



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

**Behavioral Health and Developmental Disabilities
Administration**

**2014–2015 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT**

for

Prepaid Inpatient Health Plans

February 2016



3133 East Camelback Road, Suite 100 • Phoenix, AZ 85016-4545

Phone 602.801.6600 • Fax 602.801.6051

1. Executive Summary.....	1-1
Purpose of Report.....	1-1
Scope of EQR Activities Conducted.....	1-2
Definitions.....	1-2
Quality.....	1-2
Timeliness.....	1-3
Access.....	1-3
Findings Related to Quality, Timeliness, and Access.....	1-3
Overview.....	1-4
Quality.....	1-5
Timeliness.....	1-7
Access.....	1-8
Findings for the Compliance Monitoring Reviews.....	1-10
Findings for the Validation of Performance Measures.....	1-14
Findings for the Validation of Performance Improvement Projects.....	1-20
Conclusions.....	1-22
2. External Quality Review Activities.....	2-1
Introduction.....	2-1
Compliance Monitoring.....	2-1
Objectives.....	2-1
Technical Methods of Data Collection.....	2-2
Description of Data Obtained.....	2-3
Data Aggregation, Analysis, and How Conclusions Were Drawn.....	2-3
Validation of Performance Measures.....	2-5
Objectives.....	2-5
Technical Methods of Data Collection and Analysis.....	2-5
Description of Data Obtained.....	2-7
Data Aggregation, Analysis, and How Conclusions Were Drawn.....	2-9
Validation of Performance Improvement Projects.....	2-11
Objectives.....	2-11
Technical Methods of Data Collection and Analysis.....	2-11
Description of Data Obtained.....	2-12
Data Aggregation, Analysis, and How Conclusions Were Drawn.....	2-12
3. Findings, Strengths, and Recommendations With Conclusions Related to Healthcare Quality, Timeliness, and Access.....	3-1
Introduction.....	3-1
Compliance Monitoring.....	3-1
Region 1—NorthCare Network.....	3-2
Region 2—Northern Michigan Regional Entity.....	3-4
Region 3—Lakeshore Regional Entity.....	3-6
Region 4—Southwest Michigan Behavioral Health.....	3-8
Region 5—Mid-State Health Network.....	3-10
Region 6—CMH Partnership of Southeast Michigan.....	3-12
Region 7—Detroit Wayne Mental Health Authority.....	3-14
Region 8—Oakland County CMH Authority.....	3-16
Region 9—Macomb County CMH Services.....	3-18
Region 10 PIHP.....	3-20

- Validation of Performance Measures 3-22
 - Region 1—NorthCare Network..... 3-23
 - Region 2—Northern Michigan Regional Entity 3-26
 - Region 3—Lakeshore Regional Entity..... 3-29
 - Region 4—Southwest Michigan Behavioral Health..... 3-32
 - Region 5—Mid-State Health Network..... 3-35
 - Region 6—CMH Partnership of Southeast Michigan 3-38
 - Region 7—Detroit Wayne Mental Health Authority 3-41
 - Region 8—Oakland County CMH Authority..... 3-44
 - Region 10 PIHP 3-50
- Validation of Performance Improvement Projects..... 3-53
 - Region 1—NorthCare Network..... 3-54
 - Region 2—Northern Michigan Regional Entity 3-57
 - Region 3—Lakeshore Regional Entity..... 3-60
 - Region 4—Southwest Michigan Behavioral Health..... 3-63
 - Region 5—Mid-State Health Network..... 3-66
 - Region 6—CMH Partnership of Southeast Michigan 3-69
 - Region 7—Detroit Wayne Mental Health Authority 3-72
 - Region 8—Oakland County CMH Authority..... 3-75
 - Region 9—Macomb County CMH Services..... 3-78
 - Region 10 PIHP 3-81

4. Assessment of PIHP Follow-Up on Prior Recommendations..... 4-1

- Introduction 4-1
- Region 1—NorthCare Network..... 4-2
 - Compliance Monitoring 4-2
 - Validation of Performance Measures..... 4-2
 - Validation of Performance Improvement Projects..... 4-2
- Region 2—Northern Michigan Regional Entity 4-3
 - Compliance Monitoring 4-3
 - Validation of Performance Measures..... 4-3
 - Validation of Performance Improvement Projects..... 4-3
- Region 3—Lakeshore Regional Entity..... 4-4
 - Compliance Monitoring 4-4
 - Validation of Performance Measures..... 4-4
 - Validation of Performance Improvement Projects..... 4-4
- Region 4—Southwest Michigan Behavioral Health 4-5
 - Compliance Monitoring 4-5
 - Validation of Performance Measures..... 4-5
 - Validation of Performance Improvement Projects..... 4-5
- Region 5—Mid-State Health Network..... 4-6
 - Compliance Monitoring 4-6
 - Validation of Performance Measures..... 4-6
 - Validation of Performance Improvement Projects..... 4-6
- Region 6—CMH Partnership of Southeast Michigan 4-7
 - Compliance Monitoring 4-7
 - Validation of Performance Measures..... 4-7
 - Validation of Performance Improvement Projects..... 4-7
- Region 7—Detroit Wayne Mental Health Authority 4-8
 - Compliance Monitoring 4-8
 - Validation of Performance Measures..... 4-8

Validation of Performance Improvement Projects.....	4-8
Region 8—Oakland County CMH Authority.....	4-9
Compliance Monitoring	4-9
Validation of Performance Measures.....	4-9
Validation of Performance Improvement Projects.....	4-9
Region 9—Macomb County CMH Services.....	4-10
Compliance Monitoring	4-10
Validation of Performance Measures.....	4-10
Validation of Performance Improvement Projects.....	4-10
Region 10 PIHP	4-11
Compliance Monitoring	4-11
Validation of Performance Measures.....	4-11
Validation of Performance Improvement Projects.....	4-11
<i>Appendix A.</i> Summary Tables of External Quality Review Activity Results.....	A-1
<i>Appendix B.</i> Compliance Monitoring Tool	B-i
<i>Appendix C.</i> Performance Measure Validation Tools.....	C-i
<i>Appendix D.</i> Performance Improvement Project Validation Tool.....	D-i

Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with 42 Code of Federal Regulations (CFR) 438.358 were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of and access to care furnished by the states' managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs). The report of results must also contain an assessment of the strengths and weaknesses of the PIHPs regarding healthcare quality, timeliness, and access, as well as recommend improvements. Finally, the report must assess the degree to which the MCOs and PIHPs addressed any previous recommendations. To meet this requirement, the Michigan Department of Health and Human Services (MDHHS), contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to prepare a report regarding the external quality review (EQR) activities performed on the State's contracted PIHPs, as well as the findings derived from the activities.

In 2013, MDHHS defined new regional boundaries for the PIHPs' service areas and selected one PIHP per region to manage the Medicaid specialty benefit for the entire region and to contract with Community Mental Health Services Programs (CMHSPs) and other providers within the region to deliver Medicaid-funded mental health, substance use disorder, and developmental disabilities supports and services.

MDHHS contracted with the following 10 PIHPs:

- ◆ Region 1—NorthCare Network (NorthCare)
- ◆ Region 2—Northern Michigan Regional Entity (Northern MI)
- ◆ Region 3—Lakeshore Regional Entity (Lakeshore)¹⁻¹
- ◆ Region 4—Southwest Michigan Behavioral Health (Southwest MI)
- ◆ Region 5—Mid-State Health Network (Mid-State)
- ◆ Region 6—CMH Partnership of Southeast Michigan (CMHPSM)
- ◆ Region 7—Detroit Wayne Mental Health Authority (Detroit)
- ◆ Region 8—Oakland County CMH Authority (Oakland)
- ◆ Region 9—Macomb County CMH Services (Macomb)
- ◆ Region 10 PIHP

¹⁻¹ Lakeshore Regional Entity is doing business as Lakeshore Regional Partners. Both names are used in this report.

Scope of EQR Activities Conducted

This EQR technical report focuses on the three federally mandated EQR activities conducted by HSAG. As set forth in 42 CFR 438.352, these mandatory activities were:

- ◆ **Compliance monitoring:** The 2014–2015 compliance monitoring review was designed to determine the PIHPs’ compliance with their contract and with State and federal regulations through review of performance in 15 compliance standards.
- ◆ **Validation of performance measures:** HSAG validated the performance measures identified by MDHHS to evaluate the accuracy of the rates reported by or on behalf of a PIHP. The validation also determined the extent to which Medicaid-specific performance measures calculated by a PIHP followed the specifications established by MDHHS.
- ◆ **Validation of performance improvement projects (PIPs):** For each PIHP, HSAG reviewed one PIP to ensure that the PIHP designed, conducted, and reported on the project in a methodologically sound manner, allowing real improvements in care and giving confidence in the reported improvements.

HSAG reported its results from these three EQR activities to MDHHS and the PIHPs in activity reports for each PIHP. Section 3 and the tables in Appendix A detail the validation findings from the activities for all PIHPs. Appendix A contains comparisons to prior-year performance.

Definitions

The BBA states that “each contract with a Medicaid managed care organization must provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible.”¹⁻² The Centers for Medicare & Medicaid Services (CMS) has chosen the domains of quality, timeliness, and access as keys to evaluating the performance of MCOs and PIHPs. HSAG used the following definitions to evaluate and draw conclusions about the performance of the PIHPs in each of these domains.

Quality

CMS defines quality in the final rule for 42 CFR 438.320 as follows: “Quality, as it pertains to external quality review, means the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through provision of health services that are consistent with current professional knowledge.”¹⁻³

¹⁻² Department of Health and Human Services Centers for Medicare & Medicaid Services. *Legislative Summary: Balanced Budget Act of 1997 Medicare and Medicaid Provisions*.

¹⁻³ Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register. Code of Federal Regulations*. Title 42, Vol. 3, October 1, 2005.

Timeliness

The National Committee for Quality Assurance (NCQA) defines timeliness relative to utilization decisions as follows: “The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation.”¹⁻⁴ NCQA further discusses the intent of this standard to minimize any disruption in the provision of healthcare. HSAG extends this definition of timeliness to include other managed care provisions that impact services to enrollees and that require timely response by the MCO or PIHP—e.g., processing expedited appeals and providing timely follow-up care.

Access

In the preamble to the BBA Rules and Regulations,¹⁻⁵ CMS describes the access and availability of services to Medicaid enrollees as the degree to which MCOs and PIHPs implement the standards set forth by the State to ensure that all covered services are available to enrollees. Access includes the availability of an adequate and qualified provider network that considers the needs and characteristics of the enrollees served by the MCO or PIHP.

Findings Related to Quality, Timeliness, and Access

To draw conclusions and make recommendations about the **quality** and **timeliness** of and **access** to care provided by the PIHPs, HSAG assigned each of the components (i.e., compliance monitoring standards, performance measures, and performance improvement projects) reviewed for each activity to one or more of these three domains.

The following is a high-level statewide summary of the conclusions drawn from the findings of the EQR activities, including HSAG’s recommendations with respect to **quality**, **timeliness**, and **access**. Section 3 of this report—Findings, Strengths, and Recommendations, With Conclusions Related to Health Care Quality, Timeliness, and Access—details PIHP-specific results.

¹⁻⁴ National Committee on Quality Assurance. 2006 Standards and Guidelines for MBHOs and MCOs.

¹⁻⁵ Department of Health and Human Services Centers for Medicare & Medicaid Services. *Federal Register*, Vol. 67, No. 115, June 14, 2002.

Overview

Table 1-1 shows HSAG’s assignment of the compliance review standards, performance measures, and PIPs to the domains of **quality, timeliness, and access**.

Table 1-1—Assignment of Activities to Performance Domains

Compliance Review Standards¹⁻⁶	Quality	Timeliness	Access
Standard I—QAPIP Plan and Structure	✓		
Standard II—Performance Measurement and Improvement	✓	✓	
Standard III—Practice Guidelines	✓		
Standard IV—Staff Qualifications and Training	✓		
Standard V—Utilization Management		✓	✓
Standard VI—Customer Services	✓		✓
Standard VII—Enrollee Grievance Process	✓	✓	
Standard VIII—Enrollee Rights and Protections	✓		
Standard IX—Subcontracts and Delegation	✓		
Standard X—Provider Network	✓		✓
Standard XI—Credentialing	✓		
Standard XII—Access and Availability		✓	✓
Standard XIII—Coordination of Care	✓		✓
Standard XIV—Appeals	✓	✓	
Performance Measures	Quality	Timeliness	Access
Indicator 1—Preadmission Screening		✓	✓
Indicator 2—Face-to-Face Assessment		✓	✓
Indicator 3—First Service		✓	✓
Indicator 4a and 4b—Follow-Up Care After Discharge	✓	✓	✓
Indicator 5—Penetration Rate			✓
Indicator 6—Habilitation Supports Waiver (HSW) Rate	✓		
Indicator 8—Competitive Employment	✓		
Indicator 9—Earning Minimum Wage	✓		
Indicator 10—Readmission Rate	✓		
Indicator 13—Adults with DD living in a private residence	✓		
Indicator 14—Adults with MI living in a private residence	✓		
PIPs	Quality	Timeliness	Access
<i>Integration of Physical and Mental Health Care Topic</i>	✓		✓

¹⁻⁶ The compliance monitoring reviews addressed an additional standard (Standard XV—Disclosure of Ownership, Control, and Criminal Convictions), which was not related to any of the domains and was therefore not included in Table 1-1.

Quality

Table 1-2 displays the statewide scores and the lowest and highest scores among the PIHPs for measures assessing the **quality** of care and services. Table 1-7 contains a detailed description of the performance measure indicators.

Table 1-2—Measures Assessing Quality

Measure		Statewide Score	PIHP Low Score	PIHP High Score	
Compliance Monitoring Standards					
Standard I.	QAPIP Plan and Structure	96%	80%	100%	
Standard II.	Performance Measurement and Improvement	99%	94%	100%	
Standard III.	Practice Guidelines	100%	100%	100%	
Standard IV.	Staff Qualifications and Training	100%	100%	100%	
Standard VI.	Customer Services	100%	100%	100%	
Standard VII.	Enrollee Grievance Process	98%	88%	100%	
Standard VIII.	Enrollee Rights and Protections	100%	98%	100%	
Standard IX.	Subcontracts and Delegation	97%	88%	100%	
Standard X.	Provider Network	99%	96%	100%	
Standard XI.	Credentialing	94%	67%	100%	
Standard XIII.	Coordination of Care	99%	96%	100%	
Standard XIV.	Appeals	97%	89%	100%	
Performance Measure Indicators					
Indicator 4a:	Follow-Up Care	Children	98.34%	93.75%	100%
		Adults	97.77%	87.50%	99.39%
Indicator 4b:	Follow-Up Care After Detox		92.69%	43.66%	100%
Indicator 6:	Habilitation Supports Waiver (HSW) Rate		97.89%	96.40%	98.61%
Indicator 8:	Competitive Employment	MI Adults	9.56%	6.82%	13.55%
		DD Adults	7.63%	4.10%	14.25%
		MI/DD Adults	7.60%	4.02%	13.25%
Indicator 9:	Earning Minimum Wage	MI Adults	75.48%	62.06%	85.98%
		DD Adults	32.99%	14.52%	56.62%
		MI/DD Adults	36.30%	15.74%	63.89%
Indicator 10†:	Readmission Rate	Children	8.59%	0.00%	13.51%
		Adults	13.49%	8.73%	15.86%
Indicator 13:	Adults with DD living in a private residence		18.72%	10.37%	27.37%
Indicator 14:	Adults with MI living in a private residence		37.94%	26.21%	53.23%
Performance Improvement Projects					
All evaluation elements <i>Met</i>		100%	100%	100%	
Critical elements <i>Met</i>		100%	100%	100%	
† Lower rates are better for this measure. MI =mental illness DD =developmental disability MI/DD=dually diagnosed with mental illness and developmental disability					

PIHP performance on the compliance monitoring standards in the domain of **quality** continued to be a statewide strength. Twelve standards in the 2014–2015 review cycle addressed this domain. The highest statewide scores were found in this domain, with these standards achieving scores of 100 percent: Standard III—Practice Guidelines, Standard IV—Staff Qualifications and Training, Standard VI—Customer Services, and Standard VIII—Enrollee Rights and Protections. Performance on the remaining standards in the **quality** domain was also strong, with statewide scores of 99 percent for Standard II—Performance Measurement and Improvement, Standard X—Provider Network, and Standard XIII—Coordination of Care. The 2014–2015 compliance reviews resulted in statewide scores of 98 percent and 97 percent, respectively, for Standard VII—Enrollee Grievance Process and Standard IX—Subcontracts and Delegation. The remaining standards in this domain (Standard XIV—Appeals, with a statewide score of 97 percent; Standard I—QAPIP Plan and Structure, with a statewide score of 96 percent; and Standard XI—Credentialing, with a statewide score of 94 percent) also reflected strong performance in the **quality** domain. About three-fourths of the recommendations from the 2014–2015 compliance reviews addressed the **quality** domain.

The PIHPs continued to demonstrate strength in their validation results for performance measures related to **quality** of care and services. Nine PIHPs achieved validation findings of *Report* for all indicators in the **quality** domain, reflecting that the indicators were fully compliant with MDHHS specifications. Seven of the eight indicators in the **quality** domain received validation ratings of *Report* across all PIHPs. One PIHP received a validation status of *Not Report* for Indicator 10. The PIHPs demonstrated an improved ability to report the required quality improvement data, with all 10 PIHPs exceeding the 95 percent standard for completeness of the age, disability designation, and employment status data elements. However, for the minimum wage data, two PIHPs fell slightly below the standard.

Performance on the performance measures related to **quality** of care and services—timely follow-up care for beneficiaries discharged from a psychiatric inpatient or detoxification (detox) unit, and 30-day readmission rates for children and adults—represented a statewide strength. Eighty percent of the rates in the **quality** domain exceeded the respective minimum performance standards set by MDHHS (95 percent for follow-up care and 15 percent for readmission rates). Statewide rates exceeded the performance standards for all but one of the indicators in this domain. The statewide rate for timely follow-up care after discharge from a detox unit fell below the 95 percent standard. However, eight of the 10 PIHPs exceeded the performance standard, while two PIHPs had markedly lower rates, resulting in a below-standard statewide rate. Four PIHPs met the performance standards for all reported measures in the **quality** domain, while the remaining PIHPs fell below the standard for one or two of the five indicators related to **quality** of care and services. MDHHS did not specify a minimum performance standard for the remaining indicators in this domain.

For the 2014–2015 validation cycle, the PIHPs provided the second-year submissions on their chosen topic related to the integration of physical and mental health care. These topics addressed the **quality** of care and services. Increased continuity of care and coordination of physical and behavioral health care services can result in improved **quality** of care and a more holistic experience for beneficiaries. HSAG validated Activities I through VIII for nine of the 10 PIHPs and Activities I through VII for one PIHP. All PIHPs received a validation status of *Met*, indicating that the PIHPs designed, conducted, and reported their project in a methodologically sound manner, allowing real improvements in care and giving confidence in the reported results.

Timeliness

Table 1-3 displays the statewide scores and the lowest and highest scores among the PIHPs for measures assessing **timeliness** of care and services.

Table 1-3—Measures Assessing Timeliness

Measure		Statewide Score	PIHP Low Score	PIHP High Score
Compliance Monitoring Standards				
Standard II.	Performance Measurement/Improvement	99%	94%	100%
Standard V.	Utilization Management	98%	90%	100%
Standard VII.	Enrollee Grievance Process	98%	88%	100%
Standard XII.	Access and Availability	96%	91%	100%
Standard XIV.	Appeals	97%	89%	100%
Performance Measure Indicators				
Indicator 1: Preadmission Screening	Children	98.91%	94.50%	100%
	Adults	98.76%	96.18%	100%
Indicator 2: Face-to-Face Assessment	MI Children	98.73%	95.00%	99.66%
	MI Adults	99.12%	97.65%	100%
	DD Children	98.95%	87.50%	100%
	DD Adults	99.34%	98.39%	100%
	Medicaid SA	98.91%	96.06%	100%
	Total	98.95%	97.22%	99.54%
Indicator 3: First Service	MI Children	97.22%	94.16%	99.34%
	MI Adults	97.57%	93.63%	99.80%
	DD Children	98.45%	96.30%	100%
	DD Adults	97.88%	80.00%	100%
	Medicaid SA	99.45%	96.48%	100%
	Total	98.27%	95.26%	99.75%
Indicator 4a: Follow-Up Care	Children	98.34%	93.75%	100%
	Adults	97.77%	87.50%	99.39%
Indicator 4b: Follow-Up Care After Detox		92.69%	43.66%	100%
Medicaid SA = Medicaid beneficiaries with substance use disorders				

Statewide performance on the compliance monitoring standards in the **timeliness** domain was strong, with statewide scores of 99 percent for Standard II—Performance Measurement and Improvement, 98 percent for Standard V—Utilization Management and Standard VII—Enrollee Grievance Process, 97 percent for Standard XIV—Appeals, and 96 percent for Standard XII—Access and Availability. In this domain, the standards with the highest number of PIHPs in full compliance were Standards II and V, with eight of the 10 PIHPs achieving compliance scores of 100 percent on these standards. About half of the recommendations from the 2014–2015 compliance reviews addressed the **timeliness** domain.

Timeliness, as addressed by the validation of performance measures, continued to represent a statewide strength. Forty-seven of the 50 rates addressing **timeliness** of care and services received validation findings of *Report*, reflecting full compliance with MDHHS specifications. Sixteen of the 17 indicators related to **timeliness** of care and services achieved statewide averages that exceeded the minimum performance level as specified by MDHHS, with a below-standard rate for timely follow-up care after detox. Four PIHPs met the minimum performance standards for all reported measures in the **timeliness** domain; and statewide, 91 percent of all reported rates in this domain met the MDHHS benchmarks.

Access

Table 1-4 displays the statewide scores and the lowest and highest scores among the PIHPs for measures assessing **access** to care and services.

Table 1-4—Measures Assessing Access

Measure			Statewide Score	PIHP Low Score	PIHP High Score
Compliance Monitoring Standards					
Standard V.	Utilization Management		98%	90%	100%
Standard VI.	Customer Services		100%	100%	100%
Standard X.	Provider Network		99%	96%	100%
Standard XII.	Access and Availability		96%	91%	100%
Standard XIII.	Coordination of Care		99%	96%	100%
Performance Measure Indicators					
Indicator 1:	Preadmission Screening	Children	98.91%	94.50%	100%
		Adults	98.76%	96.18%	100%
Indicator 2:	Face-to-Face Assessment	MI Children	98.73%	95.00%	99.66%
		MI Adults	99.12%	97.65%	100%
		DD Children	98.95%	87.50%	100%
		DD Adults	99.34%	98.39%	100%
		Medicaid SA	98.91%	96.06%	100%
		Total	98.95%	97.22%	99.54%
Indicator 3:	First Service	MI Children	97.22%	94.16%	99.34%
		MI Adults	97.57%	93.63%	99.80%
		DD Children	98.45%	96.30%	100%
		DD Adults	97.88%	80.00%	100%
		Medicaid SA	99.45%	96.48%	100%
		Total	98.27%	95.26%	99.75%
Indicator 4a:	Follow-Up Care	Children	98.34%	93.75%	100%
		Adults	97.77%	87.50%	99.39%
Indicator 4b:	Follow-Up Care After Detox		92.69%	43.66%	100%
Indicator 5:	Penetration Rate		7.47%	5.80%	8.95%

Measure	Statewide Score	PIHP Low Score	PIHP High Score
Performance Improvement Projects			
All evaluation elements <i>Met</i>	100%	100%	100%
Critical elements <i>Met</i>	100%	100%	100%

Performance on the compliance monitoring standards in the **access** domain continued to reflect another statewide strength. The 2014–2015 compliance reviews resulted in a statewide score of 100 percent for Standard VI—Customer Services, and scores of 99 percent for Standard X—Provider Network and Standard XIII—Coordination of Care. Statewide scores for the remaining two standards in the **access** domain were 98 percent for Standard V—Utilization Management and 96 percent for Standard XII—Access and Availability. About one-third of the opportunities for improvement identified in the 2014–2015 compliance review cycle addressed this domain.

Access, as assessed by the validation of performance measures, indicated a statewide strength. Eight of the 10 PIHPs received a validation designation of *Report* for all indicators related to **access** to care and services. Statewide rates for all but one of the indicators in this domain and over 90 percent of the reported PIHP-level rates exceeded the minimum performance standards, reflecting that PIHPs provided timely preadmission screenings, face-to-face assessments, access to ongoing services, and follow-up care after discharge from a psychiatric inpatient unit.

The PIPs validated in 2014–2015 also addressed the **access** domain. Ensuring that mental health care providers have knowledge of beneficiaries’ physical health issues—and implementing actions to integrate care—can improve **access** to necessary screenings, tests, and other medical services. As the methodologically sound studies progress to the Outcomes stage, their impact on the **accessibility** of care and services will be evaluated.

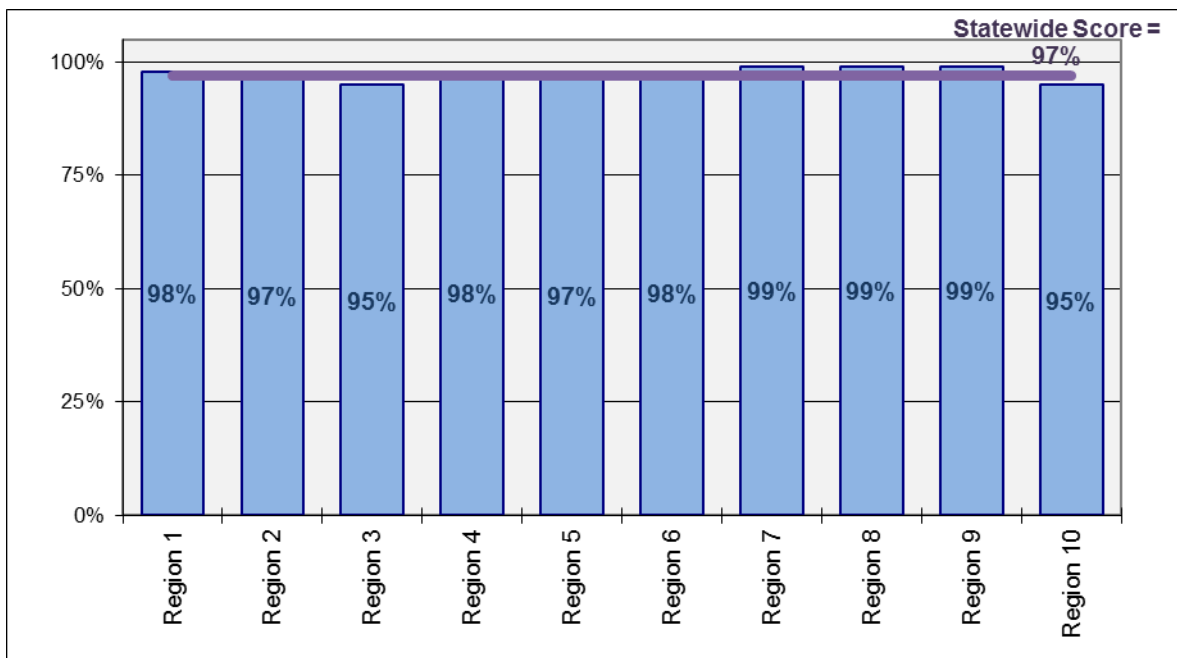
Findings for the Compliance Monitoring Reviews

The regulatory provisions addressed in the 2014–2015 compliance monitoring reviews included Quality Assessment and Performance Improvement Program (42 CFR 438.240); Practice Guidelines (42 CFR 438.236); Quality Assessment and Performance Improvement—Access Standards, Coverage and Authorization of Services (42 CFR 438.210); Grievance System (42 CFR 438.228, 438.400–408, 438.414, and 438.416); Enrollee Rights and Information Requirements (42 CFR 438.10, 438.100, and 438.218); Subcontracts and Delegation (42 CFR 438.230); Provider Network (42 CFR 438.12, 438.106, 438.206, 438.207, and 438.214); Credentialing (42 CFR 438.12 and 438.214); Access and Availability (42 CFR 438.206); Coordination of Care (42 CFR 438.208); and Appeals (42 CFR 438.402, 438.406, 438.408, and 438.410). Additional areas that were related but not specific to BBA regulations addressed Customer Services; Staff Qualifications and Training; and Disclosure of Ownership, Control, and Criminal Convictions (42 CFR 455.104–106).

The overall compliance rating across all standards for the 10 PIHPs was 97 percent, with individual PIHP overall scores ranging from 95 percent to 99 percent. Scores ranging from 95 percent to 100 percent were rated *Excellent*, scores ranging from 85 percent to 94 percent were rated *Good*, scores ranging from 75 percent to 84 percent were rated *Average*, and scores of 74 percent and lower were rated *Poor*.

Figure 1-1 displays PIHP scores for overall compliance across all compliance monitoring standards. All 10 PIHPs performed at an overall *Excellent* level, indicating statewide strong performance on the compliance monitoring standards. None of the PIHPs performed at the *Good*, *Average*, or *Poor* level.

Figure 1-1—Overall Compliance—PIHP Scores and Statewide Score



Results of the 2014–2015 compliance monitoring reviews showed the strongest statewide performance for Standard III—Practice Guidelines, Standard IV—Staff Qualifications and Training, Standard VI—Customer Services, and Standard VIII—Enrollee Rights and Protections, with statewide scores of 100 percent. The PIHPs demonstrated that they had processes in place to implement, review, and disseminate practice guidelines; were compliant with requirements for staff training and ensuring that employed and contracted staff members have appropriate qualifications; ensured that customer services units facilitated access to services and assisted beneficiaries in the grievances and appeals processes; demonstrated that enrollee rights were protected; and ensured that beneficiaries received required information about their rights and services.

Other areas where all 10 PIHPs performed at the *Excellent* level included Standard X—Provider Network and Standard XIII—Coordination of Care. PIHPs maintained contracts with CMHSPs and providers that included provisions protecting beneficiaries from liability for the cost of covered services, evaluated their provider networks across the region to ensure adequate access to covered services, and provided oversight for the delegated provider network management functions. The PIHPs had policies and procedures that addressed all requirements to coordinate care, share assessments, and prevent duplication of services with medical care providers, primary care providers, Medicaid Health Plans (MHPs), and other PIHPs.

Standard II—Performance Measurement, Standard V—Utilization Management, and Standard VII—Enrollee Grievance Process represented additional areas of statewide strengths, with almost all PIHPs scoring in the *Excellent* range. For Standards II and VII, nine of the PIHPs had scores at the *Excellent* level, and one PIHP scored in the *Good* range. The PIHPs demonstrated compliance with requirements to collect and analyze standardized performance measures, review sentinel events, and assess beneficiaries’ experiences with services. The PIHPs demonstrated that they had grievance processes in place (or delegated the responsibility to the CMHSPs in the region), provided beneficiaries and providers with required information about the enrollee grievance process, maintained records of grievances, and had policies that detailed requirements for handling grievances. For Standard V, eight PIHPs performed at the *Excellent* level and two PIHPs scored in the *Good* range. Overall, the PIHPs demonstrated that they had utilization program descriptions which addressed procedures to evaluate medical necessity, included criteria used in making decisions, and detailed the process used to review and approve the provision of services.

Seven PIHPs performed at the *Excellent* level, and three PIHPs scored in the *Good* range for Standard IX—Subcontracts and Delegation and Standard XIV—Appeals. The PIHPs demonstrated compliance with requirements for pre-delegation assessments, maintained written agreements that specified the delegated activities and reporting responsibilities, had processes in place to monitor performance on delegated functions, and required corrective action for identified deficiencies. Overall, the PIHPs had policies and procedures—directly or delegated to the CMHSPs—for processing and responding to beneficiary appeals of a PIHP’s decision to deny, reduce, suspend, or terminate services; maintained logs of requests for appeals; and reported appeals data to the QAPIP.

Performance on Standard XI—Credentialing was mixed, with eight PIHPs scoring in the *Excellent* range and one PIHP each at the *Average* and *Poor* levels. The most frequent recommendation on this standard addressed the PIHPs’ responsibility for maintaining responsibility for credentialing and recredentialing decisions and retaining the right to approve, suspend, or terminate providers from participation in Medicaid-funded services.

For Standard XII—Access and Availability, six PIHPs performed in the *Excellent* range, and four PIHPs received scores in the *Good* range. All PIHPs met the requirements for regular reporting of performance indicator data to MDHHS and oversight of subcontractors to ensure that providers meet State standards for timely access to care and services. Two PIHPs achieved 100 percent compliance on this standard. The most common recommendations in this area (for four of the 10 PIHPs) focused on continued efforts to provide developmentally disabled adults with timely access to ongoing services.

Seven PIHPs performed at the *Excellent* level on Standard I—QAPIP Plan and Structure, two PIHPs received scores in the *Good* range, and one PIHP scored in the *Average* range. The PIHPs demonstrated that they had written QAPIP descriptions that specified adequate organizational structures to support clear and appropriate administration and evaluation of the QAPIP, included providers and beneficiaries in their performance improvement activities, and conducted an annual verification process to ensure that services reimbursed by Medicaid were actually furnished to beneficiaries. The most frequent recommendation for improvement for this standard addressed the collection and review of data from the behavior treatment committees.

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions was a new standard added to this review cycle. Performance represented a statewide opportunity for improvement, with no PIHP performing at the *Excellent* level, two PIHPs each at the *Good* and *Average* levels, and six PIHPs scoring in the *Poor* range. Almost all PIHPs demonstrated compliance with the requirement to search the Office of Inspector General (OIG) database for providers excluded from participation in federal healthcare programs. However, most PIHPs should strengthen their processes to ensure that contractors submit full disclosures of information about individuals with ownership or control interests and to identify and notify the State of criminal convictions as specified in the Social Security Act.¹⁻⁷

For the elements in the previously reviewed standards (I through XIV), all—or almost all—PIHPs demonstrated compliance with the requirements. Therefore, the 2014–2015 compliance monitoring reviews did not identify any statewide opportunities for improvement for these standards.

¹⁻⁷ Sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act

Table 1-5 presents the PIHPs’ 2014–2015 compliance monitoring scores (percentage of compliance) on each of the 15 standards reviewed as well as an overall compliance score across all 15 standards.

Table 1-5—Summary of PIHP Compliance Monitoring Scores (Percentage of Compliance)

PIHP	I. QAPIP Plan and Structure	II. Performance Measurement and Improvement	III. Practice Guidelines	IV. Staff Qualifications and Training	V. Utilization Management	VI. Customer Services	VII. Enrollee Grievance Process	VIII. Enrollee Rights and Protections	IX. Subcontracts and Delegation	X. Provider Network	XI. Credentialing	XII. Access and Availability	XIII. Coordination of Care	XIV. Appeals	XV. Disclosure of Ownership	Overall
Region 1—NorthCare	100	100	100	100	100	100	100	100	100	100	100	94	100	89	72	98
Region 2—Northern MI	88	100	100	100	100	100	100	100	100	100	100	91	100	100	50	97
Region 3—Lakeshore	80	94	100	100	90	100	100	100	94	96	96	97	100	99	69	95
Region 4—Southwest MI	99	100	100	100	100	100	97	100	100	96	100	94	96	94	88	98
Region 5—Mid-State	100	100	100	100	100	100	100	100	88	100	67	100	100	100	59	97
Region 6—CMHPSM	100	100	100	100	100	100	98	100	100	100	100	94	100	97	72	98
Region 7—Detroit	100	100	100	100	100	100	100	98	100	100	100	97	100	100	84	99
Region 8—Oakland	98	100	100	100	100	100	98	100	100	100	96	97	100	100	81	99
Region 9—Macomb	100	100	100	100	100	100	100	100	100	100	100	97	96	100	88	99
Region 10 PIHP	94	98	100	100	94	100	88	100	88	96	83	100	100	94	66	95
Statewide Score	96	99	100	100	98	100	98	100	97	99	94	96	99	97	73	97

Note: Shaded cells show PIHP performance below the statewide score.

Section 3 (PIHP-specific findings) and Appendix A (statewide summaries) detail the PIHPs’ performance on the compliance monitoring standards.

Findings for the Validation of Performance Measures

CMS designed the validation of performance measures activity to ensure the accuracy of the results reported by the PIHPs to MDHHS. To determine that the results were valid and accurate, HSAG evaluated the PIHPs’ data collection and calculation processes and the degree of compliance with the MDHHS Codebook specifications.

HSAG assessed 12 performance measures for each PIHP for compliance with technical requirements, specifications, and construction. HSAG scored the performance measures as *Report* (the indicator was compliant with the State’s specifications, and the rate can be reported); *Not Reported* (this designation was assigned to measures for which the rate was materially biased, or the PIHP was not required to report); or *No Benefit* (the indicator was not reported because the PIHP did not offer the benefit required by the indicator).

Table 1-6 below presents the validation results for the individual indicators that were calculated by either the PIHPs or MDHHS, as detailed in Section 2 of this report (Table 2-4).

Table 1-6—Overall Performance Indicator Compliance With MDHHS Specifications Across All PIHPs

Validation Finding	Percent
<i>Report (R)</i>	97%
<i>Not Reported (NR)</i>	3%
<i>No Benefit (NB)</i>	0%

Table 1-7 shows overall PIHP compliance with the MDHHS codebook specifications for each of the 12 performance measures validated by HSAG.

Table 1-7—Performance Measure Results—Validation Designation

Performance Measure	Percentage of PIHPs		
	R	NR	NB
1. The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	100%	0%	0%
2. The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	80%	20%	0%
3. The 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.	90%	10%	0%
4a. The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	100%	0%	0%
4b. The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	100%	0%	0%
5. The percent of Medicaid recipients having received PIHP managed services.	100%	0%	0%

Performance Measure		Percentage of PIHPs		
		R	NR	NB
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	100%	0%	0%
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	100%	0%	0%
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	100%	0%	0%
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	90%	10%	0%
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	100%	0%	0%
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	100%	0%	0%

R = Report, NR = Not Reported, NB= No Benefit

HSAG validated the performance measures for each PIHP. Nine of 12 measures received a validation designation of *Report* for all 10 PIHPs, reflecting that the PIHPs demonstrated compliance with technical requirements and specifications for the collection and reporting of performance indicators (also referred to as indicators in this report). Indicators 2 and 10 had a validation designation of *Not Reported* for one PIHP, as had Indicators 2 and 3 for another PIHP. Overall, eight of the 10 PIHPs received a validation designation of *Report* for all performance measures.

HSAG did not identify any opportunities for improvement related to the PIHPs’ processes for data integration and data control, or the documentation of the performance indicator calculations. Statewide, the PIHPs demonstrated compliance with requirements for the collection, validation, and submission of quality improvement and encounter data to MDHHS and—when applicable—provided adequate oversight of the affiliated community mental health centers. All PIHPs had sound processes for collecting, validating, and submitting quality improvement data and met the MDHHS requirement for data completeness for age, disability designation, and employment status for SFY 2014 and the first quarter of SFY 2015. Eight of the 10 PIHPs also met the data completeness standard for minimum wage data.

Noted strengths for the PIHPs included a strong commitment to performance indicator and quality improvement data reporting. The PIHPs maintained cohesive teams of experienced professionals with years of relevant experience and knowledge of the measures, processes, and reporting requirements. Several PIHPs implemented or enhanced data validation processes to ensure accurate and complete data reporting and continued to use region-wide information systems to ensure consistent, standardized data collection and reporting processes. The PIHPs made use of the knowledge and experience of the former substance abuse coordinating agencies (CAs) as they integrated the CA functions into their systems, by contracting with the former agencies or hiring

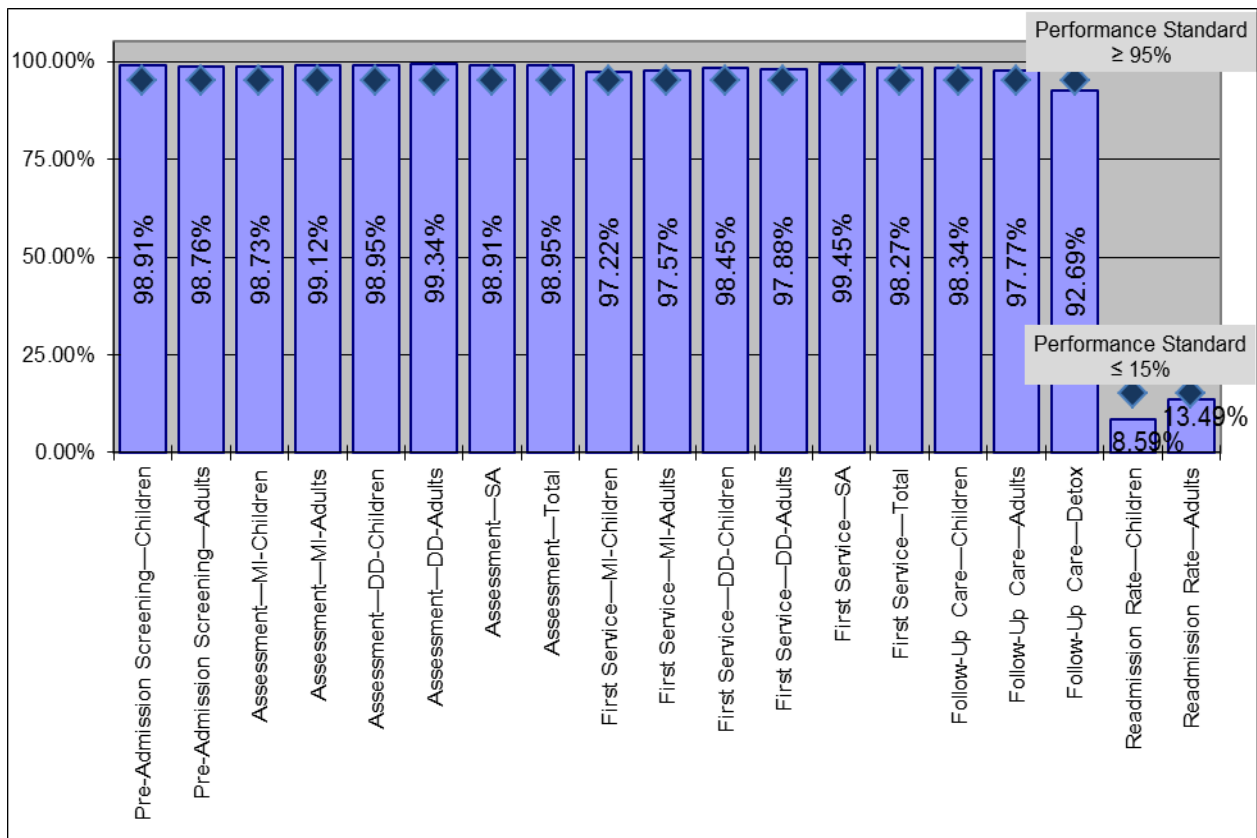
their staff directly to manage the functions related to data reporting for the substance use disorder population.

Opportunities for improvement identified in the 2014–2015 validation cycle included the following: Several PIHPs should strengthen quality checks to ensure that the CMHSPs capture accurate data for performance indicator reporting and implement processes to verify that the CMHSPs maintain detailed documentation for all exception cases. Some of the PIHPs should continue efforts to improve processes for reporting substance use disorder data.

Statewide rates were calculated by summing the number of cases that met the requirements of the indicator across all PIHPs (e.g., the total number of adults for all 10 PIHPs who received a timely follow-up service) and dividing this number by the number of applicable cases across all PIHPs (e.g., the total number of adults for all 10 PIHPs who were discharged from a psychiatric inpatient facility). This calculation excluded any rates with a *NR* validation finding designation; therefore, the number of PIHPs included in the statewide rates was reduced for some indicators: eight PIHPs for Indicator 2 and nine PIHPs for Indicators 3 and 10. MDHHS did not specify a standard for Indicators 5, 6, 8, 9, 10, 13, or 14.

Statewide performance exceeded the MDHHS-established minimum performance standards for all indicators except one (Indicator 4b—Follow-up Care After Discharge From Detox), as shown in Figure 1-2.

Figure 1-2—Statewide Rates for Performance Measures



Continued strong performance resulted in statewide rates that exceeded the MDHHS benchmark for 18 of the 19 indicators. Only Indicator 4b—Follow-up Care After Discharge From Detox fell below the 95 percent standard with a statewide score of 92.69 percent. Indicator 3—Timeliness of First Service for Medicaid SA beneficiaries showed the highest statewide rate (99.45 percent). Performance on Indicator 2—Face-to-Face Assessments (Total rate of 98.95 percent and rates ranging from 99.34 percent for DD adults to 98.73 percent for MI children) was also strong. All Total rates and almost all population-specific rates for Indicators 1, 2, and 3 (rates for timely pre-admission screenings, face-to-face assessments, and access to ongoing services) exceeded the MDHHS-specified performance standards. Readmission rates for children (Indicator 10) represented another statewide area of strength, with all reported rates meeting the 15 percent standard.

For this validation cycle, all 10 PIHPs exceeded the MDHHS performance standard for the Total rates and several populations for Indicators 2 and 3 (timeliness of face-to-face assessments and first service), Indicator 1—Pre-Admission Screenings for Adults, and Indicator 10—Readmission Rate for Children.

Table 1-8 and Table 1-9 display the 2014–2015 results for the validated performance indicators for each PIHP. Most indicators (Indicators 1 through 6 and Indicator 10) were reported and validated for first quarter SFY 2015. Indicators 8, 9, 13, and 14 were reported and validated for SFY 2014.

Section 3 (PIHP-specific findings) and Appendix A (comparison to prior-year performance) contain additional details about the PIHPs' performance on the validation of performance measures.

