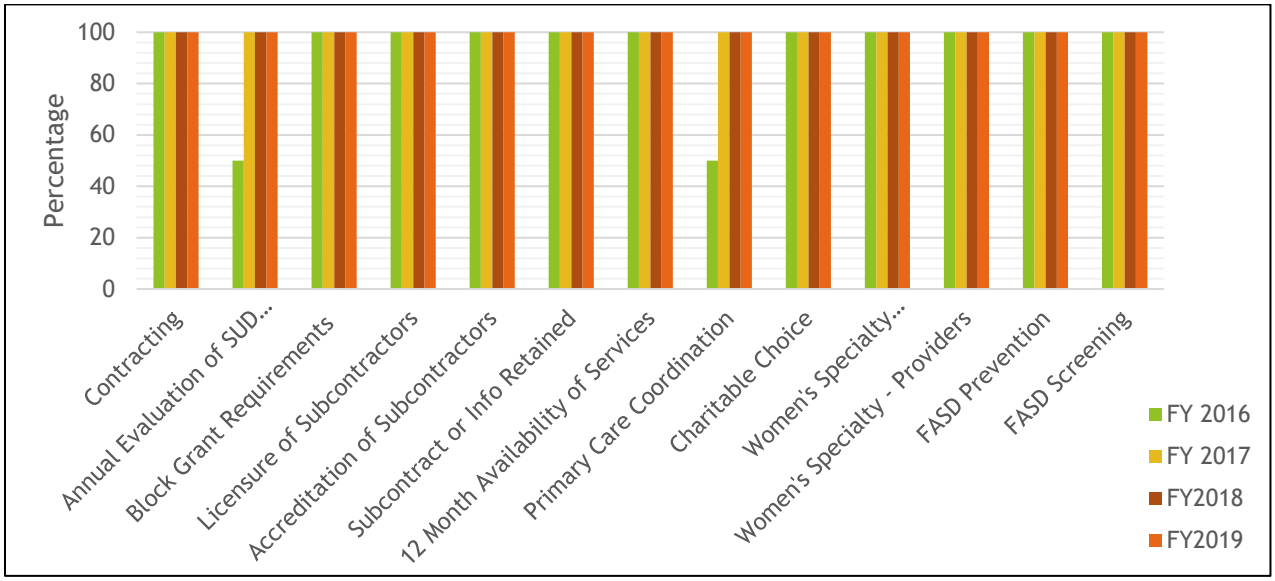
MDHHS Substance Use Disorder Site Review

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. The full review was completed by MDHHS on July 11th and 18th, 2018. During that time MDHHS reviewed information to confirm compliance with established standards. During the full review, MSHN was determined to be in full compliance with thirteen out of thirteen standards reviewed.

Since there was no required plan of correction, MSHN did not receive a follow up review for SUD standards during FY2019.

Results/Trends

Comparison of Results for Full Review (FY2016), Follow Up Review (FY2017), Full Review (FY2018) & Follow Up Review (FY2019)



MDHHS Autism Site Review

The Michigan Department of Health and Human Services completed a full review on May 6, 2019 and May 14, 2019 – May 16, 2019. The review consisted of reviewing a sample of files looking at individual plans of service (IPOS), service encounters, eligibility determination, waiver application reports, behavioral assessments, staff training and education and criminal history and background checks for staff.

The following is a summary of findings.

1. IPOS addressed the needs: (reviewed 68 files: 78% in compliance)
    a. Plans were identified that were not individualized with goals specific to risk factors.
    b. Plans were not modified every 6 months and did not have measurable goals
    c. Plans did not contain information on risk factors
2. Services and supports provided as specified in the IPOS (reviewed 61 files: 33% compliance for direct ABA services; 89% compliance for Observation and Direction)
    a. 67% of reviewed cases were out of compliance for direct ABA services and 11% were out of compliance for the Observation and Direction measure
3. Credentialing: (reviewed 68 files: 44% in compliance)

a. Identification of various staff not meeting the qualifications or supervision requirements to perform ABA services
b. Staff not meeting all the elements of credentialing and/or training

4. Determination of Level of Service (reviewed 66 files: 74% in compliance)
    a. Not meeting the 6-month assessment and review of goals and treatment plans not being updated from information collected during reviews
    b. Records not including measurable and ongoing progress for goals

