

Executive Summary - Annual Compliance Report 2024

Background

The Annual Compliance Report provides an overview of the effectiveness of activities performed throughout Fiscal Year 2024.

Summary Recommendations for FY2025

Summary recommendations for FY2025 include areas identified via findings from internal and external monitoring and oversight site reviews, and feedback received from Customer Service Complaints.

2025 Recommendations Include:

- Review methods of assessing risks for detection of fraud and abuse for potential improvements and efficiencies region wide.
- Focus on implementation of corrective action plans related to external quality review results.
- Increase Performance Improvement Project performance results
- Provide additional training related to areas identified above

Summary of Activities Completed in FY2024

2024 Completed activities included:

- Reviewed grievance and appeal quarterly data to improve compliance with Customer service standards
- Provided education on new compliance and program integrity standards and implemented a new tracking and monitoring system
- Updated compliance policies and procedures to include new program integrity contract language
- Implemented region wide quality improvement efforts for standards with ongoing lower compliance scores
- Implemented corrective action to ensure compliance with external quality review results from prior years
- Reviewed standards with ongoing lower compliance scores to determine if region-wide quality improvement efforts were needed

Summary of CMHSP Reviews

FY24 was Year 1 of MSHN 3-year review cycle that included Administrative Standards, Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP), Serious Emotional Disturbance Waiver (SEDW) and iSPA.

Delegated Managed Care Review Results

MDHHS Review	# of Standards FY23	2023 Results	# Of Standards	2024 Results
<i>Administrative Standards</i>	220	94.82%	24	100%
<i>HSW</i>	62	93.47%	19	74.27%
<i>CWP</i>	73	93.47%	23	78%
<i>SEDW</i>	73	93.47%	22	73%
<i>iSPA</i>	N/A	N/A	20	88%

Summary of SUDSP Treatment Reviews

During FY2024, both full and interim reviews were completed. There were eight (8) full reviews and 16 (sixteen) interim reviews from October 1, 2023 - September 30, 2024.

Review	# Of Standards	2023 Results	2024 Results
Delegated Functions	98	92%	94%
Program Specific	15	67.6%	90.54%
Chart Review	44	65%	67%

Summary results on Medicaid Event Verification Reviews

The attributes tested during the Medicaid Event Verification (MEV) 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/paid does not exceed contractually agreed upon amount, and G.) Modifiers are used in accordance with the HCPCS guidelines.

The CMHSP reviews are completed bi-annually (twice a year) for all twelve (12) CMHSPs. The SUD reviews include all SUD providers.

	A	B	C	D	E	F	G
CMHSP	99.55%	99.73%	97.05%	98.13%	88.01%	97.99%	91.60%
SUD Providers	99.81%	100%	93.35%	95.90%	95.82%	98.86%	85.65%

Summary Results on External Reviews

MDHHS Waiver Review

The Michigan Department of Health and Human Services (MDHHS) conducted a full review for our region May - July 2024. MDHHS reviewed 149 clinical records and a total of 868 staff files (236 professional staff and 632 aide-level staff).

Results/Trends

HSW

Of the Twenty-five (25) measures reviewed related to charts the following trends were identified by MDHHS:

- Increase in compliance: 2 measures
- Maintained Compliance: 5 measures
- Decreased Compliance: 9 Measures

CWP

Of the Twenty-seven (27) measures reviewed related to charts/files, the following trends were identified by MDHHS:

- Increase in compliance: 7 measures

- Maintained Compliance: 5 measures
- Decreased Compliance: 3 Measures

SEDW

Of the Twenty-five (25) measures reviewed related to charts/files, the following trends were identified by MDHHS:

- Increase in compliance: 7 measures
- Maintained Compliance: 3 measures
- Decreased Compliance: 4 Measures

iSPA

2024 was the first year that iSPA was reviewed. MSHN received an overall compliance score of 84%.

The Waiver reviews result in specific individual case follow up at the local level and regional policy/systemic changes as appropriate.

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

HSAG validated a set of performance indicators that were developed and selected by the Michigan Department of Health and Human Services (MDHHS).