Table 1-8—PIHP Performance Measure Percentage Scores

PIHP	1. Timeliness/ Inpatient Screening		2. Timeliness/ Face-to-Face Assessment						3. Timeliness/ First Service						4. Continuity of Care		
	Children	Adults	MI—Children	MI—Adults	DD—Children	DD—Adults	Medicaid SA	Total	MI—Children	MI—Adults	DD—Children	DD—Adults	Medicaid SA	Total	Follow-Up Care—Children	Follow-Up Care—Adults	Follow-Up Care—Detox
Region 1—NorthCare	97.73	99.53	96.49	98.64	100	100	97.93	97.93	94.95	94.79	100	80.00	100	97.09	93.75	87.50	100
Region 2—Northern MI	98.63	100	99.66	99.80	100	100	96.06	98.11	98.03	99.16	100	100	100	99.36	96.55	92.91	43.66
Region 3—Lakeshore	94.50	96.18	99.08	98.97	100	100	99.75	99.35	97.29	98.03	100	100	96.48	97.40	96.36	98.18	95.00
Region 4—Southwest MI	99.47	100	98.26	99.18	100	100	100	99.07	94.16	93.63	96.30	92.59	100	95.26	100	98.62	100
Region 5—Mid-State	99.02	99.25	99.33	99.74	100	98.39	98.74	99.27	95.43	97.09	100	100	99.35	97.73	95.61	97.66	98.25
Region 6—CMHPSM	100	100	95.00	99.50	87.50	100	96.36	97.22	99.03	99.04	100	100	96.49	98.69	97.30	97.62	78.95
Region 7—Detroit	99.20	97.08	98.87	97.65	98.95	98.48	100	98.93	99.04	98.56	96.91	98.33	100	99.12	100	98.37	100
Region 8—Oakland	99.14	98.59	NR	NR	NR	NR	NR	NR	99.34	99.80	100	100	99.81	99.75	96.43	96.37	100
Region 9—Macomb	100	100	96.72	100	94.74	100	99.85	99.54	98.36	99.19	95.83	100	100	99.65	100	99.15	99.51
Region 10 PIHP	100	99.74	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	100	99.39	99.49
Statewide Rate	98.91	98.76	98.73	99.12	98.95	99.34	98.91	98.95	97.22	97.57	98.45	97.88	99.45	98.27	98.34	97.77	92.69
MDHHS Standard	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%	≥95%

Notes: Rates in *blue* font indicate performance not meeting the MDHHS minimum performance standard. NR: Rate could not be reported

Table 1-9—PIHP Performance Measure Percentage Scores

PIHP	5.	6.	8. Competitive Employment			9. Minimum Wage			10. Inpatient Recidivism		13/14. Private Residence	
	Penetration Rate	HSW Rate	MI—Adults	DD—Adults	MI/DD Adults	MI—Adults	DD—Adults	MI/DD Adults	Children	Adults	DD—Adults	MI—Adults
Region 1—NorthCare	8.07	97.83	13.55	5.91	5.21	85.98	32.42	40.12	11.11	10.71	18.82	51.38
Region 2—Northern MI	8.51	96.40	10.77	14.25	13.25	83.13	45.19	60.84	0.00	11.63	23.29	53.23
Region 3—Lakeshore	5.80	98.26	10.70	8.79	9.21	82.66	30.69	35.34	2.78	15.13	11.16	42.15
Region 4—Southwest MI	7.75	98.38	10.01	8.68	6.28	74.40	46.11	38.35	4.08	8.73	17.28	51.17
Region 5—Mid-State	7.78	97.81	10.97	8.91	7.36	80.79	33.14	36.74	8.55	11.25	17.44	49.13
Region 6—CMHPSM	7.60	97.56	12.29	9.36	7.07	78.49	56.62	63.89	13.51	10.40	27.37	29.09
Region 7—Detroit	7.87	97.90	7.19	4.10	5.24	71.70	26.35	40.23	12.50	15.86	22.09	26.21
Region 8—Oakland	8.95	98.61	13.06	13.14	11.36	62.06	40.55	29.96	NR	NR	18.62	35.64
Region 9—Macomb	5.96	97.57	9.68	4.75	4.23	77.24	35.58	26.83	9.09	16.16	14.30	32.39
Region 10 PIHP	6.72	98.52	6.82	5.10	4.02	71.09	14.52	15.74	4.76	11.20	10.37	44.94
Statewide Rate	7.47	97.89	9.56	7.63	7.60	75.48	32.99	36.30	8.59	13.49	18.72	37.94
MDHHS Standard	NA	NA	NA	NA	NA	NA	NA	NA	≤15%	≤15%	NA	NA

Notes: Rates in *blue* font indicate performance not meeting the MDHHS minimum performance standard. NR: Rate could not be reported NA: Not Applicable

Findings for the Validation of Performance Improvement Projects

For each PIHP, HSAG validated one PIP based on CMS’ protocol. For the current validation cycle, the PIHPs provided second-year submissions on their PIP topics related to the integration of physical and mental healthcare. Table 1-10 presents a summary of the 2014–2015 PIP validation status results. Ten of the 10 PIPs (100 percent) received a *Met* validation status.

Table 1-10—PIP Validation Status

Validation Status	Number of PIHPs
<i>Met</i>	10
<i>Partially Met</i>	0
<i>Not Met</i>	0

Table 1-11 presents a statewide summary of the PIHPs’ 2014–2015 validation results for each of the CMS PIP protocol activities.

Table 1-11—Summary of Data From Validation of Performance Improvement Projects

Review Activity		Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
Design			
I.	Select the Study Topic	10/10	10/10
II.	Define the Study Question(s)	10/10	10/10
III.	Use a Representative and Generalizable Study Population	10/10	10/10
IV.	Select the Study Indicator(s)	10/10	10/10
V.	Use Sound Sampling Techniques*	NA	NA
VI.	Reliably Collect Data	10/10	1/1
Implementation and Evaluation			
VII.	Analyze and Interpret Study Results	10/10	10/10
VIII.	Implement Intervention and Improvement Strategies	9/9	9/9
Outcomes			
IX.	Assess for Real Improvement	Not Assessed	Not Assessed
X.	Assess for Sustained Improvement	Not Assessed	No Critical Elements
*HSAG scored all elements for Activity V as <i>Not Applicable (NA)</i> for all PIPs.			

HSAG validated Activities I through VIII for nine of the 10 PIPs, and Activities I through VII for the remaining one. All PIPs received a rating of *Not Applicable* for all elements in Activity V as the studies did not use sampling.

The PIHPs continued with their PIPs related to the integration of physical and mental healthcare. For the 2014–2015 validation cycle, the PIHPs completed the Design stage of the PIPs (which included Activities I–VI) and the Implementation and Evaluation stages (which included Activities VII and VIII). Performance on the activities of the first two stages of the PIPs represented a statewide strength.

While all PIPs had a final validation status of *Met*, the original submissions received ratings of *Partially Met* for most of the studies. The initial validation identified opportunities for improvement across almost all activities. Recommendations focused primarily on the data analysis plans, the interpretation and presentation of study results, and improvement strategies. The PIHPs received technical assistance, corrected the identified deficiencies, and improved their validation results. The validation of the resubmissions resulted in scores of 100 percent for evaluation and critical elements and overall validation status of *Met* for all 10 PIPs, indicating that the PIHPs designed scientifically sound studies supported by the use of key research principles, completed causal/barrier analyses using quality improvement tools, and implemented interventions likely to impact outcomes. The next annual validation will assess study outcomes by comparing results of the first remeasurement with the baseline.

Table 1-12 presents the results of the 2014–2015 PIP validation.

Table 1-12—PIP Validation Results by PIHP

PIHP	% of All Elements Met	% of All Critical Elements Met	Validation Status
Region 1—NorthCare	100%	100%	<i>Met</i>
Region 2—Northern MI	100%	100%	<i>Met</i>
Region 3—Lakeshore	100%	100%	<i>Met</i>
Region 4—Southwest MI	100%	100%	<i>Met</i>
Region 5—Mid-State	100%	100%	<i>Met</i>
Region 6—CMHPSM	100%	100%	<i>Met</i>
Region 7—Detroit	100%	100%	<i>Met</i>
Region 8—Oakland	100%	100%	<i>Met</i>
Region 9—Macomb	100%	100%	<i>Met</i>
Region 10 PIHP	100%	100%	<i>Met</i>

Section 3 (PIHP-specific findings) and Appendix A (comparison to prior-year performance) contain additional detail about the PIHPs’ performance on the validation of PIPs.

Conclusions

Findings from the 2014–2015 EQR activities reflected continued improvement in the **quality** and **timeliness** of, and **access** to, care and services provided by the PIHPs. Across all three EQR activities, the PIHPs demonstrated strong performance and high levels of compliance with federal, State, and contractual requirements related to the provision of care to beneficiaries.

Results from the compliance monitoring review reflected high levels of compliance with federal and State requirements for the standards included in the 2014–2015 review cycle. Over 80 percent of the compliance scores fell within in the *Excellent* range, resulting in high statewide compliance scores. Standard III—Practice Guidelines, Standard IV—Staff Qualifications and Training, Standard VI—Customer Services, and Standard VIII—Enrollee Rights and Protections continued to represent statewide strengths, with statewide compliance scores of 100 percent. Many opportunities for improvement identified in the 2014–2015 review cycle related to the PIHPs’ processes for disclosure of ownership, control, and criminal convictions. The 2014–2015 compliance reviews identified additional recommendations mostly for standards in the **quality** domain, primarily addressing the PIHPs’ QAPIP plans and structures, policies and oversight role related to grievances and appeals, and compliance with contractual performance standards for access to covered services.

Results from the validation of performance measures reflected continued compliance with technical requirements and specifications in the collection and reporting of performance indicators, resulting in most indicators being fully compliant with MDHHS specifications across all PIHPs. Reported rates for this validation cycle continued to demonstrate strong performance, with 18 of the 19 statewide rates and 90 percent of individual PIHP-level rates exceeding the respective MDHHS benchmark for the indicator.

For the 2014–2015 validation cycle, HSAG validated the Design and Implementation stages of the PIPs, focusing on improving the quality of care by identifying and documenting risk factors for comorbid physical conditions and monitoring whether beneficiaries received care and services for the physical health condition. The studies demonstrated high levels of compliance with the requirements of the CMS PIP protocol for the validated activities, reflected in a validation status of *Met* for all of the 10 PIPs. The validation did not identify any opportunities for improvement. The results of the 2014–2015 validation suggest that the PIHPs designed scientifically sound studies to measure outcomes for the integration of physical and mental healthcare, completed causal/barrier analyses using quality improvement tools, and implemented interventions likely to impact outcomes. The next annual validation will assess study outcomes by comparing the PIHPs’ Remeasurement 1 results with the respective baseline rates.

Introduction

This section of the report describes the manner in which the data from activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed and how conclusions were drawn as to the quality and timeliness of and access to care furnished by each PIHP.

Section 3 presents conclusions drawn from the data and recommendations related to healthcare quality, timeliness, and access for each PIHP.

Compliance Monitoring

Objectives

Private accreditation organizations, state licensing and Medicaid agencies, and the federal Medicare program all recognize that having standards is only the first step in promoting safe and effective healthcare. Making sure that the standards are followed is the second step. According to 42 CFR 438.358, a state or its EQRO must conduct a review within a three-year period to determine the PIHPs' compliance with standards for access to care, structure and operations, and quality measurement and improvement. To complete this requirement, HSAG, through its EQRO contract with the State of Michigan, performed compliance evaluations of the 10 PIHPs with which the State contracts.

The 2014–2015 compliance monitoring reviews evaluated the PIHPs' compliance with selected federal and State regulations and contractual requirements related to the following standards:

- ◆ Standard I—QAPIP Plan and Structure
- ◆ Standard II—Performance Measurement and Improvement
- ◆ Standard III—Practice Guidelines
- ◆ Standard IV—Staff Qualifications and Training
- ◆ Standard V—Utilization Management
- ◆ Standard VI—Customer Services
- ◆ Standard VII—Enrollee Grievance Process
- ◆ Standard VIII—Enrollee Rights and Protections
- ◆ Standard IX—Subcontracts and Delegation
- ◆ Standard X—Provider Network
- ◆ Standard XI—Credentialing
- ◆ Standard XII—Access and Availability
- ◆ Standard XIII—Coordination of Care
- ◆ Standard XIV—Appeals
- ◆ Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

MDHHS and the individual PIHPs use the information and findings from the compliance reviews to:

- ◆ Evaluate the quality and timeliness of and access to behavioral healthcare furnished by the PIHPs.
- ◆ Identify, implement, and monitor system interventions to improve quality.
- ◆ Evaluate current performance processes.
- ◆ Plan and initiate activities to sustain and enhance current performance processes.

The results from these reviews will provide an opportunity to inform MDHHS and the PIHPs of areas of strength and any corrective actions needed.

Technical Methods of Data Collection

Prior to beginning compliance reviews of the PIHPs, HSAG developed standardized tools for use in the reviews. The content of the tools was based on applicable federal and State laws and regulations and the requirements set forth in the contract agreement between MDHHS and the PIHPs. The review processes and scoring methodology used by HSAG in evaluating the PIHPs' compliance were consistent with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²⁻¹

For each of the PIHP reviews in 2014–2015, HSAG followed the same basic steps:

- ◆ **Pre-review Activities:** In addition to scheduling the compliance review and developing the review agenda, HSAG conducted the key pre-review activity of requesting and reviewing various documents submitted by the PIHPs: the *Desk Audit Form* describing the PIHP's structure, processes, and operational practices related to the standards; the EQR compliance review tool—*Documentation Request and Evaluation Tool*—that was adapted from EQR protocols; and PIHP documents (policies, member materials, subcontracts, etc.) to demonstrate compliance with each requirement in the tool. The focus of the desk review was to identify compliance with the BBA and MDHHS contractual rules and regulations.
- ◆ **Record Reviews:** The 2014–2015 follow-up reviews did not include any record reviews for the utilization management, grievance process, or beneficiary appeals standards.
- ◆ **Compliance Monitoring Reviews:** The 2014–2015 compliance monitoring reviews were conducted on-site. The on-site reviews included an entrance conference, document reviews using the HSAG compliance monitoring tools, and interviews with key PIHP staff. During the exit conference at the conclusion of the on-site reviews, the HSAG review team provided a summary of preliminary findings and recommendations.
- ◆ **Compliance Monitoring Report:** After completing the review, analysis, and scoring of the information obtained from the desk audit and the on-site or telephonic interviews, HSAG

²⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

prepared a report of the compliance monitoring review findings and—when applicable—recommendations for each PIHP.

- ◆ Based on the findings, each PIHP that did not receive a score of *Met* for all elements was required to submit a performance improvement plan to MDHHS for any standard element that was not fully compliant. HSAG provided these PIHPs with a template for their corrective action plans.

Description of Data Obtained

To assess the PIHPs’ compliance with federal and State requirements, HSAG obtained information from a wide range of written documents produced by the PIHPs, including:

- ◆ Committee meeting agendas, minutes, and handouts.
- ◆ Policies and procedures.
- ◆ The Quality Assessment and Performance Improvement Program (QAPI) plan, work plan, and annual evaluation.
- ◆ Management/monitoring reports.
- ◆ Provider service and delegation agreements and contracts.
- ◆ The provider manual and directory.
- ◆ The consumer handbook and informational materials.
- ◆ Consumer satisfaction results.
- ◆ Correspondence.

Interviews with PIHP staff (e.g., PIHP leadership, customer services staff, utilization management staff, etc.) provided additional information. Table 2-1 lists the PIHP data sources used in the compliance determinations and the time period to which the data applied.

Table 2-1—Description of PIHP Data Sources

Data Obtained	Time Period to Which the Data Applied
Desk Review Documentation	State Fiscal Year (SFY) 2014 to Date of Review
Information From Interviews Conducted	State Fiscal Year (SFY) 2014 to Date of Review

Data Aggregation, Analysis, and How Conclusions Were Drawn

Reviewers used the compliance monitoring tools to document findings regarding PIHP compliance with the standards. Based on the evaluation of findings, reviewers noted compliance with each element. The compliance monitoring tool listed the score for each element evaluated.

Findings for the Access and Availability standard were derived from the Michigan Mission-Based Performance Indicator System—Access Domain, Indicators 1 through 4.b. The PIHPs routinely reported quarterly performance data to MDHHS. MDHHS provided data directly to HSAG for the three reporting quarters from April through December 2014.

HSAG evaluated and scored each element addressed in the compliance monitoring review as *Met* (*M*), *Substantially Met* (*SM*), *Partially Met* (*PM*), *Not Met* (*NM*), or *Not Applicable* (*NA*), except

that *Substantially Met* was not applicable to the Access and Availability standard. The overall score for each of the 15 standards was determined by totaling the number of *Met* (value: 1 point) and the number of *Substantially Met* (0.75 points), *Partially Met* (0.50 points), *Not Met* (0.00 points), and *Not Applicable* (0.00 points) elements, then dividing the summed score by the total number of applicable elements for that standard. Using the same methodology, HSAG determined the overall score across all standards for each PIHP and the statewide scores, summing the values of the ratings and dividing that sum by the total number of applicable elements.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of and **access** to care provided by the PIHPs from the findings of the compliance monitoring reviews (as described in Section 3), HSAG assigned each of the standards to one or more of the three domains as depicted in Table 2-2.

Table 2-2—Assignment of Compliance Monitoring Standards to Performance Domains

Standard		Quality	Timeliness	Access
I	QAPIP Plan and Structure	✓		
II	Performance Measurement and Improvement	✓	✓	
III	Practice Guidelines	✓		
IV	Staff Qualifications and Training	✓		
V	Utilization Management		✓	✓
VI	Customer Services	✓		✓
VII	Enrollee Grievance Process	✓	✓	
VIII	Enrollee Rights and Protections	✓		
IX	Subcontracts and Delegation	✓		
X	Provider Network	✓		✓
XI	Credentialing	✓		
XII	Access and Availability		✓	✓
XIII	Coordination of Care	✓		✓
XIV	Appeals	✓	✓	
The compliance monitoring reviews addressed an additional standard (Standard XV—Disclosure of Ownership, Control, and Criminal Convictions), which was not related to any of the domains and was therefore not included in Table 2-2.				

Validation of Performance Measures

Objectives

As set forth in 42 CFR 438.358, the validation of performance measures was one of the mandatory EQR activities. The primary objectives of the performance measure validation activities were to:

- ◆ Evaluate the accuracy of the performance measure data collected by the PIHP.
- ◆ Determine the extent to which the specific performance measures calculated by the PIHP (or on behalf of the PIHP) followed the specifications established for each performance measure.
- ◆ Identify overall strengths and areas for improvement in the performance measure calculation process.

HSAG validated a set of 12 performance indicators developed and selected by MDHHS for validation. Six of these indicators were to be reported by the PIHPs quarterly, with MDHHS calculating the remaining six. The majority of the performance indicators were reported and validated for the first quarter of the Michigan SFY 2015, as shown in Table 2-4.

Technical Methods of Data Collection and Analysis

HSAG conducted the performance measure validation activities in accordance with CMS guidelines in *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG followed the same process when validating each performance measure for each PIHP, which included the following steps:

- ◆ **Pre-audit Strategy**
 - HSAG obtained a list of the indicators that were selected by MDHHS for validation. Indicator definitions and reporting templates were also provided by MDHHS for review by the HSAG validation team. Based on the indicator definitions and reporting guidelines, HSAG developed indicator-specific worksheets derived from Attachment I of the CMS performance measure validation protocol.
 - HSAG prepared a documentation request, which included the Information Systems Capabilities Assessment Tool (ISCAT), Appendix V of the CMS performance measure validation protocol, PMV activity timeline, list of performance indicators selected by MDHHS for validation, and helpful tips for ISCAT completion. Working in collaboration with MDHHS and PIHP participants, HSAG customized the ISCAT to collect the necessary data consistent with Michigan's mental health service delivery model. The ISCAT was forwarded to each PIHP with a timetable for completion and instructions for submission. A mini version of the ISCAT was also received for each Community Mental Health Services Program (CMHSP). HSAG fielded ISCAT-related questions directly from the PIHPs during the pre-on-site phase.

- HSAG prepared an agenda describing all on-site visit activities and indicating the type of staff needed for each session. The agendas were forwarded to the respective PIHPs approximately one month prior to the on-site visit. When requested, HSAG conducted pre-on-site conference calls with the PIHPs to discuss any outstanding ISCAT questions and on-site visit activities.
 - Upon receiving the completed ISCATs/mini-ISCATs from the PIHPs/CMHSPs, HSAG conducted a desk review of the tool and any supporting documentation submitted by the PIHPs. HSAG identified any potential issues, concerns, or items that required additional clarification. HSAG also conducted a line-by-line review of the source code submitted by the PIHPs/MDHHS for the performance indicators.
 - HSAG reviewed the PIHP performance indicator reports provided by MDHHS for the specified measurement period (i.e., first quarter SFY 2015). HSAG used previous reports to assess trending patterns and rate reasonability.
- ◆ **On-site Activities**
- HSAG conducted on-site visits with each PIHP. HSAG collected information using several methods including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:
 - Opening session—The opening session included introductions of the validation team and key PIHP staff members involved in the performance measure validation activities. Discussion during the session covered the review purpose, the required documentation, basic meeting logistics, and queries to be performed.
 - Evaluation of system compliance—The evaluation included a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluated the processes used to collect and calculate the performance indicators, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately). Based on the desk review of the ISCAT(s), HSAG conducted interviews with key PIHP staff members familiar with the processing, monitoring, and calculation of the performance indicators. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.
 - Overview of data integration and control procedures—The overview included discussion and observation of source code logic, a review of how all data sources were combined, and how the analytic file used for reporting the performance indicators was generated. HSAG also reviewed any supporting documentation provided for data integration. This session addressed data control and security procedures as well.
 - Closing conference—The closing conference summarized preliminary findings based on the review of the ISCAT and the on-site visit, and reviewed the documentation requirements for any post-on-site activities.

Description of Data Obtained

As identified in the CMS protocol, HSAG obtained and reviewed the following key types of data as part of the validation of performance measures:

- ◆ Information Systems Capabilities Assessment Tool—HSAG received this tool from each PIHP. The completed ISCATs provided HSAG with background information on MDHHS’s and the PIHPs’ policies, processes, and data in preparation for the on-site validation activities.
- ◆ Source Code (Programming Language) for Performance Measures—HSAG obtained source code from each PIHP (if applicable) and MDHHS (for the indicators calculated by MDHHS). If the PIHP did not produce source code to generate the performance indicators, they submitted a description of the steps taken for measure calculation from the point the service was rendered through the final calculation process. HSAG reviewed the source code or process description to determine compliance with the performance indicator specifications provided by MDHHS.
- ◆ Previous Performance Measure Results Reports—HSAG obtained these reports from MDHHS and reviewed the reports to assess trending patterns and rate reasonability.
- ◆ Supporting Documentation—This documentation provided additional information needed by HSAG reviewers to complete the validation process, including performance measure definitions, file layouts, system flow diagrams, system log files, policies and procedures, data collection process descriptions, and file consolidations or extracts.
- ◆ Current Performance Measure Results—HSAG obtained the calculated results from MDHHS and each of the PIHPs.
- ◆ On-site Interviews and Demonstrations—HSAG also obtained information through interaction, discussion, and formal interviews with key PIHP and MDHHS staff members, as well as through onsite systems demonstrations.

Table 2-3 displays the data sources HSAG obtained for the validation of performance measures activities and the time period to which the data applied.

Table 2-3—Description of Data Sources

Data Obtained	Time Period to Which the Data Applied
ISCAT and mini-ISCAT(s), if applicable (From PIHPs)	SFY 2014
Source Code/Programming Language for Performance Measures (From PIHPs and MDHHS) or Description of the Performance Measure Calculation Process (From PIHPs)	SFY 2014
Previous Performance Measure Results Reports (From MDHHS)	SFY 2014
Performance Measure Results (From PIHPs and MDHHS)	First Quarter SFY 2015
Supporting Documentation (From PIHPs and MDHHS)	SFY 2014
On-site Interviews and Systems Demonstrations (From PIHPs and MDHHS)	During site visit

Table 2-4 displays the performance indicators included in the validation of performance measures, the agency responsible for calculating the indicator, and the validation review period to which the data applied.

Table 2-4—List of Performance Indicators for PIHPs²⁻²

	Indicator	Calculation by:	Validation Review Period
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	PIHP	First Quarter SFY 2015
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	PIHP	First Quarter SFY 2015
3.	The 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.	PIHP	First Quarter SFY 2015
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	PIHP	First Quarter SFY 2015
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	PIHP	First Quarter SFY 2015
5.	The percentage of Medicaid recipients having received PIHP managed services.	MDHHS	First Quarter SFY 2015
6.	The percentage of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	MDHHS	First Quarter SFY 2015
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MDHHS	SFY 2014
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earn minimum wage or more from employment activities.	MDHHS	SFY 2014
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	PIHP	First Quarter SFY 2015
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS	SFY 2014
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS	SFY 2014

²⁻² Due to the PIHP restructure, data for SFY 2014 include only beneficiaries served January 1–September 30, 2014, for the following PIHPs: Northern Michigan Regional Entity, Lakeshore Regional Entity, Southwest Michigan Behavioral Health, Mid-State Health Network, and Region 10 PIHP.

Data Aggregation, Analysis, and How Conclusions Were Drawn

Based on all validation activities, HSAG determined results for each performance measure. As set forth in the CMS protocol, HSAG assigned a validation finding of *Report (R)*, *Not Reported (NR)*, or *No Benefit (NB)* for each performance measure. HSAG based each validation finding on the magnitude of errors detected for the measure's evaluation elements, not by the number of elements determined to be not compliant based on the review findings. Consequently, it was possible that an error for a single element resulted in a designation of *NR* because the impact of the error biased the reported performance measure by more than 5 percentage points. Conversely, it was also possible that several element errors had little impact on the reported rate and HSAG gave the indicator a designation of *R*.

After completing the validation process, HSAG prepared a report of the performance measure validation review findings, which included recommendations for each PIHP reviewed. HSAG forwarded these reports, which complied with 42 CFR 438.364, to MDHHS and the appropriate PIHPs.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of and **access** to care provided by the PIHPs using the results of the performance measures (as described in Section 3), HSAG assigned each of the standards to one or more of the three domains, as depicted in Table 2-5.

Table 2-5—Assignment of Performance Measures to Performance Domains

	Indicator	Quality	Timeliness	Access
1.	The percentage of Medicaid beneficiaries during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.		✓	✓
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.		✓	✓
3.	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.		✓	✓
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	✓	✓	✓
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	✓	✓	✓
5.	The percentage of Medicaid recipients having received PIHP managed services.			✓
6.	The percentage of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	✓		
8.	The percentage of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employment competitively.	✓		
9.	The percentage of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from employment activities.	✓		
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	✓		
13.	The percentage of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	✓		
14.	The percentage of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	✓		

Validation of Performance Improvement Projects

Objectives

As part of its QAPIP, each PIHP was required by MDHHS to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs was to achieve, through ongoing measurements and intervention, significant improvement sustained over time in both clinical care and nonclinical areas. This structured method of assessing and improving PIHP processes is expected to have a favorable effect on health outcomes and beneficiary satisfaction. Additionally, as one of the mandatory EQR activities under the BBA, the State was required to validate the PIPs conducted by its contracted MCOs and PIHPs. To meet this validation requirement for the PIHPs, MDHHS contracted with HSAG.

The primary objective of PIP validation was to determine each PIHP's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of systematic interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities for increasing or sustaining improvement.

For each PIHP, HSAG performed validation activities on one PIP. For the 2014–2015 validation cycle, all PIHPs submitted a continuing statewide PIP on integrating behavioral health and physical healthcare. HSAG provided technical assistance to the PIHPs as requested. The technical assistance sessions provided an opportunity for the PIHPs to ask questions and obtain assistance for conducting a successful PIP. For the 2014–2015 validation cycle, the PIHPs had the opportunity to receive their initial PIP validation scores, request additional technical assistance from HSAG, make corrections to their PIP submission, and resubmit the PIP for a second review. After the second validation, HSAG finalized the scores.

Technical Methods of Data Collection and Analysis

HSAG based the methodology it used to validate PIPs on CMS guidelines as outlined in the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²⁻³ Using this protocol, HSAG, in collaboration with MDHHS, developed the PIP Summary Form, which each PIHP completed and submitted to HSAG for review and evaluation. The PIP Summary Form standardized the process for submitting information regarding PIPs and ensured that all CMS protocol requirements were addressed.

HSAG, with MDHHS's input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS protocols.

²⁻³ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

The CMS protocols identify 10 activities that should be validated for each PIP, although in some cases the PIP may not have progressed to the point where all of the activities can be validated.

These activities are:

- ◆ Activity I. Select the Study Topic
- ◆ Activity II. Define the Study Question(s)
- ◆ Activity III. Use a Representative and Generalizable Study Population
- ◆ Activity IV. Select the Study Indicator(s)
- ◆ Activity V. Use Sound Sampling Techniques
- ◆ Activity VI. Reliably Collect Data
- ◆ Activity VII. Analyze Data and Interpret Study Results
- ◆ Activity VIII. Implement Intervention and Improvement Strategies
- ◆ Activity IX. Assess for Real Improvement
- ◆ Activity X. Assess for Sustained Improvement

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validation from each PIHP’s PIP Summary Form. This form provided detailed information about each PIHP’s PIP as it related to the activities reviewed and evaluated. Table 2-6 presents the source from which HSAG obtained the data and the time period to which the data applied.

Table 2-6—Description of PIHP Data Sources

Data Obtained	Time Period to Which the Data Applied
PIP Summary Form (completed by the PIHP)	SFY 2014

Data Aggregation, Analysis, and How Conclusions Were Drawn

HSAG used the following methodology to evaluate PIPs conducted by the PIHPs to determine if a PIP is valid and to rate the percentage of compliance with CMS’ protocol for conducting PIPs.

Each PIP activity consisted of critical and noncritical evaluation elements necessary for successful completion of a valid PIP. Each evaluation element was scored as *Met (M)*, *Partially Met (PM)*, *Not Met (NM)*, *Not Applicable (NA)*, or *Not Assessed*.

The percentage score for all evaluation elements was calculated by dividing the number of elements (including critical elements) *Met* by the sum of evaluation elements *Met*, *Partially Met*, and *Not Met*. The percentage score for critical elements *Met* was calculated by dividing the number of critical elements *Met* by the sum of critical elements *Met*, *Partially Met*, and *Not Met*. The scoring methodology also included the *Not Applicable* designation for situations in which the evaluation element did not apply to the PIP. For example, in Activity V, if the PIP did not use sampling techniques, HSAG would score the evaluation elements in Activity V as *Not Applicable*. HSAG used the *Not Assessed* scoring designation when the PIP had not progressed to the remaining activities in the CMS protocol. HSAG used a *Point of Clarification* when documentation for an evaluation element included the basic components to meet requirements for the evaluation element

(as described in the narrative of the PIP), but enhanced documentation would demonstrate a stronger application of CMS protocols.

The validation status score was based on the percentage score and whether or not critical elements were *Met*, *Partially Met*, or *Not Met*. Due to the importance of critical elements, any critical element scored as *Not Met* would invalidate a PIP. Critical elements that were *Partially Met* and noncritical elements that were *Partially Met* or *Not Met* would not invalidate the PIP, but they would affect the overall percentage score (which indicates the percentage of the PIP’s compliance with CMS’ protocol for conducting PIPs).

The scoring methodology was designed to ensure that critical elements are a must-pass step. If at least one critical element was *Not Met*, the overall validation status was *Not Met*. In addition, the methodology addressed the potential situation in which all critical elements were *Met*, but suboptimal performance was observed for noncritical elements. The final outcome would be based on the overall percentage score.

All PIPs were scored as follows:

- ◆ *Met*: All critical elements were *Met* and 80 percent to 100 percent of all evaluation elements were *Met* across all activities.
- ◆ *Partially Met*: All critical elements were *Met* and 60 percent to 79 percent of all evaluation elements were *Met* across all activities, or one or more critical element(s) were *Partially Met* and the percentage score for all elements across all activities was 60 percent or more.
- ◆ *Not Met*: All critical elements were *Met* and less than 60 percent of all evaluation elements were *Met* across all activities or one or more critical element(s) were *Not Met*.

HSAG assessed the implications of the study’s findings on the likely validity and reliability of the results as follows:

- ◆ *Met*: High confidence/confidence in the reported PIP results.
- ◆ *Partially Met*: Low confidence in the reported PIP results.
- ◆ *Not Met*: Reported PIP results that were not credible.

After completing the validation review, HSAG documented the findings and recommendations for each validated PIP. HSAG forwarded these completed PIP Validation Tools to MDHHS and the appropriate PIHP.

The EQR activities related to PIPs were designed to evaluate the validity and reliability of the PIHP’s processes in conducting the PIPs and to draw conclusions about the PIHP’s performance in the domains of quality, timeliness, and access to care and services. The *Integrated Behavioral and Physical Health Care* PIP topic addressed CMS’ requirements related to quality outcomes—specifically, quality and access to care and services. HSAG assigned the PIPs to the **quality** and **access** domains as depicted in Table 2-7.

Table 2-7—Assignment of PIPs to Performance Domains

Topic	Quality	Timeliness	Access
<i>Integrated Behavioral and Physical Health Care</i>	✓		✓

3. Findings, Strengths, and Recommendations With Conclusions Related to Healthcare Quality, Timeliness, and Access

Introduction

This section of the report contains findings from the three 2014–2015 EQR activities—compliance monitoring, validation of performance measures, and validation of PIPs—for the 10 PIHPs. It includes a summary of each PIHP’s strengths and recommendations for improvement, and a summary assessment related to the **quality** and **timeliness** of, and **access** to, care and services provided by the PIHP. The individual PIHP reports for each EQR activity contain a more detailed description of the results.

Compliance Monitoring

This section of the report presents the results of the 2014–2015 compliance monitoring reviews. These reviews evaluated the PIHPs’ compliance with federal and State regulations and contractual requirements related to the standards listed in Table 3-1. HSAG assigned the compliance standards to the domains of **quality**, **timeliness**, and **access** to care as follows:

Table 3-1—Compliance Monitoring Standards³⁻¹

	Standard	Quality	Timeliness	Access
I	QAPIP Plan and Structure	✓		
II	Performance Measurement and Improvement	✓	✓	
III	Practice Guidelines	✓		
IV	Staff Qualifications and Training	✓		
V	Utilization Management		✓	✓
VI	Customer Services	✓		✓
VII	Enrollee Grievance Process	✓	✓	
VIII	Enrollee Rights and Protections	✓		
IX	Subcontracts and Delegation	✓		
X	Provider Network	✓		✓
XI	Credentialing	✓		
XII	Access and Availability		✓	✓
XIII	Coordination of Care	✓		✓
XIV	Appeals	✓	✓	

³⁻¹ Standard XV—Disclosure of Ownership, Control, and Criminal Convictions was not related to any of the domains and was therefore not included in Table 3-1 or the summary assessments related to quality, timeliness, and access in the following PIHP sections.

Region 1—NorthCare Network

Compliance Monitoring Results

Table 3-2 below presents the results of the 2014–2015 compliance review of **NorthCare Network**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The table also shows the compliance score for each standard and overall. The 2014–2015 External Quality Review Compliance Monitoring Report for **NorthCare Network** contains a more detailed description of the results.

Table 3-2—Summary of 2014–2015 Compliance Review Results for NorthCare Network

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPI Plan and Structure</i>	20	20	20	0	0	0	0	100%
II <i>Performance Measurement and Improvement</i>	24	24	24	0	0	0	0	100%
III <i>Practice Guidelines</i>	17	14	14	0	0	0	3	100%
IV <i>Staff Qualifications and Training</i>	9	9	9	0	0	0	0	100%
V <i>Utilization Management</i>	21	21	21	0	0	0	0	100%
VI <i>Customer Services</i>	13	13	13	0	0	0	0	100%
VII <i>Enrollee Grievance Process</i>	16	16	16	0	0	0	0	100%
VIII <i>Enrollee Rights and Protections</i>	37	36	36	0	0	0	1	100%
IX <i>Subcontracts and Delegation</i>	8	4	4	0	0	0	4	100%
X <i>Provider Network</i>	13	13	13	0	0	0	0	100%
XI <i>Credentialing</i>	6	6	6	0	0	0	0	100%
XII <i>Access and Availability</i>	20	17	15	0	2	0	3	94%
XIII <i>Coordination of Care</i>	7	7	7	0	0	0	0	100%
XIV <i>Appeals</i>	18	18	16	0	0	2	0	89%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	8	3	3	1	1	0	72%
Total	237	226	217	3	3	3	11	98%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

NorthCare Network received an overall compliance score of 98 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 12 standards: *QAPIP Plan and Structure, Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Grievance Process, Enrollee Rights and Protections, Subcontracts and Delegation, Provider Network, Credentialing, and Coordination of Care.*

Recommendations

The 2014–2015 recommendations for improving **NorthCare Network**'s performance addressed the following three standards: *Access and Availability; Appeals; and Disclosure of Ownership, Control, and Criminal Convictions.* The PIHP should continue efforts to consistently meet the contractual minimum performance standards for timely access to ongoing services for adults with a developmental disability and timely follow-up care for children discharged from a psychiatric inpatient unit. **NorthCare Network** should maintain a log of all requests for appeals, report appeals-related data to its QAPIP, and conduct ongoing and annual monitoring of the delegated appeals function. **NorthCare Network** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

NorthCare Network demonstrated strong performance across the three domains of **quality, timeliness, and access.** The PIHP demonstrated its strongest performance in the **quality** domain, achieving full compliance on 11 of the 12 standards. Performance in the **access** domain was also strong, with full compliance on four of the five standards in this domain. All recommendations for improvement addressed the **timeliness** domain, where the PIHP achieved full compliance on three of the five standards.

Region 2—Northern Michigan Regional Entity

Compliance Monitoring Results

Table 3-3 below presents the results of the 2014–2015 compliance review of **Northern Michigan Regional Entity**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Northern Michigan Regional Entity** contains a more detailed description of the results.

Table 3-3—Summary of 2014–2015 Compliance Review Results for Northern Michigan Regional Entity

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPI Plan and Structure</i>	20	17	15	0	0	2	3	88%
II <i>Performance Measurement and Improvement</i>	24	21	21	0	0	0	3	100%
III <i>Practice Guidelines</i>	17	14	14	0	0	0	3	100%
IV <i>Staff Qualifications and Training</i>	9	9	9	0	0	0	0	100%
V <i>Utilization Management</i>	21	18	18	0	0	0	3	100%
VI <i>Customer Services</i>	13	13	13	0	0	0	0	100%
VII <i>Enrollee Grievance Process</i>	16	16	16	0	0	0	0	100%
VIII <i>Enrollee Rights and Protections</i>	37	33	33	0	0	0	4	100%
IX <i>Subcontracts and Delegation</i>	8	4	4	0	0	0	4	100%
X <i>Provider Network</i>	13	13	13	0	0	0	0	100%
XI <i>Credentialing</i>	6	6	6	0	0	0	0	100%
XII <i>Access and Availability</i>	20	17	15	0	1	1	3	91%
XIII <i>Coordination of Care</i>	7	4	4	0	0	0	3	100%
XIV <i>Appeals</i>	18	18	18	0	0	0	0	100%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	7	1	0	5	1	1	50%
Total	237	210	200	0	6	4	27	97%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Northern Michigan Regional Entity received an overall compliance score of 97 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 12 standards: *Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Grievance Process, Enrollee Rights and Protections, Subcontracts and Delegation, Provider Network, Credentialing, Coordination of Care, and Appeals.*

Recommendations

The 2014–2015 recommendations for improving **Northern Michigan Regional Entity's** performance addressed the following three standards: *QAPIP Plan and Structure; Access and Availability; and Disclosure of Ownership, Control, and Criminal Convictions.* The PIHP should produce an annual effectiveness review of the QAPIP and provide the review to its network. **Northern Michigan Regional Entity** should continue efforts to consistently meet the contractual performance standards for timely access to ongoing services for developmentally disabled adults and follow-up care for beneficiaries discharged from a detox unit. The PIHP must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Northern Michigan Regional Entity demonstrated strong performance across the three domains of **quality, timeliness, and access.** The PIHP demonstrated its strongest performance in the **quality** domain, achieving full compliance on 11 of the 12 standards. Performance in the **access** and **timeliness** domains was also strong for **Northern Michigan Regional Entity**, with full compliance on four of the five standards in these domains. Recommendations for improvement addressed all three domains.

Region 3—Lakeshore Regional Entity

Compliance Monitoring Results

Table 3-4 below presents the results of the 2014–2015 compliance review of **Lakeshore Regional Entity**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Lakeshore Regional Entity** contains a more detailed description of the results.

Table 3-4—Summary of 2014–2015 Compliance Review Results for Lakeshore Regional Entity

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I QAPIP Plan and Structure	20	20	13	2	3	2	0	80%
II Performance Measurement and Improvement	24	24	22	0	1	1	0	94%
III Practice Guidelines	17	17	17	0	0	0	0	100%
IV Staff Qualifications and Training	9	9	9	0	0	0	0	100%
V Utilization Management	21	21	17	0	4	0	0	90%
VI Customer Services	13	13	13	0	0	0	0	100%
VII Enrollee Grievance Process	16	16	16	0	0	0	0	100%
VIII Enrollee Rights and Protections	37	36	36	0	0	0	1	100%
IX Subcontracts and Delegation	8	4	3	1	0	0	4	94%
X Provider Network	13	13	12	0	1	0	0	96%
XI Credentialing	6	6	5	1	0	0	0	96%
XII Access and Availability	20	17	16	0	1	0	3	97%
XIII Coordination of Care	7	7	7	0	0	0	0	100%
XIV Appeals	18	18	17	1	0	0	0	99%
XV Disclosure of Ownership, Control, and Criminal Convictions	8	8	4	0	3	1	0	69%
Total	237	229	207	5	13	4	8	95%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Lakeshore Regional Entity received an overall compliance score of 95 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on six standards: *Practice Guidelines, Staff Qualifications and Training, Customer Services, Enrollee Grievance Process, Enrollee Rights and Protections, and Coordination of Care*. **Lakeshore Regional Entity** also demonstrated strong performance on the *Provider Network, Credentialing, Access and Availability, and Appeals* standards.

Recommendations

The 2014–2015 recommendations for improving **Lakeshore Regional Entity**'s performance addressed the following standards: *QAPI Plan and Structure; Performance Measurement and Improvement; Utilization Management; Subcontracts and Delegation; Provider Network; Credentialing; Access and Availability; Appeals; and Disclosure of Ownership, Control, and Criminal Convictions*. **Lakeshore Regional Entity** should ensure compliance with the requirements for the QAPIP, including adequate administration, oversight, and monitoring of QAPI operations; production and distribution of an annual effectiveness review of the QAPIP; and active consumer participation in the QAPIP. The PIHP should ensure that its providers collect and analyze data from the behavior treatment committees. **Lakeshore Regional Entity** should provide a written report on the regional consumer satisfaction survey to its governing body and include the information on its website. The PIHP should ensure that its utilization management program is congruent with contractual requirements, address in its policies the requirement and process for evaluating the proposed subcontractor's ability to perform the activities to be delegated prior to entering into a contract, and ensure that it monitors subcontractors' compliance with the requirement to give affected providers written notice of the reason for its decision when a CMHSP declines to include individual providers or groups of providers in its network for any reason. **Lakeshore Regional Entity** must maintain the actual right to approve, suspend, or terminate providers from participating in Medicaid-funded services and must have an appeal process available when credentialing or recredentialing is denied, suspended, or terminated for any reason other than lack of need. The PIHP should continue efforts to consistently meet the contractual performance standard for timely access to ongoing services for beneficiaries with a substance use disorder and detail the requirements for the delegated appeals function in the written agreements. **Lakeshore Regional Entity** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Lakeshore Regional Entity demonstrated mixed performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **quality** domain, achieving full compliance on six of the 12 standards. Performance in the **access** and **timeliness** domains was lower, with **Lakeshore Regional Entity** achieving full compliance on two of the five standards in the **access** domain and one of the five standards in the **timeliness** domain. Most recommendations for improvement addressed the **quality** domain.

Region 4—Southwest Michigan Behavioral Health

Compliance Monitoring Results

Table 3-5 below presents the results of the 2014–2015 compliance review of **Southwest Michigan Behavioral Health**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Southwest Michigan Behavioral Health** contains a more detailed description of the results.

Table 3-5—Summary of 2014–2015 Compliance Review Results for Southwest Michigan Behavioral Health

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPIP Plan and Structure</i>	20	20	19	1	0	0	0	99%
II <i>Performance Measurement and Improvement</i>	24	24	24	0	0	0	0	100%
III <i>Practice Guidelines</i>	17	14	14	0	0	0	3	100%
IV <i>Staff Qualifications and Training</i>	9	9	9	0	0	0	0	100%
V <i>Utilization Management</i>	21	21	21	0	0	0	0	100%
VI <i>Customer Services</i>	13	13	13	0	0	0	0	100%
VII <i>Enrollee Grievance Process</i>	16	16	15	0	1	0	0	97%
VIII <i>Enrollee Rights and Protections</i>	37	36	36	0	0	0	1	100%
IX <i>Subcontracts and Delegation</i>	8	4	4	0	0	0	4	100%
X <i>Provider Network</i>	13	13	12	0	1	0	0	96%
XI <i>Credentialing</i>	6	6	6	0	0	0	0	100%
XII <i>Access and Availability</i>	20	17	15	0	2	0	3	94%
XIII <i>Coordination of Care</i>	7	7	6	1	0	0	0	96%
XIV <i>Appeals</i>	18	18	15	2	1	0	0	94%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	8	4	4	0	0	0	88%
Total	237	226	213	8	5	0	11	98%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Southwest Michigan Behavioral Health received an overall compliance score of 98 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on eight standards: *Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Rights and Protections, Subcontracts and Delegation, and Credentialing*. **Southwest Michigan Behavioral Health** also demonstrated strong performance on the *QAPIP Plan and Structure, Enrollee Grievance Process, Provider Network, and Coordination of Care* standards.

