

Managed Care Program Annual Report (MCPAR) for Michigan: Managed Specialty Services & Supports

Due date	Last edited	Edited by	Status
03/29/2026	03/27/2026	Sandra Gettel	Submitted

Indicator	Response
Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If "No", please complete the following questions under	Plan to submit on 03/28/2026

Indicator

Response

each plan.

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	Michigan
A2a	Contact name First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Sandra Gettel
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	gettels@michigan.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Sandra Gettel
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	gettels@michigan.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	03/27/2026

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	10/01/2024
A5b	Reporting period end date Auto-populated from report dashboard.	09/30/2025
A6	Program name Auto-populated from report dashboard.	Managed Specialty Services & Supports

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Reg 1 NorthCare
	Reg 2 Northern MI Regional Entity
	Reg 3 Lakeshore Regional Entity
	Reg 4 South West Michigan Behavioral Health
	Reg 5 Mid-State Health Network
	Reg 6 CMH Partnership of Southeast MI
	Reg 7 Detroit Wayne Integrated Health Network
	Reg 8 Oakland Community Health Network
	Reg 9 Macomb County CMH Services
	Region 10 PIHP

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Independent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

Indicator	Response
BSS entity name	Reg 1 NorthCare Reg 2 Northern MI Regional Entity Reg 3 Lakeshore Regional Entity Reg 4 South West Michigan Behavioral Health Reg 5 Mid-State Health Network Reg 6 CMH Partnership of Southeast MI Reg 7 Detroit Wayne Integrated Health Network Reg 8 Oakland Community Health Network Reg 9 Macomb County CMH Services Region 10 PIHP

Add In Lieu of Services and Settings (A.9)



Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Not answered

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<p data-bbox="310 100 727 178">Statewide Medicaid enrollment</p> <p data-bbox="310 199 727 520">Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.</p>	2,492,217
BI.2	<p data-bbox="310 562 727 640">Statewide Medicaid managed care enrollment</p> <p data-bbox="310 661 727 1045">Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	2,419,982

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	Data validation entity Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	EQRO

Topic X: Program Integrity

Number	Indicator	Response
BX.1	<p data-bbox="313 107 695 180">Payment risks between the state and plans</p> <p data-bbox="313 201 727 863">Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter "No PI activities were performed during the reporting period" as your response. "N/A" is not an acceptable response.</p>	<p data-bbox="760 107 1365 338">The State did not conduct service-specific or other focused PI activities during the past year. Focused PI activities were performed by the PIHPs and monitored by the State. There are ongoing discussions to incorporate this into future contract language.</p>
BX.2	<p data-bbox="313 919 618 993">Contract standard for overpayments</p> <p data-bbox="313 1014 727 1171">Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.</p>	<p data-bbox="760 919 1219 949">Allow plans to retain overpayments</p>
BX.3	<p data-bbox="313 1224 634 1339">Location of contract provision stating overpayment standard</p> <p data-bbox="313 1360 727 1518">Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).</p>	<p data-bbox="760 1224 1328 1297">PIHP: 1.R - General Requirements - Program Integrity</p>
BX.4	<p data-bbox="313 1570 711 1644">Description of overpayment contract standard</p> <p data-bbox="313 1665 727 1759">Briefly describe the overpayment standard selected in indicator B.X.2.</p>	<p data-bbox="760 1570 1377 1759">The plan is currently able to retain overpayments identified and recovered as OIG does not currently have language in the PIHP contract to initiate investigations in place of the PIHPs.</p>
BX.5	<p data-bbox="313 1812 727 1885">State overpayment reporting monitoring</p> <p data-bbox="313 1906 727 2100">Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness</p>	<p data-bbox="760 1812 1377 2043">MDHHS mandates monthly and quarterly submissions of overpayment activities, as well as an annual report capturing totals from the FY. OIG provides feedback to the managed care entities from their assessment of these submissions.</p>

of reporting?
The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.