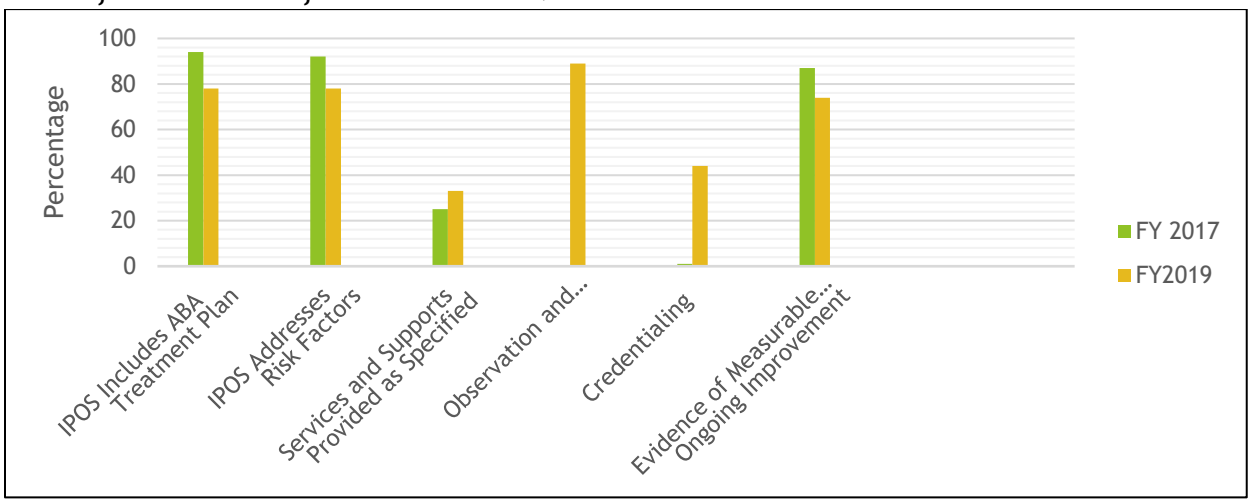
Results/Trends

The last full review for the Autism standards was completed in FY2017 by MDHHS. When compared to the results for the FY2019 review, the following standards showed a marked decrease in performance in FY2019: IPOS being individualized and addressing risk factors; and determination of level of care.

When compared to the results for the FY2019 review, the following standards showed a marked increase in performance in FY2019: Services and supports being provided as identified in the IPOS; and credentialing.

MSHN showed good progress in the areas of service provision as identified in the plan and in credentialing, however, all areas reviewed did have deficiencies noted and had repeat findings from the previous review in FY2017.

Results for Full Review of FY2017 and FY2019



Note: Observation and Direction was not separated out as its own standard in FY2017

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

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. 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. 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.

HSAG completed MSHN's review onsite on July 24, 2019.

For this review, HSAG validated a set of performance indicators that were developed and selected by the Michigan Department of Health and Human Services (MDHHS). The review consisted of interviews, system demonstrations, review of data output files, primary source verification, observation of data processing and review of data reports.

Results/Trends

Performance Indicators (12 Elements): **100%**

Compliance was assessed through a review of the following:

- Information Systems Capabilities Assessment Tool (ISCAT)
- Source Code (programming language) for performance indicators
- Performance Indicator reports
- Supporting documentation
- Evaluation of system compliance

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

MSHN has received full compliance (100%) for all elements reviewed from the first review in FY2014 through the current review in FY2019. For FY19 Q1, MSHN fell below the recommended percentage (90%) for BH-TEDS Disability Designation and for the Performance Indicators #4a (adult - percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days) and #3c (DD Children-percentage 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). No corrective action is required to be submitted to HSAG, but MSHN will monitor the data fell below the recommended standard.

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

According to federal requirements located within the Code of Federal Regulations (CFR), 42 CFR §438.358, the state, its agent that is not a Medicaid prepaid inpatient health plan (PIHP), or an external quality review organization (EQRO) must conduct a review to determine a Medicaid PIHP's compliance with the standards set forth in 42 CFR §438—Managed Care Subpart D and the quality assessment and performance improvement requirements described in 42 CFR §438.330. To comply with the federal requirements, the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration (BHDDA) contracted with Health Services Advisory Group, Inc. (HSAG), as its EQRO to conduct compliance monitoring reviews of the PIHPs.

This review included reviewing case files and conducting interviews with key MSHN staff members. HSAG evaluated the degree to which MSHN complied with federal Medicaid managed care regulations and the associated MDHHS contract requirements in the following performance areas: *(the percentage in parenthesis identifies the compliance percentage for that standard)*

- Standard I—Quality Assessment and Performance Improvement Program (QAPIP) Plan and Structure (88%)
- Standard II—Quality Measurement and Improvement (75%)
- Standard III—Practice Guidelines (100%)
- Standard IV—Staff Qualifications and Training (100%)
- Standard V—Utilization Management (75%)

- Standard VIII—Members' Rights and Protections (100%)
- Standard XI—Credentialing (56%)
- Standard XIII—Coordination of Care (100%)
- Standard XVI—Confidentiality of Health Information (new standard for FY2019) (100%)

Results/Trends

These standards were first reviewed during FY2014/2015, with a follow up review in FY2015/2016 and a full review again in FY2018/2019.