Recommendations

The 2014–2015 recommendations for improving **Southwest Michigan Behavioral Health's** performance addressed the following standards: *QAPIP Plan and Structure; Enrollee Grievance Process; Provider Network; Access and Availability; Coordination of Care; Appeals; and Disclosure of Ownership, Control, and Criminal Convictions*. **Southwest Michigan Behavioral Health** should ensure that CMHSPs collect and analyze all behavior treatment data as required, including the length of time of interventions used per person. The PIHP should ensure that its processes for monitoring subcontractors' grievance processes include an assessment of compliance with the requirements for handling grievances and that its site review process addresses the full scope of delegated network management functions. **Southwest Michigan Behavioral Health** should continue efforts to consistently meet the contractual performance standard for timely access to ongoing services for developmentally disabled children and adults. The PIHP must ensure that it has a written, functioning coordination agreement for integration of physical and mental healthcare with each Medicaid health plan serving any part of the service area. **Southwest Michigan Behavioral Health** should ensure that its processes for monitoring subcontractors' compliance with requirements for the appeals process include an assessment of compliance with the requirements for handling appeals and that beneficiaries receive all required information about the appeals process. The PIHP must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Southwest Michigan Behavioral Health demonstrated mixed performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **quality** domain, achieving full compliance on seven of the 12 standards. Performance in the **access** and **timeliness** domains was not as strong for **Southwest Michigan Behavioral Health**, with full compliance on two of the five standards in these domains. Recommendations for improvement addressed primarily the **quality** and **access** domains.

Region 5—Mid-State Health Network

Compliance Monitoring Results

Table 3-6 below presents the results of the 2014–2015 compliance review of **Mid-State Health Network**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Mid-State Health Network** contains a more detailed description of the results.

Table 3-6—Summary of 2014–2015 Compliance Review Results for Mid-State Health Network

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPI Plan and Structure</i>	20	20	20	0	0	0	0	100%
II <i>Performance Measurement and Improvement</i>	24	24	24	0	0	0	0	100%
III <i>Practice Guidelines</i>	17	17	17	0	0	0	0	100%
IV <i>Staff Qualifications and Training</i>	9	9	9	0	0	0	0	100%
V <i>Utilization Management</i>	21	21	21	0	0	0	0	100%
VI <i>Customer Services</i>	13	13	13	0	0	0	0	100%
VII <i>Enrollee Grievance Process</i>	16	16	16	0	0	0	0	100%
VIII <i>Enrollee Rights and Protections</i>	37	36	36	0	0	0	1	100%
IX <i>Subcontracts and Delegation</i>	8	4	3	0	1	0	4	88%
X <i>Provider Network</i>	13	13	13	0	0	0	0	100%
XI <i>Credentialing</i>	6	6	4	0	0	2	0	67%
XII <i>Access and Availability</i>	20	17	17	0	0	0	3	100%
XIII <i>Coordination of Care</i>	7	7	7	0	0	0	0	100%
XIV <i>Appeals</i>	18	18	18	0	0	0	0	100%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	8	2	1	4	1	0	59%
Total	237	229	220	1	5	3	8	97%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Mid-State Health Network received an overall compliance score of 97 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 12 standards: *QAPIP Plan and Structure, Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Grievance Process, Enrollee Rights and Protections, Provider Network, Access and Availability, Coordination of Care, and Appeals.*

Recommendations

The 2014–2015 recommendations for improving **Mid-State Health Network**'s performance addressed the following standards: *Subcontracts and Delegation; Credentialing; and Disclosure of Ownership, Control, and Criminal Convictions.* **Mid-State Health Network** should ensure that its written agreements include provisions for revoking delegation or imposing other sanctions if the subcontractor's performance of a delegated function is inadequate and implement a policy and a process to ensure that it maintains responsibility for credentialing and recredentialing decisions and maintains the actual right to approve, suspend, or terminate providers from participating in Medicaid-funded services. **Mid-State Health Network** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Mid-State Health Network demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**. The PIHP demonstrated its strongest performance in the **access** and **timeliness** domains, achieving full compliance on all standards in these domains. Performance in the **quality** domain was also strong for **Mid-State Health Network**, with full compliance on 10 of the 12 standards in this domain. All recommendations for improvement addressed the **quality** domain.

Region 6—CMH Partnership of Southeast Michigan

Compliance Monitoring Results

Table 3-7 below presents the results of the 2014–2015 compliance review of **CMH Partnership of Southeast Michigan**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **CMH Partnership of Southeast Michigan** contains a more detailed description of the results.

**Table 3-7—Summary of 2014–2015 Compliance Review Results
for CMH Partnership of Southeast Michigan**

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I QAPIP Plan and Structure	20	20	20	0	0	0	0	100%
II Performance Measurement and Improvement	24	24	24	0	0	0	0	100%
III Practice Guidelines	17	14	14	0	0	0	3	100%
IV Staff Qualifications and Training	9	9	9	0	0	0	0	100%
V Utilization Management	21	21	21	0	0	0	0	100%
VI Customer Services	13	13	13	0	0	0	0	100%
VII Enrollee Grievance Process	16	16	15	1	0	0	0	98%
VIII Enrollee Rights and Protections	37	36	36	0	0	0	1	100%
IX Subcontracts and Delegation	8	4	4	0	0	0	4	100%
X Provider Network	13	13	13	0	0	0	0	100%
XI Credentialing	6	6	6	0	0	0	0	100%
XII Access and Availability	20	17	16	0	0	1	3	94%
XIII Coordination of Care	7	7	7	0	0	0	0	100%
XIV Appeals	18	18	16	2	0	0	0	97%
XV Disclosure of Ownership, Control, and Criminal Convictions	8	8	2	3	3	0	0	72%
Total	237	226	216	6	3	1	11	98%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

CMH Partnership of Southeast Michigan received an overall compliance score of 98 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 11 standards: *QAPI Plan and Structure, Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Rights and Protections, Subcontracts and Delegation, Provider Network, Credentialing, and Coordination of Care*. **CMH Partnership of Southeast Michigan** also demonstrated strong performance on the *Enrollee Grievance Process and Appeals* standards.

Recommendations

The 2014–2015 recommendations for improving **CMH Partnership of Southeast Michigan's** performance addressed the following standards: *Enrollee Grievance Process; Access and Availability; Appeals; and Disclosure of Ownership, Control, and Criminal Convictions*. **CMH Partnership of Southeast Michigan** should ensure that its policies specify the federal and State requirements for handling grievances and continue efforts to consistently meet the contractual performance standards for timely follow-up care after discharge from a detox unit. The PIHP should revise its appeals policy to include all requirements for the content of the notice of disposition and ensure that the annual site review process evaluates subcontractors' compliance with the requirements for handling appeals. **CMH Partnership of Southeast Michigan** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

CMH Partnership of Southeast Michigan demonstrated strong performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **quality** and **access** domains, achieving full compliance on most standards in these domains (10 of the 12 standards in the **quality** domain and four of the five standards in the **access** domain). Performance in the **timeliness** domain was not as strong for **CMH Partnership of Southeast Michigan**, with full compliance on two of the five standards in this domain. Recommendations for improvement addressed primarily the **timeliness** domain.

Region 7—Detroit Wayne Mental Health Authority

Compliance Monitoring Results

Table 3-8 below presents the results of the 2014–2015 compliance review of **Detroit Wayne Mental Health Authority**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Detroit Wayne Mental Health Authority** contains a more detailed description of the results.

Table 3-8—Summary of 2014–2015 Compliance Review Results for Detroit Wayne Mental Health Authority

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPI Plan and Structure</i>	20	20	20	0	0	0	0	100%
II <i>Performance Measurement and Improvement</i>	24	24	24	0	0	0	0	100%
III <i>Practice Guidelines</i>	17	14	14	0	0	0	3	100%
IV <i>Staff Qualifications and Training</i>	9	6	6	0	0	0	3	100%
V <i>Utilization Management</i>	21	21	21	0	0	0	0	100%
VI <i>Customer Services</i>	13	10	10	0	0	0	3	100%
VII <i>Enrollee Grievance Process</i>	16	13	13	0	0	0	3	100%
VIII <i>Enrollee Rights and Protections</i>	37	33	32	0	1	0	4	98%
IX <i>Subcontracts and Delegation</i>	8	4	4	0	0	0	4	100%
X <i>Provider Network</i>	13	13	13	0	0	0	0	100%
XI <i>Credentialing</i>	6	6	6	0	0	0	0	100%
XII <i>Access and Availability</i>	20	17	16	0	1	0	3	97%
XIII <i>Coordination of Care</i>	7	4	4	0	0	0	3	100%
XIV <i>Appeals</i>	18	15	15	0	0	0	3	100%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	8	4	3	1	0	0	84%
Total	237	208	202	3	3	0	29	99%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Detroit Wayne Mental Health Authority received an overall compliance score of 99 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 12 standards: *QAPIP Plan and Structure, Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Grievance Process, Subcontracts and Delegation, Provider Network, Credentialing, Coordination of Care, and Appeals*. **Detroit Wayne Mental Health Authority** also demonstrated strong performance on the *Enrollee Rights and Protections* and *Access and Availability* standards.

Recommendations

The 2014–2015 recommendations for improving **Detroit Wayne Mental Health Authority's** performance addressed the following standards: *Enrollee Rights and Protections; Access and Availability; and Disclosure of Ownership, Control, and Criminal Convictions*. **Detroit Wayne Mental Health Authority** should develop a process to ensure that all beneficiaries are informed of the estimated cost to the PIHP of each covered support and service received and continue efforts to consistently meet the contractual minimum performance standard for timely access to ongoing services for adults with a developmental disability. **Detroit Wayne Mental Health Authority** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Detroit Wayne Mental Health Authority demonstrated strong performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **quality** domain, achieving full compliance on 11 of the 12 standards in this domain. Performance in the **timeliness** and **access** domains was also strong for **Detroit Wayne Mental Health Authority**, with full compliance on four of the five standards in these domains. Recommendations for improvement addressed all three domains.

Region 8—Oakland County CMH Authority

Compliance Monitoring Results

Table 3-9 below presents the results of the 2014–2015 compliance review of **Oakland County CMH Authority**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Oakland County CMH Authority** contains a more detailed description of the results.

Table 3-9—Summary of 2014–2015 Compliance Review Results for Oakland County CMH Authority

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I QAPIP Plan and Structure	20	20	18	2	0	0	0	98%
II Performance Measurement and Improvement	24	24	24	0	0	0	0	100%
III Practice Guidelines	17	14	14	0	0	0	3	100%
IV Staff Qualifications and Training	9	9	9	0	0	0	0	100%
V Utilization Management	21	21	21	0	0	0	0	100%
VI Customer Services	13	10	10	0	0	0	3	100%
VII Enrollee Grievance Process	16	13	12	1	0	0	3	98%
VIII Enrollee Rights and Protections	37	36	36	0	0	0	1	100%
IX Subcontracts and Delegation	8	4	4	0	0	0	4	100%
X Provider Network	13	13	13	0	0	0	0	100%
XI Credentialing	6	6	5	1	0	0	0	96%
XII Access and Availability	20	17	16	0	1	0	3	97%
XIII Coordination of Care	7	7	7	0	0	0	0	100%
XIV Appeals	18	15	15	0	0	0	3	100%
XV Disclosure of Ownership, Control, and Criminal Convictions	8	8	4	2	2	0	0	81%
Total	237	217	208	6	3	0	20	99%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Oakland County CMH Authority received an overall compliance score of 99 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 10 standards: *Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Rights and Protections, Subcontracts and Delegation, Provider Network, Coordination of Care, and Appeals*. **Oakland County CMH Authority** also demonstrated strong performance on the *QAPIP Plan and Structure, Enrollee Grievance Process, Credentialing, and Access and Availability* standards.

Recommendations

The 2014–2015 recommendations for improving **Oakland County CMH Authority**'s performance addressed the following standards: *QAPIP Plan and Structure; Enrollee Grievance Process; Credentialing; Access and Availability; and Disclosure of Ownership, Control, and Criminal Convictions*. **Oakland County CMH Authority** should expand the written QAPIP to describe the structure, components, and processes more completely; ensure that providers collect all required data for the behavior treatment committee; and revise its Due Process Policy to include the current version of the MDHHS Grievance and Appeal Technical Requirement. The PIHP should ensure that it has the authority to review, approve, suspend, or terminate providers from participation in Medicaid-funded services in its network and continue efforts to consistently meet the performance standard for timely face-to-face assessments for children with a developmental disability. **Oakland County CMH Authority** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Oakland County CMH Authority demonstrated strong performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **access** domain, achieving full compliance on four of the five standards in this domain. Performance in the **quality** and **timeliness** domains was also strong for **Oakland County CMH Authority**, with full compliance on most of the standards in these domains (nine of the 12 standards in the **quality** domain and three of the five standards in the **timeliness** domain). Recommendations for improvement addressed primarily the **quality** domain.

Region 9—Macomb County CMH Services

Compliance Monitoring Results

Table 3-10 below presents the results of the 2014–2015 compliance review of **Macomb County CMH Services**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Macomb County CMH Services** contains a more detailed description of the results.

Table 3-10—Summary of 2014–2015 Compliance Review Results for Macomb County CMH Services

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPI Plan and Structure</i>	20	17	17	0	0	0	3	100%
II <i>Performance Measurement and Improvement</i>	24	21	21	0	0	0	3	100%
III <i>Practice Guidelines</i>	17	14	14	0	0	0	3	100%
IV <i>Staff Qualifications and Training</i>	9	9	9	0	0	0	0	100%
V <i>Utilization Management</i>	21	21	21	0	0	0	0	100%
VI <i>Customer Services</i>	13	10	10	0	0	0	3	100%
VII <i>Enrollee Grievance Process</i>	16	13	13	0	0	0	3	100%
VIII <i>Enrollee Rights and Protections</i>	37	33	33	0	0	0	4	100%
IX <i>Subcontracts and Delegation</i>	8	4	4	0	0	0	4	100%
X <i>Provider Network</i>	13	10	10	0	0	0	3	100%
XI <i>Credentialing</i>	6	6	6	0	0	0	0	100%
XII <i>Access and Availability</i>	20	17	16	0	1	0	3	97%
XIII <i>Coordination of Care</i>	7	7	6	1	0	0	0	96%
XIV <i>Appeals</i>	18	15	15	0	0	0	3	100%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	8	4	4	0	0	0	88%
Total	237	205	199	5	1	0	32	99%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Macomb County CMH Services received an overall compliance score of 99 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on 12 standards: *QAPIP Plan and Structure, Performance Measurement and Improvement, Practice Guidelines, Staff Qualifications and Training, Utilization Management, Customer Services, Enrollee Grievance Process, Enrollee Rights and Protections, Subcontracts and Delegation, Provider Network, Credentialing and Appeals*. **Macomb County CMH Services** also demonstrated strong performance on the *Coordination of Care* and *Access and Availability* standards.

Recommendations

The 2014–2015 recommendations for improving **Macomb County CMH Services**' performance addressed the following standards: *Access and Availability; Coordination of Care; and Disclosure of Ownership, Control, and Criminal Convictions*. **Macomb County CMH Services** should continue efforts to consistently meet the contractual performance standard for timely access to ongoing services for children with a developmental disability and ensure that it maintains current coordination agreements with all Medicaid health plans in its region. **Macomb County CMH Services** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Macomb County CMH Services demonstrated strong performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **quality** domain, achieving full compliance on 11 of the 12 standards in this domain. Performance in the **timeliness** and **access** domains was also strong for **Macomb County CMH Services**, with full compliance on most of the standards in these domains (four of the five standards in the **timeliness** domain and three of the five standards in the **access** domain). Recommendations for improvement addressed primarily the **access** domain.

Region 10 PIHP

Compliance Monitoring Results

Table 3-11 below presents the results of the 2014–2015 compliance review of **Region 10 PIHP**, showing the number of elements for each of the standards that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *NA*. The 2014–2015 External Quality Review Compliance Monitoring Report for **Region 10 PIHP** contains a more detailed description of the results.

Table 3-11—Summary of 2014–2015 Compliance Review Results for Region 10 PIHP

Standard	Total Elements	Total Applicable Elements	Number of Elements					Compliance Score
			<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>	
I <i>QAPIP Plan and Structure</i>	20	20	18	1	0	1	0	94%
II <i>Performance Measurement and Improvement</i>	24	24	22	2	0	0	0	98%
III <i>Practice Guidelines</i>	17	17	17	0	0	0	0	100%
IV <i>Staff Qualifications and Training</i>	9	9	9	0	0	0	0	100%
V <i>Utilization Management</i>	21	21	16	5	0	0	0	94%
VI <i>Customer Services</i>	13	13	13	0	0	0	0	100%
VII <i>Enrollee Grievance Process</i>	16	16	9	6	1	0	0	88%
VIII <i>Enrollee Rights and Protections</i>	37	36	36	0	0	0	1	100%
IX <i>Subcontracts and Delegation</i>	8	4	3	0	1	0	4	88%
X <i>Provider Network</i>	13	13	11	2	0	0	0	96%
XI <i>Credentialing</i>	6	6	5	0	0	1	0	83%
XII <i>Access and Availability</i>	20	17	17	0	0	0	3	100%
XIII <i>Coordination of Care</i>	7	7	7	0	0	0	0	100%
XIV <i>Appeals</i>	18	18	15	2	1	0	0	94%
XV <i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	8	3	1	3	1	0	66%
Total	237	229	201	19	6	3	8	95%

M=Met, *SM*=Substantially Met, *PM*=Partially Met, *NM*=Not Met, *NA*=Not Applicable

Total Elements: The total number of elements in each standard

Total Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

Strengths

Region 10 PIHP received an overall compliance score of 95 percent across the 15 standards reviewed. The PIHP achieved 100 percent compliance on six standards: *Practice Guidelines, Staff Qualifications and Training, Customer Services, Enrollee Rights and Protections, Access and Availability, and Coordination of Care*. **Region 10 PIHP** also demonstrated strong performance on the *Performance Measurement and Improvement* and *Provider Network* standards.

Recommendations

The 2014–2015 recommendations for improving **Region 10 PIHP**'s performance addressed the following standards: *QAPI Plan and Structure; Performance Measurement and Improvement; Utilization Management; Enrollee Grievance Process; Subcontracts and Delegation; Provider Network; Credentialing; Appeals; and Disclosure of Ownership, Control, and Criminal Convictions*. **Region 10 PIHP** should provide adequate resources; provide the necessary administration, oversight, and monitoring of QAPI operations; and ensure that collection and quarterly review of analyses includes all required data from the behavior treatment committee. The PIHP must ensure that it has a process for the quarterly review and follow-up of sentinel events at the PIHP level and that documents are congruent. **Region 10 PIHP** should develop a comprehensive utilization program description and plan. The PIHP should ensure that the grievance process policy specifies all requirements for handling grievances according to federal regulations and the MDHHS contract, that the delegation agreements reference the MDHHS contract attachment in addition to federal regulations, and that monitoring of delegated subcontractors' performance addresses compliance with the requirements for handling grievances. **Region 10 PIHP** should finalize and implement its processes for review of and follow-up on provider network monitoring of all subcontractors and ensure that its policies include the requirements to give written notice of the reason why a provider was declined participation in the network and that the cost to the beneficiary for out-of-network services should not be greater than if services were furnished within the network. The PIHP must develop and implement a process by which it retains the right to approve, suspend, or terminate providers from participation in Medicaid-funded services. **Region 10 PIHP** should ensure that future reports to the QAPIP include region-wide appeals data, that its policies address the all requirements for the content of the notice of disposition, and that it monitors delegated subcontractors' compliance with the requirements for handling appeals. **Region 10 PIHP** must ensure that it complies with all federal requirements for disclosures of ownership, control interest, or criminal convictions for offenses related to participation in federal healthcare programs.

Summary Assessment Related to Quality, Timeliness, and Access

Region 10 PIHP demonstrated mixed performance across the three domains of **quality, timeliness, and access**. The PIHP demonstrated its strongest performance in the **access** domain, achieving full compliance on three of the five standards in this domain. Performance in the **quality** and **timeliness** domains was not as strong for **Region 10 PIHP**, with full compliance on five of the 12 standards in the **quality** domain and one of the five standards in the **timeliness** domain. Recommendations for improvement addressed primarily the **quality** and **timeliness** domains.

Validation of Performance Measures

This section of the report presents the results for the validation of performance measures. The 2014–2015 validation of performance measures review included the same measures that were reported in 2013–2014.

The tables show validation findings and reported rates for each measure. The CMS Performance Measure Validation Protocol identifies three possible validation finding designations for performance indicators (also referred to as indicators in this report)—*Report (R)*, *Not Reported (NR)*, and *No Benefit (NB)*. Section 2 of this report provides a more detailed explanation of these indicator designations.

The validation review periods for the indicators were as follows: first quarter SFY 2015 for Indicators 1 through 6 and 10; and SFY 2014 for Indicators 8, 9, 13, and 14.

HSAG assigned performance measures to the domains of **quality**, **timeliness**, and **access**. Indicators addressing the **quality** of services provided by the PIHP included follow-up after discharge from a psychiatric inpatient or detox unit; 30-day readmission rates; the HSW rate; and the percentages of adults who were employed competitively, earned minimum wage or more, or lived in a private residence. The following indicators addressed the **timeliness** of and **access** to services: timely pre-admission screenings, face-to-face assessments, first service, and follow-up care after discharge. The penetration rate addressed the **access** domain.

Region 1—NorthCare Network

Findings

Table 3-12 presents the results of the validation of performance measures and the reported rates. The State Fiscal Year 2015 Validation of Performance Measures Report for **NorthCare Network** includes additional details of the validation results.

Table 3-12—Performance Measure Results for NorthCare Network

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	97.73%	R
		Adults:	99.53%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	96.49%	R
		MI Adults:	98.64%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	97.93%	
		Total:	97.93%	
3.	The 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.	MI Children:	94.95%	R
		MI Adults:	94.79%	
		DD Children:	100%	
		DD Adults:	80.00%	
		Medicaid SA:	100%	
		Total:	97.09%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	93.75%	R
		Adults:	87.50%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	100%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	8.07%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	97.83%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	13.55%	R
		DD Adults:	5.91%	
		MI/DD Adults:	5.21%	

Table 3-12—Performance Measure Results for NorthCare Network

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	85.98%	R
		DD Adults:	32.42%	
		MI/DD Adults:	40.12%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	11.11%	R
		Adults:	10.71%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	18.82%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	51.38%		R

Strengths

NorthCare Network maintained the same cohesive team of experienced professionals with multiple years of relevant experience and familiarity with all processes related to performance indicator (PI) and quality improvement (QI) measures and data reporting requirements. The PIHP had a robust validation process in place to ensure that only complete and valid data were submitted to the State. Due to this strict monitoring of encounter data, the PIHP received few rejection files from the State for the current measurement year under review. In addition, the PIHP had appropriate readiness processes in place for the ICD-10 implementation.

Recommendations

NorthCare Network created error reports for each individual CMHSP, but should consider developing a summary report that includes the CMHSPs’ overall performance, timeliness of data submission, and error counts with error types. This report should be made available to all affiliates. The PIHP was planning a new process to record documentation on outliers and exceptions directly into the claims system for easy and accurate validation. The PIHP should thoroughly document all system changes that will be associated with this new function.

For Indicator 3, **NorthCare** fell below the MDHHS standard for three of six rates. HSAG recommended that the PIHP investigate the reason behind this decline and explore options for rate improvement. For Indicator 4a (adults), which also fell below the standard, the PIHP initiated research to determine the reason for the low performance and developed a plan for improvement. HSAG recommended that the PIHP continue its research and implementation of these improvement projects.

Summary Assessment Related to Quality, Timeliness, and Access

NorthCare Network’s indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met three of the five contractually required performance standards related to the **quality** of services provided by the PIHP, falling below the 95

percent benchmark for timely follow-up care for children and adults discharged from a psychiatric inpatient unit. For the remaining indicators in the **quality** domain, **NorthCare** demonstrated mixed results. The rates for MI adults who were employed competitively or earned minimum wage were higher than the statewide rates, while the rates for DD adults for both measures fell below the statewide rates. The rate for MI/DD adults who were employed competitively was lower than the statewide rate, while the rate for MI/DD minimum wage earners was higher. The rates for MI and DD adults who live in a private residence were higher than the statewide rates.

NorthCare Network met the contractually required performance standards for 12 of the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP, with below-standard rates for timely access to ongoing services for MI children, MI adults, and DD adults, and for follow-up care for children and adults discharged from a psychiatric inpatient unit. The PIHP's penetration rate exceeded the statewide rate.

NorthCare Network met the minimum performance standard for 14 of the 19 indicators; achieved rates above the statewide average for six of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 2—Northern Michigan Regional Entity

Findings

Table 3-13 presents the results of the validation of performance measures. The State Fiscal Year 2015 Validation of Performance Measures Report for **Northern Michigan Regional Entity** includes additional details of the validation results.

Table 3-13—Performance Measure Results for Northern Michigan Regional Entity

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	98.63%	R
		Adults:	100%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	99.66%	R
		MI Adults:	99.80%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	96.06%	
		Total:	98.11%	
3.	The 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.	MI Children:	98.03%	R
		MI Adults:	99.16%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	100%	
		Total:	99.36%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	96.55%	R
		Adults:	92.91%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	43.66%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	8.51%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	96.40%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	10.77%	R
		DD Adults:	14.25%	
		MI/DD Adults:	13.25%	

Table 3-13—Performance Measure Results for Northern Michigan Regional Entity

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	83.13%	R
		DD Adults:	45.19%	
		MI/DD Adults:	60.84%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	0.00%	R
		Adults:	11.63%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	23.29%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	53.23%		R

Strengths

Northern Michigan Regional Entity maintained a solid team of experienced professionals who worked collaboratively to ensure accurate performance measure reporting.

For the current measurement year, the CA and its functions related to substance use services were fully integrated with the PIHP. **Northern Michigan Regional Entity** hired several CA staff members with extensive experience and prior knowledge of the policies and procedures related to substance use disorder (SUD) data reporting. **Northern Michigan Regional Entity** demonstrated a strong commitment to performance indicator and quality improvement data reporting. Weekly reports were in place to correct any errors prior to submission to the State. The PIHP’s rejection rate on submitted data was minimal for the current measurement year due to this tight monitoring process.

Recommendations

Northern Michigan Regional Entity’s SUD software CX360 presented some concerns as the PIHP was unable to generate data files from the CX360 system. Therefore, **Northern Michigan Regional Entity** was unable to submit claims/encounters and treatment episode data set (TEDS) files (quality improvement data related to SUD services) to the State. HSAG suggested that the PIHP continue to work on resolving this issue so that SUD encounter and QI data can be submitted to the State in a timely manner.

Two CMHSPs were not using information housed in the PIHP’s data system for indicator rates calculation. HSAG suggested that **Northern Michigan Regional Entity** develop a verification process to ensure that these CMHSPs capture the correct information for accurate indicator rate reporting. Performing primary source verification (PSV) on sample cases could be helpful with this process.

For Indicators 4a (adults) and 4b, and for the minimum wage QI data element, **Northern Michigan Regional Entity** fell below the standard for the reporting period under review. HSAG

recommended that the PIHP investigate possible reasons leading to the low rates and explore options for rate improvements.

Summary Assessment Related to Quality, Timeliness, and Access

Northern Michigan Regional Entity's indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met three of the five contractually required performance standards related to the **quality** of services provided by the PIHP, falling below the 95 percent benchmark for timely follow-up care for adults discharged from a psychiatric inpatient or detoxification unit. For the remaining indicators in the **quality** domain, **Northern Michigan Regional Entity** demonstrated mostly above-average results. The rates for MI, DD, and MI/DD adults who were employed competitively or earned minimum wage were higher than the statewide rates. The rates for MI and DD adults who live in a private residence exceeded the statewide averages.

Northern Michigan Regional Entity met the contractually required performance standards for 15 of the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP, with below-standard rates for timely follow-up care for adults discharged from a psychiatric inpatient or detoxification unit. The PIHP's penetration rate exceeded the statewide rate.

Northern Michigan Regional Entity met the minimum performance standard for 17 of the 19 indicators; achieved rates above the statewide average for nine of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 3—Lakeshore Regional Entity

Findings

Table 3-14 presents the results of the validation of performance measures. The State Fiscal Year 2015 Validation of Performance Measures Report for **Lakeshore Regional Entity** includes additional details of the validation results.

Table 3-14—Performance Measure Results for Lakeshore Regional Entity

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	94.50%	R
		Adults:	96.18%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	99.08%	R
		MI Adults:	98.97%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	99.75%	
		Total:	99.35%	
3.	The 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.	MI Children:	97.29%	R
		MI Adults:	98.03%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	96.48%	
		Total:	97.40%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	96.36%	R
		Adults:	98.18%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	95.00%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	5.80%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	98.26%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	10.70%	R
		DD Adults:	8.79%	
		MI/DD Adults:	9.21%	

Table 3-14—Performance Measure Results for Lakeshore Regional Entity

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	82.66%	R
		DD Adults:	30.69%	
		MI/DD Adults:	35.34%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	2.78%	R
		Adults:	15.13%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	11.16%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	42.15%		R

Strengths

Lakeshore Regional Entity maintained a solid team with years of relevant experience gained primarily through previous employment with former PIHPs and CMHSPs. Staff members were very familiar with all processes related to PI and QI measures and data reporting requirements. Several validation processes in place ensured that only complete and accurate data were submitted to the State. For the current year, **Lakeshore Regional Entity** launched a quarterly data report to closely monitor performance and data quality of the QI data file. As a result, file rejections were few, and all QI data rates exceeded the 95 percent standards for the current reporting period. Various performance improvement projects in the planning stage last year were implemented for the current measurement year, including a site review tool developed as part of the CMHSP oversight process.

Recommendations

Lakeshore Regional Entity's rejection files for claims and encounters submitted to the State increased for the current measurement year. These rejection files were mostly related to SUD data. The PIHP should continue to work closely with the State to investigate the reason behind this issue. The PIHP indicated it is developing a quality improvement process for SUD data validation, which will help reduce the high rejection rate.

Although **Lakeshore Regional Entity** created error reports for each CMHSP, the PIHP could consider developing a summary report to include information on performance and errors for all CMHSPs. This report should be made available to all affiliates.

For the current measurement year, **Lakeshore Regional Entity** performed below the standard for Indicators 1 and 10. HSAG recommended that the PIHP investigate the reasons behind this decline and explore options for rate improvement.

Summary Assessment Related to Quality, Timeliness, and Access

Lakeshore Regional Entity's indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met four of the five contractually required performance standards related to the **quality** of services provided by the PIHP, exceeding the 15 percent benchmark for 30-day readmissions for adults. For the remaining indicators in the **quality** domain, **Lakeshore Regional Entity** demonstrated mostly above-average results. The rates for MI, DD, and MI/DD adults who were employed competitively were higher than the statewide rates. While the rate for MI adults who earned minimum wage was higher than the statewide rate, rates for DD and MI/DD minimum wage earners fell below the statewide scores. The rate for MI adults who live in a private residence exceeded the statewide average, while the rate for DD adults was lower.

Lakeshore Regional Entity met the contractually required performance standards for 16 of the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP, with a below-standard rate for timely pre-admission screenings for children. The PIHP's penetration rate was lower than the statewide rate.

Lakeshore Regional Entity met the minimum performance standard for 17 of the 19 indicators; achieved rates above the statewide average for six of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 4—Southwest Michigan Behavioral Health

Findings

Table 3-15 presents the results of the validation of performance measures. The State Fiscal Year 2015 Validation of Performance Measures Report for **Southwest Michigan Behavioral Health** includes additional details of the validation results.

Table 3-15—Performance Measure Results for Southwest Michigan Behavioral Health

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	99.47%	R
		Adults:	100%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	98.26%	R
		MI Adults:	99.18%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	100%	
		Total:	99.07%	
3.	The 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.	MI Children:	94.16%	R
		MI Adults:	93.63%	
		DD Children:	96.30%	
		DD Adults:	92.59%	
		Medicaid SA:	100%	
		Total:	95.26%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	100%	R
		Adults:	98.62%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	100%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	7.75%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	98.38%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	10.01%	R
		DD Adults:	8.68%	
		MI/DD Adults:	6.28%	

Table 3-15—Performance Measure Results for Southwest Michigan Behavioral Health

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	74.40%	R
		DD Adults:	46.11%	
		MI/DD Adults:	38.35%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	4.08%	R
		Adults:	8.73%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	17.28%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	51.17%		R

Strengths

Southwest Michigan Behavioral Health maintained a solid, experienced team of staff members who were very familiar with all processes related to performance indicator and quality improvement measures and data reporting requirements.

Southwest Michigan Behavioral Health and all of its affiliate CMHSPs used the same data system, which was operated by Streamline, the PIHP’s software vendor. Using a centralized data system improved the effectiveness and efficiency of data collection and validation and CMHSP oversight. The PIHP continued to use a multi-level monitoring process. Each participant CMHSP was responsible for performing data accuracy validation prior to submission of data to the PIHP. In addition, **Southwest Michigan Behavioral Health** had numerous encounter edits in place to ensure that only accurate data were submitted to the State. As a result of this strict monitoring process, rejection files from the State were minimal for the current measurement year.

Southwest Michigan Behavioral Health developed a site review tool to assist in monitoring the CMHSPs’ data completeness and accuracy, and submission timeliness. In addition, the PIHP developed a dashboard showing indicator results by CMHSP. This provided an opportunity to research and implement performance improvement processes for any indicators that may fall below the set standard.

Recommendations

Although all of the affiliates were using data systems hosted by Streamline, three of the eight CMHSPs each had a different version of the data system, while the other five CMHSPs used the PIHP’s version and shared the data warehouse with the PIHP. **Southwest Michigan Behavioral Health** should consider using a centralized data warehouse for all eight CMHSPs to minimize possible errors or data loss during data transfer.

For Indicator 3, **Southwest Michigan Behavioral Health** fell below the standard for three out of six rates. HSAG recommended that the PIHP investigate the reason behind this decline and explore options for rate improvement.

During the PSV, HSAG noted that on some of the sample cases for exceptions, documentation was not detailed enough for review. **Southwest Michigan Behavioral Health** should develop a verification process to ensure each CMHSP maintains detailed documentation on all exception cases.

Summary Assessment Related to Quality, Timeliness, and Access

Southwest Michigan Behavioral Health's indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met all five contractually required performance standards related to the **quality** of services provided by the PIHP. For the remaining indicators in the **quality** domain, **Southwest Michigan Behavioral Health** demonstrated mostly above-average results. The rates for MI and DD adults who were employed competitively were higher than the statewide rates, while the rate for MI/DD adults was lower. Rates for DD and MI/DD adults who earned minimum wage exceeded the statewide rates, while the rate for MI minimum wage earners fell below the statewide score. The rate for MI adults who live in a private residence was higher than the statewide score, while the rate for DD adults fell below.

Southwest Michigan Behavioral Health met the contractually required performance standards for 14 the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP. Rates for timely access to ongoing services for MI children, MI adults, and DD adults fell below the 95 percent threshold. The PIHP's penetration rate was higher than the statewide rate.

Southwest Michigan Behavioral Health met the minimum performance standard for 16 of the 19 indicators; achieved rates above the statewide average for seven of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 5—Mid-State Health Network

Findings

Table 3-16 presents the results of the validation of performance measures. The State Fiscal Year 2015 Validation of Performance Measures Report for **Mid-State Health Network** includes additional details of the validation results.

Table 3-16—Performance Measure Results for Mid-State Health Network

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	99.02%	R
		Adults:	99.25%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	99.33%	R
		MI Adults:	99.74%	
		DD Children:	100%	
		DD Adults:	98.39%	
		Medicaid SA:	98.74%	
		Total:	99.27%	
3.	The 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.	MI Children:	95.43%	R
		MI Adults:	97.09%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	99.35%	
		Total:	97.73%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	95.61%	R
		Adults:	97.66%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	98.25%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	7.78%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	97.81%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	10.97%	R
		DD Adults:	8.91%	
		MI/DD Adults:	7.36%	

Table 3-16—Performance Measure Results for Mid-State Health Network

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	80.79%	R
		DD Adults:	33.14%	
		MI/DD Adults:	36.74%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	8.55%	R
		Adults:	11.25%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	17.44%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	49.13%		R

Strengths

Mid-State Health Network maintained a solid team of staff members who had years of relevant experience and were very familiar with all processes related to performance indicators, quality improvement measures, and data reporting requirements. The robust validation processes in place ensured that the PIHP submitted only complete and valid data to the State.

For the current measurement year, all CA functions related to substance abuse services were the PIHP’s responsibility. **Mid-State Health Network** contracted with the former CAs to continue to manage the functions related to data reporting for the SUD population until hiring several qualified staff members with extensive experience and prior knowledge of the policies and procedures related to SUD data reporting.

As in the prior year, the PIHP demonstrated a strong commitment to performance indicator and quality improvement data reporting.

Recommendations

During the on-site visit, HSAG identified that some of **Mid-State Health Network**’s ISCAT responses did not reflect current relevant information. For example, tracking previous claims/encounters was not relevant to the PIHP function and should have been marked as N/A. For the next reporting year, the PIHP should make sure that the ISCAT documentation only includes information that is relevant to the PIHP’s functions. **Mid-State Health Network** should also continue to work closely with the State to resolve any upcoming or existing issues/concerns.

Summary Assessment Related to Quality, Timeliness, and Access

Mid-State Health Network’s indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met all five contractually required performance standards related to the **quality** of services provided by the PIHP. For the remaining indicators in the **quality** domain, **Mid-State Health Network** demonstrated mostly above-average

results. The rates for MI and DD adults who were employed competitively were higher than the statewide rates, while the rate for MI/DD adults fell below. Rates for MI, DD, and MI/DD adults who earned minimum wage exceeded the statewide rates. The rate for DD adults who live in a private residence was lower than the statewide rate, while the rate for MI adults exceeded the statewide average.

Mid-State Health Network met the contractually required performance standards for all 17 indicators related to **timeliness** of and **access** to services provided by the PIHP. The PIHP's penetration rate exceeded the statewide rate.

Mid-State Health Network met the minimum performance standard for all 19 indicators; achieved rates above the statewide average for seven of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 6—CMH Partnership of Southeast Michigan

Findings

Table 3-17 presents the results of the validation of performance measures and the reported rates. The State Fiscal Year 2015 Validation of Performance Measures Report for **CMH Partnership of Southeast Michigan** includes additional details of the validation results.

Table 3-17—Performance Measure Results for CMH Partnership of Southeast Michigan

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	100%	R
		Adults:	100%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	95.00%	R
		MI Adults:	99.50%	
		DD Children:	87.50%	
		DD Adults:	100%	
		Medicaid SA:	96.36%	
		Total:	97.22%	
3.	The 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.	MI Children:	99.03%	R
		MI Adults:	99.04%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	96.49%	
		Total:	98.69%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	97.30%	R
		Adults:	97.62%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	78.95%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	7.60%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	97.56%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	12.29%	R
		DD Adults:	9.36%	
		MI/DD Adults:	7.07%	

Table 3-17—Performance Measure Results for CMH Partnership of Southeast Michigan

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	78.49%	R
		DD Adults:	56.62%	
		MI/DD Adults:	63.89%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	13.51%	R
		Adults:	10.40%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	27.37%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	29.09%		R

Strengths

CMH Partnership of Southeast Michigan and its contracted CMHSPs had dedicated and experienced staff. All of the CMHSPs in this region used the E.II EMR system, which ensured consistency and allowed for efforts to be concentrated on quality and process improvement. The PIHP and CMHSPs had a collaborative relationship and good communication.

CMH Partnership of Southeast Michigan received the majority of claims electronically, which virtually eliminated manual data entry errors. The PIHP was able to improve rates for indicator 4b by adding the necessary fields in the E.II EMR system to track consumers once they were discharged from an inpatient facility.

Recommendations

CMH Partnership of Southeast Michigan required a corrective action plan within 90 days from a CMHSP if an indicator rate was below the State threshold for two consecutive quarters, but not for below-threshold rates in nonconsecutive quarters. The PIHP should consider changing its requirements for corrective action plans as the lag in corrective action delayed any improvement for nearly a year.

CMH Partnership of Southeast Michigan should consider the following recommendations: document exceptions such as appointments requested by the consumer outside of the 14-day time period and capture the initial appointment date offered by the CMHSP in the data system; resolve any related data integrity issues for SA cases in Indicator 2 and correct the data; update the report logic to identify and correct any data issues related to flagging date discrepancies for face-to-face assessments; offer provider education on completing the electronic medical record (EMR) accurately, especially for fields such as the date of request field, which contains the consumer’s screening date and is separate from the date of assessment as required for Indicator 2; ensure that all CMHSPs follow a consistent methodology to count the appropriate date as the date service was requested; and conduct a quarterly quality check and PSV for a sample of cases to ensure that data concerns are proactively identified, documented, and addressed.

Summary Assessment Related to Quality, Timeliness, and Access

CMH Partnership of Southeast Michigan's indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met four of the five contractually required performance standards related to the **quality** of services provided by the PIHP, falling below the 95 percent benchmark for timely follow-up care for adults discharged from a detox unit. For the remaining indicators in the **quality** domain, **CMH Partnership of Southeast Michigan** demonstrated mostly above-average results. The rates for MI and DD adults who were employed competitively were higher than the statewide rates, while the rate for MI/DD adults fell below. Rates for MI, DD, and MI/DD adults who earned minimum wage exceeded the statewide rates. The rate for MI adults who live in a private residence was lower than the statewide rate, while the rate for DD adults exceeded the statewide average.

CMH Partnership of Southeast Michigan met the contractually required performance standards for 15 of the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP, with below-standard rates for timely face-to-face assessments for DD children and follow-up care for adults discharged from a detoxification unit. The PIHP's penetration rate exceeded the statewide rate.

CMH Partnership of Southeast Michigan met the minimum performance standard for 17 of the 19 indicators; achieved rates above the statewide average for seven of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 7—Detroit Wayne Mental Health Authority

Findings

Table 3-18 presents the results of the validation of performance measures and the reported rates. The State Fiscal Year 2015 Validation of Performance Measures Report for **Detroit Wayne Mental Health Authority** includes additional details of the validation results.

Table 3-18—Performance Measure Results for Detroit Wayne Mental Health Authority

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	99.20%	R
		Adults:	97.08%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	98.87%	R
		MI Adults:	97.65%	
		DD Children:	98.95%	
		DD Adults:	98.48%	
		Medicaid SA:	100%	
		Total:	98.93%	
3.	The 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.	MI Children:	99.04%	R
		MI Adults:	98.56%	
		DD Children:	96.91%	
		DD Adults:	98.33%	
		Medicaid SA:	100%	
		Total:	99.12%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	100%	R
		Adults:	98.37%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	100%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	7.87%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	97.90%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	7.19%	R
		DD Adults:	4.10%	
		MI/DD Adults:	5.24%	

Table 3-18—Performance Measure Results for Detroit Wayne Mental Health Authority

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	71.70%	R
		DD Adults:	26.35%	
		MI/DD Adults:	40.23%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	12.50%	R
		Adults:	15.86%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	22.09%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	26.21%		R

Strengths

Detroit Wayne Mental Health Authority maintained a solid team of experienced professionals who worked collaboratively to ensure accurate performance measure reporting. **Detroit Wayne Mental Health Authority** had appropriate readiness processes in place for the ICD-10 implementation.

For the current measurement year, all CA functions related to substance abuse services were the PIHP’s responsibility. **Detroit Wayne Mental Health Authority** hired several CA staff members with extensive experience and prior knowledge of the policies and procedures related to SUD data reporting. **Detroit Wayne Mental Health Authority** staff worked with the former CA systems to successfully and fully integrate SUD data into the PIHP’s system. Processes and procedures related to this transition were thorough and well documented.

The PIHP continued to use a multi-level monitoring process. Managers of Comprehensive Provider Networks (MCPNs) audited the data submitted by their contracted providers and reviewed the final overall MCPN data for accuracy prior to submission to the PIHP. **Detroit Wayne Mental Health Authority** performed an additional quality review on all MCPNs’ processes and data submitted to the PIHP. The five MCPNs were using the same system hosted by Peter Chang Enterprises (PCE), which made data control and oversight processes more efficient.

Recommendations

Detroit Wayne Mental Health Authority should continue its process of integrating detailed data information for Indicators 1, 4a, and 10 from the MCPNs’ system into the PIHP’s system, for a tighter and more efficient data monitoring process. In addition, the PIHP should also continue its effort to improve the hospital recidivism (Indicator 10) rate. Expansion of the crisis response capacity may lead to reduced hospital readmissions, thus improving performance.

Summary Assessment Related to Quality, Timeliness, and Access

Detroit Wayne Mental Health Authority's indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met four of the five contractually required performance standards related to the **quality** of services provided by the PIHP, exceeding the 15 percent benchmark for 30-day readmissions for adults. For the remaining indicators in the **quality** domain, **Detroit Wayne Mental Health Authority** demonstrated mostly below-average results. The rates for MI, DD, and MI/DD adults who were employed competitively were lower than the statewide rates. Rates for MI and DD adults who earned minimum wage fell below the statewide rates, while the rate for MI/DD minimum wage earners exceeded the statewide score. The rate for DD adults who live in a private residence was higher than the statewide score, while the rate for MI adults fell below.

Detroit Wayne Mental Health Authority met the contractually required performance standards for all of the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP. The PIHP's penetration rate was higher than the statewide rate.