BX.6	Changes in beneficiary circumstances Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	The State sends both an audit file and a payment file for the plans to compare and ensure they are getting capitation payments/recoupments for each of the members on the audit file.
BX.7a	Changes in provider circumstances: Monitoring plans Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	Yes
BX.7b	Changes in provider circumstances: Metrics Does the state use a metric or indicator to assess plan reporting performance? Select one.	Yes
BX.7c	Changes in provider circumstances: Describe metric Describe the metric or indicator that the state uses.	OIG mandates monthly and quarterly submissions of overpayment activities, including providing feedback of OIG's assessment. The quarterly submissions include provider disenrollments. OIG also requires submission of for-cause terminations to be provided within a specific form, which includes termination dates that are routinely assessed. OIG is able to see when the provider was terminated vs. when notice was sent to the state, and feedback can be given, as necessary.
BX.8a	Federal database checks: Excluded person or entities During the state's federal database checks, did the state find any person or entity excluded? Select one.	No

Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.

BX.9a	Website posting of 5 percent or more ownership control	No
	Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	
BX.10	Periodic audits	https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Mental-Health/Stats-and-Reports/MI_SF2024_PIHP_EDV_Aggregate_Report.pdf?rev=baf5af47fe354544b11bcd90dc7e8a69&hash=14C12474EE3F54BB56B8B7D509C63BFA
	If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	

Topic XIII. Prior Authorization



Beginning June 2026, Indicators B.XIII.1a-b-2a-b must be completed. Submission of this data before June 2026 is optional.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026?	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	Prepaid Inpatient Health Plan Notice of Contract October 1, 2024-September 30, 2025.
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	10/01/2024
C11.2	<p>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Doing-Business-with-MDHHS/Contract-and-Subrecipient-Resources/PIHP_Master_Contract_Template.pdf?rev=5225234b83044c27a6ca4ae48f7e426c&hash=AA3C9305928F2CC838FDF734BCA33E48
C11.3	<p>Program type</p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	Prepaid Inpatient Health Plan (PIHP)
C11.4a	<p>Special program benefits</p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	<p>Behavioral health</p> <p>Long-term services and supports (LTSS)</p> <p>Transportation</p>
C11.4b	<p>Variation in special benefits</p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	N/A
C11.5	Program enrollment	2,466,962

Enter the average number of individuals enrolled in this managed care program per month during the reporting year (i.e., average member months).

C11.6

Changes to enrollment or benefits

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter "There were no major changes to the population or benefits during the reporting year" as your response. "N/A" is not an acceptable response.

The ongoing ending of the Public Health Emergency guidance triggered Medicaid redeterminations causing individuals to be determined to not be eligible for Medicaid and thus a drop in the number of individuals enrolled.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	<p>Uses of encounter data</p> <p>For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more.</p> <p>Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).</p>	<p>Rate setting</p> <p>Quality/performance measurement</p> <p>Monitoring and reporting</p> <p>Contract oversight</p> <p>Program integrity</p> <p>Policy making and decision support</p>
C1III.2	<p>Criteria/measures to evaluate MCP performance</p> <p>What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more.</p> <p>Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).</p>	<p>Timeliness of initial data submissions</p> <p>Timeliness of data corrections</p> <p>Use of correct file formats</p> <p>Provider ID field complete</p> <p>Overall data accuracy (as determined through data validation)</p>
C1III.3	<p>Encounter data performance criteria contract language</p> <p>Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.</p>	<p>Encounter Timeliness Calculation</p>

C1III.4	Financial penalties contract language Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	8. Payment Terms, D. Contractor Performance Bonus, 1. (a) (iv & v)
C1III.5	Incentives for encounter data quality Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with "N/A" if the plan does not use incentives to award encounter data quality.	Contractor Performance Bonus/Penalty if financial reports and/or encounters are not submitted timely.
C1III.6	Barriers to collecting/validating encounter data Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter "The state did not experience any barriers to collecting or validating encounter data during the reporting year" as your response. "N/A" is not an acceptable response.	The state did not experience any barriers to collecting or validating encounter data during the reporting year