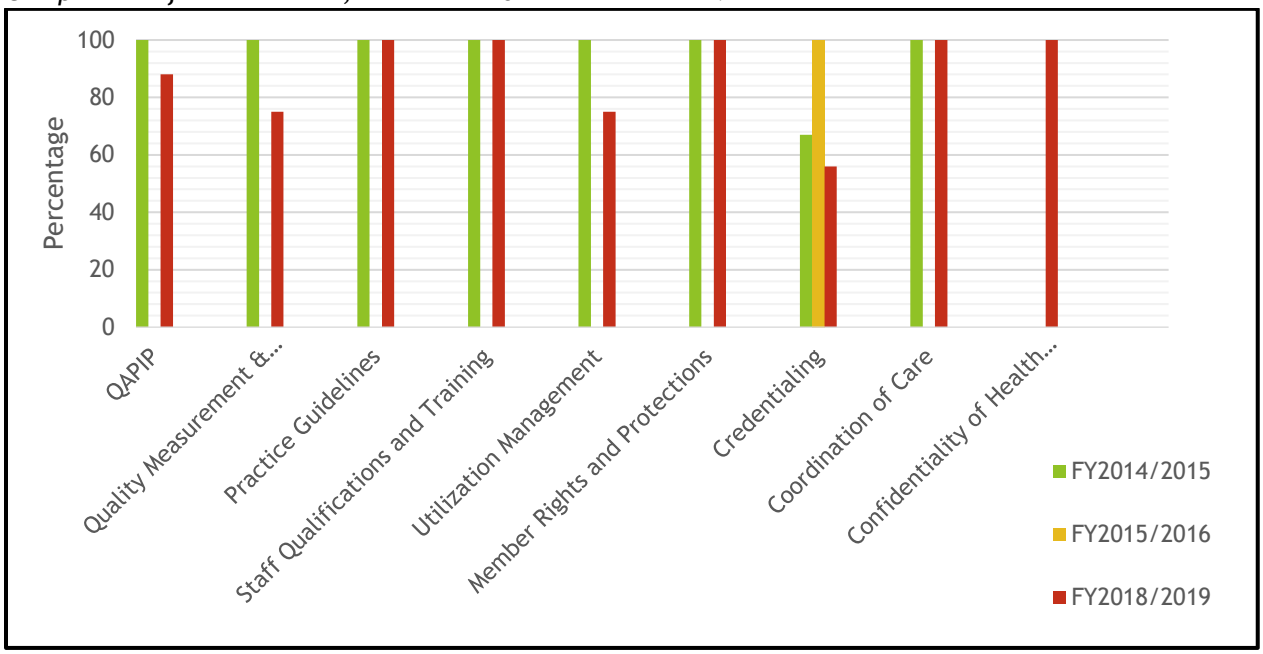
MSHN achieved full compliance in Practice Guidelines, Staff Qualifications and Training, Members' Rights and Protections, Coordination of Care and Confidentiality of Health Information. MSHN was in full compliance with 71 out of 82 elements with an overall score of 87%.

While a comparison review is being provided, there were differences in the review elements between FY2014/2015 and FY2018/2019 causing the comparison to have variations between the two reviews. Those differences included:

- The FY2018/2019 review did not include the scoring options of "substantially met" and "partially met" thus removing the additional scores that were associated with those options.
- The FY2018/2019 review included additional review elements such as the completion of record reviews from our provider network, review of credentialing files from our provider network, system demonstrations and review of prior authorization record denials.

The standards that had the lowest compliance percentage were attributed to deficiencies noted during the record reviews of MSHN's provider network where information was not consistently evident for credentialing/re-credentialing, the uses of adverse benefit determinations and denial of authorizations.

Comparison of FY2014/2015, FY2015/2016 and FY2018/2019 Results:



Note: FY2015/2016 was a follow up review year (only plans of correction were reviewed) and there was not a review completed during FY2016/2017.

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. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs, HSAG assesses each PIHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to the Code of Federal Regulations (CFR) at 42 CFR 438.364(a)(2).

For State Fiscal Year (SFY) 2017–2018, MDHHS required PIHPs to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i–iv).

Validation year 2 included a review of measurement of performance, implementation of interventions to achieve improvement, evaluation of effectiveness of the intervention and planning and initiation of activities for increasing and sustaining improvement.