Detroit Wayne Mental Health Authority met the minimum performance standard for 18 of the 19 indicators; achieved rates above the statewide average for four of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 8—Oakland County CMH Authority

Findings

Table 3-19 presents the results of the validation of performance measures and the reported rates. The State Fiscal Year 2015 Validation of Performance Measures Report for **Oakland County CMH Authority** includes additional details of the validation results.

Table 3-19—Performance Measure Results for Oakland County CMH Authority

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	99.14%	R
		Adults:	98.59%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	—	NR
		MI Adults:	—	
		DD Children:	—	
		DD Adults:	—	
		Medicaid SA:	—	
		Total:	—	
3.	The 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.	MI Children:	99.34%	R
		MI Adults:	99.80%	
		DD Children:	100%	
		DD Adults:	100%	
		Medicaid SA:	99.81%	
		Total:	99.75%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	96.43%	R
		Adults:	96.37%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	100%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	8.95%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	98.61%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	13.06%	R
		DD Adults:	13.14%	
		MI/DD Adults:	11.36%	

Table 3-19—Performance Measure Results for Oakland County CMH Authority

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	62.06%	R
		DD Adults:	40.55%	
		MI/DD Adults:	29.96%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	—	NR
		Adults:	—	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	18.62%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	35.64%		R

Strengths

Oakland County CMH Authority contracted with PCE to create the EMR, Oakland Data and Information Network (ODIN). **Oakland County CMH Authority** continued to use the iDashboards product and shared it with providers to keep them updated on their data completeness status, thus improving performance monitoring and ensuring data completeness. These tools highlighted fields that needed to be completed early in the process to ensure ample time to add information in ODIN.

Oakland County CMH Authority initiated a process with PCE to have an alert sent to the primary provider when a patient was admitted, discharged, or transferred (ADT event) from an inpatient setting. This process is expected to improve the rates for Indicator 4 since the provider will have adequate time to reach out to the patient for follow-up.

Recommendations

Oakland County CMH Authority’s primary source verification (PSV) was challenging during the on-site audit for all indicators except Indicator 1. The member-specific list was not clear, and it was difficult to accurately determine denominator and numerator records for some indicators. For Indicator 1, there was no verification process to ensure manual entry of the disposition time was accurate. **Oakland County CMH Authority** should consider use of a computer-generated date and time stamp to support accurate reporting.

The data **Oakland County CMH Authority** used to create member-specific reports for Indicators 2 and 3 included ineligible cases. PSV for Indicator 2 related exceptions revealed that the date originally offered to the consumer was not within 14 days, which was not consistent with the MDHHS Codebook specifications. In another case selected for PSV for Indicator 2, the assessment date was blank.

Review of the detail file for Indicator 10 revealed that it was not clear how the denominator and numerator were determined.

Oakland County CMH Authority should implement the following recommendations to achieve compliance with MDHHS Codebook specifications: improve the process of generating member-specific lists for Indicators 2, 3, 4, and 10 so that the PIHP can monitor and have a quality process in place to conduct verification; ensure that entering the screening date and time into EMR is a required step, even if the screening is completed at the same time as the assessment; capture the date showing that the initial appointment was offered within 14 days and document the reason for any appointment date scheduled beyond the 14 days; and implement a quarterly quality checks to ensure data accuracy. Conducting primary source verification on selected numerator positive or exception cases could assist in this process.

Summary Assessment Related to Quality, Timeliness, and Access

Oakland County CMH Authority's indicators in the **quality** domain received mostly validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. However, Indicator 10 received a designation of *Not Reported* due to concerns with denominator and numerator determinations. The PIHP met the contractually required performance standards related to the **quality** of services provided by the PIHP for the three reported rates. For the remaining indicators in the **quality** domain, **Oakland County CMH Authority** demonstrated mostly above-average results. The rates for MI, DD, and MI/DD adults who were employed competitively were higher than the statewide rates. The rates for MI and MI/DD adults who earned minimum wage fell below the statewide rates, while the rate for DD adults exceeded the statewide rate. Rates for MI and DD adults who live in a private residence were lower than the statewide rates.

Oakland County CMH Authority's indicators in the domains of **timeliness**, and **access** received validation findings of *Report* for Indicators 1, 3, 4, and 5, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. For Indicator 2, the PIHP received a designation of *Not Reported* due to data errors identified during PSV. **Oakland County CMH Authority** met the contractually required performance standards for all 11 indicators with valid rates that addressed **timeliness** of and **access** to services provided by the PIHP. The PIHP's penetration rate exceeded the statewide rate.

Oakland County CMH Authority met the minimum performance standard for the 11 indicators with valid rates; achieved rates above the statewide average for six of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Region 9—Macomb County CMH Services

Findings

Table 3-20 presents the results of the validation of performance measures and the reported rates. The State Fiscal Year 2015 Validation of Performance Measures Report for **Macomb County CMH Services** includes additional details of the validation results.

Table 3-20—Performance Measure Results for Macomb County CMH Services

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	100%	R
		Adults:	100%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	96.72%	R
		MI Adults:	100%	
		DD Children:	94.74%	
		DD Adults:	100%	
		Medicaid SA:	99.85%	
		Total:	99.54%	
3.	The 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.	MI Children:	98.36%	R
		MI Adults:	99.19%	
		DD Children:	95.83%	
		DD Adults:	100%	
		Medicaid SA:	100%	
		Total:	99.65%	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	100%	R
		Adults:	99.15%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	99.51%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	5.96%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	97.57%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	9.68%	R
		DD Adults:	4.75%	
		MI/DD Adults:	4.23%	

Table 3-20—Performance Measure Results for Macomb County CMH Services

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	77.24%	R
		DD Adults:	35.58%	
		MI/DD Adults:	26.83%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	9.09%	R
		Adults:	16.16%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	14.30%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	32.39%		R

Strengths

Macomb County CMH Services maintained a solid team of experienced professionals. The PIHP had a training process that provided cross training for all functions to ensure a solid backup system. The PIHP participated in the MyHealth pilot study for the dual eligible population as one of the four PIHPs in the State and contracted with the Care Management Team (CMT) to analyze physical health data received through the Data CC360 program. The recent launch of the urgent behavioral health program for the community has made an impact on resolving crisis situations and avoiding future inpatient hospitalization.

Recommendations

Macomb County CMH Services’ PSV uncovered some issues with data accuracy for Indicators 1, 3, and 4. The main issue was a discrepancy between indicator data and documentation in the EMR. To improve compliance with MDHHS Codebook specifications, **Macomb County CMH Services** should take the following steps: implement a hard edit in FOCUS, conduct provider education in completing the EMR accurately, document in the EMR when an exception is altered as a result of an investigation finding, and conduct quality checks for a sample of records each quarter. **Macomb County CMH Services** should review all, or a significant sample of, exceptions.

Summary Assessment Related to Quality, Timeliness, and Access

Macomb County CMH Services’ indicators across the domains of **quality**, **timeliness**, and **access** received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met four of the five contractually required performance standards related to the **quality** of services provided by the PIHP, exceeding the 15 percent benchmark for 30-day readmissions for adults. For the remaining indicators in the **quality** domain, **Macomb County CMH Services** demonstrated mostly below-average results. The rate for MI adults who were employed competitively was higher than the statewide rate, but rates for DD and MI/DD adults were lower. Rates for MI and DD adults who earned minimum wage were higher than the statewide rates, while the rate for MI/DD minimum wage earners was lower than the

statewide score. The rates for MI and DD adults who live in a private residence fell below the statewide averages.

Macomb County CMH Services met the contractually required performance standards for 16 of the 17 indicators related to **timeliness** of and **access** to services provided by the PIHP, with a below-standard rate for timely assessments for DD children. The PIHP's penetration rate was lower than the statewide rate.

Macomb County CMH Services met the minimum performance standard for 17 of the 19 indicators; achieved rates above the statewide average for three of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality, timeliness, and access**.

Region 10 PIHP

Findings

Table 3-21 presents the results of the validation of performance measures. The State Fiscal Year 2015 Validation of Performance Measures Report for **Region 10 PIHP** includes additional details of the validation results.

Table 3-21—Performance Measure Results for Region 10 PIHP

Indicator		Reported Rate		Indicator Designation
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children:	100%	R
		Adults:	99.74%	
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	MI Children:	—	NR
		MI Adults:	—	
		DD Children:	—	
		DD Adults:	—	
		Medicaid SA:	—	
		Total:	—	
3.	The 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.	MI Children:	—	NR
		MI Adults:	—	
		DD Children:	—	
		DD Adults:	—	
		Medicaid SA:	—	
		Total:	—	
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children:	100%	R
		Adults:	99.39%	
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	99.49%		R
5.	The percent of Medicaid recipients having received PIHP managed services.	6.72%		R
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	98.52%		R
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults:	6.82%	R
		DD Adults:	5.10%	
		MI/DD Adults:	4.02%	

Table 3-21—Performance Measure Results for Region 10 PIHP

Indicator		Reported Rate		Indicator Designation
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MI Adults:	71.09%	R
		DD Adults:	14.52%	
		MI/DD Adults:	15.74%	
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children:	4.76%	R
		Adults:	11.20%	
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	10.37%		R
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	44.94%		R

Strengths

Region 10 PIHP used PCE systems for all CMHSPs in the region. It was beneficial to the PIHP to work with a single vendor. eReports, which was used for data integration at the PIHP level in the prior year, was replaced with a PCE product called MIX. The transition to MIX was smooth and had a positive impact on data processing. PCE created and supported all electronic health records and the data warehouse, which made the process of data collection, integration, and transfer efficient and seamless.

Region 10 PIHP made progress in improving communication with CMHSPs via emails and two retreats last year. **Region 10 PIHP** also met with other PIHPs to share best practices and improve consistency among PIHPs.

Recommendations

Region 10 PIHP was understaffed at the PIHP level. During the performance validation audit in the prior year, HSAG identified that Genesee CMHSP was calculating Indicators 2 and 3 outside of MDHHS Codebook specifications. According to findings from the current audit, this issue had not been corrected.

Although all CMHSPs use PCE systems, the systems are different, lack data sharing functionality, and are not linked. To avoid duplication or data conflicts, the consumer’s regional ID was assigned after the services had been rendered, and a duplicate member check was performed when data were combined for reporting rather than when the services were rendered. Implementation of a centralized access center in October 2015 should resolve these issues.

During the PSV, HSAG identified that a consumer was excluded from Indicator 2 in error. Going forward, **Region 10 PIHP** should require CMHSPs to have a quality check in place that involves a review of all exceptions by someone other than the person inputting the data. In addition, the PIHP must conduct a sample study of numerators for all indicators to ensure accuracy.

Summary Assessment Related to Quality, Timeliness, and Access

Region 10 PIHP's indicators in the **quality** domain received validation findings of *Report*, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. The PIHP met all five contractually required performance standards related to the **quality** of services provided by the PIHP. For the remaining indicators in the **quality** domain, **Region 10 PIHP** demonstrated mostly below-average results. The rates for MI, DD, and MI/DD adults who were employed competitively or earned minimum wage were lower than the statewide rates. The rate for MI adults who live in a private residence was higher than the statewide rate, while the rate for DD adults was lower.

Region 10 PIHP's indicators in the domains of **timeliness**, and **access** received validation findings of *Report* for Indicators 1, 4, and 5, reflecting that the indicators were compliant with MDHHS specifications and rates could be reported. For Indicators 2 and 3, the PIHP received designations of *Not Reported* due to one of the CMHSPs in the Region not following MDHHS Codebook specifications, resulting in inaccurate denominators for these indicators. **Region 10 PIHP** met the contractually required performance standards for all five indicators with valid rates that addressed **timeliness** of and **access** to services provided by the PIHP. The PIHP's penetration rate fell below the statewide rate.

Region 10 PIHP met the minimum performance standard for the seven indicators with valid rates; achieved rates above the statewide average for two of the 10 indicators without a specified performance benchmark; and demonstrated strong performance across the three domains of **quality**, **timeliness**, and **access**.

Validation of Performance Improvement Projects

This section of the report presents the results of the validation of PIPs. For the 2014–2015 validation, the PIHPs continued with their selected topic related to the integration of physical and mental healthcare and presented second-year submissions. The PIP topics addressed CMS’ requirements related to the **quality** of and **access** to care and services.

Region 1—NorthCare Network

Findings

For the 2014–2015 validation, **NorthCare Network** provided its second-year submission on this PIP topic: *Improving Medical Nutrition Therapy Services for Consumers with Self-Reported Obesity*.

Table 3–22 and Table 3–23 show **NorthCare Network**'s scores based on HSAG's PIP evaluation. For additional details, refer to each PIHP's 2014–2015 PIP Validation Report for **NorthCare Network**.

Table 3–22—Performance Improvement Project Validation Results for NorthCare Network

Study Stage	Activity	Percentage of Applicable Elements		
		Met	Partially Met	Not Met
Design	I. Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II. Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III. Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV. Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V. Use Sound Sampling Techniques	Not Applicable		
	VI. Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total		100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII. Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII. Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total		100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX. Assess for Real Improvement	Not Assessed		
	X. Assess for Sustained Improvement	Not Assessed		
Outcomes Total		Not Assessed		
Percentage Score of Applicable Evaluation Elements Met		100% (17/17)		

Table 3–23—Performance Improvement Project Validation Scores for NorthCare Network

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

NorthCare Network submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **NorthCare Network** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG identified one *Point of Clarification* as an opportunity for improvement in Activity III:

NorthCare Network should focus the process map specifically on the process the PIHP is targeting for improvement. The PIHP should label the column for the priority barriers and document the process for determining the prioritization of these barriers. In next year's submission, **NorthCare Network** should report evaluation results for each intervention.

Results and Summary Assessment Related to Quality, Timeliness, and Access

NorthCare Network’s PIP topic, *Improving Medical Nutrition Therapy Services for Consumers with Self-Reported Obesity*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of consumers with mental illness who indicate a medical diagnosis of obesity in the self-reported measures and receive medical nutrition therapy services from a primary care provider.

For the 2014–2015 validation, **NorthCare Network** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. Interventions included developing standard operating procedures and cover letters for making referrals to primary care providers for medical nutrition therapy, as well as identifying consumers in need of these services.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **NorthCare Network**’s Remeasurement 1 results with the baseline.

Table 3–24 below shows baseline and remeasurement results for **NorthCare Network**’s PIP study indicator:

Table 3–24—Performance Improvement Project Outcomes for NorthCare Network

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of adults with mental illness who indicate a medical diagnosis of obesity in the self-reported measures and receive primary health services to address obesity/nutrition.	1.1%			

NorthCare Network’s baseline rate was 1.1 percent. The PIHP set the goal of an increase to 2.4 percent for Remeasurement 1.

As **NorthCare Network** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 2—Northern Michigan Regional Entity

Findings

For the 2014–2015 validation, **Northern Michigan Regional Entity** provided its second-year submission on this PIP topic: *Increasing Diabetic Screenings for Consumers with SMI Prescribed an Antipsychotic Medication*.

Table 3–25 and Table 3–26 show **Northern Michigan Regional Entity**'s scores based on HSAG's PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Northern Michigan Regional Entity**.

**Table 3–25—Performance Improvement Project Validation Results
for Northern Michigan Regional Entity**

Study Stage	Activity	Percentage of Applicable Elements		
		Met	Partially Met	Not Met
Design	I. Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II. Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III. Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV. Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V. Use Sound Sampling Techniques	Not Applicable		
	VI. Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total		100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII. Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII. Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total		100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX. Assess for Real Improvement	Not Assessed		
	X. Assess for Sustained Improvement	Not Assessed		
Outcomes Total		Not Assessed		
Percentage Score of Applicable Evaluation Elements Met		100% (17/17)		

**Table 3–26—Performance Improvement Project Validation Scores
for Northern Michigan Regional Entity**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Northern Michigan Regional Entity submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Not Met* validation status. **Northern Michigan Regional Entity** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG identified a *Point of Clarification* as an opportunity for improvement in Activity VIII.

Northern Michigan Regional Entity should remove the barriers for which no intervention was needed. The PIHP may summarize consumer barriers and only include those that have a corresponding intervention. In next year’s submission, **Northern Michigan Regional Entity** should provide evaluation results for each intervention documented in the PIP.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Northern Michigan Regional Entity’s PIP topic, *Increasing Diabetic Screenings for Consumers with SMI Prescribed an Antipsychotic Medication*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase diabetes screenings for consumers with SMI prescribed an antipsychotic medication.

For the 2014–2015 validation, **Northern Michigan Regional Entity** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. The PIHP identified barriers, including medical staff members not having or not following a process and consumers refusing, not giving consent, or no longer being in services. To

overcome these barriers, the PIHP implemented an intervention, requesting that all community mental health centers in the region develop a written process for the PIHP’s review.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Northern Michigan Regional Entity’s** Remeasurement 1 results with the baseline.

Table 3–27 below shows baseline and remeasurement results for **Northern Michigan Regional Entity’s** PIP study indicator:

Table 3–27—Performance Improvement Project Outcomes for Northern Michigan Regional Entity

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of consumers 18 to 64 years of age with serious mental illness who were prescribed an antipsychotic medication by a CMH physician for six months or longer and received an HbA1c test or fasting blood sugar test during the measurement year.	68.2%			

Northern Michigan Regional Entity’s baseline rate was 68.2 percent. The PIHP set the goal of an increase to 76.6 percent for Remeasurement 1.

As **Northern Michigan Regional Entity** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 3—Lakeshore Regional Entity

Findings

For the 2014–2015 validation, **Lakeshore Regional Entity** provided its second-year submission on this PIP topic: *Consumers Who Filled at Least One Prescription for a Second-Generation Antipsychotic Medication Who Receive an HbA1C, Lipid Panel, or Fasting Plasma Glucose.*

Table 3–28 and Table 3–29 show **Lakeshore Regional Entity**’s scores based on HSAG’s PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Lakeshore Regional Entity**.

**Table 3–28—Performance Improvement Project Validation Results
for Lakeshore Regional Entity**

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	Not Applicable		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total			100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX.	Assess for Real Improvement	Not Assessed		
	X.	Assess for Sustained Improvement	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)		

**Table 3–29—Performance Improvement Project Validation Scores
for Lakeshore Regional Entity**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Lakeshore Regional Entity submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **Lakeshore Regional Entity** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG did not identify any opportunities for improvement in Activities I through VIII.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Lakeshore Regional Entity’s PIP topic, *Consumers Who Filled at Least One Prescription for a Second-Generation Antipsychotic Medication Who Receive an HbA1C, Lipid Panel, or Fasting Plasma Glucose*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase monitoring of consumers taking antipsychotic medications.

For the 2014–2015 validation, **Lakeshore Regional Entity** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. The PIHP implemented interventions to address identified barriers, including reminding psychiatrists of the responsibility and requirements for ordering lab work and presenting information and education to supervisors, case managers, and nurses through letters to the directors, at physician advisory meetings, and the Michigan Board Association conference.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Lakeshore Regional Entity’s** Remeasurement 1 results with the baseline.

Table 3–30 below shows baseline and remeasurement results for **Lakeshore Regional Entity’s** PIP study indicator:

Table 3–30—Performance Improvement Project Outcomes for Lakeshore Regional Entity

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of Medicaid eligible adults who filled a prescription for a second-generation antipsychotic medication and received lab work for an HbA1c, lipid panel, or fasting plasma glucose during the measurement period.	49.7%			

Lakeshore Regional Entity’s baseline rate was 49.7 percent. The PIHP set the goal of an increase to 70 percent for Remeasurement 1.

As **Lakeshore Regional Entity** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 4—Southwest Michigan Behavioral Health

Findings

For the 2014–2015 validation, **Southwest Michigan Behavioral Health** provided its second-year submission on this PIP topic: *Improving Diabetes Treatment for Consumers with a Co-morbid Mental Health Condition*.

Table 3–31 and Table 3–32 show **Southwest Michigan Behavioral Health**'s scores based on HSAG's PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Southwest Michigan Behavioral Health**.

**Table 3–31—Performance Improvement Project Validation Results
for Southwest Michigan Behavioral Health**

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	Not Applicable		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total			100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX.	Assess for Real Improvement	Not Assessed		
	X.	Assess for Sustained Improvement	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)		

**Table 3–32—Performance Improvement Project Validation Scores
for Southwest Michigan Behavioral Health**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Southwest Michigan Behavioral Health submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Met* validation status. **Southwest Michigan Behavioral Health** chose to make revisions and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG did not identify any opportunities for improvement in Activities I through VIII.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Southwest Michigan Behavioral Health’s PIP topic, *Improving Diabetes Treatment for Consumers with a Co-morbid Mental Health Condition*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of consumers with diabetes who demonstrate having received treatment for the condition within the past 12 months.

For the 2014–2015 validation, **Southwest Michigan Behavioral Health** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. The PIHP identified barriers at the technology, people, and procedures levels and implemented interventions to address these barriers. Interventions included using data analytics tools to verify diagnosis and treatment information, communicating case-level results of data mining and analysis to providers, conducting diabetes training and education for consumers with comorbid conditions, and coordinating care with primary care providers.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Southwest Michigan Behavioral Health**’s Remeasurement 1 results with the baseline.

Table 3–33 below shows baseline and remeasurement results for **Southwest Michigan Behavioral Health**’s PIP study indicator:

Table 3–33—Performance Improvement Project Outcomes for Southwest Michigan Behavioral Health

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
Proportion of individuals who report having diabetes and demonstrate having been treated for the condition within the past twelve months.	52.3%			

Southwest Michigan Behavioral Health’s baseline rate was 52.3 percent. The PIHP set the goal of an increase to 62.3 percent for Remeasurement 1.

As **Southwest Michigan Behavioral Health** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 5—Mid-State Health Network

Findings

For the 2014–2015 validation, **Mid-State Health Network** provided its second-year submission on this PIP topic: *Increasing Diabetes Screening for Consumers with Schizophrenia or Bipolar Disorder Prescribed Antipsychotic Medications*.

Table 3–34 and Table 3–35 show **Mid-State Health Network**'s scores based on HSAG's PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Mid-State Health Network**.

**Table 3–34—Performance Improvement Project Validation Results
for Mid-State Health Network**

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	Not Applicable		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total			100% (6/6)	0% (0/6)	100% (0/6)
Outcomes	IX.	Assess for Real Improvement	Not Assessed		
	X.	Assess for Sustained Improvement	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)		

**Table 3–35—Performance Improvement Project Validation Scores
for Mid-State Health Network**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Mid-State Health Network submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **Mid-State Health Network** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG did not identify any opportunities for improvement in Activities I through VIII.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Mid-State Health Network’s PIP topic, *Increasing Diabetes Screening for Consumers with Schizophrenia or Bipolar Disorder Prescribed Antipsychotic Medications*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to ensure that adult consumers with schizophrenia or bipolar disorder who are prescribed antipsychotic medication are receiving the necessary diabetes screenings because taking antipsychotic medications is associated with increased risk of developing diabetes.

For the 2014–2015 validation, **Mid-State Health Network** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. Interventions included providing education to consumers during the person-centered planning process and during face-to-face interactions and coordinating with consumers and primary care physicians regarding the completion of recommended testing.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Mid-State Health Network’s** Remeasurement 1 results with the baseline.

Table 3–36 below shows baseline and remeasurement results for **Mid-State Health Network’s** PIP study indicator:

Table 3–36—Performance Improvement Project Outcomes for Mid-State Health Network

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The proportion of the eligible population having at least one diabetes screening completed in the measurement year.	85.7%			

Mid-State Health Network’s baseline rate was 85.7 percent. The PIHP set the goal of an increase to 87 percent for Remeasurement 1.

As **Mid-State Health Network** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 6—CMH Partnership of Southeast Michigan

For the 2014–2015 validation, **CMH Partnership of Southeast Michigan** provided its second-year submission on this PIP topic: *Medication Labs*. Table 3–37 and Table 3–38 show **CMH Partnership of Southeast Michigan**’s scores based on HSAG’s PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **CMH Partnership of Southeast Michigan**.

**Table 3–37—Performance Improvement Project Validation Results
for CMH Partnership of Southeast Michigan**

Study Stage	Activity		Percentage of Applicable Elements		
			<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	<i>Not Applicable</i>		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total			100% (6/6)	0% (0/6)	100% (0/6)
Outcomes	IX.	Assess for Real Improvement	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)		

**Table 3–38—Performance Improvement Project Validation Scores
for CMH Partnership of Southeast Michigan**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

CMH Partnership of Southeast Michigan submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **CMH Partnership of Southeast Michigan** corrected the identified deficiencies and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG identified a *Point of Clarification* as an opportunity for improvement in Activity VII.

CMH Partnership of Southeast Michigan should document the study indicator title and measurement period starting and ending dates in the Activity VII results table.

Results and Summary Assessment Related to Quality, Timeliness, and Access

CMH Partnership of Southeast Michigan’s PIP topic, *Medication Labs*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of consumers who are taking antipsychotic medication and have lab values (including HbA1c or glucose, cholesterol, and triglycerides) entered in the electronic health record during the measurement year.

For the 2014–2015 validation, **CMH Partnership of Southeast Michigan** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. Interventions targeted consumer compliance, staff motivation, and staff communication.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **CMH Partnership of Southeast Michigan**’s Remeasurement 1 results with the baseline.

Table 3–39 below shows baseline and remeasurement results for **CMH Partnership of Southeast Michigan**’s PIP study indicator.

**Table 3–39—Performance Improvement Project Outcomes
for CMH Partnership of Southeast Michigan**

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of Medicaid consumers prescribed antipsychotic medication that have all of the required lab values (HbA1c or glucose, HDL cholesterol, LDL cholesterol, total cholesterol, and triglycerides) in the electronic health record during the measurement period.	44.8%			

CMH Partnership of Southeast Michigan’s baseline rate was 44.8 percent. The PIHP set the goal of an increase to 49.2 percent for Remeasurement 1.

As **CMH Partnership of Southeast Michigan** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 7—Detroit Wayne Mental Health Authority

Findings

For the 2014–2015 validation, **Detroit Wayne Mental Health Authority** provided its second-year submission on this PIP topic: *Improving Wellness Self-Management of SMI Consumers with Chronic Health Conditions*.

Table 3–40 and Table 3–41 show **Detroit Wayne Mental Health Authority**'s scores based on HSAG's PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Detroit Wayne Mental Health Authority**.

**Table 3–40—Performance Improvement Project Validation Results
for Detroit Wayne Mental Health Authority**

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	Not Applicable		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (3/3)	0% (0/3)	0% (0/3)
Implementation and Evaluation Total			100% (7/7)	0% (0/7)	0% (0/7)
Outcomes	IX.	Assess for Real Improvement	Not Assessed		
	X.	Assess for Sustained Improvement	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (18/18)		

**Table 3–41—Performance Improvement Project Validation Scores
for Detroit Wayne Mental Health Authority**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Detroit Wayne Mental Health Authority submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **Detroit Wayne Mental Health Authority** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG did not identify any opportunities for improvement in Activities I through VIII.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Detroit Wayne Mental Health Authority’s PIP topic, *Improving Wellness Self-Management of SMI Consumers with Chronic Health Conditions*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of adult consumers with serious mental illness and at least one chronic health condition who completed a peer-led self-management workshop.

For the 2014–2015 validation, **Detroit Wayne Mental Health Authority** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. Interventions included distributing a coding manual to providers, training providers on the use of the modifiers, and replacing a provider agency that did not have availability of a peer specialist.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Detroit Wayne Mental Health Authority’s** Remeasurement 1 results with the baseline.

Table 3–42 below shows baseline and remeasurement results for **Detroit Wayne Mental Health Authority**'s PIP study indicator:

**Table 3–42—Performance Improvement Project Outcomes
for Detroit Wayne Mental Health Authority**

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of adult SMI consumers with at least one chronic health condition who completed a wellness self-management workshop during the measurement year.	1.3%			

Detroit Wayne Mental Health Authority's baseline rate was 1.3 percent. The PIHP set the goal of an increase to 2.6 percent for Remeasurement 1.

As **Detroit Wayne Mental Health Authority** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 8—Oakland County CMH Authority

Findings

For the 2014–2015 validation, **Oakland County CMH Authority** provided its second-year submission on this PIP topic: *Increasing the Proportion of Medicaid Eligible Adults with Mental Illness and Diabetes Who Have Their Diabetes Addressed in Their Current Individual Plan of Service.*

Table 3–43 and Table 3–44 show **Oakland County CMH Authority**'s scores based on HSAG's PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Oakland County CMH Authority**.

**Table 3–43—Performance Improvement Project Validation Results
for Oakland County CMH Authority**

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	Not Applicable		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total			100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX.	Assess for Real Improvement	Not Assessed		
	X.	Assess for Sustained Improvement	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)		

**Table 3–44—Performance Improvement Project Validation Scores
for Oakland County CMH Authority**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Oakland County CMH Authority submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **Oakland County CMH Authority** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG did not identify any opportunities for improvement in Activities I through VIII.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Oakland County CMH Authority’s PIP topic, *Increasing the Proportion of Medicaid Eligible Adults with Mental Illness and Diabetes Who Have Their Diabetes Addressed in Their Current Individual Plan of Service*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of Medicaid eligible adults with mental illness and diabetes who have their diabetes addressed (have a goal or objective related to their diabetes) in their current individual plan of service (IPOS).

For the 2014–2015 validation, **Oakland County CMH Authority** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. The PIHP identified as its top barrier the lack of accurate information regarding the chronic health condition of diabetes when the individual treatment plan is developed or reviewed. Interventions included presenting aggregated project data to the PIHP’s network and providing the primary person responsible for plan of service with a list of consumers with diabetes.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Oakland County CMH Authority’s** Remeasurement 1 results with the baseline.

Table 3–45 below shows baseline and remeasurement results for **Oakland County CMH Authority’s** PIP study indicator:

Table 3–45—Performance Improvement Project Outcomes for Oakland County CMH Authority

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The proportion of Medicaid eligible adults with mental illness and diabetes receiving services from the PIHP who have their diabetes addressed in their current Plan of Service.	34%			

Oakland County CMH Authority’s baseline rate was 34 percent. The PIHP set the goal of an increase to 38.1 percent for Remeasurement 1.

As **Oakland County CMH Authority** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 9—Macomb County CMH Services

Findings

For the 2014–2015 validation, **Macomb County CMH Services** provided its second-year submission on this PIP topic: *Increasing Metabolic Syndrome Screening for Adults with Severe Mental Illness*.

Table 3–46 and Table 3–47 show **Macomb County CMH Services’** scores based on HSAG’s PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Macomb County CMH Services**.

**Table 3–46—Performance Improvement Project Validation Results
for Macomb County CMH Services**

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	Not Applicable		
	VI.	Reliably Collect Data	100% (6/6)	0% (0/6)	0% (0/6)
Design Total			100% (13/13)	0% (0/13)	0% (0/13)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation and Evaluation Total			100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX.	Assess for Real Improvement	Not Assessed		
	X.	Assess for Sustained Improvement	Not Assessed		
Outcomes Total			Not Assessed		
Percentage Score of Applicable Evaluation Elements Met			100% (19/19)		

**Table 3–47—Performance Improvement Project Validation Scores
for Macomb County CMH Services**

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Macomb County CMH Services submitted the Study Design and Implementation and Evaluation stages of the PIP for this year’s validation. The initial submission received an overall *Not Met* validation status. **Macomb County CMH Services** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG did not identify any opportunities for improvement in Activities I through VIII.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Macomb County CMH Services’ PIP topic, *Increasing Metabolic Syndrome Screening for Adults with Severe Mental Illness*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of consumers who are prescribed atypical antipsychotic medication and also receive screening for metabolic syndrome. The PIHP aims to improve the process and outcomes of healthcare delivery by early identification of indicators of metabolic risk, which can lead to diabetes.

For the 2014–2015 validation, **Macomb County CMH Services** progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes. The PIHP identified providers’ and consumers’ lack of knowledge about the possible side effects of second generation atypical antipsychotic medications. Interventions included various training and education activities.

The PIHP submitted and analyzed baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Macomb County CMH Services’** Remeasurement 1 results with the baseline.

Table 3–48 below shows baseline and remeasurement results for **Macomb County CMH Services’** PIP study indicator:

Table 3–48—Performance Improvement Project Outcomes for Macomb County CMH Services

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of consumers who are prescribed atypical second generation antipsychotic medication and are also monitored for metabolic syndrome by having at least one of the Adult Treatment Panel III measures completed during the measurement period.	41%			

Macomb County CMH Services’ baseline rate was 41 percent. The PIHP set the goal of an increase to 51.3 percent for Remeasurement 1.

As **Macomb County CMH Services** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

Region 10 PIHP

Findings

For the 2014–2015 validation, **Region 10 PIHP** provided its second-year submission on this PIP topic: *Behavioral and Physical Health Care Integration*.

Table 3–49 and Table 3–50 show **Region 10 PIHP**'s scores based on HSAG's PIP evaluation. For additional details, refer to the 2014–2015 PIP Validation Report for **Region 10 PIHP**.

Table 3–49—Performance Improvement Project Validation Results for Region 10 PIHP

Study Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Select the Study Topic(s)	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Define the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Use a Representative and Generalizable Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Select the Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Use Sound Sampling Techniques	<i>Not Applicable</i>		
	VI.	Reliably Collect Data	100% (4/4)	0% (0/4)	0% (0/4)
Design Total			100% (11/11)	0% (0/11)	0% (0/11)
Implementation and Evaluation	VII.	Analyze and Interpret Study Results	100% (4/4)	0% (0/4)	0% (0/4)
	VIII.	Implement Intervention and Improvement Strategies	<i>Not Assessed</i>		
Implementation and Evaluation Total			100% (4/4)	0% (0/4)	0% (0/4)
Outcomes	IX.	Assess for Real Improvement	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements Met			100% (15/15)		

Table 3–50—Performance Improvement Project Validation Scores for Region 10 PIHP

Percentage Score of Evaluation Elements <i>Met</i>	Percentage Score of Critical Elements <i>Met</i>	Overall Validation Status
100%	100%	<i>Met</i>
<p>Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and noncritical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>Overall Validation Status—Based on the percentage scores.</p>		

Strengths

Region 10 PIHP submitted the Study Design stage and Activity VII of the Implementation and Evaluation stage of the PIP for this year’s validation. The initial submission received an overall *Partially Met* validation status. **Region 10 PIHP** received technical assistance from HSAG, corrected the identified deficiencies, and resubmitted the PIP for a second review. The PIP received a final validation status of *Met*, with an overall score of 100 percent and a score of 100 percent for critical elements. Based on the validation of this PIP, HSAG’s assessment determined high confidence in the results.

The performance of this PIP suggests a thorough application of the PIP design, appropriate analysis of the results, and implementation of system interventions related to barriers identified through quality improvement processes.

Recommendations

HSAG identified the following *Points of Clarification* as opportunities for improvement in Activities IV and VI:

Region 10 PIHP should include a percentage goal in Activity IV and check the calculation for the Remeasurement 1 goal in Activity VI to ensure that the goal is correct and would demonstrate statistically significant improvement from the baseline. The PIHP had a delay in receiving baseline data and was unable to complete the causal/barrier analysis and develop interventions prior to the PIP submission due date. Additionally, **Region 10 PIHP** should complete Activity VIII in its entirety for next year’s validation.

Results and Summary Assessment Related to Quality, Timeliness, and Access

Region 10 PIHP’s PIP topic, *Behavioral and Physical Health Care Integration*, addressed CMS’ requirements related to quality outcomes—specifically, the **quality** and **accessibility** of care and services. The goal of the study is to increase the percentage of consumers who were identified as having cardiovascular risk factors and had an encounter for a medical service to treat the condition.

For the 2014–2015 validation, **Region 10 PIHP** had not yet progressed to completing causal/barrier analysis using quality improvement tools and implementing interventions likely to impact outcomes due to a delay in receiving baseline data from its data reporting provider.

The PIHP submitted baseline data in this year’s validation. For the next annual validation, study outcomes will be assessed by comparing **Region 10 PIHP**’s Remeasurement 1 results with the baseline.

Table 3–51 below shows baseline and remeasurement results for **Region 10 PIHP**’s PIP study indicator:

Table 3–51—Performance Improvement Project Outcomes for Region 10 PIHP

PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The proportion of SMI adult Medicaid consumers identified with select cardiovascular risk conditions that had at least one reported encounter to the State’s data warehouse for a medical service to treat a cardiovascular condition.	22%			

Region 10 PIHP’s baseline rate was 22 percent. The PIHP set the goal of an increase to 23.8 percent for Remeasurement 1.

As **Region 10 PIHP** progresses in the study, assessment of the impact of the PIP on the **quality** of and **access** to care and services will continue.

4. Assessment of PIHP Follow-Up on Prior Recommendations

Introduction

This section of the report presents an assessment of the PIHPs' follow-up on prior recommendations for the EQR activities.

The 2014–2015 compliance monitoring reviews addressed the PIHPs' compliance with requirements related to the 14 previously assessed standards. This section presents a summary of the PIHPs' progress in addressing continued recommendations identified in the 2013–2014 follow-up review of compliance standards.

The validation of performance measures assessed the PIHPs' processes related to the reporting of performance indicator data and oversight of subcontractors' performance indicator reporting activities. This section presents each PIHP's status of addressing the recommendations identified in the 2013–2014 validation cycle.

For the 2014–2015 validation, the PIHPs continued their PIPs related to integration of physical and mental healthcare. This section presents an assessment of the PIHPs' follow-up on recommendations from the 2013–2014 validation cycle.

Region 1—NorthCare Network

Compliance Monitoring

The previous compliance monitoring review for **NorthCare Network** determined that the PIHP achieved full compliance on all elements included in the 2013–2014 follow-up review. There were no continued recommendations for improvement.

Validation of Performance Measures

Based on recommendations made last year during the performance validation audit, **NorthCare Network** performed an investigation to address concerns about incorrectly identifying cases as exclusions. The PIHP found this to be an isolated case, and the record was corrected. **NorthCare Network** informed HSAG that by the next measurement year all exceptions would be documented directly in the medical record system Elmer, making validation and oversight more efficient.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **NorthCare Network** identified a *Point of Clarification* as an opportunity for improvement in Activity III—Use a Representative and Generalizable Study Population. In its 2014–2015 PIP submission, the PIHP accurately and completely defined the study population, providing correct codes for the denominators, when applicable. **NorthCare Network** successfully addressed the prior recommendation.

Region 2—Northern Michigan Regional Entity

Compliance Monitoring

The previous compliance monitoring review for **Northern Michigan Regional Entity** determined that the PIHP achieved full compliance on all elements included in the 2013–2014 follow-up review. There were no continued recommendations for improvement.

Validation of Performance Measures

Based on recommendations made last year during the performance validation audit, **Northern Michigan Regional Entity** implemented several quality improvement processes to ensure the accuracy of claims, encounter, and QI data. In addition, each CMHSP submitted a flow chart describing its claims/encounter data process.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Northern Michigan Regional Entity** identified *Points of Clarification* as opportunities for improvement in Activities III, IV, and VI. In its 2014–2015 PIP submission, the PIHP removed the lab value codes from Activity III, revised the study indicator title, and provided a complete data analysis plan. **Northern Michigan Regional Entity** successfully addressed all prior recommendations.

Region 3—Lakeshore Regional Entity

Compliance Monitoring

Lakeshore Regional Entity achieved full compliance on 25 of the 26 of the elements included in the 2013–2014 follow-up review, with one recommendation for Standard XIV—Appeals. The 2014–2015 compliance review determined that the PIHP implemented corrective action and provided correct information about the requirements and time frames for filing appeals. There were no continued recommendations for improvement.

Validation of Performance Measures

Based on recommendations made last year during the performance validation audit, **Lakeshore Regional Entity** hired several CMHSP staff members as fulltime employees. Staff members still employed by a CMHSP but performing site reviews on behalf of the PIHP were required to sign an agreement outlining that they do not participate in the oversight of the CMHSP at which they are currently employed. As part of last year’s recommendation, the PIHP now requires a corrective action plan from any CMHSP falling below any performance indicator standard in any given quarter. In addition, policies and procedures on the incorporation of coordinating agency functions were fully documented.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Lakeshore Regional Entity** identified *Points of Clarification* as opportunities for improvement in Activities IV and VI. In its 2014–2015 PIP submission, the PIHP revised the study indicator title and defined the measurement periods in the recommended format, defined a percentage goal for Remeasurement 1, and specified in the data analysis plan that it will compare these results to the goal. **Lakeshore Regional Entity** successfully addressed all prior recommendations.

Region 4—Southwest Michigan Behavioral Health

Compliance Monitoring

The previous compliance monitoring review for **Southwest Michigan Behavioral Health** determined that the PIHP achieved full compliance on all elements included in the 2013–2014 follow-up review. There were no continued recommendations for improvement.

Validation of Performance Measures

Based on recommendations made last year during the performance validation audit, **Southwest Michigan Behavioral Health** provided thorough documentation on its data validation processes. In addition, the PIHP informed HSAG that because most of the CMHSPs were offering walk-in assessments, exceptions related to performance indicators were few. As a result, the need to track and analyze exceptions was reduced. In addition, the PIHP provided clarification and thorough documentation on all of its SUD-related processes and procedures.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Southwest Michigan Behavioral Health** identified *Points of Clarification* as opportunities for improvement in Activities IV and VI. In its 2014–2015 PIP submission, the PIHP collected baseline data for the correct measurement period, set a percentage goal for Remeasurement 1, and specified in the data analysis plan that it will compare the remeasurement results to the goal. **Southwest Michigan Behavioral Health** successfully addressed all prior recommendations.

Region 5—Mid-State Health Network

Compliance Monitoring

Mid-State Health Network achieved full compliance on 23 of the 25 elements included in the 2013–2014 follow-up review, with one recommendation each for Standard IX—Subcontracts and Delegation and Standard XI—Credentialing. The 2014–2015 compliance review determined that the PIHP implemented corrective action and met the requirements for review and follow-up on provider monitoring of the PIHP’s subcontractors and implemented a PIHP-level credentialing policy. There were no continued recommendations for improvement.

Validation of Performance Measures

Based on last year’s recommendation, **Mid-State Health Network** implemented several automated validation processes for training and educating the CMHSPs to further improve the performance indicator processes and rate reporting. All processes were well documented.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Mid-State Health Network** identified opportunities for improvement in Activities II and VI. In its 2014–2015 PIP submission, the PIHP revised the study question in the recommended format, specified a systematic method for collecting baseline and remeasurement data, and provided a description of a process for ensuring completeness of the administrative data, resulting in scores of *Met* for the related evaluation elements. **Mid-State Health Network** successfully addressed all prior recommendations and *Points of Clarification*.

Region 6—CMH Partnership of Southeast Michigan

Compliance Monitoring

The previous compliance monitoring review for **CMH Partnership of Southeast Michigan** determined that the PIHP achieved full compliance on all elements included in the 2013–2014 follow-up review. There were no continued recommendations for improvement.

Validation of Performance Measures

CMH Partnership of Southeast Michigan added the capacity to display exceptions to the performance indicator data electronically for most indicators. A field for documenting reasons for all exceptions was added to the E.II EMR system in August 2015. The PIHP was able to track exclusions, numerators, and denominators by each CMHSP as suggested in the previous audit findings. The PIHP completed a mini-ISCAT for all four CMHSPs.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **CMH Partnership of Southeast Michigan** identified a *Point of Clarification* as an opportunity for improvement in Activity VI. In its 2014–2015 PIP submission, the PIHP specified in the data analysis plan that it will compare the remeasurement results to the goals. **CMH Partnership of Southeast Michigan** successfully addressed the prior recommendation.

Region 7—Detroit Wayne Mental Health Authority

Compliance Monitoring

Detroit Wayne Mental Health Authority achieved full compliance on two of the three elements included in the 2013–2014 follow-up review, with one recommendation for Standard XIV—Appeals. The 2014–2015 compliance review determined that the PIHP implemented corrective action and met the requirements for the notice of disposition. There were no continued recommendations for improvement.

Validation of Performance Measures

Based on recommendations made last year during the performance validation audit, **Detroit Wayne Mental Health Authority** submitted a completed mini-ISCAT from each MCPN affiliated with the PIHP. The PIHP also provided adequate documentation of all changes that occurred when the CAs and their functions integrated with the PIHP. The PIHP implemented a process to integrate detailed data from the MCPNs' systems into the PIHP's system. In addition, although the PIHP took steps to improve its rate for hospital recidivism (Indicator 10), there is still room for further improvement.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Detroit Wayne Mental Health Authority** identified *Points of Clarification* as opportunities for improvement in Activities III and VI. In its 2014–2015 PIP submission, the PIHP provided correct codes for the denominator, documented the percentage of administrative data completeness, and specified in the data analysis plan that it will compare study indicator results to the goal for the measurement period. **Detroit Wayne Mental Health Authority** successfully addressed all prior recommendations.

Region 8—Oakland County CMH Authority

Compliance Monitoring

The previous compliance monitoring review for **Oakland County CMH Authority** determined that the PIHP achieved full compliance on all elements included in the 2013–2014 follow-up review. There were no continued recommendations for improvement.

Validation of Performance Measures

Oakland County CMH Authority initiated actions to improve the method used to generate and verify performance indicator data. For Indicator 1, the PIHP created an application which graphically displayed the denominators and the numerator positive cases. The application also provided a member-specific list which was used to conduct primary source verification for this performance indicator. However, no improvements were made to calculation methods for Indicators 2, 3, 4a, and 10.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Oakland County CMH Authority** identified opportunities for improvement in Activities I and IV. In its 2014–2015 PIP submission, the PIHP revised the study topic and definition of the study indicator and recalculated the goal for Remeasurement 2, resulting in scores of *Met* for the related evaluation elements. **Oakland County CMH Authority** successfully addressed all prior recommendations.

Region 9—Macomb County CMH Services

Compliance Monitoring

The previous compliance monitoring review for **Macomb County CMH Services** determined that the PIHP achieved full compliance on all elements included in the 2013–2014 follow-up review. There were no continued recommendations for improvement.