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	<p>State’s definition of “critical incident”, as used for reporting purposes in its MLTSS program</p> <p>If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for “critical incidents” within the managed care program? Respond with “N/A” if the managed care program does not cover LTSS.</p>	<p>Critical Incidents are defined as the following events: Suicide; Non-suicide death, Arrest of consumer, Emergency Medical Treatment due to injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management or fall; Hospitalization due to Injury or Medication Error; Hospitalization due to injury related to the use of physical management or fall.</p>
C1IV.2	<p>State definition of “timely” resolution for standard appeals</p> <p>Provide the state’s definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.</p>	<p>MDHHS/PIHP Contract, Schedule A, Statement of Work; 1. General Requirements; L. Grievance and Appeals Process for Beneficiaries; 1.e.iv. Contractor must make a determination on non-expedited Appeals not later than 30 days after an appeal is submitted in writing by the beneficiary. MDHHS Appeal and Grievance Resolution Processes Technical Requirement, VI. PIHP Appeal Process, Letter C. Appeal Resolution Timing and Notice Requirements, Item 1: Standard Appeal Resolution (timing): The PIHP must resolve the Appeal and provide notice of resolution to the affected parties as expeditiously as the Enrollee's health condition requires, but not to exceed 30 calendar days from the day the PIHP receives the Appeal.</p>
C1IV.3	<p>State definition of “timely” resolution for expedited appeals</p> <p>Provide the state’s definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.</p>	<p>MDHHS/PIHP Contract, Schedule A, Statement of Work; 1. General Requirements; L. Grievance and Appeals Process for Beneficiaries; 8.b.iii: Contractor must make a decision on the Expedited Appeal within 72 hours of receipt of the Expedited Appeal. MDHHS Appeal and Grievance Resolution Processes Technical Requirement, VI. PIHP Appeal Process, Letter C. Appeal Resolution Timing and Notice Requirements, Item 2.d: Expedited Appeal Resolution (timing): If a request for expedited resolution is granted, the PIHP must resolve the Appeal and provide notice of resolution to the affected parties no longer than 72 hours after the PIHP receives the request for expedited resolution of the Appeal. 42 CFR 438.408.</p>
C1IV.4	<p>State definition of “timely” resolution for grievances</p>	<p>MDHHS/PIHP Contract, Schedule A, Statement of Work; 1. General Requirements; L. Grievance</p>

Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.

and Appeals Process for Beneficiaries; 1.e.v. Contractor must make a determination on Grievances within 90 days of the submission of a Grievance. MDHHS Appeal and Grievance Resolution Processes Technical Requirement, VII. Grievance Process, D. Grievance Resolution Timing and Notice Requirements, Item 1: Timing of Grievance Resolution: Provide the Enrollee a written notice of resolution not to exceed 90 calendar days from the day the PIHP received the Grievance. 42 CFR 438.408 (b)(1)

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	<p>Gaps/challenges in network adequacy</p> <p>What are the state’s biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter “No challenges were encountered” as your response. “N/A” is not an acceptable response.</p>	<p>PIHP's continue to experience challenges with increasing demand for services in combination with staffing shortages and limited specialty labor resources. Rural PIHPs particularly noted these challenges, but even for large metro PIHPs, they highlighted the challenges in finding and retaining the specialized workforce needed.</p>
C1V.2	<p>State response to gaps in network adequacy</p> <p>How does the state work with MCPs to address gaps in network adequacy?</p>	<p>The Bureau of Specialty Behavioral Health Services within MDHHS continues to work closely with PIHP subject matter experts to address gaps in network adequacy. We provide ongoing assistance with technical support, corrective action plans (as needed), and engagement with our legislature for areas (such as Direct Care Workers and Applied Behavioral Analysis) that necessitate additional funding or oversight. After MDHHS compiles and analyzes annual network adequacy data submitted by the PIHPs, we summarize the results for each PIHP to review, and also distribute these results internally for MDHHS teams to review as relevant to their area. In addition, MDHHS utilizes an External Quality Review Organization (HSAG), to support further review of network adequacy for PIHPs. After review by HSAG, corrective action plans are submitted by the PIHPs to address plan deficiencies and are then reviewed by HSAG and MDHHS the following year. MDHHS has also contracted with Quest Analytics for FY27 and plans to increase the frequency of review of PIHP network adequacy to quarterly. Finally, contract language also holds the PIHPs accountable to providing adequate and timely access to services, and therefore, to utilizing out-of-network providers when another option is not available.</p>