Results/Trends

MSHN received a status of “Reportable” indicating the performance indicators were compliant with the State’s specifications and the rate can be reported.

- 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 Compliance Site Review is conducted over a period of three (3) years and includes a review of thirteen (13) different standards.

Results/Trends

MSHN achieved an overall compliance score of 85%.

Standard I - Member Rights and Member Information: 76%

Standard III - Availability of Services: 100%

Standard IV- Assurances of Adequate Capacity and Services: 100%

Standard V- Coordination and Continuity of Care: 93%

Standard VI - Coverage and Authorization of Services: 68%

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

MSHN’s Performance Improvement Project for 2022 through 2025 is: *Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population without a decline in performance for the white population.*

- The remeasurement 1 data for 01/01/2023 through 12/31/2023 was 59.70% for the percentage of new persons who are Black/African- American and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

- The remeasurement 1 data for 01/01/2023 through 12/31/2023 was 63.00% for the percentage of new persons who are White and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

Results/Trends

Validation Rating: Design and Implementation

- Percentage of Evaluation Elements Met: 100%
- Percentage of Critical Elements Met: 100%
- MSHN Validation resulted in a *High Confidence* rating.

MSHN met 100 percent of the requirements for the data analysis and implementation of improvement strategies. MSHN used appropriate QI tools to conduct its causal/barrier analysis and to prioritize the identified barriers. Timely interventions were implemented and were reasonably linked to the corresponding barriers.

Validation Rating: Outcomes

- Percentage of Evaluation Elements Met: 33%
- Percentage of Critical Elements Met: 100%
- MSHN Validation resulted in a *No Confidence* rating.

MSHN did not demonstrate statistically significant improvement over the baseline performance for the disparate subgroup (Black/African American population). The PIHP did not achieve the state-specific goal of eliminating the existing disparity between the two subgroups without a decline in performance for the comparison subgroup (White population) with the first remeasurement period.

Summary Results on Customer Service and Compliance Reporting

The total number of Customer Services contacts received in FY2024 was 115, a 25.8% decrease from FY2023. By comparison, there were 155 contacts in FY2023.

Results/Trends

The following trends/changes were noted during FY2024:

- Overall Customer Service contacts decreased by 26% in FY2024 (115) from FY2023 (155).
- Consumer contacts requiring follow-up action decreased by 39% from 75 in FY2023 to 46 of Consumer contacts in FY2024.
- The highest number of consumer-based customer service complaints originated from Consumers themselves (25% / n=29) and MDHHS (9% / n=10).
- The highest number of non-consumer customer service contacts originated from CMHSP staff (24% / n=28)
- The highest consumer complaint categories addressed Access to Treatment (23% / n=26) and Complaint/Dissatisfaction (14% / n=16). Access to Treatment was a 29% decrease in FY24 (n=29) over FY23 (41). Complaint/Dissatisfaction saw a 30% decrease in FY24 (n=16) over FY23 (n=23).
- The highest non-consumer contact category involved requests for General Assistance (23% / n=26)

Compliance Reporting

The total number of compliance investigations completed by the MSHN Compliance Officer in FY2024 was 32. By comparison, there were 26 completed in FY2023. This resulted in an increase of 23.07% in FY2024 from FY2023.

Compliance investigations:

- There was an increase in the total number of compliance issues reported during FY2024
- Suspected Fraud/Waste/Abuse continues to be the highest reported category at 56.25%.
- Twenty-seven (27) investigations were completed and achieved a closed status.

- Five (5) investigation is still pending closure by the OIG.

OIG quarterly report:

- FY2024 had a slight decrease in the number of reported activities from FY2023.
- The largest number of findings reported include the following:
 - Lack of documentation to support the claims submitted
 - Use of incorrect modifiers or lack of modifiers
 - Duplicated claims/Overlapping claims
 - Services not provided as billed

Subpoenas:

- There was a slight decrease in the number of subpoenas received during FY2024, but the increase was not notable.
- No subpoenas required action as they were not for clients served by MSHN or for the identified timeframe of the request.

Breaches:

- There was a slight decrease in the number of privacy breaches from FY2023 to FY2024.
- In all instances, the cases were remediated following MSHN's breach notification policy.