Validation of Performance Measures

Macomb County CMH Services incorporated the CA as part of the PIHP in October 2014. Substance abuse data were migrated from CareNet to FOCUS, a system the PIHP used for behavioral health data. New cases were entered in FOCUS and closed in CareNet. The transition from CareNet to FOCUS was smooth. Staff had extensive training on FOCUS for entering data and running reports. Any issues identified with the substance abuse module of FOCUS led to a modification of the system to accommodate the process. The PIHP educated providers to enter a note or check the box for “Outside of 14 days” in FOCUS if the consumer was requesting an appointment outside of the 14-day time frame.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Macomb County CMH Services** identified *Points of Clarification* as opportunities for improvement in Activity I and VI. In its 2014–2015 PIP submission, the PIHP specified the correct measurement period, defined the data elements collected, and described the data collection process. **Macomb County CMH Services** successfully addressed the prior recommendations.

Region 10 PIHP

Compliance Monitoring

Region 10 PIHP achieved full compliance on eight of the 14 elements included in the 2013–2014 follow-up review, with recommendations for Standard VII—Grievance Process, Standard IX—Subcontracts and Delegation, Standard XI—Credentialing, and Standard XIV—Appeals. The 2014–2015 compliance review determined that the PIHP implemented corrective action and addressed the recommendations to finalize and implement PIHP-level policies on the grievance and appeals processes and to include CMHSPs’ reporting responsibilities in the PIHP’s credentialing policy. The 2014–2015 compliance review of **Region 10 PIHP** identified continued recommendations for improvement related to finalizing the processes for review and follow-up on provider monitoring of all of the PIHP’s subcontractors and specifying in its appeals policy all requirements for the content of the notice of disposition.

Validation of Performance Measures

As suggested last year, in October 2015 **Region 10 PIHP** moved to a centralized access center for all four CMHSPs. This eliminated redundancy and ensured that the PIHP will meet MDHHS Codebook specifications for Indicators 2 and 3. **Region 10 PIHP** conducted business with its own limited staff and with specific staff members leased from CMHSPs using a formal, written lease agreement and planned to hire additional staff directly based on the PIHP Board Personnel Subcommittee’s approval. For the PIHP, this increase in staff may result in improved oversight of the CMHSPs. In addition, documentation supporting the performance indicator exceptions was available at the PIHP this year.

Validation of Performance Improvement Projects

The 2013–2014 validation of performance improvement projects for **Region 10 PIHP** identified an opportunity for improvement in Activity VI. In its 2014–2015 PIP submission, the PIHP specified a systematic method for collecting baseline and remeasurement data, resulting in a score of *Met* for the related evaluation element. **Region 10 PIHP** successfully addressed the prior recommendation and *Points of Clarification*.

Appendix A. **Summary Tables of External Quality Review Activity Results**

Introduction

This section of the report presents results for all 15 compliance monitoring standards reviewed this year, as well as two-year comparison tables for statewide and PIHP scores for the validation of performance measures and the validation of PIPs.

Results for Compliance Monitoring

The following tables and graphs present the results from the 2014–2015 compliance monitoring reviews. This is the first year that compliance scores are available for the new regions.

Compliance Monitoring Standards

Figure A-1 through Figure A-15 present 2014–2015 statewide and PIHP-level compliance scores for each of the 15 compliance monitoring standards.

Figure A-1—Standard I: QAPIP

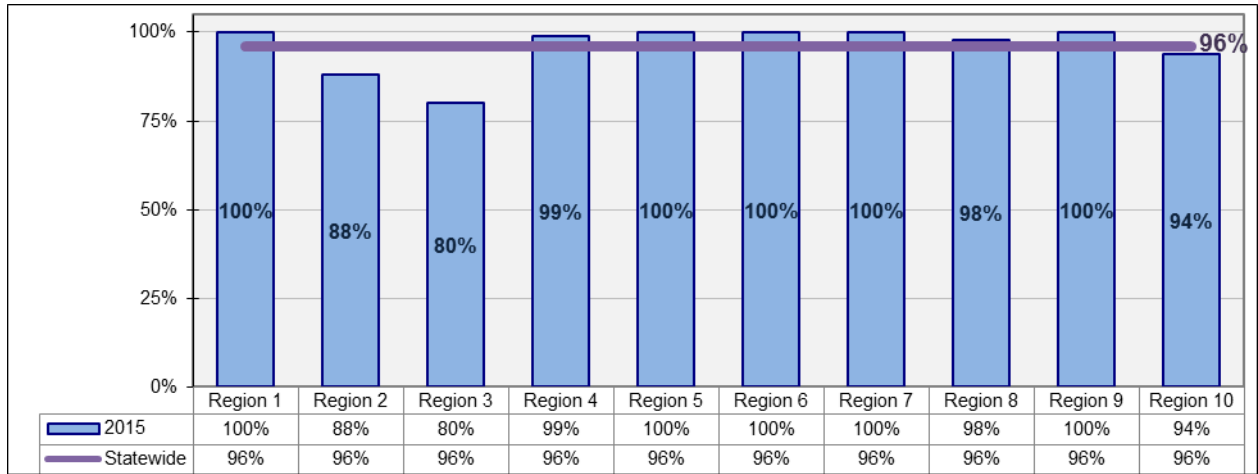


Figure A-2—Standard II: Performance Measurement and Improvement

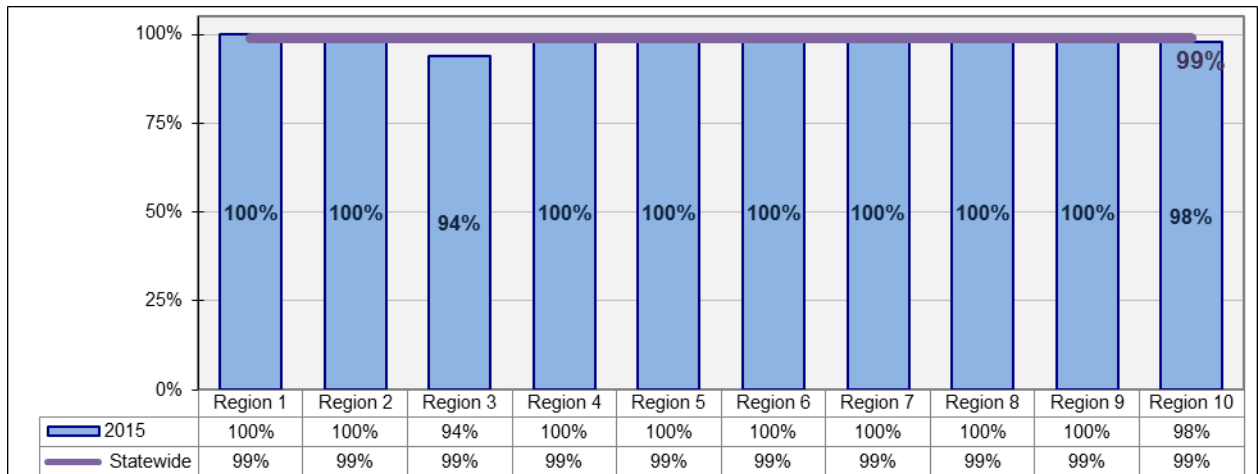


Figure A-3—Standard III: Practice Guidelines

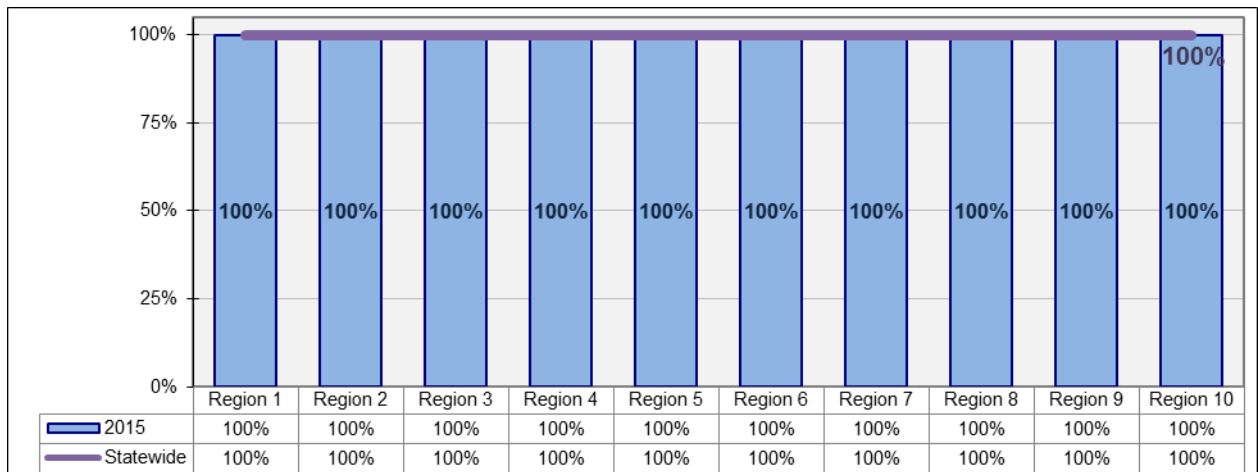


Figure A-4—Standard IV: Staff Qualifications and Training

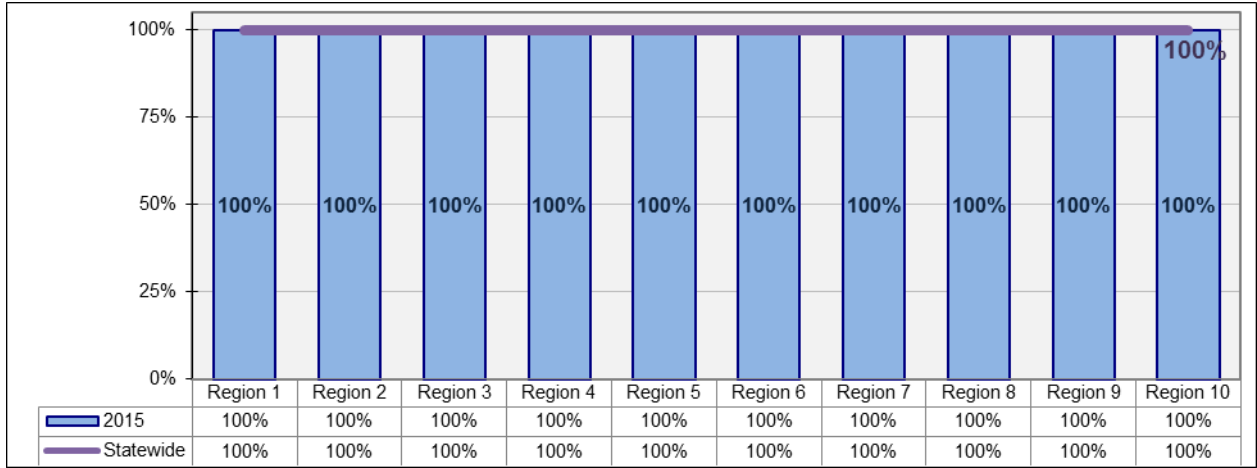


Figure A-5—Standard V: Utilization Management

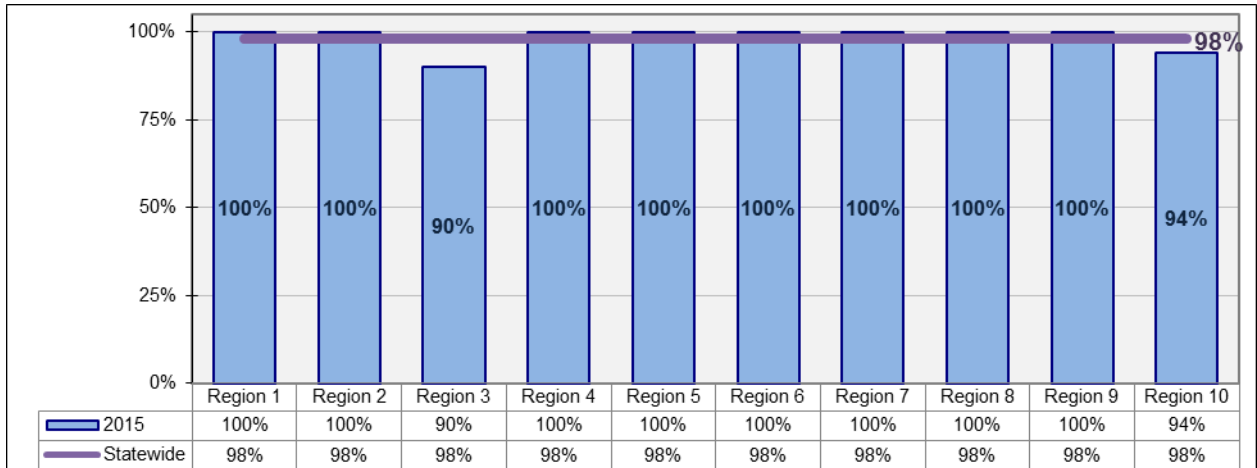


Figure A-6—Standard VI: Customer Services

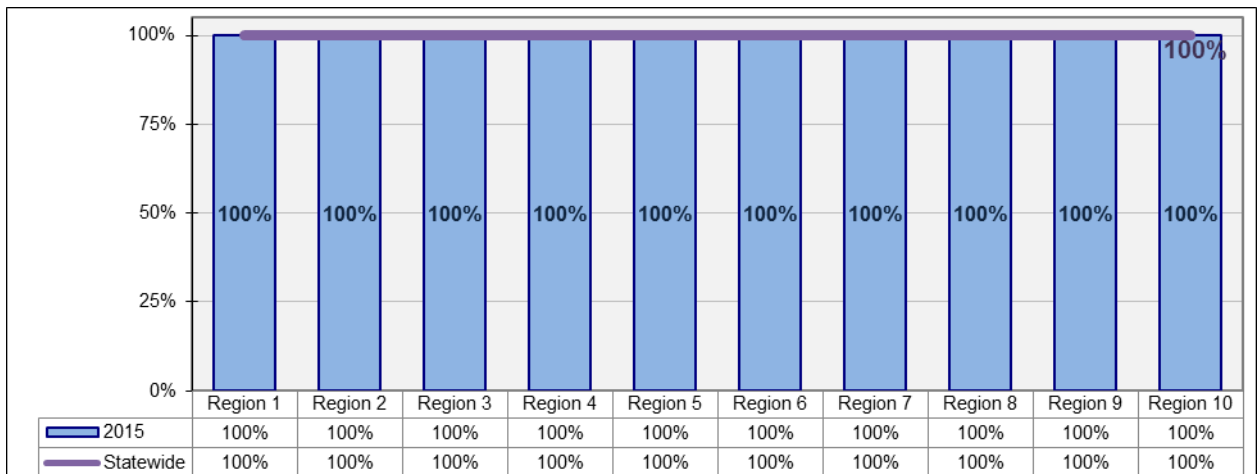


Figure A-7—Standard VII: Enrollee Grievance Process

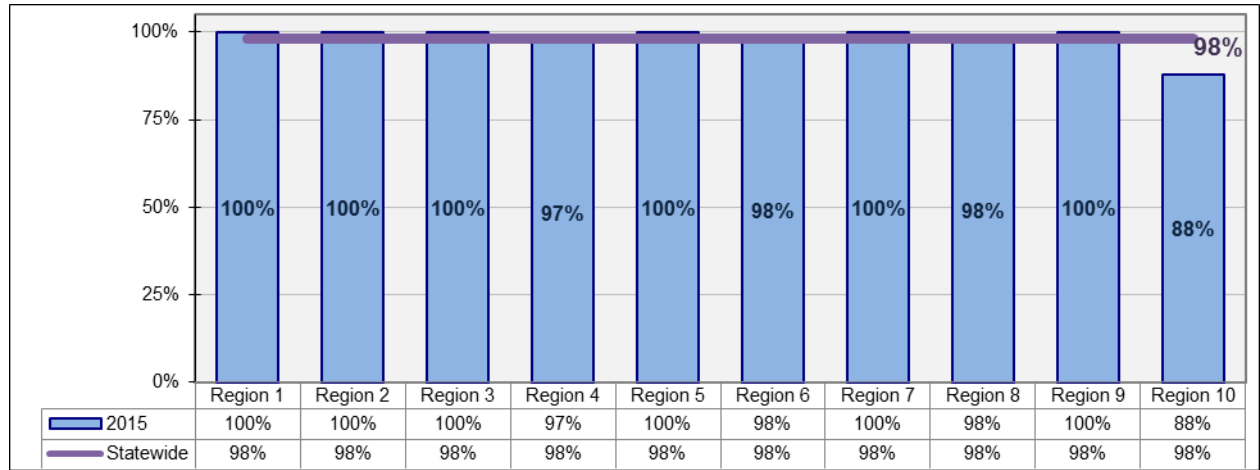


Figure A-8—Standard VIII: Enrollee Rights and Protections

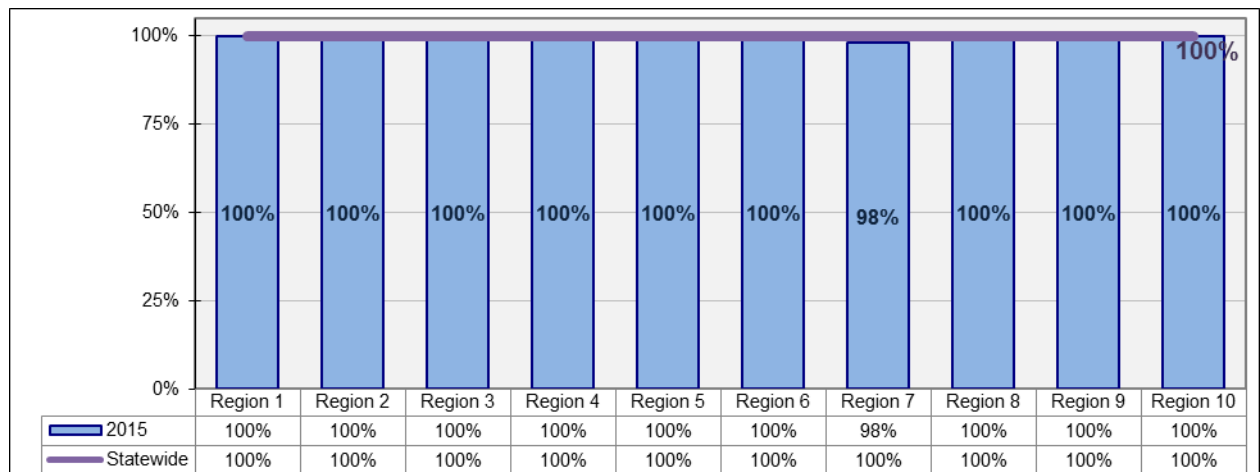


Figure A-9—Standard IX: Subcontracts and Delegation

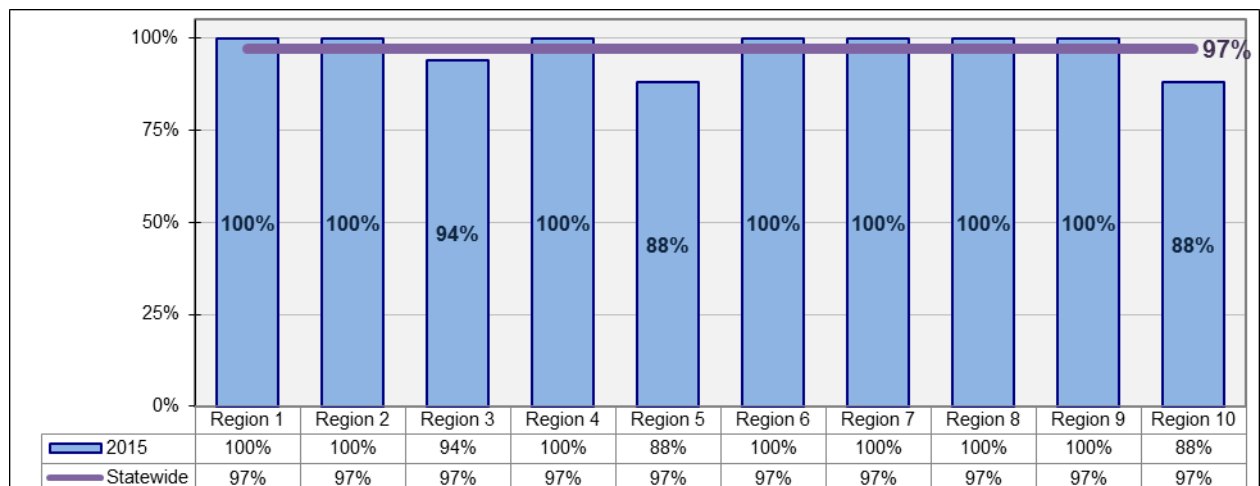


Figure A-10—Standard X: Provider Network

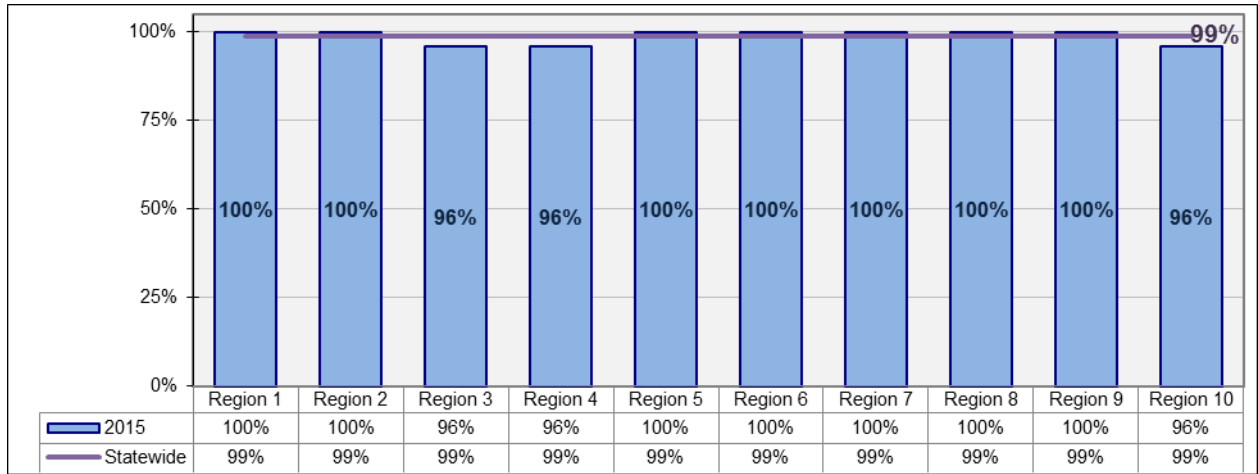


Figure A-11—Standard XI: Credentialing

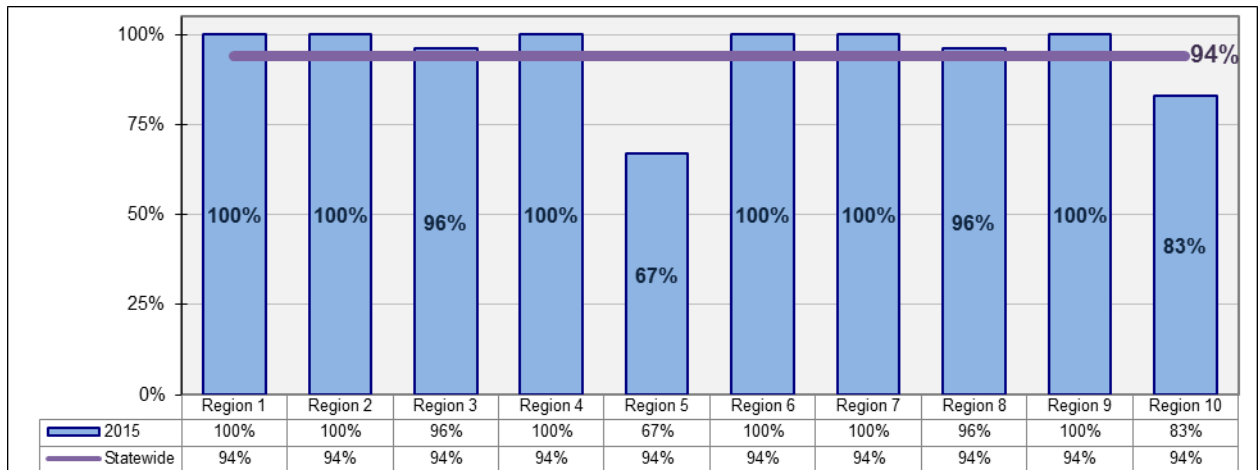


Figure A-12—Standard XII: Access and Availability

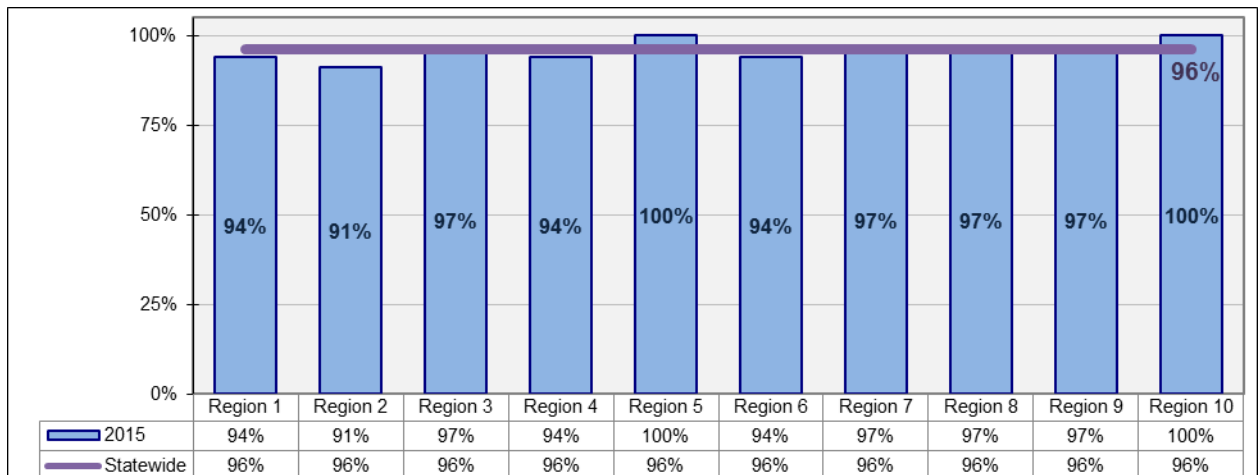


Figure A-13—Standard XIII: Coordination of Care

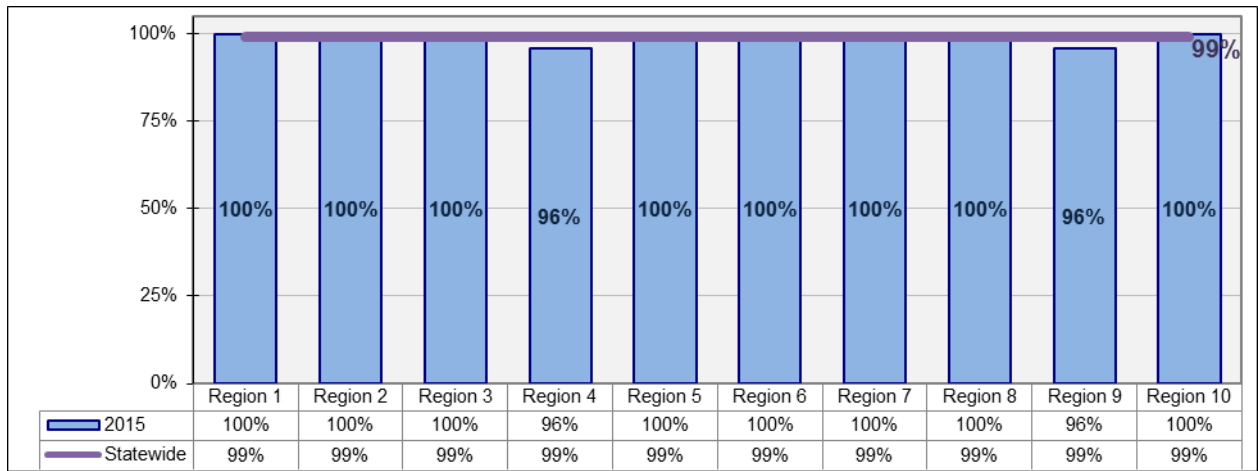


Figure A-14—Standard XIV: Appeals

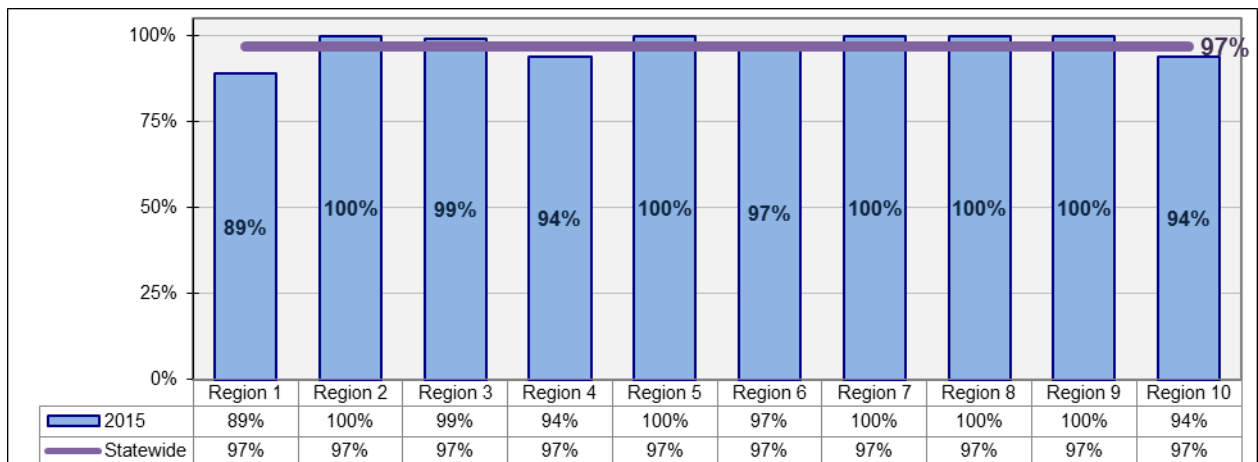
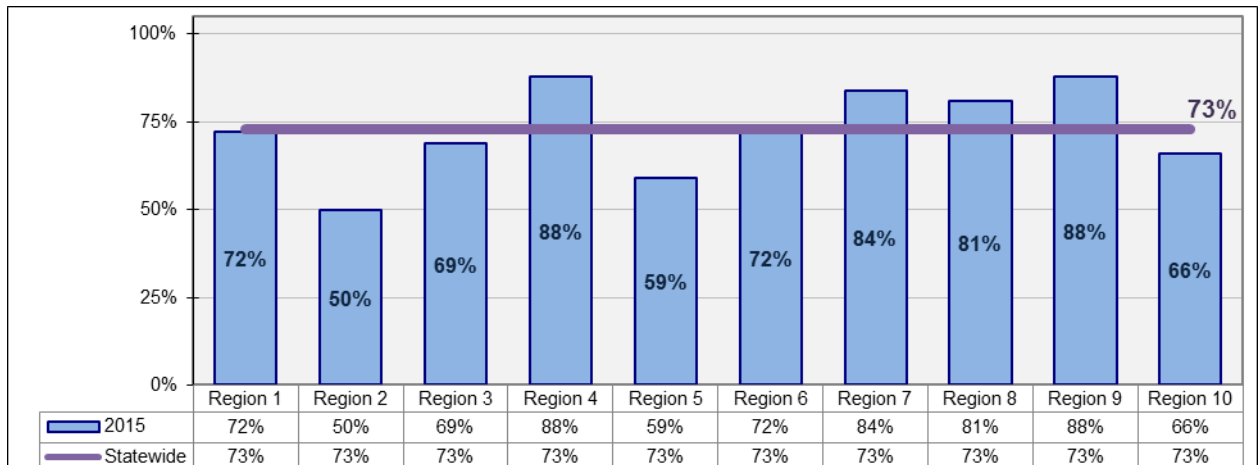


Figure A-15—Standard XV: Disclosure of Ownership, Control, and Criminal Convictions



PIHP Compliance

Table A-1 presents the results from the 2014–2015 compliance scores for each PIHP and statewide.

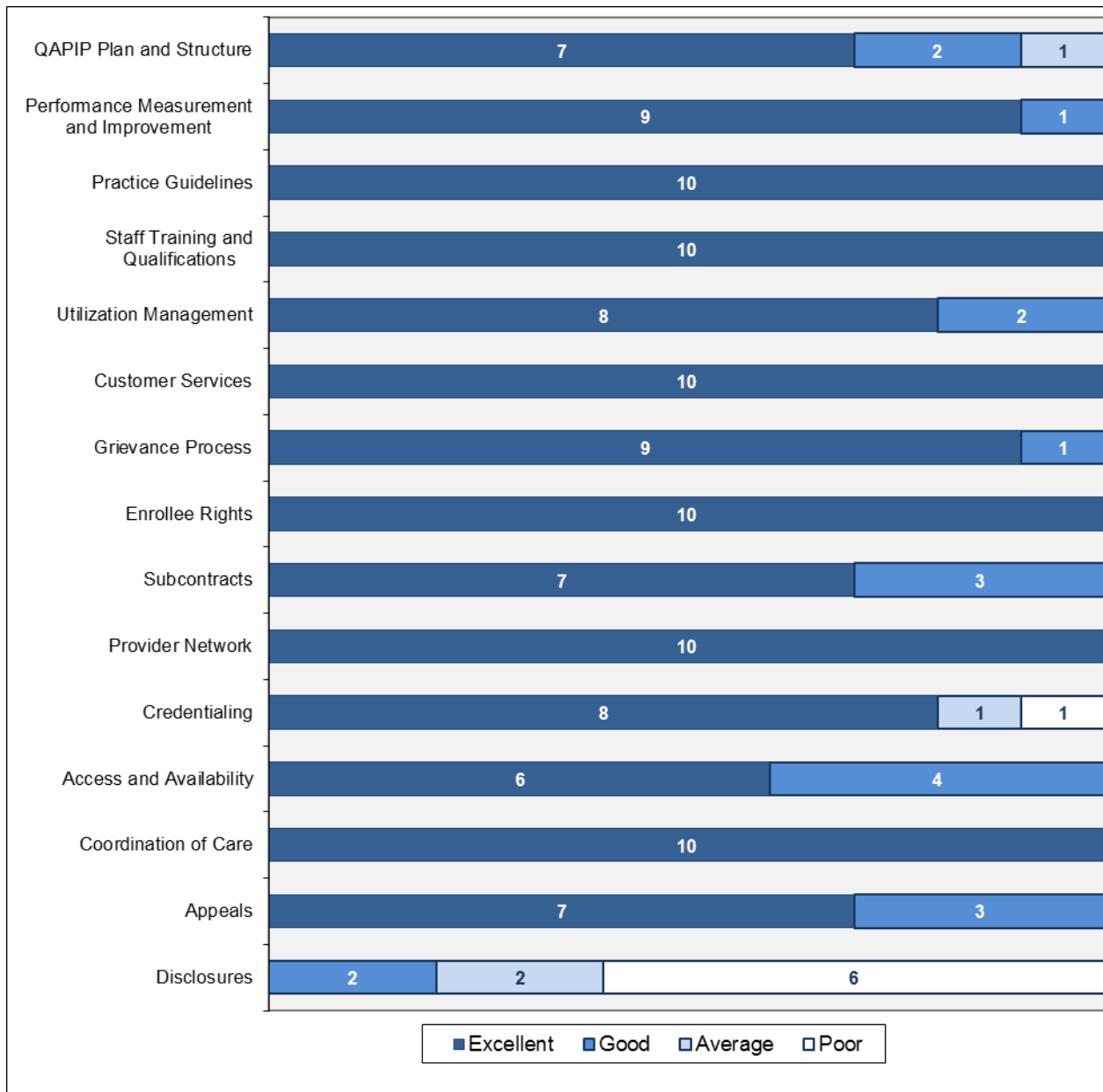
Table A-1—Summary of PIHP Compliance Monitoring Scores (Percentage of Compliance)																
PIHP	I. QAPIP Plan and Structure	II. Performance Measurement and Improvement	III. Practice Guidelines	IV. Staff Qualifications and Training	V. Utilization Management	VI. Customer Services	VII. Enrollee Grievance Process	VIII. Enrollee Rights and Protections	IX. Subcontracts and Delegation	X. Provider Network	XI. Credentialing	XII. Access and Availability	XIII. Coordination of Care	XIV. Appeals	XV. Disclosure of Ownership	Overall
Region 1—NorthCare	100	100	100	100	100	100	100	100	100	100	100	94	100	89	72	98
Region 2—Northern MI	88	100	100	100	100	100	100	100	100	100	100	91	100	100	50	97
Region 3—Lakeshore	80	94	100	100	90	100	100	100	94	96	96	97	100	99	69	95
Region 4—Southwest MI	99	100	100	100	100	100	97	100	100	96	100	94	96	94	88	98
Region 5—Mid-State	100	100	100	100	100	100	100	100	88	100	67	100	100	100	59	97
Region 6—CMHPSM	100	100	100	100	100	100	98	100	100	100	100	94	100	97	72	98
Region 7—Detroit	100	100	100	100	100	100	100	98	100	100	100	97	100	100	84	99
Region 8—Oakland	98	100	100	100	100	100	98	100	100	100	96	97	100	100	81	99
Region 9—Macomb	100	100	100	100	100	100	100	100	100	100	100	97	96	100	88	99
Region 10 PIHP	94	98	100	100	94	100	88	100	88	96	83	100	100	94	66	95
Statewide Score	96	99	100	100	98	100	98	100	97	99	94	96	99	97	73	97

PIHP Compliance Scores

Compliance monitoring scores had the following ratings: scores ranging from 95 percent to 100 percent were *Excellent*, scores from 85 percent to 94 percent were *Good*, scores from 75 percent to 84 percent were *Average*, and scores of 74 percent and lower were *Poor*.

Figure A-16 presents the number of PIHPs receiving *Excellent/Good/Average/Poor* 2014–2015 compliance scores for each of the 15 standards.

Figure A-16—Number of PIHPs Receiving *Excellent/Good/Average/Poor* Compliance Scores



Results for Validation of Performance Measures

Table A-2 shows a two-year comparison of the overall statewide PIHP compliance with the MDHHS Codebook specifications for performance indicators validated by HSAG.

Table A-2—Degree of Compliance for Performance Measures							
Indicator		Percentage of PIHPs					
		Report		Not Reported		No Benefit	
		2013 – 2014	2014 – 2015	2013 – 2014	2014 – 2015	2013 – 2014	2014 – 2015
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	100%	100%	0%	0%	0%	0%
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	100%	80%	0%	20%	0%	0%
3.	The 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.	100%	90%	0%	10%	0%	0%
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	100%	100%	0%	0%	0%	0%
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	100%	100%	0%	0%	0%	0%
5.	The percent of Medicaid recipients having received PIHP managed services.	100%	100%	0%	0%	0%	0%
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	100%	100%	0%	0%	0%	0%
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	100%	100%	0%	0%	0%	0%
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	100%	100%	0%	0%	0%	0%
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	100%	90%	0%	10%	0%	0%
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	100%	100%	0%	0%	0%	0%
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	100%	100%	0%	0%	0%	0%

Table A-3 presents the statewide results for the validated performance indicators. For the 2013–2014 validation cycle, newly-formed PIHPs (Regions 2, 3, 4, 5, and 10) were not required to report performance measure rates. Therefore, statewide rates could not be calculated for that validation cycle.

Table A-3—Statewide Performance Measure Rates				
Indicator			Reported Rate	
			2013–2014	2014–2015
1.	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	Children		98.91%
		Adults		98.76%
2.	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service	MI Children		98.73%
		MI Adults		99.12%
		DD Children		98.95%
		DD Adults		99.34%
		Medicaid SA		98.91%
		Total		98.95%
3.	The 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.	MI Children		97.22%
		MI Adults		97.57%
		DD Children		98.45%
		DD Adults		97.88%
		Medicaid SA		99.45%
		Total		98.27%
4a.	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Children		98.34%
		Adults		97.77%
4b.	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.			92.69%
5.	The percent of Medicaid recipients having received PIHP managed services.			7.47%
6.	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.			97.89%
8.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MI Adults		9.56%
		DD Adults		7.63%
		MI/DD Adults		7.60%
9.	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	Adults with MI		75.48%
		Adults with DD		32.99%
		Adults With MI/DD		36.30%

Table A-3—Statewide Performance Measure Rates				
Indicator			Reported Rate	
			2013–2014	2014–2015
10.	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	Children		8.59%
		Adults		13.49%
13.	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).			18.72%
14.	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).			37.94%

Table A-4 and Table A-5 present a two-year comparison of the PIHP-specific results for the validated performance indicators. Only those regional entities that continued with their previous service area (Regions 1, 6, 7, 8, and 9) were required to report performance measure rates for the 2014–2015 validation cycle. Therefore, prior-year rates for the remaining PIHPs (Regions 2, 3, 4, 5, and 10) were not available.

**Table A-4—PIHP Performance Measure Results (Percentage Scores)
Comparison of Prior-Year (2013–2014) and Current-Year (2014–2015) Rates**

PIHP		1. Timeliness/ Inpatient Screening		2. Timeliness/First Request						3. Timeliness/First Service						4. Continuity of Care		
		Children	Adults	MI—Children	MI—Adults	DD—Children	DD—Adults	Medicaid SA	Total	MI—Children	MI—Adults	DD—Children	DD—Adults	Medicaid SA	Total	Follow-Up Care— Children	Follow-Up Care— Adults	Follow-Up Care— Detox
Region 1— NorthCare	P	100	100	97.60	98.86	100	100	96.97	97.99	96.26	94.59	94.12	100	100	95.67	93.75	100	100
	C	97.73	99.53	96.49	98.64	100	100	97.93	97.93	94.95	94.79	100	80.00	100	97.09	93.75	87.50	100
Region 2— Northern MI	P	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	C	98.63	100	99.66	99.80	100	100	96.06	98.11	98.03	99.16	100	100	100	99.36	96.55	92.91	43.66
Region 3— Lakeshore	P	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	C	94.50	96.18	99.08	98.97	100	100	99.75	99.35	97.29	98.03	100	100	96.48	97.40	96.36	98.18	95.00
Region 4— Southwest MI	P	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	C	99.47	100	98.26	99.18	100	100	100	99.07	94.16	93.63	96.30	92.59	100	95.26	100	98.62	100
Region 5— Mid-State	P	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	C	99.02	99.25	99.33	99.74	100	98.39	98.74	99.27	95.43	97.09	100	100	99.35	97.73	95.61	97.66	98.25
Region 6— CMHPSM	P	100	99.67	99.32	100	100	100	95.71	99.04	99.00	98.89	100	97.67	97.18	98.81	95.00	96.97	78.95
	C	100	100	95.00	99.50	87.50	100	96.36	97.22	99.03	99.04	100	100	96.49	98.69	97.30	97.62	78.95

**Table A-4—PIHP Performance Measure Results (Percentage Scores)
Comparison of Prior-Year (2013–2014) and Current-Year (2014–2015) Rates**

PIHP	1. Timeliness/ Inpatient Screening		2. Timeliness/First Request						3. Timeliness/First Service						4. Continuity of Care			
	Children	Adults	MI—Children	MI—Adults	DD—Children	DD—Adults	Medicaid SA	Total	MI—Children	MI—Adults	DD—Children	DD—Adults	Medicaid SA	Total	Follow-Up Care— Children	Follow-Up Care— Adults	Follow-Up Care— Detox	
Region 7— Detroit	P	100	95.65	95.94	96.77	98.97	97.10	98.95	97.55	99.15	96.59	100	100	100	98.12	99.66	98.24	92.19
	C	99.20	97.08	98.87	97.65	98.95	98.48	100	98.93	99.04	98.56	96.91	98.33	100	99.12	100	98.37	100
Region 8— Oakland	P	97.30	95.03	100	98.06	100	100	98.82	98.84	100	99.68	94.44	100	99.06	99.62	96.55	99.12	100
	C	99.14	98.59	NR	NR	NR	NR	NR	NR	99.34	99.80	100	100	99.81	99.75	96.43	96.37	100
Region 9— Macomb	P	99.75	100	98.39	97.98	95.65	100	97.64	97.82	98.15	100	96.55	92.00	100	98.28	93.94	92.43	100
	C	100	100	96.72	100	94.74	100	99.85	99.54	98.36	99.19	95.83	100	100	99.65	100	99.15	99.51
Region 10 PIHP	P	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	C	100	99.74	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	100	99.39	99.49

Note: NR indicates that the rate could not be reported, as detailed in Section 3 of this report.