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	<p data-bbox="313 107 480 136">BSS website</p> <p data-bbox="313 161 721 317">List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.</p>	<p data-bbox="760 107 1365 220">https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/customer-services/beneficiarysupport@michigan.gov</p>
C1IX.2	<p data-bbox="313 369 618 441">BSS auxiliary aids and services</p> <p data-bbox="313 466 708 877">How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2)? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.</p>	<p data-bbox="760 369 1382 1833">MDHHS contract with the PIHPs require: All written materials for potential beneficiaries must include taglines in the prevalent non-English languages in the Contractor's region, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the entity providing choice counseling services as required by §438.71(a) and as defined in 42 CFR Parts 438.10 (d)(3) and 431.10(d)(4). In accordance with 42 CFR Parts 438.10(d)(3) 438.10(d)(6) and 438.10(d)(6)(iv), Large print means printed in a font size no smaller than 18 point. The Health Plans are required to take into consideration the special needs of beneficiaries with disabilities or LEP, the Contractor must ensure that beneficiaries are notified that oral interpretation is available for any language, written information is available in prevalent languages, and auxiliary aids, such as and Teletypewriter/Text Telephone (TTY/TDY) and American Sign Language (ASL), and services are available upon request at no cost, and how to access those services as referenced in 42 CFR Parts 438.10(d)(3) and 438.10(d)(4). The Contractor must also ensure that beneficiaries are notified how to access alternative formats as defined in 42 CFR 438.10(d)(6)(iv). In mental health settings, Video Remote Interpreting (VRI) is to be used only in emergency situations, extenuating circumstances, or during a state or national emergency as a temporary solution until they can secure a qualified interpreter and in accordance with R 393.5055 VRI standards, usage, limitations, educational, legal, medical, mental health standards.</p>
C1IX.3	<p data-bbox="313 1885 631 1915">BSS LTSS program data</p> <p data-bbox="313 1940 703 2070">How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a</p>	<p data-bbox="760 1885 1365 2081">The State of Michigan requires the PIHPs to report critical incident data in the Critical Incident Reporting system (CIRS). The CIRS was implemented in FY2011 and improved the ability of the State of Michigan (MDHHS) and</p>

review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).

the PIHPs to identify issues at the individual level for remediation, analysis, and trending. This data informs the PIHPs and MDHHS systemic issues that require remediations. Effectiveness of systemic remediations can also be analyzed through ongoing and regular data report pulls. MDHHS uses this information to measure how well the PIHPs and its provider network monitor the care of vulnerable service recipients, including 1915(c) Waiver participants. Effective for FY23, MDHHS moved to a new Critical Incident Reporting system platform through Customer Relationship Management (CRM) system. The new CIR platform will provide real time access and monitoring by to review and address Critical Incident reports. This will result in more immediate remediations at both an individual and systemic level. The State of Michigan delegates responsibility for utilization management (UM) functions to the PIHPs and are well-trained in Medicaid Fair Hearing process and requirements. MDHHS reviews the numbers and types of Medicaid Fair Hearing requests filed as an indicator when UM decisions may not be consistent with policy. Outcomes of hearing requests is monitored and reviewed by MDHHS to analyze issues and trends related to systemic issues. Any individual remediation required to address deficiencies in the UM decisions would be made by the Administrative Law Judge in the form of a Decision & Order.

C1IX.4

State evaluation of BSS entity performance

What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?

