MSHN

Mid-State Health Network

ANNUAL COMPLIANCE REPORT
FY2025- EXECUTIVE SUMMARY

OVERVIEW

The Compliance Summary Report provides a review of the effectiveness of activities performed throughout Fiscal Year 2025 as part of the MSHN Compliance Program and identified within the MSHN Compliance Plan. Those activities include internal and external monitoring and oversight reviews; customer service complaints; compliance investigations and compliance related training and review.

The FY25 report (October 1, 2024, to September 30, 2025) includes all twelve Community Mental Health Services Program (CMHSP) participants, SUD providers, and affiliated networks within MSHN's 21-county service region. The report summarizes activity results, trends, and analysis of the data.

COMPLIANCE REPORT HIGHLIGHTS

MSHN has a comprehensive compliance program focused on the MSHN Compliance Plan tasks and activities and recommendations related to the MSHN strategic plan, supported by findings and outcomes from internal and external monitoring and oversight site reviews, as well as contractual requirements and issues identified through the Customer Service and Compliance System. Some key areas of highlight for the FY25 Compliance Report include:

Recommendations

FY26: (*The following are new, or continued, recommendations that have been identified as potential areas of risk for non-compliance with established standards)*

- The MSHN Quality Assurance and Performance Improvement Managers, in coordination with the SUD treatment and provider staff, will provide an opportunity for one-on-one follow-up and additional training to providers, specific to findings from the previous oversight review, within six months from MSHN approval of provider plans of correction.
- Develop training opportunities, and compliance newsletter, to promote compliance with state and federal requirements.
- Grievance and Appeal report templates will be updated to ensure all required fields are being reported.
- Implement tracking mechanisms to monitor adherence to required timeframes for completion of standards related to grievances, appeals, and adverse benefit determinations.
- Develop practices/processes to ensure compliance with recommendations made during FY2025 Health Services Advisory Group reviews.

FY25: (The following are the FY2025 recommendations that were completed.)

- Identify additional region-wide data mining activities to detect possible deficiencies and/or non-compliance with established standards.
- Review methods of assessing risks and findings for detection of fraud and abuse for potential improvements and efficiencies region wide.
- CMHSP standards: MSHN Behavioral Health team, and the corresponding workgroups, will address and identify ways in which the region can improve compliance in areas that are continually below the established standards or expectations.
- SUD Standards: MSHN will incorporate training topics into the Lunch and Learn training series provided quarterly to the provider network and focus on areas that fall below 80% compliance. This will be coordinated with the MSHN SUD Treatment team as they facilitate the training.
- MSHN will perform additional spot checks prior to submitting data to HSAG to ensure that the cases meet eligibility requirements.
- A causal/barrier analysis will be completed annually to ensure the barriers identified are reduced or eliminated, and to identify if any new barriers exist that require the development of interventions for both subgroups.

Internal Monitoring and Auditing

Community Mental Health Service Participants (CMHSP):

- **Performance:** (The following represent the overall compliance for all standards on each tool.)
  - DMC Tool: 90%
  - Clinical Chart: 93%

- Program Specific: 84%
- Provider Network: 85%
- BH TEDS Business Process: 88%

- **Strengths:**
  - Utilization of an evidence-based trauma screening tool.
  - Home-Based and ACT services are consistently delivered within the consumer's home and/or community.
  - Documenting multiple outreach attempts following missed appointments.
- **Quality Improvement Opportunities:**
  - Services are not provided as indicated in the Individual Plan of Service, and when services change, plans are not consistently updated.
  - Annual contract monitoring/quality assessments of the provider network are not completed annually as required.
  - Services are not consistently offered at the amount/scope/duration noted in individual plans of service

Substance Use Disorder (SUD): **(The following represent the overall compliance for all standards on each tool.)**

- **Performance:**
  - DMC Tool: 87%
  - Clinical Chart: 87%
  - Program Specific: 77%
  - Staff Training & Credentialing: 72%
- **Strengths:**
  - Outpatient providers consistently offer the required weekly hours of care.
  - Treatment plans include documentation of the intended evidence-based intervention(s).
- **Quality Improvement Opportunities:**
  - Progress notes do not consistently include an individual's progress towards meeting an identified goal and/or objective.
  - ASAM Continuums lack clinical summaries and justification for the recommended services/level of care.

Medicaid Event Verification (MEV):

- **Performance: (average score on 7 attributes reviewed)**
  - CMHSP: 96%
  - SUD: 94%
- **Strengths Identified:**
  - CMHSP: Improvement in 4 attributes
  - SUD: Improvement in 2 attributes
- **Quality Improvement Opportunities:**
  - Continue to monitor recommendations from previous quarters until their status is complete or satisfactory.

External Monitoring and Auditing (Health Services Advisory Group and MDHHS)

MDHHS - Waiver Review:

- ***Performance:*** MSHN was found to be compliant with implementation of corrective action.

HSAG - Performance Based Improvement Projects (PIP):

- **Performance:** MSHN continued implementation of two long-term Performance Improvement Projects focused on reducing racial and ethnic disparities in access and penetration rates for behavioral health services:
  - **PIP #1: Access Disparity Reduction**
    - Statistically significant improvement- the disparity between Black/African American and White populations was statistically eliminated ($p > .05$) in FY25 Remeasurement 3 (CY2025 YTD)
    - Demonstrates sustained positive regional impact of interventions implemented across CMHSPs.
  - **PIP #2: Penetration Rate Disparity Reduction**
    - The disparity was reduced from 2.06% (CY21) to 1.51% (CY25 YTD), showing continuous narrowing of the gap, though not yet fully eliminated
- **Next Steps (FY26):** Continue current interventions through Remeasurement Period 3 (CY2025) and maintain focus on data-driven equity improvements in FY26.