Table A-5—PIHP Performance Measure Results (Percentage Scores) Comparison of Prior-Year (2013–2014) and Current-Year (2014–2015) Rates													
PIHP		5.	6.	8. Outcomes— Competitive Employment			9. Outcomes— Minimum Wage			10. Outcomes— Inpatient Recidivism		13/14. Outcomes— Private Residence	
		Penetration Rate	HSW Rate	MI—Adults	DD—Adults	MI/DD Adults	MI—Adults	DD—Adults	MI/DD Adults	Children	Adults	DD—Adults	MI—Adults
Region 1—NorthCare	P	8.39	97.03	9.78	6.85	4.39	80.12	31.93	36.59	5.56	9.52	18.18	54.98
	C	8.07	97.83	13.55	5.91	5.21	85.98	32.42	40.12	11.11	10.71	18.82	51.38
Region 2—Northern MI	P	—	—	—	—	—	—	—	—	—	—	—	—
	C	8.51	96.40	10.77	14.25	13.25	83.13	45.19	60.84	0.00	11.63	23.29	53.23
Region 3—Lakeshore	P	—	—	—	—	—	—	—	—	—	—	—	—
	C	5.80	98.26	10.70	8.79	9.21	82.66	30.69	35.34	2.78	15.13	11.16	42.15
Region 4—Southwest MI	P	—	—	—	—	—	—	—	—	—	—	—	—
	C	7.75	98.38	10.01	8.68	6.28	74.40	46.11	38.35	4.08	8.73	17.28	51.17
Region 5—Mid-State	P	—	—	—	—	—	—	—	—	—	—	—	—
	C	7.78	97.81	10.97	8.91	7.36	80.79	33.14	36.74	8.55	11.25	17.44	49.13
Region 6—CMHPSM	P	7.53	98.65	9.25	9.24	7.57	82.27	61.60	69.81	14.89	10.26	26.60	31.39
	C	7.60	97.56	12.29	9.36	7.07	78.49	56.62	63.89	13.51	10.40	27.37	29.09
Region 7—Detroit	P	7.94	96.85	4.71	1.82	2.14	62.13	13.12	32.14	14.77	16.40	22.15	22.76
	C	7.87	97.90	7.19	4.10	5.24	71.70	26.35	40.23	12.50	15.86	22.09	26.21
Region 8—Oakland	P	9.23	99.30	9.42	12.29	9.97	59.79	37.28	25.93	8.11	13.25	17.26	37.48
	C	8.95	98.61	13.06	13.14	11.36	62.06	40.55	29.96	NR	NR	18.62	35.64
Region 9—Macomb	P	6.31	99.39	7.32	5.27	4.38	73.01	36.95	28.27	10.00	22.67	15.05	34.39
	C	5.96	97.57	9.68	4.75	4.23	77.24	35.58	26.83	9.09	16.16	14.30	32.39
Region 10 PIHP	P	—	—	—	—	—	—	—	—	—	—	—	—
	C	6.72	98.52	6.82	5.10	4.02	71.09	14.52	15.74	4.76	11.20	10.37	44.94

Note: NR indicates that the rate could not be reported, as detailed in Section 3 of this report.

Results for Validation of Performance Improvement Projects

Table A-6 presents a two-year comparison of the PIHPs’ PIP validation status. Please note that the results are not fully comparable, as for the 2014–2015 validation cycle, the PIHPs had the opportunity to resubmit their PIPs with corrections for a second review before the results were final.

Validation Status	Number of PIPs	
	2013–2014	2014–2015
<i>Met</i>	8	10
<i>Partially Met</i>	2	0
<i>Not Met</i>	0	0

Table A-7 presents a two-year comparison of statewide PIP validation results, showing how many of the PIPs reviewed for each activity received *Met* scores for all evaluation or critical elements.

Validation Activity	Number of PIPs Meeting All Evaluation Elements/ Number Reviewed		Number of PIPs Meeting All Critical Elements/ Number Reviewed	
	2013–2014	2014–2015	2013–2014	2014–2015
I. Select the Study Topic	9/10	10/10	10/10	10/10
II. Define the Study Question(s)	9/10	10/10	9/10	10/10
III. Use a Representative and Generalizable Study Population	10/10	10/10	10/10	10/10
IV. Select the Study Indicator(s)	9/10	10/10	9/10	10/10
V. Use Sound Sampling Techniques*	NA	NA	NA	NA
VI. Reliably Collect Data*	8/10	10/10	NA	1/1
VII. Analyze Data and Interpret Study Results	Not Assessed	10/10	Not Assessed	10/10
VIII. Implement Intervention and Improvement Strategies	Not Assessed	9/9	Not Assessed	9/9
IX. Assess for Real Improvement	Not Assessed	Not Assessed	Not Assessed	Not Assessed
X. Assess for Sustained Improvement	Not Assessed	Not Assessed	<i>No Critical Elements</i>	<i>No Critical Elements</i>

*In 2013–2014 and 2014–2015, HSAG scored all elements for Activity V *Not Applicable* for all PIPs. In 2013–2014, HSAG also scored the critical element in Activity VI *Not Applicable* for all PIPs.

Table A-8 presents a two-year comparison of PIP validation scores for each PIHP.

Table A-8—Comparison of PIHP PIP Validation Scores						
PIHP	of All Evaluation Elements <i>Met</i>		of All Critical Elements <i>Met</i>		Validation Status	
	2013–2014	2014–2015	2013–2014	2014–2015	2013–2014	2014–2015
	Activities I–VI	Activities I–VIII	Activities I–VI	Activities I–VIII	Activities I–VI	Activities I–VIII
Region 1—NorthCare	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 2—Northern MI	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 3—Lakeshore	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 4—Southwest MI	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 5—Mid-State	73	100	80	100	<i>Partially Met</i>	<i>Met</i>
Region 6—CMHPSM	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 7—Detroit	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 8—Oakland	73	100	60	100	<i>Partially Met</i>	<i>Met</i>
Region 9—Macomb	100	100	100	100	<i>Met</i>	<i>Met</i>
Region 10 PIHP*	91	100	100	100	<i>Met</i>	<i>Met</i>

*Please note that for the 2014–2015 validation, Region 10 PIHP’s PIP was validated only for Activities I through VII.

The compliance monitoring tool appendix follows this cover page.



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Quality Monitoring (QM) Goals and Objectives <div style="text-align: right;">42 CFR 438.240 MDHHS Contract Part IIA- 7.9 Attachment P7.9.1</div>		
a. There is a written quality assessment performance improvement program (QAPIP) description.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The QAPIP description specifies an adequate organizational structure that allows for clear and appropriate administration and evaluation of the QAPIP.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Role of Beneficiaries The written QAPIP description includes a description of the role for beneficiaries. <div style="text-align: right;">Attachment P7.9.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Adopting and Communicating Process and Outcome Improvements		
<i>Attachment P7.9.1</i>		
a. The written QAPIP description includes the mechanisms or procedures used or to be used for <u>adopting</u> process and outcome improvements.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The written QAPIP description includes the mechanisms or procedures used or to be used for <u>communicating</u> process and outcome improvements.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Accountability to the Governing Body Attachment P 7.9.1		
a. The QAPIP is accountable to a Governing Body.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Responsibilities of the Governing Body for monitoring, evaluating, and making improvements to care include the following:		
b. There is documentation that the Governing Body has approved the overall <u>QAPIP Plan</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. There is documentation that the Governing Body has approved an annual <u>QI Plan</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. The Governing Body routinely receives written reports from the QAPIP.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

<p>e. The PIHP produces an Annual Effectiveness Review of the QAPIP which includes analysis of whether there have been improvements in the quality of health care and services for recipients as a result of PIHP quality assessment and improvement activities and interventions. The analysis addresses trends in service delivery and health outcomes over time and includes monitoring of progress on performance goals and objectives.</p> <p align="right">MDHHS Contract Part IIA-7.9.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>f. The Annual Effectiveness Review of the QAPIP is provided annually to network providers.</p> <p align="right">MDHHS Contract Part IIA-7.9.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Designated Senior Official There is a designated senior official responsible for the QAPIP implementation.</p> <p align="right">Attachment P 7.9.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
6. Active Participation Attachment P 7.9.1		
a. There is active participation of <u>providers</u> in the QAPIP.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. There is active participation of <u>consumers</u> in the QAPIP.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
7. Verification of Services The written description of the PIHP’s QAPIP addresses how it will verify whether services reimbursed by Medicaid were actually furnished to beneficiaries by affiliates (as applicable), providers, and subcontractors. Attachment P7.9.1		



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

<p>a. The PIHP must submit to the State for approval of its methodology for verification.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. The PIHP must annually submit its findings from this process and provide any follow up actions that were taken as a result of the findings.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>8. Data from the Behavior Treatment Committee The QAPIP quarterly reviews analyses of data from the behavior treatment review committee where intrusive or restrictive techniques have been approved for use with beneficiaries and where physical management has been used in an emergency situation. Data shall include numbers of interventions and length of time the interventions were used per person.</p> <p align="right">Attachment P7.9.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
9. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard I—Quality Assessment and Performance Improvement Program Plan and Structure

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard I					
Met	=		X	1.0	=
Substantially Met	=		X	.75	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score		=
Total Score ÷ Total Applicable					=



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Performance Measures The PIHP utilizes standardized performance measures established by the department, which, at a minimum, address: <div style="text-align: right;">42 CFR 438.240(c) Attachment P7.9.1</div>		
a. Access		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Efficiency		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Outcome		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Minimum Performance Levels Attachment P7.9.1		
a. The PIHP utilizes its QAPIP to ensure that it achieves minimum performance levels on performance indicators as established by the department.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The PIHP analyzes the causes of negative statistical outliers when they occur.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Performance Improvement Projects The PIHP’s QAPIP includes at least two affiliation-wide performance improvement projects (PIPs) during the waiver renewal period. 42 CFR 438.240(d) Attachment P7.9.1		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Review of Sentinel Events		
Attachment P7.9.1		
a. The QAPIP describes the process for the <u>review</u> of sentinel events.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The QAPIP describes the process for <u>follow-up</u> of sentinel events.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
5. Appropriate Credentials		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
Attachment P7.9.1		



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
6. Assessments of Beneficiary Experiences with Services		
Attachment P7.9.1		
a. The QAPIP includes periodic <u>qualitative</u> (e.g. focus groups) assessments of beneficiaries’ experiences with its services.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The QAPIP includes periodic <u>quantitative</u> (e.g. surveys) assessments of beneficiaries’ experiences with its services.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Assessments represent persons served and services and supports offered.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. The assessments address issues of the <u>quality</u> of care.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

e. The assessments address issues of the <u>availability</u> of care.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
f. The assessments address issues of the <u>accessibility</u> of care.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
g. As a result of the assessments, the organization <u>takes specific action</u> on individual cases as appropriate.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
h. As a result of the assessments, the organization <u>identifies and investigates</u> sources of dissatisfaction.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
i. As a result of the assessments, the organization <u>outlines systematic action steps</u> to follow- up on the findings.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
j. As a result of the assessments, the organization <u>informs</u> practitioners, providers, beneficiaries, and the Governing Body of assessment results.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

k. The organization evaluates the effects of the above activities.

- Met
- Substantially Met
- Partially Met
- Not Met
- Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>7. Consumer Inclusion The organization ensures the incorporation of consumers receiving long-term supports or services (persons receiving case management or supports coordination) into the review and analysis of the information obtained from quantitative and qualitative methods.</p> <p style="text-align: right;"><i>Attachment P7.9.1</i></p>		<ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard II—Performance Measurement and Improvement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard II						
Met	=		X	1.0	=	
Substantially Met	=		X	.75	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=				=	
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable =						



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard III—Practice Guidelines		
Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Relevant Practice Guidelines The QAPIP describes the process for the use of practice guidelines, including the following: <div style="text-align: right;">42 CFR 438.236 Attachment P7.9.1</div>		
a. Adoption process		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Development process		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Implementation		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. Continuous monitoring		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
e. Evaluation		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard III—Practice Guidelines

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Practice Guideline Development If practice guidelines are adopted, the PIHP meets the following requirements: <div style="text-align: right;">42 CFR 438.236(b)</div>		
a. Practice guidelines are based on valid and reliable clinical evidence or consensus of health care professionals.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Practice guidelines consider the <u>needs of beneficiaries</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Practice guidelines are adopted in <u>consultation</u> with contracting health care professionals.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. Practice guidelines are <u>reviewed and updated</u> periodically, as appropriate.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard III—Practice Guidelines

Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Practice Guideline Dissemination 42 CFR 438.236(c)		
a. Practice guidelines are disseminated to all affected <u>providers</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Practice guidelines are disseminated, upon request, to <u>beneficiaries</u> and potential beneficiaries.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard III—Practice Guidelines

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Application of Practice Guidelines		
42 CFR 438.236(d)		
a. Decisions for <u>utilization management</u> are consistent with the guidelines.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Decisions for <u>beneficiary education</u> are consistent with the guidelines.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Decisions for <u>coverage of services</u> are consistent with the guidelines.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard III—Practice Guidelines

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
5. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <p style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</p>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard III—Practice Guidelines

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard III							
Met	=		X	1.0	=		
Substantially Met	=		X	.75	=		
Partially Met	=		X	.50	=		
Not Met	=		X	.00	=		
Not Applicable	=						
Total Applicable	=		Total Score		=		
Total Score ÷ Total Applicable						=	



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IV—Staff Qualifications and Training

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Employed and Contracted Staff Qualifications		
<i>Attachment P7.9.1</i>		
a. The QAPIP contains written procedures to determine whether <u>physicians</u> are qualified to perform their services.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The QAPIP contains written procedures to determine whether <u>other licensed health care professionals</u> are qualified to perform their services.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. The QAPIP contains written procedures to ensure <u>non-licensed providers</u> of care or support are qualified to perform their jobs.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IV—Staff Qualifications and Training

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Staff Training The PIHP’s QAPI program for staff training includes: <div style="text-align: right;"><i>Attachment P7.9.1</i></div>		
a. Training for new personnel with regard to their responsibilities, program policy, and operating procedures		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Methods for identifying staff training needs		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. In-service training, continuing education, and staff development activities.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IV—Staff Qualifications and Training

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IV—Staff Qualifications and Training

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard IV						
Met	=		X	1.0	=	
Substantially Met	=		X	.75	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=				=	
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable =						



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Written Program Description <div style="text-align: right; font-size: small;">42 CFR 438.210(a)(4) Attachment P7.9.1</div>		
a. The PIHP has a written utilization program description that includes <u>procedures</u> to evaluate medical necessity.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The PIHP has a written utilization program description that includes the <u>criteria</u> used in making decisions.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. The PIHP has a written utilization program description that includes the process used to <u>review and approve</u> the provision of medical services.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Scope		
42 CFR 438.240(b)(3) Attachment P7.9.1		
a. The program has mechanisms to identify and correct <u>under</u> -utilization.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The program has mechanisms to identify and correct <u>over</u> -utilization.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Procedures Prospective (preauthorization), concurrent, and retrospective procedures are established and include: <div style="text-align: right;">42 CFR 438.210(b) Attachment P7.9.1</div>		
a. Review decisions are supervised by qualified medical professionals.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to treat the conditions.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Efforts are made to obtain all necessary information including pertinent clinical information and consult with treating physician as appropriate.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. The reasons for decisions are <u>clearly documented</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
e. The reasons for decisions <u>are available to the beneficiary</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

f. There are well-publicized and readily available appeals mechanisms for <u>providers</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
g. There are well-publicized and readily available appeals mechanisms for <u>beneficiaries</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
h. Notification of the denial is sent to the <u>beneficiary</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
i. Notification of the denial is sent to the <u>provider</u> .		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
j. Notification of a denial includes a description of how to file an appeal.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
k. <u>UM Decisions</u> are made in a timely manner as required by the exigencies of the situation.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

<p>l. <u>Decisions on appeals</u> are made in a timely manner as required by the exigencies of the situation.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>m. There are mechanisms to evaluate the effects of the program using data on beneficiary satisfaction, provider satisfaction, or other appropriate measures.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor.</p> <p style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</p>		
<p>a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard V—Utilization Management

Findings

Results—Standard V

Met	=		X	1.0	=	
Substantially Met	=		X	.75	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=				=	
Total Applicable	=			Total Score	=	
Total Score ÷ Total Applicable					=	



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>1. Designated Unit The PIHP has a designated unit called “Customer Services”, with a minimum of one full-time equivalent (FTE) performing the customer services function, within the customer services unit or elsewhere within the PIHP.</p> <p style="text-align: right;">MDHHS Contract Part IIA-6.3 Attachment P6.3.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>2. Phone Access</p> <p style="text-align: right;">Attachment P6.3.1</p>		
<p>a. Toll-Free Telephone Line The PIHP has a designated toll-free customer services telephone line and access to alternative telephonic communication methods (e.g., Relays, a TTY number, etc.). The customer services numbers are displayed in agency brochures and public information material.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. Live Voice The PIHP ensures that the customer services telephone line is answered by a live voice during business hours. The PIHP uses methods other than telephone menus to triage high volumes of calls and ensures that that there is a response to each call within one business day.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>3. Hours of Operation The PIHP publishes the hours of customer services unit operation and the process for accessing information from customer services outside those hours. The customer services unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays.</p> <p align="right">Attachment P6.3.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Customer Handbook The customer handbook includes:</p> <ul style="list-style-type: none"> ◆ All state-required topics as specified in the contract attachment. ◆ The date of the publication and revision(s). ◆ Names, addresses, phone numbers, TTYs, e-mails, and web addresses for affiliate CMHSPs, substance abuse coordinating agency, or network providers. ◆ Information about how to contact the Medicaid Health Plans or Medicaid fee-for-service programs in the PIHP service area (actual 		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

phone numbers and addresses may be omitted and held at the customer services office due to frequent turnover of plans and providers).

Attachment P6.3.1

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Provider Listing The customer services unit maintains a current listing of all providers, both organizations and practitioners, with whom the PIHP contracts, the services they provide, languages they speak, and any specialty for which they are known. The list includes independent PCP facilitators and identification of providers that are not accepting new patients.</p> <p style="text-align: right;">Attachment P6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Access to Information The customer services unit has access to information about the PIHP, including CMHSP affiliate annual report; current organizational chart; CMHSP board member list, meeting schedule, and minutes, that are available to be provided in a timely manner to the beneficiary upon</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

request.	Attachment P6.3.1	<input type="checkbox"/> Not Applicable
----------	-------------------	---

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
7. Assistance with Grievances and Appeals Upon request, the customer services unit assists beneficiaries with the grievance, appeals, and local dispute resolution processes and coordinates, as appropriate, with the Fair Hearing Officer and the local Office of Recipient Rights. <div style="text-align: right;">MDHHS Contract Part IIA-6.3 Attachment P6.3.1.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. Training Customer services staff receives training to welcome people to the public mental health system and to possess current working knowledge, or know where in the organization detailed information can be obtained, in at least the following areas:		



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

Attachment P6.3.1

a. Working Knowledge About:

- ◆ The populations served (serious mental illness, serious emotional disturbance, developmental disability, and substance use disorder) and eligibility criteria for various benefit plans (e.g., Medicaid, Healthy Michigan Plan, MICHild)
- ◆ Service array (including substance abuse treatment services), medical necessity requirements, and eligibility for and referral to specialty services
- ◆ Grievance and appeals, fair hearings, local dispute resolution processes, and recipient rights
- ◆ Information about and referral for Medicaid-covered services within the PIHP as well as outside to Medicaid health plans, fee-for-service practitioners, and the Department of Human Services

- Met**
- Substantially Met**
- Partially Met**
- Not Met**
- Not Applicable**

b. Knowledge Where to Obtain Information About:

- ◆ Person-centered planning
- ◆ Self-determination
- ◆ Recovery and resiliency
- ◆ Peer specialists
- ◆ Limited English proficiency and cultural competency
- ◆ The organization of the public mental health system
- ◆ Balanced Budget Act relative to the customer services functions and beneficiary rights and protections
- ◆ Community resources (e.g., advocacy organizations, housing options, schools, public health agencies)
- ◆ Public Health Code (for substance abuse treatment recipients if not delegated to the substance abuse coordinating agency)

- Met**
- Substantially Met**
- Partially Met**
- Not Met**
- Not Applicable**



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
9. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VI—Customer Services

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard VI						
Met	=		X	1.0	=	
Substantially Met	=		X	.75	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score	=		



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Total Score ÷ Total Applicable

=



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>1. General Requirement The PIHP has a grievance process in place for enrollees.</p> <p align="right">42 CFR 438.402 MDHHS Contract Part II A-6.3.1 AttachmentP6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>2. Information to Enrollees The PIHP provides enrollees with information about the grievances, procedures, and timeframes that include:</p> <ul style="list-style-type: none"> ◆ The right to file grievances; ◆ The requirements and timeframes for filing a grievance; ◆ The availability of assistance in the filing process; and ◆ The toll-free numbers that the enrollee can use to file a grievance by phone. <p align="right">42 CFR 438.10(g)(1) MDHHS Contract Part II A-6.3.1 Attachment P6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>3. Information to Subcontractors and Providers The PIHP provides information about the grievance system to all providers and subcontractors at the time they enter into a contract. The information includes:</p> <ul style="list-style-type: none"> ◆ The right to file grievances; ◆ The requirement and timeframes for filing a grievance; ◆ The availability of assistance in the filing process; and ◆ The toll-free numbers that the enrollee can use to file a grievance by phone. <p align="right">42 CFR 438.414 42 CFR 438.10(g)(1) MDHHS Contract Part II A-7.0</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Method for Filing Grievance procedures allow the enrollee to file a grievance either orally or in writing.</p> <p align="right">42 CFR 438.402(b)(3)(1)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Providing Assistance In handling grievances, the PIHP gives enrollees reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.</p> <p align="right">42 CFR 438.406(a)(7) Attachment P6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Process for Handling Grievances Customer Services or the Recipient Rights Office performs the following functions:</p> <p align="right">42 CFR 438.406(a)(3)(i) and (ii) 42 CFR 438.408(a) 42 CFR 438.408(d)(1) Attachment P6.3.1.1</p>		



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

<p>a. Logs the receipt of the verbal or written grievance for reporting to the PIHP QI Program.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. Determines whether the grievance is more appropriately an enrollee rights complaint, and if so, refers the grievance, with the beneficiary’s permission, to the Office of Recipient Rights.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>c. Acknowledges to the beneficiary the receipt of the grievance.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>d. Submits the written grievance to appropriate staff, including a PIHP administrator with the authority to require corrective action and none of whom shall have been involved in the initial determination.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>e. For grievances regarding denial of expedited resolution of an appeal and for a grievance that involves clinical issues, the grievance is reviewed by health care professionals who have the appropriate clinical expertise in treating the enrollee’s condition or disease.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>f. Facilitates resolution of the grievance as expeditiously as the enrollee’s health condition requires, but no later than 60 calendar days of receipt of the grievance.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

g. Provides a written disposition within 60 calendar days of the PIHP’s receipt of the grievance to the customer, guardian, or parent of a minor child.

The content of the notice of disposition includes:

- ◆ The results of the grievance process;
- ◆ The date the grievance process was conducted;
- ◆ The beneficiary’s right to request a fair hearing if the notice is more than 60 calendar days from the date of the request for a grievance; and
- ◆ How to access the fair hearing process.

- Met**
- Substantially Met**
- Partially Met**
- Not Met**
- Not Applicable**

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
7. Recordkeeping The PIHP maintains records of grievances. <div align="right"> 42 CFR 438.416 MDHHS Contract Part II A-6.3.1 Attachment P6.3.1.1 </div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VII—Enrollee Grievance Process

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard VII					
Met	=		X	1.0	=
Substantially Met	=		X	.75	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score	=	
Total Score ÷ Total Applicable		=			



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Written Policies <div style="text-align: right;">42 CFR 438.100 (a)(1) 42 CFR 438.100(a)(2)</div>		
a. The PIHP has written policies regarding enrollee rights.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The PIHP has processes to ensure that its staff and affiliated providers take those rights into account when furnishing services to enrollees.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>2. Information Requirements—Manner and Format A enrollee has the right to receive information in accordance with the following:</p> <p align="right">42 CFR 438.100(b)(2)</p>		
<p>a. The PIHP ensures that enrollees have the right to receive informational materials and instructional materials relating to them in a manner and format that may be easily understood.</p> <p>Informative materials intended to be distributed through written or other media to beneficiaries or the broader community that describe the availability of covered services and supports and how to access are written at the fourth-grade reading level when possible. (Note: In some instances, it is necessary to include information about medications, diagnoses, and conditions that does not meet the fourth-grade level criteria.)</p> <p align="right">42 CFR 438.10(b) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. The PIHP makes its written information available in the prevalent, non-English languages in its service area.</p> <p align="right">42 CFR 438.10(c)(3) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>c. The PIHP makes oral interpretation services available free of charge to its enrollees and potential enrollees for all non-English languages.</p> <p align="right">42 CFR 438.10(c) (4) MDHHS Contract Part II A-6.3.2 LEP Policy Guidance (Executive Order 13166 of August 11, 2002) Federal Register Vol 65, August 16, 2002.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

<p>d. The PIHP notifies its enrollees that <u>oral interpretation</u> is available for any language.</p> <p align="right">42 CFR 438.10(c)(5)(i and ii) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>e. The PIHP notifies its enrollees that <u>written information</u> is available in prevalent languages.</p> <p align="right">42 CFR 438.10(c)(5)(i and ii) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>f. The PIHP notifies its enrollees that written information is available about how to <u>access</u> those services.</p> <p align="right">42 CFR 438.10(c)(5)(i and ii) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>g. Written material must be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually impaired or have limited reading proficiency.</p> <p align="right">42 CFR 438.10(d)(1)(ii), MDHHS Contract Part II A-6.3.2 Americans with Disabilities Act (ADA)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>h. Enrollees and potential enrollees are <u>informed</u> that information is available in alternative formats.</p> <p align="right">42 CFR 438.10(d)(2) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

i. Enrollees and potential enrollees are informed about how to access those formats.

42 CFR 438.10(d)(2)
MDHHS Contract Part II A-6.3.2

- Met
- Substantially Met
- Partially Met
- Not Met
- Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>3. General Information for All Enrollees Information is made available to PIHP enrollees within a reasonable time after PIHP enrollment, including:</p> <p align="right">42 CFR 438.10(f)(3)</p>		
<p>a. A listing of contracted providers that identifies provider name, locations, telephone numbers, any non-English languages spoken, and whether they are accepting new patients. The listing is available in the format preferred by the beneficiary: written paper copy or on-line.</p> <p align="right">MDHHS Contract Part II A-6.3.2</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. Any restrictions on the enrollee’s freedom of choice among network providers.</p> <p align="right">42 CFR 438.10(f)(6)(ii) MDHHS Contract Part II A-6.3.2</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

<p>c. Grievance, appeal, and fair hearing procedures and timeframes that include:</p> <ul style="list-style-type: none"> ◆ The right to a state fair hearing; ◆ The method for obtaining a hearing; ◆ The rules that govern representation at the hearing; ◆ The right to file grievances and appeals; ◆ The requirements and timeframes for filing a grievance or appeal; ◆ The availability of assistance in the filing process; ◆ The toll-free numbers that the beneficiary can use to file a grievance or an appeal by phone; ◆ The fact that when requested by the beneficiary, benefits will continue if the beneficiary files an appeal or a request for State fair hearing within the timeframes specified and that the beneficiary may be required to pay the cost of services furnished while the appeal is pending, if the final decision is adverse to the beneficiary; and ◆ Any appeal rights that the State chooses to make available to providers to challenge the failure to cover a service. <p style="text-align: right;">42 CFR 438.10(g)(1)(vi)(A) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>d. The amount, duration, and scope of benefits available under the contract in sufficient detail to ensure that enrollees understand the benefits to which they are entitled.</p> <p style="text-align: right;">42 CFR 438.10(f)(6)(v) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

<p>e. Procedures for obtaining benefits, including authorization requirements.</p> <p style="text-align: right;">42 CFR 438.10(f)(6)(vi) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>f. The extent to which, and how, enrollees may obtain benefits from out-of-network providers.</p> <p style="text-align: right;">42 CFR 438.10(f)(6)(vii) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>g. The extent to which, and how, after-hours and emergency coverage is provided, including:</p> <ul style="list-style-type: none"> ◆ What constitutes emergency medical condition, emergency services, and post-stabilization services; ◆ The fact that prior authorization is not required for emergency services; ◆ The process and procedures for obtaining emergency services, including use of the 911 telephone system or its local equivalent; ◆ The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services and post-stabilization services covered under the contract; and ◆ The fact that, subject to these provisions, the enrollee has the right to use any hospital or other setting for emergency care. <p style="text-align: right;">42 CFR 438.10(f)(6)(viii) Attachment 6.3.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

<p>h. Cost sharing, if any.</p> <p align="right">42 CFR 438.10(f)(6)(xi)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>i. How and where to access any benefits that are available under the State plan but are not covered under the contract, including any cost sharing and how transportation is provided.</p> <p align="right">42 CFR 438.10 (e)(2)(ii)(E)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>j. The PIHP provides adult enrollees with written information on advance directives policies, and include a description of applicable State law. The information reflects changes in State law as soon as possible, but not later than 90 days after the effective date of the change.</p> <p align="right">42 CFR 438.10(g)(2), 42 CFR 438.6(i) MDHHS Contract Part II A-7.10.5</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>k. The PIHP provides to the beneficiary annually (e.g., at the time of person-centered planning) the estimated cost to the PIHP of each covered support and service he or she is receiving.</p> <p align="right">MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>l. Additional information that is available upon request, including information on the structure and operation of the PIHP and physician incentive plans in use by the PIHP or network providers.</p> <p align="right">42 CFR 438.10(g)(3)(i) 42 CFR 438.6(h) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Written Notice of Significant Change The PIHP gives each enrollee written notice of any significant change, as defined by the State, in any of the general information (3 a–1), including change in its provider network (e.g., addition of new providers and planned termination of existing providers).</p> <p style="text-align: right;">42 CFR 438.10(f)(4) MDHHS Contract Part II A-6.3.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Notice of Termination of Providers</p> <p style="text-align: right;">42 CFR 438.10(f)(5) MDHHS Contract Part II A-6.3.2</p>		
<p>a. The PIHP makes a good faith effort to give <u>written notice</u> of termination of a contracted provider to each enrollee who received his or her primary care from, or was seen on a regular basis by, the terminated provider.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

b. The PIHP makes a good faith effort to give written notice of termination of a contracted provider within 15 days after receipt or issuance of the termination notice.

- Met
- Substantially Met
- Partially Met
- Not Met
- Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
6. Right to Request and Obtain Information		
42 CFR 438.10(f)(2) Attachment 6.3.1		
a. The PIHP (or State) notifies all enrollees of their right to, at least once a year request and obtain information about enrollee rights and protections.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. This information includes the information described in 3 a-1 on the previous pages.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>7. Right to Be Treated with Dignity and Respect PIHP enrollee rights policies and enrollee materials include the enrollee’s right to be treated with respect and with due consideration for his or her dignity and privacy.</p> <p align="right">42 CFR 438.100(b)(1)(2)(ii) Attachment 6.3.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>8. Right to Receive Information on Treatment Options PIHP enrollee rights policies and enrollee materials include the enrollee’s right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee’s condition and ability to understand.</p> <p align="right">42 CFR 438.100(b)(2)(iii)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>9. Provider-Enrollee Communication The PIHP does not prohibit, or otherwise restrict, a health care professional acting within the lawful scope of practice, from advising or advocating on behalf of a enrollee who is his or her patient, for the following:</p> <ul style="list-style-type: none"> ◆ The enrollee’s health status, medical care, or treatment options, including any alternative treatment that may be self-administered; ◆ Any information the enrollee needs in order to decide among all relevant treatment options; ◆ The risks, benefits, and consequences of treatment or nontreatment; and ◆ The enrollee’s right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions. <p style="text-align: right;">42 CFR 438.102(a)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>10. Services Not Covered on Moral/Religious Basis A PIHP not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on moral or religious grounds must furnish information about the services it does not cover as follows:</p> <ul style="list-style-type: none"> ◆ To the State, with its application for a Medicaid contract, and whenever it adopts the policy during the term of the contract; ◆ To potential enrollees, before and during enrollment; and ◆ To enrollees, within 90 days after adopting the policy with respect to any particular service, with the overriding rule to furnish the information at least 30 days before the effective date of the policy. (The PIHP does not have to include how and where to obtain the services.) <p align="right">42 CFR 438.102(a)(2)(b)(1)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>11. Right to Participate The PIHP policies provide the enrollee the right to participate in decisions regarding his or her health care, including the right to refuse treatment.</p> <p align="right">42 CFR 438,100(b)(2)(iv)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>12. Free of Restraint/Seclusion The PIHP policies and enrollee materials provide enrollees the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.</p> <p align="right">42 CFR 438.100(b)(2)(v) Attachment P1.4.1 Attachment 6.3.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
13. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard VIII—Enrollee Rights and Protections

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard VIII					
Met	=		X	1.0	=
Substantially Met	=		X	.75	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score	=	
Total Score ÷ Total Applicable		=			



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IX—Subcontracts and Delegation

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Predelegation Assessment Prior to entering into delegation subcontracts or agreements, the PIHP evaluates the proposed subcontractor’s ability to perform the activities to be delegated. <div style="text-align: right;">42 CFR 438.230(b)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Written Agreements The PIHP has a written agreement with each delegated subcontractor. <div style="text-align: right;">42 CFR 438.230(b)(2)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IX—Subcontracts and Delegation

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Content of Agreement—Activities The written agreement specifies the activities delegated to the subcontractor. <div align="right">42 42 CFR 438.230(b)(2)(i) MDHHS Contract Part I-38.0</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Content of Agreement—Reports The written agreement specifies the report responsibilities delegated to the subcontractor. <div align="right">42 42 CFR 438.230(b)(2)(i) MDHHS Contract Part I-38.0</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IX—Subcontracts and Delegation

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Content of Agreement—Revocation/Sanctions The written agreement includes provisions for revoking delegation or imposing other sanctions if the subcontractor’s performance is inadequate.</p> <p style="text-align: right;">42 42 CFR 438.230(b)(2)(ii)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Monitoring of Delegates The PIHP annually monitors affiliates, as applicable, and provider networks who perform delegated functions to assure quality and performance with the standards in the Quality Assessment and Performance Improvement Technical Requirement (PIHP Contract Attachment P7.9.1).</p> <p style="text-align: right;">42 42 CFR 438.230(b)(3) MDHHS Contract Part I-38.0</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard IX—Subcontracts and Delegation

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
7. Corrective Action If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action. <div align="right">42 CFR 438.230(b)(4)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
8. PIHP Oversight The PIHP must review and follow up on any provider network monitoring of its subcontractors. <div align="right">MDHHS Contract Part I-38.0 Attachment P7.9.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Results—Standard IX						
Met	=		X	1.0	=	
Substantially Met	=		X	.75	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=				=	
Total Applicable	=			Total Score	=	
Total Score ÷ Total Applicable					=	



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Provider Written Agreements The PIHP maintains a network of providers supported by written agreements. <div align="right">42 CFR 438.206(b)(1)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Sufficiency of Agreements Written agreements provide adequate access to all services covered under the contract. <div align="right">42 CFR 438.206(b)(1)</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Content of Agreements Written agreements ensure that beneficiaries are not held liable when the PIHP does not pay the health care provider furnishing services under the contract. 42 CFR 438.106(b)(2)		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Content of Agreements Written agreements ensure that beneficiaries are not held liable for payment of covered services furnished under the contract if those payments are in excess of the amount that the beneficiary would owe if the PIHP provided the service directly. 42 CFR 438.106(c) MDHHS Contract Part II A-7.8.2.2		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Delivery Network In establishing and maintaining the network, the PIHP considers: anticipated Medicaid enrollment, expected utilization, numbers and types of providers required, number of network providers who are not accepting new beneficiaries, geographic location of providers and beneficiaries, distance, travel time, and transportation availability, including physical access for beneficiaries with disabilities.</p> <p align="right">438.206(b)(1)(i-v)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Reason For Decision To Decline If the PIHP declines to include individual providers or groups of providers in its network, it gives the affected providers written notice of the reason for its decision.</p> <p align="right">42 CFR 438.12 MDHHS Contract Part I-37.0 Attachment P7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>7. Network Changes The PIHP notifies MDHHS within seven days of any significant changes to the provider network composition that affect adequate capacity and services.</p> <p align="right">42 CFR 438.207(c)(2) MDHHS Contract Part II A-3.2 Attachment P7.7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>8. Out-Of-Network Services If a necessary service covered under the contract is unavailable within the network, the PIHP adequately and timely covers the service out of network for as long as the PIHP is unable to provide it.</p> <p align="right">438.206(b)(4) MDHHS Contract Part II A-4.10</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>9. Requirements Related to Payment The PIHP requires out-of-network providers to coordinate with the PIHP regarding payment and ensures that any cost to the beneficiary is no greater than it would be if the services were furnished within the network.</p> <p align="right">438.206(b)(5) MDHHS Contract Part II A-4.10</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>10. Second Opinion The PIHP provides for a second opinion from a qualified health care professional within the network or arranges for the beneficiary to obtain one outside the network at no cost to the beneficiary.</p> <p align="right">438.206(b)(3) MDHHS Contract Part II A-4.9</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
11. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div align="right">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard X—Provider Network

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard X					
Met	=	X	1.0	=	
Substantially Met	=	X	.75	=	
Partially Met	=	X	.50	=	
Not Met	=	X	.00	=	
Not Applicable	=				
Total Applicable	=		Total Score	=	
Total Score ÷ Total Applicable				=	



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>1. Credentialing The PIHP follows a documented process consistent with State policy for credentialing and recredentialing of providers who are employed by or have signed contracts or participation agreements with the PIHP.</p> <p align="right">42 CFR 438.214(b)(2) MDHHS Part II A-7.1 Attachment P7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>2. Provider Discrimination The PIHP has processes to ensure:</p> <ul style="list-style-type: none"> ◆ That the credentialing and recredentialing processes do not discriminate against: <ul style="list-style-type: none"> ▪ A health care professional solely on the basis of license, registration, or certification. ▪ A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment. <p align="right">42 CFR 438.12 and 438.214(c) Attachment P7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XI—Credentialing

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>3. Retain Rights for Provider Selection The PIHP is responsible for oversight regarding delegated credentialing or re-credentialing decisions. If the PIHP delegates to another entity any of the responsibilities of credentialing/recredentialing or selection of providers, it must retain the right to approve, suspend, or terminate providers from participation in Medicaid funded services.</p> <p style="text-align: right;">Attachment P7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XI—Credentialing

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XI—Credentialing

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard XI					
Met	=		X	1.0	=
Substantially Met	=		X	.75	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score	=	
Total Score ÷ Total Applicable =					



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XII—Access And Availability

Findings were derived from the Michigan Mission-Based Performance Indicator System—Access Domain, Indicators 1 through 4.b. MDHHS provided data directly to HSAG for April–December 2014. The PIHP’s performance was evaluated and scored based on data across the reported quarters.

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>Access Standards—Preadmission Reports</p> <p>The PIHP reports its performance on the standards in accordance with PIHP reporting requirements for Medicaid specialty supports and services beneficiaries.</p> <p align="right">MDHHS Contract Part II A-4.1 Attachment P7.7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<p>1. Access Standards—Preadmission Screening</p> <p>The PIHP ensures that 95 percent of children and adults receive a preadmission screening for psychiatric inpatient care within three hours.</p>		
<p>a. Children</p>		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
<p>b. Adult</p>		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XII—Access And Availability

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Access Standards—Face-to-Face Assessment The PIHP ensures that 95 percent of new beneficiaries receive a face-to-face assessment with a professional within 14 days of a nonemergency request for service.		
a. Children		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
b. Adult		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
c. Developmentally Disabled—Children		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
d. Developmentally Disabled—Adult		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
e. Substance Abuse		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XII—Access And Availability

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Access Standards—Ongoing Services The PIHP ensures that 95 percent of new beneficiaries start needed, ongoing service within 14 days of a nonemergent assessment with a professional.		
a. Mentally Ill—Children		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
b. Mentally Ill—Adult		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
c. Developmentally Disabled—Children		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
d. Developmentally Disabled—Adult		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
e. Substance Abuse		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XII—Access And Availability

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Access Standards—Follow-up Care After Discharge/Inpatient The PIHP ensures that 95 percent of beneficiaries discharged from a psychiatric inpatient unit are seen for follow-up care within seven days.		
a. Children		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met
b. Adults		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
5. Access Standards—Follow-up After Discharge/Detox The PIHP ensures that 95 percent of beneficiaries discharged from a substance abuse detoxification unit are seen for follow-up care within seven days.		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XII—Access And Availability

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Providers Required to Meet Access Standards The PIHP requires its providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services.</p> <p align="right">438.206(c) MDHHS Contract Part II A-4.1 Attachment P4.1.1 Attachment P7.7.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>7. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor.</p> <p align="right">42CFR 438.230 MDHHS Contract Part I-38.0</p>		

<p>a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
---	--	---

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XII—Access And Availability

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Results—Standard XII							
Met	=		X	1.0	=		
Substantially Met	=		X	.75	=		
Partially Met	=		X	.50	=		
Not Met	=		X	.00	=		
Not Applicable	=				=		
Total Applicable	=			Total Score	=		
Total Score ÷ Total Applicable						=	



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIII—Coordination of Care

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Coordination Procedures/Primary Care Providers The PIHP has procedures to ensure that coordination occurs between primary care physicians and the PIHP and/or its network. MDHHS Contract Part II A-7.4		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Coordination With Other MCOs and PIHPs PIHP procedures ensure that the services the PIHP furnishes to the beneficiary are coordinated with the services the beneficiary receives from other MCOs and PIHPs. 438.208(b)(2) MDHHS Contract Part II A-1.3 MDHHS Contract Part II A 7.2 – 7.4		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIII—Coordination of Care

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>3. Results of Assessments Shared With MCOs and PIHPs PIHP procedures ensure that results of beneficiary assessments performed by the PIHP are shared with other MCOs and PIHPs serving the beneficiary in order to prevent duplication of services.</p> <p align="right">438.208(b)(3) MDHHS Contract Part II A 7.2 – 7.4</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Coordination Agreements The PIHP has a written, functioning coordination agreement with each MHP serving any part of the PIHP’s service area. At a minimum, these arrangements must address integration of physical and mental health plans.</p> <p align="right">MDHHS Contract Part II A-7.3 Attachment P7.3.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIII—Coordination of Care

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
5. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. 42CFR 438.230 MDHHS Contract Part I-38.0		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIII—Coordination of Care

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard XIII						
Met	=		X	1.0	=	
Substantially Met	=		X	.75	=	
Partially Met	=		X	.50	=	
Not Met	=		X	.00	=	
Not Applicable	=					
Total Applicable	=		Total Score		=	
Total Score ÷ Total Applicable =						



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
1. Appeals The PIHP has internal appeals procedures that address: <div style="text-align: right;">42 CFR 438.402 MDHHS Contract Part II A-6.3.1 Attachment P 6.3.1.1</div>		
a. The beneficiary’s right to a State fair hearing.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. The method for a beneficiary to obtain a hearing.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. The beneficiary’s right to file appeals.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
d. The requirements and time frames for filing appeals.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
2. Local Appeals Process In handling appeals, the PIHP meets the following requirements:		
a. Acknowledges receipt of each appeal. <div align="right">42 CFR 438.406(a)(2), (c)(1) Attachment P 6.3.1.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
b. Ensures that oral inquiries seeking to appeal an action are treated as appeals in order to establish the earliest possible filing date. <div align="right">42 CFR 438.406(b)(1) Attachment P 6.3.1.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
c. Maintains a log of all requests for appeals and reports data to the PIHP quality assessment/performance improvement program. <div align="right">Attachment P 6.3.1.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>3. Expedited Process The PIHP has an expedited review process for appeals when the PIHP determines (from a request from the beneficiary) or the provider indicates (in making the request on the beneficiary’s behalf or supporting the beneficiary’s request) that taking the time for a standard resolution could seriously jeopardize the beneficiary’s life or health or ability to attain, maintain, or regain maximum function.</p> <p align="right">42 CFR 438.410(a) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>4. Individuals Making Decisions—Not Previously Involved The PIHP ensures that individuals who make decisions on appeals are individuals who were not involved in any previous level of review or decision-making.</p> <p align="right">42 CFR 438.406(a)(3)(i) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Individuals Making Decisions—Clinical Expertise The PIHP ensures that individuals who make decisions on appeals have the appropriate clinical expertise in treating the beneficiary’s condition or disease when deciding any of the following:</p> <ul style="list-style-type: none"> ◆ An appeal of a denial that is based on lack of medical necessity ◆ An appeal that involves clinical issues <p style="text-align: right;">42 CFR 438.406(a)(3)(ii) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>6. Right to Examine Records The appeals process provides the beneficiary and his or her representative the opportunity, before and during the appeals process, to examine the beneficiary’s case file, including medical records and any other documents and records considered during the appeals process.</p> <p style="text-align: right;">42 CFR 438.406(b)(3)(ii)</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>7. Notice of Disposition The PIHP provides written notice of the results of a standard resolution as expeditiously as the beneficiary’s health condition requires, but no later than 45 calendar days from the day the PIHP received the request for a standard appeal and no later than three working days after the PIHP received a request for an expedited resolution of the appeal.</p> <p style="text-align: right;">42 CFR 438.408(b) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>8. Notice of Disposition The notice of disposition includes an explanation of the results of the resolution and the date it was completed.</p> <p style="text-align: right;">42 CFR 438.408(e) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>9. Appeals Not Resolved in Favor of Beneficiary When the appeal is not resolved wholly in favor of the beneficiary, the notice of disposition includes:</p> <ul style="list-style-type: none"> ◆ The right to request a State fair hearing. ◆ How to request a State fair hearing. ◆ The right to request to receive benefits while the State fair hearing is pending, if requested within 12 days of the PIHP mailing the notice of disposition, and how to make the request. ◆ The fact that the beneficiary may be held liable for the cost of those benefits if the hearing decision upholds the PIHP's action. <p align="right">42 CFR 438.408(e)(2) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>10. Denial of a Request for Expedited Resolution of an Appeal If a request for expedited resolution of an appeal is denied, the PIHP:</p> <ul style="list-style-type: none"> ◆ Transfers the appeal to the time frame for standard resolution (i.e., no longer than 45 days from the date the PIHP received the appeal). ◆ Makes reasonable efforts to give the beneficiary prompt oral notice of the denial. ◆ Gives the beneficiary follow-up written notice within two calendar days. <p align="right">42 CFR 438.410(c) Attachment P 6.3.1.1</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
11. Delegation The PIHP oversees and is accountable for any functions it delegates to any subcontractor. <div style="text-align: right;">42CFR 438.230 MDHHS Contract Part I-38.0</div>		
a. There is a written agreement that specifies the activities and report responsibilities designated to the subcontractor.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XIV—Appeals

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard XIV					
Met	=		X	1.0	=
Substantially Met	=		X	.75	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score	=	
Total Score ÷ Total Applicable		=			



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

Federal regulations require PIHPs to disclose information about individuals with ownership or control interests in the PIHP. These regulations also require the PIHP to identify and report any additional ownership or control interests for those individuals in other entities, as well as identifying when any of the individuals with ownership or control interests have spousal, parent-child, or sibling relationships with each other. The PIHP shall comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. §455.104-106. In addition, the PIHP shall ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment, or services provided under the Medicaid agreement require compliance with 42 C.F.R. §455.104-106. (MDHHS Contract, Part I, 34.0.)