Study Indicator:

PIP Topic	Study Indicator
Patients With Schizophrenia and Diabetes Who Had an HbA1c and LDL-C Test	The percentage of members with schizophrenia and diabetes who had an HbA1c and LDL-C test during the measurement period.

Results/Trends

Baseline data was gathered during this report period and MSHN had a baseline rate of 52.6% of patients with schizophrenia and diabetes had an HbA1c and LDC-C test completed.

The PIP received an overall *Met* validation status, with *Met* scores for 100 percent of critical evaluation elements and 100 percent overall for evaluation elements across all activities completed and validated.

MSHN has scored 100% for each year of the PIP starting in FY2014/2015 through the current FY2018/2019 review

Complaint/Customer Service Reporting

Customer Service Complaints

The total number of Customer Services Complaints received in FY2019 was 143. By comparison, there were 151 complaints in FY2018. This resulted in a decrease of 5.3% in FY2019 from FY2018.

Customer Service Originator of Contact
(the percentage indicates the percent the originator represents of the total complaints)

Originator:	*Number:*	*Percent:*
SUD Provider	33	23%
Advocate	3	2%
CMHSP	14	10%
Family Member	4	3%
Guardian	4	3%
Consumer	48	33%
MDHHS	10	7%
Parent of a Minor	7	5%
Authorized Representative	3	2%
Friend	1	1%
Other	16	11%

Customer Service Inquiry Category
(the percentage indicates the percent the category represents of the total complaints)

Category:	*Number:*	*Percent:*
Authorization	2	1%
Access to Treatment	19	13%
Appeal	2	1%
Complaint/Dissatisfaction	9	6%
Consumer Discharge	27	19%
Provider Staff Concern	1	1%
MSHN Information	2	1%
General Assistance	12	8%
Grievance	7	5%
Member Handbook	1	1%
Notification Letter Inquiry	15	10%
Performance Indicators	7	5%
Provider Practices	24	17%
LEP Assistance	1	1%
Recipient Rights Complaint	3	2%
Recipient Rights Assistance	7	5%
Denial of Service	4	3%

Conclusion/Resolution:
(the percentage indicates the percent the resolution represents of the total complaints)

Type of Resolution:	*Number:*	*Percent:*
Immediate Resolution without follow needed	68	48%
Resolved via Follow-up in favor of consumer	7	5%
Resolved via Follow-up in favor of provider	17	12%
Resolved via Follow-up through follow up actions	42	29%
Resolution Pending	9	6%

Results/Trends

The following trends/changes were noted during FY2019:

- Customer service complaints decreased by 5.3% in FY2019 (143) from FY2018 (151)
- Consumer contacts requiring follow-up action increased from 41% (n=62) in FY18 to 52% (n=75) in FY19
- The highest number of customer service complaints originate from Consumers (33%) and SUD Providers (23%)
- Inquiries regarding Performance Indicators decreased by 16% from FY2018
- Complaints regarding Consumer Discharge increased by 11% from FY2018

For FY2020, it is recommended that MSHN provide education/training to providers on proper discharge planning, access to treatment and the requirements for using adverse benefit determinations. In addition, Customer Service will look at ways to standardize the processes of grievance and appeals, adverse benefit determination notices, and disposition letters and provide ongoing education to providers on when and how to utilize these documents. There will also be technical support offered for those providers who are receiving a high level of complaints.

Compliance Reporting

Compliance Investigations

The total number of compliance investigations completed in FY2019 was 16. By comparison, there were 24 concerns/complaints in FY2018. This resulted in a decrease of 50% in FY2019 from FY2018.

Compliance Investigations:
(the percentage indicates the percent the originator represents of the total complaints)

Originator:	***Number:***	***Percent:***
SUD Provider Staff	3	19%
CMHSP Staff	4	25%
Office of Inspector General	3	19%
Provider Sub-Contractor	1	6%
MSHN Staff	4	25%
Consumer	1	6%

Type of Compliance Investigation:
(the percentage indicates the percent the type represents of the total complaints)

Category:	***Number:***	***Percent:***
Credentialing	1	6%
Fraud/Abuse/Waste	11	69%
Treatment/Services	3	19%
Documentation Requirements	1	6%

Conclusion/Resolution:
(the percentage indicates the percent the resolution represents of the total complaints)

Type of Resolution:	***Number:***	***Percent:***
CMHSP	1	6%
SUD Provider	4	25%
Office of Inspector General	2	13%
MSHN Staff	4	25%
Consumer	1	6%
Pending Resolution	4	25%

