

Executive Summary: MSHN FY2021 Annual Compliance Summary Report

The Compliance Summary Report provides an overview of the activities performed during Fiscal Year 2021 as part of the Compliance Program and identified within the Compliance Plan. Those activities include monitoring and oversight of the provider network completed as part of the internal site reviews, site reviews of the PIHP completed by external agencies; customer service complaints; compliance investigations and compliance related training and review.

This executive summary provides a brief overview of some of the key points of the FY2021 Annual Compliance Summary Report. For the more information, please refer to the full report.

Recommendations

Recommendations include focus areas from the MSHN Compliance Plan and tasks/activities related to MSHN's strategic plan objectives that are supported by findings and outcomes identified during internal site reviews inclusive of the Delegated Managed Care (DMC) Interim review and the Medicaid Event Verification (MEV) review, external site reviews inclusive of the Health Services Advisory Group (HSAG) and the Michigan Department of Health and Human Services (MDHHS) reviews, contractual requirements and issues identified through the Customer Service and Compliance System.

The following are a few of the recommendations that are part of the summary report.

Area of Risk: Claims are submitted in accordance with Medicaid rules and regulations.

Recommendation: The Medicaid Event Verification site review results will be analyzed for trends of non-compliance with required standards on a quarterly basis and utilize MSHN's Compliance Committee and the Regional Compliance Committee to develop processes/education/training to promote compliance.

Area of Risk: MSHN staff and provider network training/education on compliance regulations and rules.

Recommendation: Develop a compliance webpage on MSHN's website providing current information on healthcare rules and regulations, education on current trends of non-compliance as identified through internal and external site reviews and identification of trainings on compliance related activities. The webpage will be updated as new information is available, including links to information regarding high-risk areas such as the Deficit Reduction Act (DRA).

Area of Risk: Compliance with program integrity activities as defined by the Office of Inspector General (OIG).

Recommendation: Identify trends of non-compliant activities as reported on the Office of Inspector General quarterly activity report and utilize MSHN's Compliance Committee and the Regional Compliance Committee to develop processes/education/training to promote compliance.

Recommendation: Research options and determine feasibility for the completion of a compliance risk assessment region wide.

Status on FY2021 Recommendations

This section provides an update to the recommendations that were included in the FY2020 Annual Compliance Summary Report. One recommendation was put on hold due to actions taken by MDHHS and the recommendations all achieved progress or were fully met.

Mid-State Health Network Internal Site Reviews

During 2021 (calendar year) nine (9) delegated managed care full reviews were completed.

CMHSP Reviews:

Results/Trends

- Regionally, the CMHSP network was found to be 95.45% compliant with the review tool standards and 93.11% compliant with the clinical chart reviews.

During FY2021 both full and interim reviews were completed for SUD Providers. There were fifteen (15) full reviews and ten (10) interim reviews completed.

SUDSP Reviews

Results/Trends

- Regionally, the SUD providers were found to be 93.58% compliant with the delegated functions review tool standards and 76.52% compliant with the clinical chart reviews.

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	99.83%	99.83%	99.63%	99.30%	98.76%	99.89%	95.14%
	A	B	C	D	E	F	G
SUD Providers	100%	100%	100%	99.50%	99.28%	100%	99.84%

Mid-State Health Network External Site Reviews

MDHHS Waiver Site Reviews

The Michigan Department of Health and Human Services (MDHHS) conducted a follow up desk review for our region from February 17, 2021 through April 30, 2021. The purpose was to review the implementation status and effectiveness of the corrective action plan, completed for the full review in FY2020, for the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW) and the Children's Waiver Program (CWP).

The review staff found the actions taken by the PIHP were effective in correcting the findings noted during the initial site review.

MDHHS Substance Use Disorder Site Review

There was no follow up review required during FY2021.

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

The purpose of performance measure validation (PMV) review 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

- The Data Integration and Control- Thirteen Standards: 100%
- Denominator Validation - Seven Standards (2 NA): 100%
- Numerator Validation – Five Standards: 100%
- Performance Measures- Fourteen Measures Fully Validated: 100%

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

The intent of this review is to ensure that the PIHPs are in 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.

There were six (6) standards reviewed during FY2021.

Results/Trends

MSHN demonstrated compliance in 55 out of 65 elements, with an overall compliance score of 85 percent.

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 *Met* validation status as the improvement shown was statistically significant. MSHN received a score of 100% for all evaluation elements met and 100% for critical elements met.

Customer Service Complaints

The total number of Customer Services Complaints received in FY2021 was 104. By comparison, there were 133 complaints in FY2020. This resulted in a decrease of 21.8% in FY2021 from 2020.

Results/Trends

- Overall Customer Service contacts decreased by 21.8% in FY2021 (104) from FY2020 (133)
- Consumer contacts requiring follow-up action increased from 49% (n=65) in FY2020 to 63% (n=66) in FY2021.
- The highest number of consumer-based customer service complaints originated from Consumers themselves (32% / n=33)

Recommendations for FY2022

- The 2021 HSAG Compliance review identified that Adverse Benefit Determinations (ABD) did not contain all the required element necessary. The MSHN Customer Service Committee (CSC)

reviewed the findings and will be developing a targeted ABD training to assist provider staff in completing ABD notices according to the requirement standards.

- A resolution standard for Grievances and Appeals reporting will be established and providers who do not meet the standard may be required to provide a quality improvement plan.
- Ongoing review of applications and selection of consumer representatives by the Customer Service Committee as needed.

Compliance Investigations

The total number of compliance investigations completed in FY2021 was 16. By comparison, there were 18 completed in FY2020. This resulted in a decrease of 11.5% in FY2021 from FY2020.

Results/Trends

While there were fluctuations in numbers and percentages from the previous year, there were no discernible trends identified that warrant any action.

Compliance investigations:

- There was an increase in the total number of compliance issues reported from MSHN staff and a decrease in reports from CMHSP staff.
- Suspected Fraud/Waste/Abuse continues to be the highest reported category at 31.25%.

OIG quarterly report:

- FY2021 had a decrease in the number of reported activities from FY2020.

Subpoenas:

- There was a notable increase in the number of subpoenas received during FY2021.
- Only one subpoena involved a consumer that was served within the region.

Breaches:

- There were a similar number of breach notifications in FY2021 as in FY2020
- In all instances, the cases were remediated locally and did not require state level reporting

Recommendations for FY2022

- Work with PCE to implement the changes to the OIG quarterly activities report being required for FY2022
- Identify region wide data mining activities to detect possible deficiencies and/or non-compliance with established standards

Data Mining Activities

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

During FY2021, MSHN completed the following data mining activities.

- Death Data Report (completed for FY21 Q1 – Q4)
- Comparison for telehealth, face-to-face and overall encounters (complete for FY21 Q4)

Results/Trends

- All issues identified outside of the defined parameters required correction by the responsible provider.