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>1. Disclosure of Ownership, Controlling Interest and Management Statement and Attestation of Criminal Convictions, Sanctions, Exclusions, Debarment or Termination</p> <p>The PIHP ensures that its providers and contractors submit full disclosures identified in 42 CFR Part 455 Subpart B. Disclosures include:</p> <ul style="list-style-type: none"> ◆ Name and address of any person (individual or corporation) with an ownership or control interest in the disclosing entity. The address for corporate entities must include primary business address, every business location, and P.O. Box location. ◆ Date of birth and Social Security number of each person with an ownership or control interest in the disclosing entity. ◆ Other tax identification number (in the case of a corporation) with an ownership or control interest in the disclosing entity or in any subcontractor in which the disclosing entity has a five percent or more interest. ◆ Whether the person (individual or corporation) with an ownership or control interest in the disclosing entity is related to another person with an ownership or control interest in the disclosing entity as a spouse, parent, child, or sibling or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child, or sibling. 		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

- ◆ The name of any other disclosing entity in which an owner of the disclosing entity has an ownership or control interest.
- ◆ The name, address, date of birth, and Social Security number of any managing employee of the disclosing entity.
- ◆ The identity of any individual who has an ownership or control interest in the provider, or is an agent or managing employee of the provider and has been convicted of a criminal offense related to that person’s involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.

42 CFR 455.104
 42 CFR 455.106

MDHHS Contract Part I, 34.0–34.1

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>2. Time of disclosure The PIHP has a process to obtain disclosure from its providers/contractors at any of the following times:</p> <ul style="list-style-type: none"> ◆ When the provider submits a provider application. ◆ Upon execution of the provider agreement. ◆ During recredentialing or re-contracting ◆ Within 35 days of any change in ownership of a disclosing entity. <p align="right">42 CFR 455.104 MDHHS Contract Part I-34.2</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
3. Monitoring Provider Networks The PIHP must search the OIG exclusions database monthly to capture exclusions since the last search and at any time providers submit new disclosure information. <div style="text-align: right;">MDHHS Contract Part I-34.1</div>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
4. Reporting Criminal Convictions The PIHP has a policy and process to identify and notify the MDHHS BHDDA Division of Program Development, Consultation and Contracts when any disclosures are made by providers with regard to: <div style="text-align: right;"> 42 CFR 1001.1001 42 CFR 455.106 MDHHS Contract Part I-34.2 </div>		



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

<p>a. The ownership or control by a person that has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable
<p>b. Any staff member, director, or manager of the PIHP, individual with beneficial ownership of five percent or more, or an individual with an employment, consulting or other arrangement with PIHP has been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1)(2), or (3) of the Social Security Act, or that have had civil money penalties or assessments imposed under section 1128A of the Act.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
<p>5. Delegation and Oversight The PIHP oversees and is accountable for any functions it delegates to any subcontractor.</p> <p align="right">42 CFR 438.230 MDHHS Contract Part I-38.0</p>		
<p>a. There is a written agreement with each provider entity that specifies the activities and report responsibilities delegated to the subcontractor, including contract language that requires the provider entity to disclose to the PIHP any criminal convictions described under 1128 (a) and 1128 (b)(1)(2), or (3) of the Act, or that have had</p>		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

civil monetary penalties or assessments imposed under section 1128 A of the Act.

Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
b. The PIHP monitors the subcontractor’s performance on an ongoing basis and subjects it to formal review according to a periodic schedule established by the State, consistent with industry standards or State MCO laws and regulations.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Requirement	Evidence/Documentation as Submitted by the PIHP	Score
c. Corrective Action If the PIHP identifies deficiencies or areas for improvement, the PIHP and the subcontractor take corrective action.		<input type="checkbox"/> Met <input type="checkbox"/> Substantially Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable



Appendix B: 2014–2015 Documentation Request and Evaluation Tool
Michigan Department of Health and Human Services (MDHHS)
Prepaid Inpatient Health Plans (PIHPs)
for <PIHP Name>

Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

PIHP Narrative: Provide a Description of the Process/Describe How the Documents Submitted Demonstrate Compliance With the Requirement

Findings

Results—Standard XV					
Met	=		X	1.0	=
Substantially Met	=		X	.75	=
Partially Met	=		X	.50	=
Not Met	=		X	.00	=
Not Applicable	=				
Total Applicable	=		Total Score		=
Total Score ÷ Total Applicable					=

Appendix C. Performance Measure Validation Tools

The performance measure validation tools follow this cover page.

The PIHPs were given the Information Systems Capabilities Assessment Tool (ISCAT) to complete and submit as a part of the performance measure validation process. A modified, abbreviated version of the ISCAT (the mini-ISCAT) was submitted by the CMHSPs.

**Appendix C: Michigan Department of Community Health
 Information Systems Capabilities Assessment Tool (ISCAT)
 for
 Prepaid Inpatient Health Plans (PIHPs)**

I. GENERAL INFORMATION

Please provide the following general information:

Note: When completing this ISCAT, answer the questions in the context of the performance indicators reported to MDCH and the QI and encounter data submitted to MDCH only. If a question does not apply whatsoever to the performance indicator calculation and reporting, QI data, or encounter data submission, enter an N/A response. Community Mental Health Service Provider (CMHSP) or a Managed Comprehensive Provider Network (MCPN) should be considered a subcontractor.

A. Contact Information

Please insert (or verify the accuracy of) the PIHP identification information below, including the PIHP name, PIHP contact name and title, mailing address, telephone and fax numbers, and e-mail address, if applicable.

PIHP Name: _____	
Mailing Address: _____	
PMV Contact Name and Title: _____	
PMV Contact E-Mail Address: _____	
PMV Contact Phone Number: _____	PMV Contact Fax Number: _____
Chief Information Officer (CIO) Name and Title: _____	
CIO Phone Number: _____	
CIO E-Mail Address: _____	

I. GENERAL INFORMATION

B. PIHP Model Type

Please indicate model type (if other, please specify):

- PIHP – stand alone
- PIHP – multiple CMHSPs
- PIHP – MCPN Network
- PIHP – other (describe): _____

PIHP Structure

Please indicate general structure (if other, please specify):

- Centralized (All information system functions are performed by the PIHP)
- Mixed (Some information system functions are delegated to other entities)
- Delegated (All information system functions are delegated to other entities)
- Other (describe): _____

C. Please provide a brief narrative description of any changes that were made to your organization within the last year, including organization structure, information systems, key staff, or other significant changes: _____

D. Unduplicated Count of Medicaid Consumers Receiving Services as of:

October 2013	_____	June 2014	_____
November 2013	_____	July 2014	_____
December 2013	_____	August 2014	_____
January 2014	_____	September 2014	_____
February 2014	_____	October 2014	_____
March 2014	_____	November 2014	_____
April 2014	_____	December 2014	_____
May 2014	_____		

E. Has your organization ever undergone a formal IS capabilities assessment (other than the performance measure validation activity performed by the EQRO)? A formal IS capabilities assessment must have been performed by an external reviewer.

Note: CARF/JCHO reviews would not apply as they do not get to the level of detail necessary to meet CMS protocols.

- Yes No

If yes, who performed the assessment? _____ When was the assessment completed? _____

I. GENERAL INFORMATION

- F. In an attachment to the ISCAT, please describe how your PIHP's data process flow is configured for its entire network. Label as Attachment 8.**

This will likely require a multi-dimensional presentation and data flow chart. Please include any IS functions that have been delegated downstream to the Community Mental Health Service Providers (CMHSPs), MCPNs (if applicable), , and sub-panel contract agencies of CMHSPs. Identify which entity-level is responsible for which kind of data collection and submission, which entity has overall data validation responsibilities, and the data validation process involved. A typical response should generally be a two-to-three-page write-up, with some graphical flow charts attached. This description will help immensely with the reviewers' understanding of your PIHP and will help make the validation process run smoothly and efficiently.

- G. Please provide a brief summary of your PIHP's experience in working with the state CHAMPS system in the past year, including any challenges your PIHP has faced related to data reporting/data acquisition through CHAMPS. _____**

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL

1. What database management system (DBMS) or systems does your organization use to store Medicaid claims and encounter (service) data?

2. How would you characterize this/these DBMSs? (Check all that apply.)

- Relational
- Hierarchical
- Indexed
- Other
- Network
- Flat File
- Proprietary
- Don't Know

3. Into what DBMS(s), if any, do you extract relevant Medicaid encounter/service/eligibility detail for analytic reporting purposes?

4. How would you characterize this/these DBMS(s)? (Check all that apply.)

- Relational
- Hierarchical
- Indexed
- Other
- Network
- Flat File
- Proprietary
- Don't Know

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL

- 5. What programming languages do your programmers use to create Medicaid data extracts or analytic reports?** A *programmer* is defined as an individual who develops and/or runs computer programs or queries to manipulate data for submission to MDCH (QI data and encounter data) or performance indicator reporting.

The intent of this question is to help the reviewers understand how the performance indicators are calculated by your PIHP.

How many programmers (internal staff or external vendors) are trained and capable of modifying these programs?

- 6. Approximately what percentage of your organization's programming work is outsourced?**

This question pertains to the programming work necessary for the calculation of the performance measures reported to MDCH, and to the submission of encounter data to MDCH.

_____ %

- 7. What is the average experience, in years, of programmers in your organization?**

_____ years

- 8. What steps are necessary to meet performance indicator and encounter data reporting requirements? Your response should address the steps necessary to prepare and submit encounter data to MDCH.**

If your PIHP has this information already documented, please submit the documentation or notate that you will make the documentation available to the reviewers during the site visit.

- 9. What is the process for version control when computer programming code is revised?**

This question applies to internal programmers or vendors who develop and/or run computer programming to manipulate data for encounter data submission or performance indicator reporting.

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL

10. Who is responsible for your organization meeting the State Medicaid reporting requirements, as certified on file with MDCH? (Check all that apply)

- CEO/Executive Director
- CFO/Director of Administrative Services/Finance
- COO
- Other: _____

11. Staffing

11a. Describe the Medicaid claims and/or service/encounter data processing organization in terms of staffing and their expected productivity goals. What is the overall daily, monthly, and annual productivity of the department and of each processor? Productivity is defined as the volume of claims/encounters that are processed during a pre-established interval (i.e., per day or per week).

11b. Describe claims and/or service/encounter data processor training from new hire to refresher courses for seasoned processors:

11c. What is the average tenure of the staff? _____

11d. What is the annual turnover? _____

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL

12. Security (Note: The intent of this section is to ensure that your PIHP has adequate systems and protocols in place to ensure data are secure. Voluminous documentation is not necessary. Simply identify the type of security products that are used and have backup documentation available for review.)

12a. How is the loss of Medicaid claim and service/encounter data prevented in the event of system failure?

How frequently system back-ups being performed? _____

Where are back-up data stored? _____

12b. What is done to minimize the corruption of Medicaid data due to system failure or program error?

12c. Describe the controls used to assure all Medicaid claims data entered into the system are fully accounted for (e.g., batch control sheets). This question is asking how you ensure that for each service that is provided, an encounter is generated within your system.

12d. Describe the provisions in place for physical security of the computer system and manual files:

- Premises/Computer Facilities _____
- Documents (Any documents that contain PHI) _____
- Database access and levels of security _____

12e. What other individuals have access to your computer system that contains performance indicator data?

Consumers

Providers

Describe their access and the security that is maintained restricting or controlling such access.

III. DATA ACQUISITION CAPABILITIES

The purpose of this section is to obtain a high-level understanding of how you collect and maintain claims/encounters, enrollment information, and data on ancillary services.

A. Administrative Data (Claims and Encounter Data, and other Administrative Data Sources)

For the purposes of this ISCA, a *claim* is defined as a service for which direct reimbursement is made (FFS). An *encounter* is defined as a capitated service, in which no direct reimbursement for the service is provided—rather, the provider receives a capitation payment based on member panels. The intent of these questions is to provide the reviewers with an understanding of the data elements and data flow for the two different payment arrangements. If your PIHP does not utilize one or the other, enter N/A anywhere that claims and encounters are broken out for the non-applicable payment arrangement. **Consider daily appointments/service data as encounter data when responding to the following questions.**

This section requests information on input data sources (e.g., paper and electronic claims) and on the transaction system(s) you use.

1. Do you use standard claims or encounter forms (either paper or electronic format) for the following?

Please specify the type of form used (e.g., CMS1500, UB 92, or service activity log) in the table below.

DATA SOURCE	No	Yes	Please specify the type of form used
CMH/MCPN (for direct-run providers)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sub-Panel Provider (for a CMH contract agency)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Panel Provider (for out-of-network providers, incl. COFR)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

III. DATA ACQUISITION CAPABILITIES

2. We would like to understand how claims or service/encounter data are submitted to your plan. We are also interested in an estimate of what percentage (if any) of services provided to your consumers by all providers serving your Medicaid enrollees are NOT submitted as claims or encounters and therefore are not represented in your administrative data. For example, your PIHP may collect encounter data from a system where service activity is gathered, but the data are never formatted for submission (a UB-92/CMS-1500 or 837 P format).

Please fill in the following table with the appropriate percentages:

MEDIUM	CMH/MCPN (for direct-run providers)	Sub-Panel Provider (for a CMH contract agency)	Off-Panel Provider (for out-of-network providers, incl. COFR)	Hospital	Other
Claims/Encounters Submitted Electronically	___%	___%	___%	___%	___%
Claims/Encounters Submitted on Paper	___%	___%	___%	___%	___%
Services Not Submitted as Claims or Encounters	___%	___%	___%	___%	___%
TOTAL	100%	100%	100%	100%	100%

Comments: _____

III. DATA ACQUISITION CAPABILITIES

3. Please document whether the following data elements (data fields) are required by you for providers, and/or delegated entities, for each of the types of Medicaid claims/encounters identified below.

If required, enter an “R” in the appropriate box. Where the requirements differ, please indicate by entering an “R/P” for paper required elements, or an “R/E” for electronic required elements. For professional submissions (non-institutional), “First Date of Service” means “Date of Service,” and “Last Date of Service” should be entered as “N/A.”

DATA ELEMENTS	CMH/MCPN (for direct-run providers)	Sub-Panel Provider (for a CMH contract agency)	Off-Panel Provider (for out-of-network providers, incl. COFR)	Hospital	Other
Consumer DOB/Age	_____	_____	_____	_____	_____
Diagnosis	_____	_____	_____	_____	_____
Procedure	_____	_____	_____	_____	_____
First Date of Service	_____	_____	_____	_____	_____
Last Date of Service	_____	_____	_____	_____	_____
# of Units	_____	_____	_____	_____	_____
Revenue Code	_____	_____	_____	_____	_____
Provider ID	_____	_____	_____	_____	_____
Place of Service	_____	_____	_____	_____	_____

III. DATA ACQUISITION CAPABILITIES

4. Please describe how each new consumer is assigned a diagnosis, the maximum number of diagnoses maintained per consumer within the master client file, and how often the diagnoses are updated within the system. _____

4a. How many diagnoses and procedures are captured on each claim? On each encounter?

This question is asking how many diagnoses or procedure codes the claims processing system is capable of capturing. For example, if four diagnosis codes can be submitted on a claim, can the system capture all four, or more?

CLAIM—Institutional Data		ENCOUNTER—Institutional Data	
Diagnoses: ____	Procedures: ____	Diagnoses: ____	Procedures: ____
CLAIM—Professional Data		ENCOUNTER—Professional Data	
Diagnoses: ____	Procedures: ____	Diagnoses: ____	Procedures: ____

5. Principal and Secondary Diagnoses

5a. Can your system distinguish between principal (primary) and secondary diagnoses?

- Yes
- No

5b. If yes to 5a, above, how do you distinguish between principal (primary) and secondary diagnoses?

6. Please explain what happens if a Medicaid claims/encounter is submitted and one or more required fields are missing, incomplete, or invalid. For example, if the procedure is not coded, is the claims examiner required by the system to use an online software product like AutoCoder to determine the correct CPT code?

Institutional Data: _____

Professional Data: _____

III. DATA ACQUISITION CAPABILITIES

7. Under what circumstances can claims processors change Medicaid claims/encounter or service information?

8. Identify any instance where the content of a field is intentionally different from the description or intended use of the field. For example, if the dependent’s Social Security Number (SSN) is unknown, do you enter the consumer’s SSN instead?

9. Medicaid Claims/Encounters

9a. How are Medicaid claims/encounters received?

Note: An *intermediary* is defined as an entity that accepts service data (claims/encounter) and converts or aggregates the data into a standard submission format. These are sometimes referred to as *data clearinghouses*.

SOURCE	Received Directly	Submitted Through an Intermediary
CMH/MCPN (for direct-run providers)	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Panel Provider (for a CMH contract agency)	<input type="checkbox"/>	<input type="checkbox"/>
Off-Panel Provider (for out-of-network providers, incl. COFR)	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

9b. If the data are received through an intermediary, what changes, if any, are made to the data?

III. DATA ACQUISITION CAPABILITIES

10. Please estimate the percentage of coding types provided by setting (institutional/inpatient or professional/outpatient) using the following coding schemes (When more than one coding scheme is used, the total may be more than 100 percent.)

CODING SCHEME	INSTITUTIONAL		PROFESSIONAL	
	Inpatient Diagnosis	Inpatient Procedure	Ambulatory/ Outpatient Diagnosis	Ambulatory/ Outpatient Procedure
ICD-9-CM	___%	___%	___%	___%
CPT-4		___%		___%
HCPCS		___%		___%
DSM-IV	___%		___%	
Internally Developed	___%	___%	___%	___%
Other (Specify)	___%	___%	___%	___%
Not Required	___%	___%	___%	___%
TOTAL	100%	100%	100%	100%

11. Please identify all information systems through which service and utilization data for the Medicaid population are processed. Describe the flow of a claim/encounter or service data from the point of service, through any external vendors, to the point it reaches your PIHP.

Your response should start with the systems used by those who handle data after a service is performed, through the point where your PIHP receives the data (or the performance indicator results). Use the “mini-ISCAT” and have your subcontractors complete their sections; then you will only need to respond with regard to your PIHP.

III. DATA ACQUISITION CAPABILITIES

12. Please check the appropriate box(es) to indicate any major systems changes/updates that have taken place in the last three years in your Medicaid claims or encounter system. If you check a box, please provide a description of the change and the specific dates on which changes were implemented.

- New system purchased and installed to replace old system.
Description/implementation dates _____
- New system purchased and installed to replace most of old system; old system still used.
Description/implementation dates _____
- Major enhancements made to old system. (If yes: Please describe the enhancements.)
Description/implementation dates _____
- New product line adjudicated (processed) on old system.
Description/implementation dates _____
- Conversion of a product line from one system to another.
Description/implementation dates _____

Comments: _____

III. DATA ACQUISITION CAPABILITIES

13. Have any of these changes influenced, even temporarily, the quality and/or completeness of the Medicaid data that are collected? If so, how and when?

14. How many years of Medicaid data are retained online? How are historical Medicaid data accessed when needed?

15. How much volume of Medicaid data is processed online versus batch? Batch processing refers to collecting claims/encounters/service data and processing them in bulk on a pre-determined schedule. _____

If batch, how often is it run? _____

16. How complete are the Medicaid data three months after the close of a reporting period (i.e., a quarter)?

How is completeness estimated? How is completeness defined?

17. What is your policy regarding Medicaid claims/encounter audits? Are any audits performed evaluating the data submitted compared with the consumer record?

Are Medicaid encounters audited regularly? Randomly?

18. What are the standards regarding timeliness of processing? Within what timeframe must claims/encounters or service data be entered?

19. Are diagnostic and procedure codes edited for validity? Please provide detail on system edits that are targeted to field content and consistency.

This question is to help reviewers get a sense of how accurate and valid your claims/encounter data are. If you have an existing document that identifies what edits you have in place, you may submit it as an attachment, or make it available for the reviewers on-site. If you do the latter, please note that in your response.

III. DATA ACQUISITION CAPABILITIES

20. Please complete the following table for Medicaid claims and encounter data and other Medicaid administrative data that is used for performance indicator reporting, or submitted to MDCH as QI or encounter data. For the purposes of this ISCA, a *claim* is defined as a service for which direct reimbursement is made (FFS). An *encounter* is defined as a capitated service, in which no direct reimbursement for the service is provided—rather, the provider receives a capitation payment based on member panels. *Administrative data* is defined as any service data that is housed electronically in a database that is not represented in claims or encounters. Examples would include Sub-Element Cost Report (CMHs), authorization systems, consumer surveys, etc.

Provide any documentation that should be reviewed to explain the data that are being submitted.

	Claims	Encounters	QI Data
Percent of Total Service Volume	___%	___%	
Percent Complete	___%	___%	___%
Other Administrative Data (list types)	_____		
How Are the Above Statistics Quantified?	_____		
Incentives for Data Submission	_____		

Comments: _____

21. Describe the Medicaid claims/encounter suspend (“pend”) process, including timeliness of reconciling pended services.

For example, indicate how the pend happens, how it is communicated to providers, and how long something can be pended before it is rejected.

22. Describe how Medicaid claims are suspended/pended for review, for non-approval due to missing authorization code(s), or for other reasons.

What triggers a processor to follow up on “pended” claims? How frequent are these triggers?

III. DATA ACQUISITION CAPABILITIES

23. If any Medicaid services/providers are capitated, have you performed studies on the completeness of the information collected on capitated services? If no providers are paid via capitation, how do you ensure that all services are represented within the information system?

For example, reviewing the encounters reported and following up with providers to ensure completeness of data would be an appropriate response.

Yes

No

If yes, what were the results?

24. Claims/Encounters Systems

24a. If multiple systems are used to process performance indicator data (i.e., each CMHSP has its own IS system to process data), document how the performance data are ultimately merged into one PIHP rate.

With what frequency are performance indicator data merged?

24b. Beginning with receipt of a Medicaid claim or encounter in-house, describe the claim/encounter handling, logging, and processes that precede adjudication.

When are Medicaid claims/encounters assigned a document control number and logged or scanned into the system? When are Medicaid claims/encounters microfilmed? If there is a delay in microfilming, how do processors access a claim/encounter that is logged into the system, but is not yet filmed?

Note: This question should only be answered by those entities that receive paper claims and process them manually.

24c. Discuss which decisions in processing a Medicaid claim and encounter (service data) are automated, which are prompted by automated messages appearing on the screen, and which are manual. Document the opportunities a processor has for overriding the system manually.

Is there a report documenting overrides or “exceptions” generated on each processor and reviewed by the claim supervisor? Please describe this report.

The intent of this question is to understand how much manual intervention is required to either data-enter a claim/encounter or to adjudicate a claim. The less manual intervention there is, the less room there is for error.

III. DATA ACQUISITION CAPABILITIES

24d. Are there any outside parties or contractors used to complete adjudication, including but not limited to:

- Bill auditors (hospital claims, claims over a certain dollar amount)

Yes

No

- Peer or medical reviewers

Yes

No

- Sources for additional charge data (usual and customary)

Yes

No

- Bill “re-pricing” for any services provided

Yes

No

How are these data incorporated into your organization’s data?

24e. Describe the system’s editing capabilities that assure that Medicaid claims and encounters (service data) are processed correctly.

Keep your responses only in the context of the data used for performance indicator reporting. Keep your responses fairly general (i.e., listing the following edits: valid diagnosis and procedure codes, valid recipient ID, valid date of service, mandatory fields, etc.). If your documentation is voluminous, please simply make it available to the reviewers during the site visit.

Provide a list of the specific edits that are performed on claims as they are adjudicated, and note:

1. Whether the edits are performed pre- or post-payment, and
2. Which functions are manual and which are automated.

III. DATA ACQUISITION CAPABILITIES

24f. Please describe how Medicaid eligibility files are updated before providing services, how frequently they updated for ongoing clients, and who has “change” authority. How and when does Medicaid eligibility verification take place (prior to beginning services, monthly, semi-annually, etc.)?

24g. Describe how your systems and procedures handle validation and payment of Medicaid claims and encounters (service data) when procedure codes are not provided.

24h. Where does the system-generated output (EOBs, remittance advices, pend/rejection reports, etc.) reside?

In-house?

In a separate facility?

If located elsewhere, how is such work tracked and accounted for?

25. Describe all performance monitoring standards for Medicaid claims/encounters processing and recent actual performance results.

This question addresses only those staff who are involved with data entry of claims/encounters and/or adjudication of claims.

26. Describe processor-specific performance goals and supervision of actual versus target performance. Do processors have to meet goals for processing speed? Do they have to meet goals for accuracy?

Again, this question addresses those staff who are involved with data entry of claims/encounters and/or adjudication of claims.

III. DATA ACQUISITION CAPABILITIES

27. Other Administrative Data Used for Performance Indicator Reporting

27a. Identify other administrative data sources used. Include all data sources that are utilized to calculate performance measures by your PIHP: *(check all that apply)*

- Sub-Element Cost Report (CMHSPs) or Legislative Boiler Plate Report
- QI Data
- Appointment/Access Database
- Consumer Surveys
- Preadmission Screening Data
- Case Management Authorization System
- Client Assessment Records
- Supported Employment Data
- Recipient Complaints
- Telephone Service Data
- TEDS
- Outcome Measurement Data
- Other: _____
- Other: _____

27b. For each data source identified above, describe the flow of data from the point of origin through the point of entry into an administrative database, data warehouse, or reporting system maintained by your PIHP. Dataflow diagrams may be included as an attachment.

27c. For each data source identified above, identify the data elements captured within the administrative database, data warehouse, or reporting system, and used for performance measure reporting. This may be included as a separate attachment and may be documentation of table structures or a data dictionary. If the documentation is voluminous, please make it available to the reviewers during the site visit and indicate this below:

27d. For each data source identified above, describe the validation activities performed by your PIHP to ensure the data in the administrative database are accurate.

III. DATA ACQUISITION CAPABILITIES

B. Eligibility System

1. Please describe any major changes/updates that have taken place in the last three years in your Medicaid eligibility data system. (Be sure to identify specific dates on which changes were implemented.)

Examples:

- New **eligibility** system purchased and installed to replace old system
- New **eligibility** system purchased and installed to replace most of old system —old system still used
- Major enhancements to old system (please also explain the types)
- The use of a vendor-provided eligibility service/system
- Modifications to eligibility data due to organizational restructuring

2. Have any of these changes influenced, even temporarily, the quality and/or completeness of the Medicaid data that are collected, including changes made by MDCH? If so, how and when?

3. How does your PIHP uniquely identify consumers?

4. How does your PIHP assign unique consumer IDs? Is this number assigned by the PIHP only or do your affiliate CMHSPs also assign unique consumer IDs?

5. How do you track consumer eligibility? Does the individual retain the same ID (unique consumer ID)?

III. DATA ACQUISITION CAPABILITIES

6. Can your systems track consumers who switch from one payer source (e.g., Medicaid, commercial plan, federal block grant) to another?

- Yes
- No

6a. Can you track previous claims/encounter data for consumers who switch from one payer source to another?

- Yes
- No

6b. Are you able to link previous claims/encounter data across payer sources? For example, if a consumer received services under one payer source (e.g., state monies) and then additional services under another payer source (e.g., Medicaid), could the PIHP identify all the services rendered to the individual, regardless of the payer source?

- Yes
- No

7. Under what circumstances, if any, can a same Medicaid member have more than one identification number within your PIHP’s information management systems?

This applies to your internal ID, Medicaid ID, etc. How many numbers can one consumer have within your system?

Under what circumstances, if any, can a member’s identification number change?

8. How often is Medicaid enrollment information updated (e.g., how often does your PIHP receive eligibility updates)?

9. Can you track and maintain Medicaid eligibility over time, including retro-active eligibility?

III. DATA ACQUISITION CAPABILITIES

C. Incorporating Data from Subcontractor Systems

Use this section to record information on stand-alone systems or benefits provided through subcontracts, such as CMHSPs, MCPNs, sub-contract agencies, and other organizational providers.

1. Does your PIHP incorporate data from subcontractors to calculate any of the following Medicaid quality measures? If so, which measures require subcontractor data?

INDICATOR	MEASURE	SUBCONTRACTORS
#1	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. (1 st Quarter SFY 2015)	_____
#2	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. (1 st Quarter SFY 2015)	_____
#3	The percentage of new Medicaid beneficiaries during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional. (1 st Quarter SFY 2015)	_____
#4a	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. (1 st Quarter SFY 2015)	_____
#4b	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days. (1 st Quarter SFY 2015)	_____
#5	The percent of Medicaid recipients having received PIHP managed services. (1 st Quarter SFY 2015)	_____
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination. (1 st Quarter SFY 2015)	_____
#8	The percent of (a) adults with mental illness, and the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who are employed competitively. (SFY 2014)	_____
#9	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities. (SFY 2014)	_____
#10	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. (1 st Quarter SFY 2015)	_____
#13	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). (SFY 2014)	_____
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). (SFY 2014)	_____

III. DATA ACQUISITION CAPABILITIES

2. Discuss any concerns you may have about the quality or completeness of any subcontractor data.

3. Please identify which PIHP behavioral health services are adjudicated through a separate system that belongs to a subcontractor.

4. Describe the kinds of information sources available to the PIHP from the subcontractor (e.g., monthly hard copy reports, full claims data).

5. Do you evaluate the quality of this information?

If so, how?

6. Did you incorporate these subcontractor data into the creation of Medicaid-related studies or performance indicator reporting? If not, why not?

III. DATA ACQUISITION CAPABILITIES

D. Integration and Control of Data for Performance Measure Reporting

This section requests information on how your PIHP integrates Medicaid claims, encounter/service, membership, provider, vendor, and other data to calculate performance rates. All questions relate to your current systems and processes, unless indicated otherwise.

File Consolidation

1. Provide a written description of the process used to calculate each performance indicator, including all data sources. This may be included as Attachment 5.

2. In consolidating data for Medicaid performance measurement, how are the data sets for each measure collected:

- By querying the processing systems online (claims/encounter, eligibility, etc.)?

Yes

No

- By using extract files created for analytical purposes (i.e., extracting or “freezing” the necessary data into a separate database for analysis)?

Yes

No

If so, how frequently are the files updated? How do they account for claim and encounter submission and processing lags? How is the file creation process checked for accuracy?

- By using a separate relational database or data warehouse (i.e., a performance measure repository)?

Yes

No

If so, is this the same system from which all other reporting is produced?

III. DATA ACQUISITION CAPABILITIES

3. Describe the procedure for consolidating Medicaid claims/encounter, member, provider, and other data for performance measure reporting (whether it's into a relational database or file extracts on a measure-by-measure basis).

3a. How many different types of data are merged together to create reports?

3b. What control processes are in place to ensure data merges are accurate and complete? In other words, how do you ensure that the merges were done correctly?

3c. What control processes are in place to ensure that no extraneous data are captured (e.g., lack of specificity in consumer identifiers may lead to inclusion of non-eligible members or to double-counting)?

3d. Do you compare samples of data in the repository to raw data in transaction sets (such as the 837) to verify if all the required data are captured (e.g., were any members, providers, or services lost in the process)?

3e. Describe your process(es) to monitor that the required level of coding detail is maintained (e.g., all significant digits and primary and secondary diagnoses remain) after data have been merged?

4. Describe both the files accessed to create Medicaid performance measures and the fields from those files used for linking or analysis. Use either a schematic or text to respond.

III. DATA ACQUISITION CAPABILITIES

5. Are any algorithms used to check the reasonableness of data integrated to report Medicaid performance measures?

Yes

No

If yes, please describe: _____

6. Are Medicaid reports created from a vendor software product?

Yes

No

If so, how frequently are the files updated? How are reports checked for accuracy?

7. Are data files used to report Medicaid performance measures archived and labeled with the performance period in question?

Yes

No

III. DATA ACQUISITION CAPABILITIES

Subcontractor Data Integration

- 8. Information on several types of external encounter sources is requested. In the table on the following page, for each type of delegated service, please indicate the following:**
- First column: Indicate the number of entities contracted (or subcontracted) to provide the behavioral health services. Include subcontractors that offer all or some of the services.
 - Second column: Indicate whether your PIHP receives member-level data for any Medicaid performance measure reporting from the subcontractors. Answer “Yes” only if all data received from contracted entities are at the member level. If *any* encounter-related data are received in aggregate form, you should answer “No.” If type of service is not a covered benefit, indicate “N/A.”
 - Third column: Indicate whether all data needed for Medicaid performance measure reporting are integrated, at the member-level, with PIHP administrative data.
 - Fourth and fifth columns: Rank the completeness and quality of the Medicaid data provided by the subcontractors. Consider data received from all sources when using the following data quality grades:
 - A. Data are complete or of high quality.
 - B. Data are generally complete or of good quality.
 - C. Data are incomplete or of poor quality.
 - In the sixth column, describe any concerns you have in ensuring completeness and quality of Medicaid data received from contracted entities. If measure is not being calculated because of no eligible members, please indicate “N/A.”

Type of Delegated Service	Always Receive Member-Level Data From This Subcontractor? (Yes or No)	Integrate Subcontractor Data With PIHP Administrative Data? (Yes or No)	Completeness of Data (A, B, or C)	Quality of Data (A, B, or C)	Rationale for Rating/ Concerns With Data Collection
<i>EXAMPLE: CMHSP #1—All mental health services for blank population</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<i>Volumes of encounters not consistent from month to month.</i>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	_____

III. DATA ACQUISITION CAPABILITIES

Performance Measure Repository Structure

A *performance measure repository structure* is defined as a database that contains consumer-level data used to report performance indicators.

If your PIHP uses a performance measure repository, please answer the following question. Otherwise, skip to the Report Production section.

9. If your PIHP uses a performance measure repository for Medicaid performance measures, review the repository structure. Does it contain all the key information necessary for Medicaid performance measure reporting?

- Yes
- No

Report Production

10. Please describe your Medicaid report production logs and run controls. Please describe your Medicaid performance measure report generation process.

11. How are Medicaid report generation programs documented? Is there a type of version control in place?

12. Is testing completed on the development efforts used to generate Medicaid performance measure reports?

13. Are Medicaid performance measure reporting programs reviewed by supervisory staff?

14. Do you have internal back-ups for performance measure programmers (i.e., do others know the programming language and the structure of the actual programs)? Is there documentation?

III. DATA ACQUISITION CAPABILITIES

E. Provider Data

Compensation Structure

The purpose of this section is to evaluate the Medicaid provider compensation structure, as this may influence the quality and completeness of data. Please identify the percentage for each category level listed. Each column should total 100%.

Payment Mechanism	CMH/MCPN (for direct run providers)	Sub-panel provider (for a CMH contract agency)	Off Panel Provider (for out of network providers, incl CORF)	Hospital
1. Fee-for-Service—no withhold or bonus	___%	___%	___%	___%
2. Fee-for-Service, with withhold. Please specify % withhold:	___%	___%	___%	___%
3. Fee-for-Service with bonus. Bonus range:	___%	___%	___%	___%
4. Capitated—no withhold or bonus	___%	___%	___%	___%
5. Capitated with withhold. Please specify % withhold:	___%	___%	___%	___%
6. Capitated with bonus. Bonus range:	___%	___%	___%	___%
7. Case Rate—with withhold or bonus	___%	___%	___%	___%
8. Case Rate—no withhold or bonus	___%	___%	___%	___%
9. Salaried – mental health center staff	___%	___%	___%	___%
10. Other	___%	___%	___%	___%
TOTAL	100%	100%	100%	100%

1. How are Medicaid fee schedules and provider compensation rules maintained? Who has updating authority?

2. Are Medicaid fee schedules and contractual payment terms automated? Is payment against the schedules automated for all types of participating providers?

IV. OUTSOURCED OR DELEGATED FUNCTIONS

This section requests information on your PIHP ensuring the quality of the performance measure data collected or processed by delegated entities.

Quality of Data Used for Performance Measure Reporting

1. For the purposes of performance measure reporting, were any external entities responsible for providing data used for the generation of performance measure rates?

Yes

No

If so, please answer the following questions.

1a. How many entities are responsible for reporting administrative data to the PIHP? Describe each entities role in the collection of claims and encounter data.

1b. Describe how these administrative data are provided to the PIHP (if applicable).

1c. Describe how claims and encounter data submitted are integrated into your data repository.

1d. Please describe how your PIHP ensures the accuracy and completeness of the data received.

2. For purposes of performance measure reporting, were external entities responsible for calculating individual performance measure rates, denominators or numerators?

Yes No

If so, please answer the following questions.

2a. Please describe each entities role in performance measure reporting.

2b. Please describe how the performance measure information generated by each entity is integrated into your performance measure reporting.

2c. Please describe how your PIHP ensures the accuracy and completeness of data received.

IV. Outsourced or Delegated Functions

3. Is there any additional information that you would like to provide about how your PIHP ensures the quality of data being provided by these delegated entities?

Vendor Oversight

4. Describe how your PIHP ensures that contracted delegated entities meet performance measure reporting standards and time frames.

5. Does your PIHP have any standards of delegation which address frequency and timeliness of reporting?

Yes No

If so, please answer the following questions.

5a. Please describe your delegated entity reporting standards/requirements. Include examples of language from contracts.

5b. How is delegated entity performance measured against those standards? Provide documentation of periodic monitoring of the timeliness of reporting.

5c. If a deficiency is discovered, how is it addressed?

6. Does your PIHP have any standards of delegation which address data accuracy, completeness, and timeliness of submission?

Yes No

If so, please answer the following questions.

6a. Please describe your external entities' data accuracy, completeness, and timeliness standards/requirements. Include examples of language from vendor contracts.

6b. How is delegated entity performance measured against those standards? Provide documentation of periodic monitoring of the accuracy and completeness of reporting.

6c. If a deficiency is discovered, how is it addressed?

Summary of Requested Documentation

The documentation requested in the previous questions is summarized in the table below. Please label all attached documentation as described in the table, and by the item number in the far right column. Remember—you are not limited to providing only the documentation listed below; you are encouraged to provide any additional documentation that helps clarify an answer or eliminate the need for a lengthy response.

Requested Document	Details	Label Number
Previous Medicaid Performance Measure Reports	Please attach final documentation from any previous Medicaid performance measure reporting calculated by your PIHP for the last 4 quarters.	1
Organizational Chart	Please attach an organizational chart for your PIHP. The chart should make clear the relationship among key individuals/departments responsible for information management, including performance measure reporting.	2
Data Integration Flow Chart	Please provide a flowchart that gives an overview of the structure of your management IS. Be sure to show how all claims, encounter, membership, provider, vendor, and other data are integrated for performance measure reporting.	3
Performance Measure Repository File Structure (if applicable)	Provide a complete file structure, file format, and field definitions for the performance measure repository.	4
Program/Query Language for Performance Measure Repository Reporting (if applicable)	Provide full documentation on the software programs or codes used to convert performance measure repository data to performance measures.	5
Medicaid Claims Edits	List of specific edits performed on claims/encounters as they are adjudicated with notation of performance timing (pre- or post-payment) and whether they are manual or automated functions.	6
Statistics on Medicaid claims/encounters and other administrative data	Documentation that explains statistics reported in the ISCA.	7
Health Information System Configuration for Network	Attachment 8	8
Continuous Enrollment Source Code	Any computer programming code used to calculate continuous enrollment, if applicable.	9
Reporting Requirements for Delegated Entities	Provide excerpts from delegated entity contracts that document requirements for (1) the frequency and timeliness of reporting to your PIHP and (2) the accuracy and completeness of data reported to your PIHP	10
Documentation of Vendor Monitoring	Please provide documentation of how you monitor vendors/delegated entities against contract requirements for timeliness, accuracy, and completeness of data reporting.	11
Other/Describe: _____	_____	12

Comments: _____

Appendix C: Michigan Department of Community Health
Mini-Information Systems Capabilities Assessment Tool (ISCAT)
for
Prepaid Inpatient Health Plans (PIHPs)
“Coordinating Agency Version”

I. GENERAL INFORMATION

Please provide the following general information:

Note: As a subcontractor to a PIHP, you are required to complete the mini-ISCAT. When completing this ISCAT, answer the questions in the context of the performance measures reported to MDCH, and the QI and encounter data submitted to MDCH only. If a question does not apply whatsoever to the performance measure calculation and reporting, QI data, or encounter data submission, enter an N/A response.

A. Contact Information

Please insert (or verify the accuracy of) the PIHP subcontractor identification information below, including the organization name, contact name and title, mailing address, telephone and fax numbers, and e-mail address, if applicable.

Organization Name: _____	
Mailing Address: _____	
Contact Name and Title: _____	
Contact E-Mail Address: _____	
Contact Phone Number: _____	Contact Fax Number: _____
Chief Information Officer (CIO) Name and Title: _____	
CIO Phone Number: _____	
CIO E-Mail Address: _____	

I. GENERAL INFORMATION

B. Organizational Information

Please indicate what type of organization:

- Community Mental Health Services Program (CMHSP)
- Managed Comprehensive Provider Network (MCPN) – Wayne County
- Other (describe):

Please indicate model type (if other, please specify):

- Group model
- Network model
- Mixed model
- Other (describe)

Please provide a brief description of your organization structure: _____

C. Please provide a brief narrative description of any changes that were made to your organization within the last year, including organization structure, information systems, key staff, or other significant changes: _____

D. In an attachment to the ISCAT, please describe how your organization's data process flow is configured for its entire network. Label as Attachment 8.

This will likely require a multi-dimensional presentation and data flow chart. Please include any IS functions that have been delegated downstream (to sub-panel providers, provider groups, etc.). Identify which entity-level is responsible for which kind of data collection and submission, which entity has overall data validation responsibilities, and the data validation process involved. A typical response should generally be a two-to-three-page write-up, with some graphical flow charts attached. This description will help immensely with the reviewers' understanding of your organization and will help make the validation process run smoothly and efficiently.

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL

Note: Complete Section II – Information Systems: Data Processing Procedures and Personnel and III - Data Acquisition Capabilities of the ISCA if your organization calculates any performance indicators required by MDCH and submits the performance indicator results to the PIHP. If your organization has delegated any Medicaid claims/encounter processing to a subcontractor, you must arrange for the subcontractor to complete a copy of Section III of the ISCA and include it with your mini-ISCA submission. Skip to Section III if your organization is responsible only for claims/encounter processing.

1. What database management system (DBMS) or systems does your organization use to store Medicaid claims and encounter/service data?

2. How would you characterize this/these DBMSs? (Check all that apply.)

- Relational
- Hierarchical
- Indexed
- Other
- Network
- Flat File
- Proprietary
- Don't Know

3. Into what DBMS(s), if any, do you extract relevant Medicaid encounter/service/claim/eligibility detail for analytic reporting purposes?

4. How would you characterize this/these DBMS(s)? (Check all that apply.)

- Relational
- Hierarchical
- Indexed
- Other
- Network
- Flat File
- Proprietary
- Don't Know

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL**5. What programming languages do your programmers use to create Medicaid data extracts or analytic reports?**

The intent of this question is to help the reviewers understand how the performance indicators are calculated by the PIHP and its subcontractors. A *programmer* is defined as an individual who develops and/or runs computer programs or queries to manipulate data for QI or encounter data submission or performance measure reporting.

How many programmers (internal staff or external vendors) are trained and capable of modifying these programs? _____

6. Approximately what percentage of your organization's programming work is outsourced?

This question pertains to the programming work necessary for the calculation of the performance measures reported to MDCH.

_____ %

7. What is the average experience, in years, of programmers in your organization?

_____ years

8. What is the process for version control when computer programming code is revised?

This question applies to internal programmers or vendors who develop and/or run computer programming to manipulate data for performance measure reporting.

9. Staffing

9a. Describe the Medicaid claims/encounter/service data processing organization in terms of staffing and their expected productivity goals. What is the overall daily, monthly, and annual productivity of the department and of each processor? Productivity is defined as the volume of claims/encounters that are processed during a pre-established interval (i.e. per day, or per week). _____

9b. Describe claims/encounter data processor training from new hire to refresher courses for seasoned processors: _____

9c. What is the average tenure of the staff? _____

9d. What is the annual turnover? _____

II. INFORMATION SYSTEMS: DATA PROCESSING PROCEDURES AND PERSONNEL

10. Security (Note: The intent of this section is to ensure that your organization has adequate systems and protocols in place to ensure data are secure. Voluminous documentation is not necessary. Simply identify the type of security products that are used and have backup documentation available for review.)

10a. How is the loss of Medicaid claim and encounter data prevented in the event of system failure?

How frequently are system back-ups performed?

Where are back-up data stored?

10b. What is done to minimize the corruption of Medicaid data due to system failure or program error?

10c. Describe the controls used to assure all Medicaid claims data entered into the system are fully accounted for (e.g., batch control sheets). This question is asking how you ensure that for each service that is provided, an encounter is generated within your system.

10d. Describe the provisions in place for physical security of the computer system and manual files:

- Premises/Computer Facilities
- Documents (Any documents that contain PHI)
- Database access and levels of security

10e. What other individuals have access to your computer system that contains performance indicator data?

Consumers

Providers

10f. Describe their access and the security that is maintained restricting or controlling such access.

III. DATA ACQUISITION CAPABILITIES

The purpose of this section is to obtain a high-level understanding of how you collect and maintain claims/encounters, enrollment information, and data on ancillary services.