Referrals to Outside Regulatory Bodies: (based on contractual requirements)
(the percentage indicates the percent the referral represents of the total complaints)

Agency:	***Number:***	***Percent:***
Office of Inspector General	3	19%

Data requests received from the OIG (separate from the fraud referrals): 2

Consults and guidance provided with the CMHSP and SUD Providers regarding potential fraud and compliance issues not resulting in a fraud referral or investigation: 9

Fraud referral investigations still open with the OIG from previous fiscal years: 2

Office of Inspector General Quarterly Report for FY2019

Beginning Fiscal Year 2019, the PIHPs were required to track and report program integrity activities performed within the region. The program activities must include, but not limited, the following activities: data mining, analysis of paid claims, audits performed, overpayments collected, identification of fraud, waste and abuse, corrective action plans implemented, provider dis-enrollments and contract terminations.

FY2019 Q1: 32 activities were reported
FY2019 Q2: 75 activities were reported
FY2019 Q3: 104 activities were reported
FY2019 Q4: 109 activities were reported

Note: not all activities are unique activities as MSHN is required to resubmit an activity every time there is action taken until it is considered closed

Most of the activities reported were a result of local and region wide Medicaid Event Verification activities, but also included activities related to double billing for services, credentialing and training, lack of supporting documentation and overpayment.

The OIG has contacted MSHN during two separate quarters requesting permission to share our activity report with other PIHPs as a best practice.

Subpoena(s)

MSHN received eight subpoenas during FY2019 requesting client specific information regarding treatment and services to be utilized in civil lawsuits. MSHN was not the plaintiff nor the defendant in any of the cases.

Notification of Breach(s):

During FY2019, within the MSHN region, there were 6 instances reported to MSHN from the provider network involving a breach of protected health information. There were 4 instances reported from CMHSPs and 2 instances reported from SUDSPs. In all situations, MSHNs breach policy and procedure was followed to remediate the situation and lessen the probability for future reoccurrence.

Results/Trends

Regarding the compliance investigations, two of the most noteworthy results included the number of MSHN staff reporting compliance issues going from “0” in FY2018 to “4” in FY2019 and the number of referrals made by MSHN to the OIG decreasing by 50% from FY2018 (6 in FY2018 to 3 in FY2019). In addition, this year the OIG began to submit referrals to MSHN to complete investigations on which has not happened in past years but is most likely a trend that will continue to grow.

Also, the overall number of completed compliance investigations decreased by 50% from FY2018. This can be attributed in part to the new quarterly OIG report that began in FY2019. As part of this new

reporting process, the OIG is allowing the PIHP to complete preliminary investigations prior to submitting a fraud referral form and to act on correcting errors where suspected fraud is not present. The PIHP is then required to submit these types of activities on the quarterly report. Having the ability to complete preliminary investigations to determine if any suspected fraud is present has decreased the number of fraud referrals submitted to the OIG.

Compliance Training/Review

Internal

MSHN Compliance Committee
- Reviewed and Approved MSHN Compliance Plan on August 14, 2019
- Compliance Policies

MSHN Regional Compliance Committee
- Reviewed and Approved MSHN Compliance Plan on August 16, 2019
- Compliance Policies

MSHN Operations Council
- Reviewed and Approved MSHN Compliance Plan on September 23, 2019
- Compliance Policies

MSHN Staff
- Receive Compliance Training as part of new hire orientation
- New Compliance Training developed for ongoing staff training through Relias
- Compliance Plan
- Compliance Policies

Board of Directors
- Received and approved MSHN Compliance Plan on November 5, 2019

External

MSHN Compliance Plan and Compliance Line Available on Website- Compliance calls are received through the Compliance Line, the main line of MSHN or through the direct line to the Director of Customer Services, Compliance and Quality.

MSHN Customer Service Line Available on Website - Customer Service calls are received through the Customer Services Line, the main line of MSHN or through the direct line to the Customer Services and Rights Specialist.

MSHN Contact information and reporting process located in Consumer Member Handbook "Guide to Services"

References

The following documents were used in the completion of the Compliance Summary Report and can be found in their entirety on Mid-State Health Networks website at: https://midstatehealthnetwork.org/

1. Delegated Managed Care & Program Specific Site Review Summary Report 2019
2. MSHN FY2019 MEV Methodology Report
3. MDHHS Response to 1915 (c) Waivers Corrective Action Plan Memo
4. MSHN FY2019 Autism Benefit Site Review Report
5. MSHN State Fiscal Year 2019 Validation of Performance Measures
6. MSHN 2018-2019 External Quality Review Compliance Monitoring Report
7. HSAG 2018-2019 PIP Validation Report