HSAG - Performance Measurement Validation Review:

- **Performance:**
  - Data Integration and Control- Thirteen Standards: 100%
  - Denominator Validation - Seven Standards (2 NA): 100%
  - Numerator Validation – Five Standards: 100%
  - Performance Measures- Fourteen Measures (1 NA) Fully Validated: 100%
- **Recommendations:**
  - Perform increased spot checks on data before submitting data to HSAG.
  - Continue with its improvement efforts related to indicator #2.

HSAG - Network Adequacy Verification Review:

- **Performance:**
  - Met the time/distance standards for adult services reviewed
  - Did not meet the time/distance standards for one pediatric service reviewed
- **Next Steps (FY26):**
  - MDHHS will follow up with PIHPs to address network gaps and areas of improvement.

HSAG – Compliance Monitoring Review:

- **Performance:**
  - Overall compliance score of 90% on the eight standards reviewed.
- **Recommendations:**
  - Implement mechanisms to monitor adherence to grievance and appeals by reviewing periodic reports on acknowledgement turnaround times.
  - Enhance meeting minutes to capture Governing Board discussion and feedback on the QAPIP description, work plan activities, evaluation, and progress reports.

HSAG – Encounter Data Validation Review:

- **Performance:**
  - There were no notable issues identified with the record omission and surplus rates for MSHN's institutional and professional encounters.
- **Key Findings:**
  - Institutional Encounters: Nearly all key data elements had omission rates below 2.5 percent, indicating that, for all records with values present in MSHN's data files, the same values were also mostly present in MDHHS' submitted data files.
  - Institutional Encounters: All but one data element had surplus rates of 0.0 percent, indicating that, for all records with values present in MDHHS' data files, the same values were also present in MSHN's submitted data files.
  - Professional Encounters: The majority of key data elements had omission rates of 0.0 percent, indicating that for all records with values present in MSHN's data files, these key data element values were also present in MDHHS' submitted data files.

Customer Service

- **Performance:** The total number of Customer Services contacts received in FY2025 was 193, a 67.8% increase from FY2024. By comparison, there were 115 contacts in FY2024.
- **Activities Implemented:**
  - The MSHN Adverse Benefit Determination (ABD) Technical Guide was updated with expanded information to assist provider staff in meeting the ABD requirements.
  - The quarterly Appeal and Grievance Regional Analysis Report was utilized to evaluate the quarterly MDHHS Grievance and Appeal data for regional trends and quality improvement.
- **Recommendations:**
  - FY25 Customer Service data did not identify systemic issues but identified issues at the individual provider level. Quality improvement initiatives will occur during the Customer Service Committee, utilizing the quarterly Appeal and Grievance Regional Analysis Report to support provider compliance.

Compliance

- **Performance:** The total number of compliance investigations completed by the MSHN Compliance Officer in FY2025 was 33. By comparison, there were 32 completed in FY2024. This resulted in an increase of 3.13% in FY2025 from FY2024.
- **Office of Inspector General (OIG) Quarterly Report:**
  - 205 activities were reported during FY2025
  - 144 activities were closed during FY2025
  - Overpayments requiring adjustments totaled $638,990.33.
- **Data Mining Activities:**
  - Death Data Report: Compares the death list from Care Connect 360 to service data from MSHN's information management system. There should be no instance where a service is provided to a recipient after the date of death.
  - Results: FY25 included 71 unique individuals, accounting for 704 encounters. There were no instances where a date of service was reported after the date of death.
- **Trends:**
  - The number of referrals from the OIG for allegations of fraud, waste and abuse continue to increase each year, showing a potential for increasing oversight by the OIG for the behavioral health system.
- **Subpoenas:**
  - MSHN received 3 (three) subpoenas during FY2025 requesting records. MHSN did have records for 2 (two) of the cases and those records were provided as signed releases were provided.
- **Notification of Breach(s):**
  - There were 6 (six) instances reported involving a breach of protected health information. Out of the instances, 1 (one) was reported from a Substance Use Provider, 4 (four) were reported from CMHSPs and 1 (one) was reported by MSHN staff.
- **Activities Implemented:**
  - Tested compliance software and made recommendations for revisions/updates to forms and process
  - Trained CMHSP staff in the use of the compliance software
  - Operationalized updates/revisions to Office of Inspector General (OIG) quarterly report and fraud referral process
  - Development of process for reporting OIG monthly overpayment report
  - Revised Privacy Notice to include changes in federal requirements
- **Recommendations:**
  - Continue to explore and identify additional region wide data mining activities to detect possible deficiencies and/or non-compliance with established standards.
  - Expand communication to MSHN staff and provider network by utilizing Constant Contact, emails, webpage and other communication means for compliance related updates for providers including trends and quality improvement efforts.
  - Develop reports that can be used to extract data from the compliance software to identify trends and quality improvement efforts.
  - Review methods of assessing risks and findings for detection of fraud and abuse for potential improvements and efficiencies.