A. Administrative Data (Claims and Encounter Data, and other Administrative Data Sources)

For the purposes of this ISCA, a *claim* is defined as a service for which direct reimbursement is made (FFS). An *encounter* is defined as a capitated service, in which no direct reimbursement for the service is provided—rather, the provider receives a capitation payment based on member panels. The intent of these questions is to provide the reviewers with an understanding of the data elements and data flow for the two different payment arrangements. If your organization does not utilize one or the other, enter N/A anywhere that claims and encounters are broken out for the non-applicable payment arrangement. **Consider daily appointments/service data as encounter data when responding to the following questions.**

This section requests information on input data sources (e.g., paper and electronic claims) and on the transaction system(s) you use.

1. Do you use standard claims or encounter forms (either paper or electronic format) for the following?

Please specify the type of form used (e.g., CMS1500, UB 92, or service activity log) in the table below.

DATA SOURCE	No	Yes	Please specify the type of form used
Direct CMH Programs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sub-Panel/Contract Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Panel/COFR Providers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	_____

III. DATA ACQUISITION CAPABILITIES

2. **We would like to understand how claims or encounters are submitted to your organization.** We are also interested in an estimate of what percentage (if any) of services provided to your consumers by all providers serving your Medicaid enrollees are NOT submitted as claims or encounters and therefore are not represented in your administrative data. For example, your organization may collect encounter data from a system where service activity is gathered, but the data are never formatted for submission (a UB-92/CMS-1500 or 837 P format).

Please fill in the following table with the appropriate percentages:

MEDIUM	Direct CMH Programs	Sub-Panel/ Contract Agency	Off-Panel/COFR Providers	Hospital	Other
Claims/Encounters Submitted Electronically	___%	___%	___%	___%	___%
Claims/Encounters Submitted on Paper	___%	___%	___	___%	___%
Services Not Submitted as Claims or Encounters	___%	___%	___%	___%	___%
TOTAL	100%	100%	100%	100%	100%

Comments: _____

III. DATA ACQUISITION CAPABILITIES

3. Please document whether the following data elements (data fields) are required by you for providers, and/or delegated entities, for each of the types of Medicaid claims/encounters identified below.

If required, enter an “R” in the appropriate box. Where the requirements differ, please indicate by entering an “R/P” for paper required elements, or an “R/E” for electronic required elements. For professional submissions (non-institutional), “First Date of Service” means “Date of Service,” and “Last Date of Service” should be entered as “N/A.”

DATA ELEMENTS	Direct CMH Programs	Sub-Panel/ Contract Agency	Off-Panel/COFR Providers	Hospital	Other
Consumer DOB/Age	_____	_____	_____	_____	_____
Diagnosis	_____	_____	_____	_____	_____
Procedure	_____	_____	_____	_____	_____
First Date of Service	_____	_____	_____	_____	_____
Last Date of Service	_____	_____	_____	_____	_____
# of Units	_____	_____	_____	_____	_____
Revenue Code	_____	_____	_____	_____	_____
Provider ID	_____	_____	_____	_____	_____
Place of Service	_____	_____	_____	_____	_____

III. DATA ACQUISITION CAPABILITIES

4. Please describe how each new consumer is assigned a diagnosis, the maximum number of diagnoses maintained per consumer within the master client file, and how often the diagnoses are updated within the system. _____

4a. How many diagnoses and procedures are captured on each claim? On each encounter?

This question is asking how many diagnoses or procedure codes the claims processing system is capable of capturing. For example, if four diagnosis codes can be submitted on a claim, can the system capture all four, or more?

CLAIM—Institutional Data		ENCOUNTER—Institutional Data	
Diagnoses: ____	Procedures: ____	Diagnoses: ____	Procedures: ____
CLAIM—Professional Data		ENCOUNTER—Professional Data	
Diagnoses: ____	Procedures: ____	Diagnoses: ____	Procedures: ____

5. Principal and Secondary Diagnoses

5a. Can your system distinguish between principal (primary) and secondary diagnoses?

Yes

No

5b. If *yes* to 5a, above, how do you distinguish between principal (primary) and secondary diagnoses?

6. Please explain what happens if a Medicaid claims/encounter is submitted and one or more required fields are missing, incomplete, or invalid. For example, if diagnosis is not coded, is the claims examiner required by the system to use an online software product like AutoCoder to determine the correct ICD-9 code?

Institutional Data: _____

Professional Data: _____

7. Under what circumstances can claims processors change Medicaid claims/encounter information?

8. Identify any instance where the content of a field is intentionally different from the description or intended use of the field. For example, if the dependent’s Social Security Number (SSN) is unknown, do you enter the consumer’s SSN instead?

III. DATA ACQUISITION CAPABILITIES

9. Medicaid Claims/Encounters

9a. How are Medicaid claims/encounters received?

Note: An *intermediary* is defined as an entity that accepts service data (claims/encounter) and converts or aggregates the data into a standard submission format. These are sometimes referred to as *data clearinghouses*.

SOURCE	Received Directly	Submitted Through an Intermediary
Direct CMH Programs	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Panel/Contract Agency	<input type="checkbox"/>	<input type="checkbox"/>
Off-Panel/COFR Providers	<input type="checkbox"/>	<input type="checkbox"/>
Hospital:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

9b. If the data are received through an intermediary, what changes, if any, are made to the data?

10. Please estimate the percentage of coding types provided by setting (institutional/inpatient or professional/outpatient) using the following coding schemes (When more than one coding scheme is used, the total may be more than 100 percent.)

CODING SCHEME	INSTITUTIONAL		PROFESSIONAL	
	Inpatient Diagnosis	Inpatient Procedure	Ambulatory/Outpatient Diagnosis	Ambulatory/Outpatient Procedure
ICD-9-CM	___%	___%	___%	___%
CPT-4		___%		___%
HCPCS		___%		___%
DSM-IV	___%		___%	
Internally Developed	___%	___%	___%	___%
Other (Specify)	___%	___%	___%	___%
Not Required	___%	___%	___%	___%
TOTAL	100%	100%	100%	100%

III. DATA ACQUISITION CAPABILITIES

11. Please identify all information systems through which service and utilization data for the Medicaid population are processed. Describe the flow of a claim/encounter or service data from the point of service, through any external vendors, to the point it reaches the PIHP.
 Your response should start with the systems used by those who handle data after a service is performed, through the point where your organization receives the data and forwards it to the PIHP.

12. Please check the appropriate box (es) to indicate any major systems changes/updates that have taken place in the last three years in your Medicaid claims or encounter system. If you check a box, please provide a description of the change and the specific dates on which changes were implemented.

- New system purchased and installed to replace old system.
Description/implementation dates
- New system purchased and installed to replace most of old system; old system still used.
Description/implementation dates
- Major enhancements made to old system. (If yes: Please describe the enhancements.)
Description/implementation dates
- New product line adjudicated (processed) on old system.
Description/implementation dates
- Conversion of a product line from one system to another.
Description/implementation dates

Comments:

13. Have any of these changes influenced, even temporarily, the quality and/or completeness of the Medicaid data that are collected? If so, how and when?

14. How many years of Medicaid data are retained online? How are historical Medicaid data accessed when needed? _____

15. How much volume of Medicaid data is processed online versus batch? Batch processing refers to collecting claims/encounters/service data and processing them in bulk on a pre-determined schedule. _____

If batch, how often is it run? _____

16. How complete are the Medicaid data three months after the close of the reporting period?

How is completeness estimated? How is completeness defined?

III. DATA ACQUISITION CAPABILITIES

17. What is your policy regarding Medicaid claims/encounter audits? Are any audits performed evaluating the data submitted compared with the consumer record?

Are Medicaid encounters audited regularly? Randomly?

18. What are the standards regarding timeliness of processing? Within what timeframe must claims/encounters or service data be entered?

19. Are diagnostic and procedure codes edited for validity? Please provide detail on system edits that are targeted to field content and consistency.

This question is to help to reviewers get a sense of how accurate and valid your claims/encounter data are. If you have an existing document that identifies what edits you have in place, you may submit it as an attachment, or make it available for the reviewers on-site. If you do the latter, please note that in your response.

20. Please complete the following table for Medicaid claims and encounter data and other Medicaid administrative data. For the purposes of this ISCA, a *claim* is defined as a service for which direct reimbursement is made (FFS). An *encounter* is defined as a capitated service, in which no direct reimbursement for the service is provided—rather, the provider receives a capitation payment based on member panels. *Administrative data* is defined as any service data that is housed electronically in a database that is not represented in claims or encounters. Examples would include Sub-Element Cost Report (CMHs), Legislative Boiler Plate Report (CAs), authorization systems, consumer surveys, etc.

Provide any documentation that should be reviewed to explain the data that are being submitted.

	Claims	Encounters	QI Data
Percent of Total Service Volume	____%	____%	
Percent Complete	____%	____%	____%
Other Administrative Data (list types)			
How Are the Above Statistics Quantified?			
Incentives for Data Submission			

III. DATA ACQUISITION CAPABILITIES

21. Describe the Medicaid claims/encounter suspend (“pend”) process, including timeliness of reconciling pending services.

For example, indicate how is the pending process happens, how it is communicated to providers, and how long something can be pending before it is rejected.

22. Describe how Medicaid claims are suspended/pended for review, for non-approval due to missing authorization code(s), or for other reasons.

What triggers a processor to follow up on “pending” claims? How frequent are these triggers?

23. If any Medicaid services/providers are capitated, have you performed studies on the completeness of the information collected on capitated services?

For example, reviewing the encounters reported and following up with providers to ensure completeness of data would be an appropriate response.

Yes

No

If yes, what were the results?

24. If no providers are paid via capitation, how do you ensure that all services are represented within the information system?

25. Claims/Encounters Systems

25a. Beginning with receipt of a Medicaid claim or encounter in-house, describe the claim/encounter handling, logging, and processes that precede adjudication.

When are Medicaid claims/encounters assigned a document control number and logged or scanned into the system? When are Medicaid claims/encounters microfilmed? If there is a delay in microfilming, how do processors access a claim/encounter that is logged into the system, but is not yet filmed?

Note: This question should only be answered by those entities that receive paper claims and process them manually.

III. DATA ACQUISITION CAPABILITIES

25b. Please provide a detailed description of each system or process that is involved in adjudicating:

- Professional encounter(s) for a capitated service

For example, how do you confirm encounter reporting when processing the reimbursement of a capitated claim? _____

Are there any services that are paid on an FFS basis that are provided during a capitated encounter? If so, how would this be processed? _____

- Inpatient stays (with or without authorization) _____

25c. Discuss which decisions in processing a Medicaid claims/encounter (service data) are automated, which are prompted by automated messages appearing on the screen, and which are manual. Document the opportunities a processor has for overriding the system manually.

Is there a report that documents overrides or “exceptions” generated on each processor and reviewed by the claim supervisor? Please describe this report.

The intent of this question is to understand how much manual intervention is required to either data-enter a claim/encounter or to adjudicate a claim. The less manual intervention there is, the less room there is for error.

III. DATA ACQUISITION CAPABILITIES

25d. Are there any outside parties or contractors used to complete adjudication, including but not limited to:

- Bill auditors (hospital claims, claims over a certain dollar amount)

Yes No

- Peer or medical reviewers

Yes No

- Sources for additional charge data (usual and customary)

Yes No

- Bill “re-pricing” for any services provided

Yes No

How are these data incorporated into your organization’s data? _____

25e. Describe the system’s editing capabilities that assure that Medicaid claims and encounters (service data) are processed correctly.

Keep your responses only in the context of the data used for performance indicator reporting. Keep your responses fairly general (i.e., listing the following edits: valid diagnosis and procedure codes, valid recipient ID, valid date of service, mandatory fields, etc.). If your documentation is voluminous, please simply make it available to the reviewers during the site visit.

Provide a list of the specific edits that are performed on claims as they are adjudicated, and note:

1. Whether the edits are performed pre- or post-payment, and
2. Which functions are manual and which are automated.

25f. Please describe how Medicaid eligibility files are updated before providing services, how frequently they updated for ongoing clients, and who has “change” authority. How and when does Medicaid eligibility verification take place (prior to beginning services, monthly, semi-annually, etc.)?

25g. Describe how your systems and procedures handle validation and payment of Medicaid claims and encounters (service data) when procedure codes are not provided.

III. DATA ACQUISITION CAPABILITIES

25h. Where does the system-generated output (EOBs, remittance advices, pend/rejection reports, etc.) reside?

In-house?

In a separate facility?

If located elsewhere, how is such work tracked and accounted for?

26. Describe all performance monitoring standards for Medicaid claims/encounters processing and recent actual performance results.

This question addresses only those staff who are involved with data entry of claims/encounters and/or adjudication of claims.

27. Describe processor-specific performance goals and supervision of actual versus target performance. Do processors have to meet goals for processing speed? Do they have to meet goals for accuracy?

Again, this question addresses those staff who are involved with data entry of claims/encounters and/or adjudication of claims.

28. Other Administrative Data Used for Performance Indicator Reporting

28a. Identify other administrative data sources used. Include all data sources that are utilized to calculate performance measures by your organization: (check all that apply)

- Sub-Element Cost Report (CMHSPs)
- QI Data
- Appointment/Access Database
- Consumer Surveys
- Preadmission Screening Data
- Case Management Authorization System
- Client Assessment Records
- Supported Employment Data
- Recipient Complaints
- Telephone Service Data
- Treatment Episode Data System (TEDS)
- Outcome Measurement Data
- Other:

III. DATA ACQUISITION CAPABILITIES

28b. For each data source identified above, describe the flow of data from the point of origin through the point of entry into an administrative database, data warehouse, or reporting system maintained by your organization. Dataflow diagrams may be included as an attachment.

28c. For each data source identified above, identify the data elements captured within the administrative database, data warehouse, or reporting system, and used for performance measure reporting. This may be included as a separate attachment and may be documentation of table structures or a data dictionary. If the documentation is voluminous, please make it available to the reviewers during the site visit and indicate this below:

28d. For each data source identified above, describe the validation activities performed by your organization to ensure the data in the administrative database are accurate.

B. Eligibility System

1. Please describe any major changes/updates that have taken place in the last three years in your Medicaid eligibility data system. (Be sure to identify specific dates on which changes were implemented.)

Examples:

- New **eligibility** system purchased and installed to replace old system
 - New **eligibility** system purchased and installed to replace most of old system —old system still used
 - Major enhancements to old system (please also explain the types)
 - The use of a vendor-provided eligibility service/system
 - Modifications to eligibility data due to organizational restructuring
- _____

2. How does your organization uniquely identify consumers?

3. How does your organization assign unique consumer IDs? Is this number assigned by the PIHP only or does your organization also assign unique consumer IDs?

III. DATA ACQUISITION CAPABILITIES

C. Incorporating Data from Subcontractor Systems

Use this section to record information on stand-alone systems or benefits provided through subcontracts, such as subcontractor providers, large provider groups (etc.).

Note: Complete the remainder of *Section III - Data Acquisition Capabilities* of the ISCA if your organization calculates any performance indicators required by MDCH and submits the performance indicator results to the PIHP. Skip to *Section III – Data Acquisition Capabilities – E. Provider Compensation* if your organization is responsible only for claims/encounter processing.

1. Does your organization incorporate data from subcontractors to calculate any of the following Medicaid quality measures? If so, which measures require subcontractor data?

Indicator	Measure	Subcontractors
#1	The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. (1 st Quarter SFY 2015)	_____
#2	The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. (1 st Quarter SFY 2015)	_____
#3	The percentage of new Medicaid beneficiaries during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional. (1 st Quarter SFY 2015)	_____
#4a	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. (1 st Quarter SFY 2015)	_____
#4b	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days. (1 st Quarter SFY 2015)	_____
#5	The percent of Medicaid recipients having received PIHP managed services. (1 st Quarter SFY 2015)	_____
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination. (1 st Quarter SFY 2015)	_____
#8	The percent of (a) adults with mental illness, and the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who are employed competitively. (SFY 2014)	_____
#9	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities. (SFY 2014)	_____
#10	The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. (1 st Quarter SFY 2015)	_____
#13	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). (SFY 2014)	_____
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). (SFY 2014)	_____

III. DATA ACQUISITION CAPABILITIES

2. Discuss any concerns you may have about the quality or completeness of any subcontractor data.

3. Please identify which behavioral health services are adjudicated through a separate system that belongs to a subcontractor.

4. Describe the kinds of information sources available to your organization from the subcontractor (e.g., monthly hard copy reports, full claims data).

5. Do you evaluate the quality of this information?

If so, how?

6. Did you incorporate these subcontractor data into the creation of Medicaid-related studies or performance indicator reporting? If not, why not?

III. DATA ACQUISITION CAPABILITIES

D. Integration and Control of Data for Performance Measure Reporting

This section requests information on how your organization integrates Medicaid claims, encounter, membership, provider, vendor, and other data to calculate performance rates. All questions relate to your current systems and processes, unless indicated otherwise.

File Consolidation

1. Provide a written description of the process used to calculate each performance indicator, including all data sources. This may be included as Attachment 5.

2. In consolidating data for Medicaid performance measurement, how are the data sets for each measure collected:

- By querying the processing systems online (claims/encounter, eligibility, etc.)?
 Yes No
- By using extract files created for analytical purposes (i.e., extracting or “freezing” the necessary data into a separate database for analysis)?
 Yes No

If so, how frequently are the files updated? How do they account for claim and encounter submission and processing lags? How is the file creation process checked for accuracy?

By using a separate relational database or data warehouse (i.e., a performance measure repository)?

Yes No

If so, is this the same system from which all other reporting is produced? Yes No

3. Describe how your organization receives Medicaid eligibility data, and tracks Medicaid eligibility over time.

4. Describe the procedure for consolidating Medicaid claims/encounter, member, provider, and other data for performance measure reporting (whether it be into a relational database or file extracts on a measure-by-measure basis).

4a. How many different types of data are merged together to create reports?

4b. What control processes are in place to ensure data merges are accurate and complete? In other words, how do you ensure that the merges were done correctly?

III. DATA ACQUISITION CAPABILITIES

4c. What control processes are in place to ensure that no extraneous data are captured (e.g., lack of specificity in consumer identifiers may lead to inclusion of non-eligible members or to double-counting)?

4d. Do you compare samples of data in the repository to raw data in transaction sets (such as the 837) to verify if all the required data are captured (e.g., were any members, providers, or services lost in the process)?

4e. Describe your process(es) to monitor that the required level of coding detail is maintained (e.g., all significant digits and primary and secondary diagnoses remain) after data have been merged?

5. Describe both the files accessed to create Medicaid performance measures and the fields from those files used for linking or analysis. Use either a schematic or text to respond.

6. Are any algorithms used to check the reasonableness of data integrated to report Medicaid performance measures?

Yes

No

If yes, describe: _____

7. Are Medicaid reports created from a vendor software product?

Yes

No

If so, how frequently are the files updated? How are reports checked for accuracy?

8. Are data files used to report Medicaid performance measures archived and labeled with the performance period in question?

Yes

No

III. DATA ACQUISITION CAPABILITIES

Subcontractor Data Integration

- 9. Information on several types of external encounter sources is requested. In the table on the following page, for each type of delegated service, please indicate the following:**
- First column: Indicate the number of entities contracted (or subcontracted) to provide the behavioral health services. Include subcontractors that offer all or some of the services.
 - Second column: Indicate whether your organization receives member-level data for any Medicaid performance measure reporting from the subcontractors. Answer “Yes” only if all data received from contracted entities are at the member level. If *any* encounter-related data are received in aggregate form, you should answer “No.” If type of service is not a covered benefit, indicate “N/A.”
 - Third column: Indicate whether all data needed for Medicaid performance measure reporting are integrated, at the member-level, with your organization’s administrative data.
 - Fourth and fifth columns: Rank the completeness and quality of the Medicaid data provided by the subcontractors. Consider data received from all sources when using the following data quality grades:
 - A. Data are complete or of high quality.
 - B. Data are generally complete or of good quality.
 - C. Data are incomplete or of poor quality.
 - In the sixth column, describe any concerns you have in ensuring completeness and quality of Medicaid data received from contracted entities. If measure is not being calculated because of no eligible members, please indicate “N/A.”

Type of Delegated Service	Always Receive Member-Level Data From This Subcontractor? (Yes or No)	Integrate Subcontractor Data With PIHP Administrative Data? (Yes or No)	Completeness of Data (A, B, or C)	Quality of Data (A, B, or C)	Rationale for Rating/ Concerns With Data Collection
<i>EXAMPLE: Large provider group #1</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C	<input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<i>Volumes of encounters not consistent from month to month.</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	

III. DATA ACQUISITION CAPABILITIES

Performance Measure Repository Structure

A *performance measure repository structure* is defined as a database that contains consumer-level data used to report performance indicators.

If your organization uses a performance measure repository, please answer the following question. Otherwise, skip to the Report Production section.

10. If your organization uses a performance measure repository for Medicaid performance measures, review the repository structure. Does it contain all the key information necessary for Medicaid performance measure reporting?

- Yes
 No

Report Production

11. Please describe your Medicaid report production logs and run controls. Please describe your Medicaid performance measure report generation process.

12. How are Medicaid report generation programs documented? Is there a type of version control in place?

13. Is testing completed on the development efforts used to generate Medicaid performance measure reports?

14. Are Medicaid performance measure reporting programs reviewed by supervisory staff?

15. Do you have internal back-ups for performance measure programmers (i.e., do others know the programming language and the structure of the actual programs)? Is there documentation?

III. DATA ACQUISITION CAPABILITIES

E. Provider Data

Compensation Structure

The purpose of this section is to evaluate the Medicaid provider compensation structure, as this may influence the quality and completeness of data. Please identify the percentage of physicians, other licensed professionals, and non-licensed services staff who are compensated by each payment mechanism listed in the first column. Each column should total 100%.

Payment Mechanism	Direct CMH Programs	Sub-Panel/ Contract Agency	Off-Panel/ CORF Providers	Hospital	Other
1. Salaried	___%	___%	___%	___%	___%
2. Fee-for-Service—no withhold or bonus	___%	___%	___%	___%	___%
3. Fee-for-Service, with withhold. Please specify % withhold:	___%	___%	___%	___%	___%
4. Fee-for-Service with bonus. Bonus range:	___%	___%	___%	___%	___%
5. Capitated—no withhold or bonus	___%	___%	___%	___%	___%
6. Capitated with withhold. Please specify % withhold:	___%	___%	___%	___%	___%
7. Capitated with bonus. Bonus range:	___%	___%	___%	___%	___%
8. Other	___%	___%	___%	___%	___%
TOTAL	100%	100%	100%	100%	100%

III. DATA ACQUISITION CAPABILITIES

- 1. How are Medicaid fee schedules and provider compensation rules maintained? Who has updating authority?**

- 2. Are Medicaid fee schedules and contractual payment terms automated? Is payment against the schedules automated for all types of participating providers?**

Summary of Requested Documentation		
<p>The documentation requested in the previous questions is summarized in the table below. Please label all attached documentation as described in the table, and by the item number in the far right column. Remember—you are not limited to providing only the documentation listed below; you are encouraged to provide any additional documentation that helps clarify an answer or eliminate the need for a lengthy response.</p>		
Requested Document	Details	Label Number
Previous Medicaid Performance Measure Reports	Please attach final documentation from any previous Medicaid performance measure reporting calculated by your organization for the last 4 quarters.	1
Organizational Chart	Please attach an organizational chart for your organization. The chart should make clear the relationship among key individuals/departments responsible for information management, including performance measure reporting.	2
Data Integration Flow Chart	Please provide a flowchart that gives an overview of the structure of your management IS. Be sure to show how all claims, encounter, membership, provider, vendor, and other data are integrated for performance measure reporting.	3
Performance Measure Repository File Structure (if applicable)	Provide a complete file structure, file format, and field definitions for the performance measure repository.	4
Program/Query Language for Performance Measure Repository Reporting (if applicable)	Provide full documentation on the software programs or codes used to convert performance measure repository data to performance measures.	5
Medicaid Claims Edits	List of specific edits performed on claims/encounters as they are adjudicated with notation of performance timing (pre- or post-payment) and whether they are manual or automated functions.	6
Statistics on Medicaid claims/encounters and other administrative data	Documentation that explains statistics reported in the ISCAT.	7
Health Information System Configuration for Network	Attachment 8	8
Other: _____	_____	9

Comments: _____

Appendix D. **Performance Improvement Project Validation Tool**

The performance improvement project validation tool and summary form follow this cover page.



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for **<PIHP Full Name>**

DEMOGRAPHIC INFORMATION

Health Plan Name: <PIHP Full Name>

Project Leader Name: _____ Title: _____

Telephone Number: _____ E-Mail Address: _____

Name of Project: <PIP Topic>

Section to be completed by HSAG

Type of Project: Clinical Nonclinical
 Collaborative HEDIS

_____ Year 1 Validation

Year 1 validated through Activity _____

_____ Baseline

_____ Remeasurement 1

_____ Year 2 Validation

Year 2 validated through Activity _____

_____ Remeasurement 2

_____ Remeasurement 3

_____ Year 3 Validation

Year 3 validated through Activity _____

Submission Date: _____



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
I.	Select the Study Topic: Topics selected for the study should reflect the Medicaid-enrolled population in terms of demographic characteristics, prevalence of disease, and the potential consequences (risks) of disease. Topics could also address the need for a specific service. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State Medicaid agency or based on input from Medicaid beneficiaries. The study topic:		
C*	1. Is selected following collection and analysis of data. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	2. Has the potential to improve consumer health, functional status, or satisfaction. The scoring for this element will be <i>Met</i> or <i>Not Met</i> .	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity I

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
2	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project Evaluation		
II. Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question(s):		
C*	1. States the problem to be studied in simple terms and is in the recommended X/Y format. NA is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>

Results for Activity II

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project Evaluation		
III.	Use a Representative and Generalizable Study Population: The selected topic should represent the entire eligible Medicaid-enrolled population, with systemwide measurement and improvement efforts to which the study indicator(s) apply. The study population:	
C*	1. Is accurately and completely defined and captures all beneficiaries to whom the study question(s) apply. NA is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>

Results for Activity III

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
IV.	Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event (e.g., an older adult has not received an influenza vaccination in the last 12 months) or a status (e.g., a consumer’s blood pressure is or is not below a specified level) that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. The study indicator(s):		
C*	1. Are well-defined, objective, and measure changes in health or functional status, consumer satisfaction, or valid process alternatives. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	2. Include the basis on which the indicator(s) were adopted, if internally developed.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
C*	3. Allow for the study question(s) to be answered. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity IV

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
3	0	0	0	0	2	0	0	0	0

* “C” in this column denotes a *critical* evaluation element.
 ** This is the total number of *all* evaluation elements for this review activity.
 *** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
V.	Use Sound Sampling Techniques: (This activity is scored only if sampling is used.) If sampling is used to select beneficiaries of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods should:		
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.)	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	2. Include the title of the applicable study indicator(s).	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	3. Identify the population size.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
C*	4. Identify the sample size.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	5. Specify the margin of error and confidence level.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	6. Describe in detail the methods used to select the sample.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity V

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
6	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
VI.	Reliably Collect Data: Data collection must ensure that the data collected on the study indicator(s) are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection should include:		
	1. Clearly defined data elements to be collected. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	2. A clearly defined and systematic process for collecting baseline and remeasurement data.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	3. Qualifications of staff beneficiaries collecting manual data.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
C*	4. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	5. An estimated degree of administrative data completeness. <i>Met</i> = 80–100 percent complete <i>Partially Met</i> = 50–79 percent complete <i>Not Met</i> = <50 percent complete or not provided	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	6. A description of the data analysis plan.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity VI

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
6	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
VII.	Analyze Data and Interpret Study Results: Review the data analysis process for the selected clinical or nonclinical study indicators. Review appropriateness of, and adherence to, the statistical analysis techniques used. The data analysis and interpretation of the study results:		
	1. Are conducted according to the data analysis plan in the study design. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
C*	2. Allow for the generalization of results to the study population if a sample was selected. If sampling was not used, this score will be <i>NA</i> .	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	3. Identify factors that threaten internal or external validity of findings. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	4. Include an interpretation of findings. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
C*	5. Are presented in a way that provides accurate, clear, and easily understood information. <i>NA</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	6. Identify the initial measurement and the remeasurement of study indicators.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	7. Identify statistical differences between the initial measurement and the remeasurement.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	8. Identify factors that affect the ability to compare the initial measurement with the remeasurement.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project Evaluation		
VII.	Analyze Data and Interpret Study Results: Review the data analysis process for the selected clinical or nonclinical study indicators. Review appropriateness of, and adherence to, the statistical analysis techniques used. The data analysis and interpretation of the study results:	
9. Include an interpretation of the extent to which the study was successful.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity VII

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
9	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
VIII.	Implement Intervention and Improvement Strategies: Real, sustained improvements in care result from a continuous cycle of measuring and analyzing performance, as well as developing and implementing systemwide improvements in care. Interventions are designed to change behavior at an institutional, practitioner, or consumer level. The improvement strategies are:		
C*	1. Related to causes/barriers identified through data analysis and quality improvement processes. NA is not applicable to this element for scoring.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
	2. System changes that are likely to induce permanent change.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
	3. Revised if the original interventions are not successful.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	
	4. Evaluated for effectiveness.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	

Results for Activity VIII

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	NA	Critical Elements***	Met	Partially Met	Not Met	NA
4	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project Evaluation			
IX.	Assess for Real Improvement: Through repeated measurement of the quality indicators selected for the project, meaningful change in performance relative to the performance observed during baseline measurement must be demonstrated. Assess for any random, year-to-year variations, population changes, or sampling errors that may have occurred during the measurement process.		
	1. The remeasurement methodology is the same as baseline methodology.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	2. There is documented improvement in processes or outcomes of care.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
C*	3. There is statistical evidence that observed improvement is true improvement over baseline.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	
	4. The improvement appears to be the result of planned intervention(s).	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity IX

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
4	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project Evaluation		
X.	Assess for Sustained Improvement: Assess for demonstrated improvement through repeated measurements over comparable time periods.	
C*	1. Repeated measurements over comparable time periods demonstrate sustained improvement or that a decline in improvement is not statistically significant. <input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>NA</i>	

Results for Activity X

Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a *critical* evaluation element.

** This is the total number of *all* evaluation elements for this review activity.

*** This is the total number of critical evaluation elements for this review activity.

Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for <PIHP Full Name>

Table 3–1—2014–2015 PIP Validation Report Scores
for <PIP Topic>
for <PIHP Full Name>

Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA
I. Select the Study Topic	2					1				
II. Define the Study Question(s)	1					1				
III. Use a Representative and Generalizable Study Population	1					1				
IV. Select the Study Indicator(s)	3					2				
V. Use Sound Sampling Techniques	6					1				
VI. Reliably Collect Data	6					1				
VII. Analyze Data and Interpret Study Results	9					2				
VIII. Implement Intervention and Improvement Strategies	4					1				
IX. Assess for Real Improvement	4					1				
X. Assess for Sustained Improvement	1					1				
Totals for All Activities	37					12				

Table 3–2—2014–2015 PIP Validation Report Overall Score
for <PIP Topic>
for <PIHP Full Name>

Percentage Score of Evaluation Elements Met*	%
Percentage Score of Critical Elements Met**	%
Validation Status***	<Met, Partially Met, or Not Met>

- * The percentage score for all evaluation elements *Met* is calculated by dividing the total *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*.
- ** The percentage score for critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.
- *** *Met* equals high confidence/confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.



Appendix D: Michigan 2014–2015 PIP Validation Tool:
<PIP Topic>
for **<PIHP Full Name>**

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the implications of the study’s findings on the likely validity and reliability of the results based on the CMS protocol for validating PIPs. HSAG also assessed whether the State should have confidence in the reported PIP findings.

Met = High confidence/confidence in reported PIP results

Partially Met = Low confidence in reported PIP results

Not Met = Reported PIP results not credible

Summary of Aggregate Validation Findings

Met

Partially Met

Not Met

Summary statement on the validation findings:

Activities xx through xx were assessed for this PIP Validation Report. Based on the validation of this PIP, HSAG’s assessment determined xx confidence in the results.



Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

DEMOGRAPHIC INFORMATION

Plan Name: <PIHP Full Name>

Project Leader Name: ____

Title: ____

Telephone Number: ____

E-Mail Address: ____

Name of Project: <PIP Topic>

Section to be completed by HSAG

Type of Project:

Date of Project:

From ____ to ____

Clinical

Nonclinical

Submission Date: ____

Collaborative

HEDIS

Validation Date: ____

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity I: Select the Study Topic. PIP topics should target improvement in relevant areas of care/services and reflect the population in terms of demographic characteristics, prevalence of disease, and the potential consequences (risks) of disease. The goal of the project should be to improve processes and/or outcomes of health care or services.

The study topic should:

- ◆ Be selected following the collection and analysis of plan-specific data.
- ◆ Have the potential to improve consumer health, functional status, or satisfaction.
- ◆ Be based on a high-volume, high-risk, or problem-prone area for which improvement is needed.

Study Topic:

Provide PIHP-specific data:

Describe how the study topic has the potential to improve consumer health, functional status, or satisfaction:

Appendix D: **Michigan 2014–2015 PIP Summary Form:**
<PIP Topic>
for **<PIHP Full Name>**

Activity II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The Study Question(s) should:

- ◆ Be structured in the recommended X/Y format: “Does doing X result in Y?”
- ◆ State the problem in clear and simple terms.
- ◆ Be answerable based on the data collection methodology and study indicator(s) provided.

Study Question(s):

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity III. Use a Representative and Generalizable Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding consumers with special health care needs.

The study population definition should:

- ◆ Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- ◆ Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- ◆ Clearly define the inclusion, exclusion, and diagnosis criteria.
- ◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify consumers, if applicable.
- ◆ Capture all consumers to whom the study question(s) applies.
- ◆ Include how race/ethnicity will be identified, if applicable.

Study Population:

Consumer enrollment requirements:

Consumer age criteria (if applicable):

Inclusion, exclusion, and diagnosis criteria:

Diagnosis/procedure/pharmacy/billing codes (if applicable):

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity IV: Select the Study Indicator(s). The selected indicator(s) should track performance or improvement over time. The study indicator(s) should be objective, completely and clearly defined, measurable, and based on current clinical knowledge or health services research.

There is a minimum requirement of one study indicator. The plan may submit additional indicators based on the focus of the PIP.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator.
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include plan-specific goals for the remeasurement periods and the State-designated goal, if applicable.

Study Indicator 1: Enter title of study indicator	Provide a narrative description and the rationale for selecting the study indicator: Describe the basis on which the indicators were adopted, if internally developed.
Numerator (no numeric value)	
Denominator (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
PIHP-Specific Remeasurement 1 Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
PIHP-Specific Remeasurement 2 Goal	
State-Designated Goal (if applicable)	

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity IV: Select the Study Indicator(s). The selected indicator(s) should track performance or improvement over time. The study indicator(s) should be objective, completely and clearly defined, measurable, and based on current clinical knowledge or health services research.

There is a minimum requirement of one study indicator. The plan may submit additional indicators based on the focus of the PIP.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator.
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include plan-specific goals for the remeasurement periods and the State-designated goal, if applicable.

Study Indicator 2: Enter title of study indicator	Provide a narrative description and the rationale for selecting the study indicator: Describe the basis on which the indicators were adopted, if internally developed.
Numerator (no numeric value)	
Denominator (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
PIHP-Specific Remeasurement 1 Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
PIHP-Specific Remeasurement 2 Goal	
State-Designated Goal (if applicable)	

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity IV: Select the Study Indicator(s). The selected indicator(s) should track performance or improvement over time. The study indicator(s) should be objective, completely and clearly defined, measurable, and based on current clinical knowledge or health services research.

There is a minimum requirement of one study indicator. The plan may submit additional indicators based on the focus of the PIP.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator.
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include plan-specific goals for the remeasurement periods and the State-designated goal, if applicable.

Study Indicator 3: Enter title of study indicator	Provide a narrative description and the rationale for selecting the study indicator: Describe the basis on which the indicators were adopted, if internally developed.
--	---

Numerator (no numeric value)	
-------------------------------------	--

Denominator (no numeric value)	
---------------------------------------	--

Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
--	--

Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
---	--

PIHP-Specific Remeasurement 1 Goal	
---	--

Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
---	--

PIHP-Specific Remeasurement 2 Goal	
---	--

State-Designated Goal (if applicable)	
--	--

Additional information about the study indicators:	
---	--

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity V: Use Sound Sampling Techniques. If sampling is to be used to select consumers of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis. Representative sampling techniques should be used to ensure generalizable information.

The description of the sampling methods should:

- ◆ Include components identified in the table below.
- ◆ Be updated annually for each measurement period and for each study indicator.
- ◆ Include a detailed narrative description of the methods used to select the sample.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Describe in detail the methods used to select the sample:

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VI: Reliably Collect Data. The data collection methods must ensure that data collected on the study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ How data are analyzed.

Data Sources (Select all that apply)

Hybrid—Both medical/treatment records (manual data collection) and administrative data collection processes are used

Medical/Treatment Record Abstraction

Record Type

Outpatient

Inpatient

Other _____

Other Requirements

Data collection tool attached

Data collection instructions attached

Summary of data collection training attached

IRR process and results attached

Other Data

Description of manual data collection staff, including training, experience, and qualifications:

Administrative Data

Data Source

Programmed pull from claims/encounters

Complaint/Appeal

Pharmacy data

Telephone service data/call center data

Appointment/access data

Delegated entity/vendor data_____

Other _____

Other Requirements

Codes used to identify data elements (e.g., ICD-9, CPT codes)_____

Data completeness assessment attached

Coding verification process attached

Quality control process attached

Estimated percentage of administrative data completeness: _____ percent.

Describe the process used to determine data completeness:

Survey Data

Fielding Method

Personal interview

Mail

Phone with CATI script

Phone with IVR

Internet

Other_____

Other Requirements

Number of waves_____

Response rate_____

Incentives used_____

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VI: Reliably Collect Data. The data collection methods must ensure that data collected on the study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ How data are analyzed.

Determine the data collection cycle.

Determine the data analysis cycle.

- Once a year
- Twice a year
- Once a season
- Once a quarter
- Once a month
- Once a week
- Once a day
- Continuous
- Other (list and describe):

- Once a year
- Once a season
- Once a quarter
- Once a month
- Continuous
- Other (list and describe):

Appendix D: **Michigan 2014–2015 PIP Summary Form:**
<PIP Topic>
for **<PIHP Full Name>**

Data analysis plan and other pertinent methodological features.

- ◆ Include how the rates or means are calculated, the type of statistical testing to be used to compare study indicator results between baseline and the most remeasurement period and between each remeasurement period, details of how data will be analyzed, and how the rates compare to the stated goal/benchmark.
- ◆ Documentation should include clear definitions of the data elements to be collected.
- ◆ Documentation should include a systematic process with an ordered sequence of steps. Each step depends on the outcome of the previous step. This can be defined in a narrative or with algorithms/flow charts.

Describe the data analysis plan:

Describe the data collection process:

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VII: Data Analysis and Interpretation of Results. Clearly present the results of the study indicator(s). For HEDIS-based PIPs, the data entered in the table below should align with the data reported in the PIHP's IDSS.

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 1 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> value
MM/DD/YYYY– MM/DD/YYYY	<i>Baseline</i>					
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

Study Indicator 2 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> value
MM/DD/YYYY– MM/DD/YYYY	<i>Baseline</i>					
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VII: Data Analysis and Interpretation of Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ A description of the data analysis process conducted on the selected study indicators, including the statistical testing performed and the p values calculated to four decimal places (i.e., 0.0235).
- ◆ A description of the results for the statistical analysis, an interpretation of the findings, and a comparison of the results/changes from measurement period to measurement period, including a comparison to the goal.
- ◆ Identification of any factors that could influence the comparability of measurement periods or the validity of the findings for each measurement period.
- ◆ Discussion of any random, year-to-year variations, population changes, sampling errors, or statistically significant increases or decreases that may have occurred during the remeasurement process.
- ◆ A discussion of the extent to which the PIP was successful and any follow-up activities planned.

Describe the data analysis process and provide an interpretation of the results for each measurement period.

Baseline Measurement:

Remeasurement 1:

Remeasurement 2:

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of the interventions. Do not include intervention planning activities.

This activity will include the following:

- ◆ Pre-baseline interventions.
- ◆ Baseline and remeasurement barriers/interventions.
- ◆ The processes used to identify barriers/interventions and to evaluate the effectiveness of the interventions.

Pre-Baseline Interventions: If interventions were implemented prior to the start of the baseline period, please enter each intervention in the table below. If not, please enter “not applicable” in the first row of the Pre-Baseline table.

Use the table below to list Pre-Baseline interventions.

Date Implemented (MM/YY)	Pre-Baseline Interventions

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of the interventions. Do not include intervention planning activities.

This activity will include the following:

- ◆ Pre-baseline interventions.
- ◆ Baseline and remeasurement barriers/interventions.
- ◆ The processes used to identify barriers/interventions and to evaluate the effectiveness of the interventions.

Baseline Interventions: If interventions were implemented during the baseline period, please describe the process used to identify barriers and the process to develop the corresponding interventions for the baseline measurement period. Please include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers such as data mining, fishbone diagram, process level data, etc. Describe the process used to prioritize the barriers. Lastly, describe the process that will be used to evaluate the effectiveness of each intervention. If interventions were not implemented during the baseline period, please enter “not applicable” in the first row of the baseline table below.

Use the table below to list barriers and corresponding interventions for the baseline measurement period. For each remeasurement period, copy the ongoing interventions from the previous measurement period to the current remeasurement table and select whether the intervention was (1) new, continued, or revised, and (2) consumer, provider, or system.

Date Implemented (MM/YY)	Check if Consumer, Provider, or System Intervention	Baseline Barriers	Baseline Intervention That Addresses the Barrier Listed in the Previous Column
	Click to select status		
	Click to select status		
	Click to select status		
	Click to select status		

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of the interventions. Do not include intervention planning activities.

This activity will include the following:

- ◆ Pre-baseline interventions.
- ◆ Baseline and remeasurement barriers/interventions.
- ◆ The processes used to identify barriers/interventions and to evaluate the effectiveness of the interventions.

Remeasurement 1 Interventions: In the space below, please describe the process used to identify barriers and the process to develop the corresponding interventions for the Remeasurement 1 period. Please include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers such as data mining, fishbone diagram, process level data, etc. Describe the process used to prioritize the barriers. In addition, describe the process used to determine if existing interventions were continued, revised, or discontinued. Lastly, describe the process that will be used to evaluate the effectiveness of each intervention.

Use the table below to list barriers and corresponding interventions for the baseline measurement period. For each remeasurement period, copy the ongoing interventions from the previous measurement period to the current remeasurement table and select if the intervention was (1) new, continued, or revised, and (2) consumer, provider, or system.

Date Implemented (MM/YY)	Check if Continued, New, or Revised	Check if Consumer, Provider, or System Intervention	Remeasurement 1 Barriers	Remeasurement 1 Intervention That Addresses the Barrier Listed in the Previous Column
	Click to select status	Click to select status		
	Click to select status	Click to select status		
	Click to select status	Click to select status		
	Click to select status	Click to select status		

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of the interventions. Do not include intervention planning activities.

This activity will include the following:

- ◆ Pre-baseline interventions.
- ◆ Baseline and remeasurement barriers/interventions.
- ◆ The processes used to identify barriers/interventions and to evaluate the effectiveness of the interventions.

Remeasurement 2 Interventions: In the space below, please describe the process used to identify barriers and the process to develop the corresponding interventions for the Remeasurement 2 period. Please include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers such as data mining, fishbone diagram, process level data, etc. Describe the process used to prioritize the barriers. In addition, describe the process used to determine if existing interventions were continued, revised, or discontinued. Lastly, describe the process that will be used to evaluate the effectiveness of each intervention.

Use the table below to list barriers and corresponding interventions for the baseline measurement period. For each remeasurement period, copy the previous measurement period ongoing interventions to the current remeasurement table and select if the intervention was (1) new, continued, or revised, and (2) consumer, provider, or system.

Date Implemented (MM/YY)	Check if Continued, New, or Revised	Check if Consumer, Provider, or System Intervention	Remeasurement 2 Barriers	Remeasurement 2 Intervention That Addresses the Barrier Listed in the Previous Column
	Click to select status	Click to select status		
	Click to select status	Click to select status		
	Click to select status	Click to select status		
	Click to select status	Click to select status		

Appendix D: Michigan 2014–2015 PIP Summary Form:
<PIP Topic>
for <PIHP Full Name>

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of the interventions. Do not include intervention planning activities.

This activity will include the following:

- ◆ Pre-baseline interventions.
- ◆ Baseline and remeasurement barriers/interventions.
- ◆ The processes used to identify barriers/interventions and to evaluate the effectiveness of the interventions.

Remeasurement 3 Interventions: In the space below, please describe the process used to identify barriers and the process to develop the corresponding interventions for the Remeasurement 3 period. Please include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers such as data mining, fishbone diagram, process level data, etc. Describe the process used to prioritize the barriers. In addition, describe the process used to determine if existing interventions were continued, revised, or discontinued. Lastly, describe the process that will be used to evaluate the effectiveness of each intervention.

Use the table below to list barriers and corresponding interventions for the baseline measurement period. For each remeasurement period, copy the previous measurement period ongoing interventions to the current remeasurement table and select if the intervention was (1) new, continued, or revised, and (2) consumer, provider, or system.

Date Implemented (MM/YY)	Check if Continued, New, or Revised	Check if Consumer, Provider, or System Intervention	Remeasurement 3 Barriers	Remeasurement 3 Intervention That Addresses the Barrier Listed in the Previous Column
	Click to select status	Click to select status		
	Click to select status	Click to select status		
	Click to select status	Click to select status		
	Click to select status	Click to select status		