The State of Michigan requires that each Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP) which meets the standards based upon the Guidelines for Internal Quality Assurance Programs as distributed by the Health Care Financing Administration's (HCFA) Medicaid Bureau in its guide to states in July of 1993; the Balanced Budget Act (BBA) of 1997, Public Law 105-33; and 42 Code of Federal Regulations (CFR) 438.330 of 2002. The QAPIP specifies 1.) an adequate organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP; 2.) the components and activities of the QAPIP including those as required below; 3.) the role for recipients of service in the QAPIP; and 4.) the mechanisms or

procedures to be used for adopting and communicating process and outcome improvement. The updated QAPIP description and associated work plan must be submitted to MDHHS annually by February 28.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	Prohibited affiliation disclosure Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	<p>Does this program include MCOs?</p> <p>If "Yes", please complete the following questions.</p>	Yes
C1XII.5	<p>Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?</p> <p>(i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)</p>	Yes
C1XII.6	<p>Did the State or MCOs complete the most recent parity analysis(es)?</p>	Other, specify – Did not Finalize
C1XII.7a	<p>Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?</p> <p>(e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)</p>	No
C1XII.8	<p>When was the last parity analysis(es) for this program completed?</p> <p>States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).</p>	04/23/2018
C1XII.9	<p>When was the last parity analysis(es) for this program</p>	04/23/2018

submitted to CMS?

States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).

C1XII.10a	In the last analysis(es) conducted, were any deficiencies identified?	Yes
C1XII.10b	In the last analysis(es) conducted, describe all deficiencies identified.	The only financial requirements applied to any Mental Health/Substance Use Disorder (MH/SUD) benefit are prescription co-pays. Co-pays are not applied to substantially all of the medical and surgical (M/S) benefit in the prescription drug classification, and will therefore be discontinued in the MH/SUD benefit. • No annual dollar limits or aggregate lifetime limits are applied to any classification of the MH/SUD benefit. • No quantitative treatment limitations have been identified in any classification of the MH/SUD benefit. • The following non-quantitative treatment limitations were assessed: Medical necessity determinations/service authorizations, Continuing authorizations, Step Therapy or Fail First practices, Out-of-Network Provider Access, Provider Credentialing and Licensing Requirements, Refusal to Pay if Treatment not Completed, and Other Limitations to Treatment. It was determined that the medical necessity determination/authorization processes used in the Inpatient and Outpatient classifications of the MH/SUD benefit were not comparable to those used in the same classifications of the M/S benefit. This involves practices of the PIHPs. A plan to address this has been developed and is being implemented.
C1XII.11a	As of the end of this reporting period, have these	Yes

deficiencies been resolved
for all plans?

C1XII.12a	Has the state posted the current parity analysis(es) covering this program on its website?	Yes
	<p>The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.</p>	
C1XII.12b	Provide the URL link(s). Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://www.michigan.gov/mdhhs/assistance-programs/medicaid/portalhome/reports/mental-health-and-substance-use-disorder-parity-report

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D1I.1	<p data-bbox="375 100 607 132">Plan enrollment</p> <p data-bbox="375 153 792 317">Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).</p>	<p data-bbox="878 132 1110 163">Reg 1 NorthCare</p> <p data-bbox="878 184 971 216">61,977</p> <p data-bbox="878 258 1354 289">Reg 2 Northern MI Regional Entity</p> <p data-bbox="878 310 987 342">112,866</p> <p data-bbox="878 384 1326 415">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="878 436 987 468">262,059</p> <p data-bbox="878 510 1256 583">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="878 604 987 636">201,604</p> <p data-bbox="878 678 1326 709">Reg 5 Mid-State Health Network</p> <p data-bbox="878 730 987 762">385,357</p> <p data-bbox="878 804 1240 877">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="878 898 987 930">122,523</p> <p data-bbox="878 972 1321 1045">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="878 1066 987 1098">732,022</p> <p data-bbox="878 1140 1354 1213">Reg 8 Oakland Community Health Network</p> <p data-bbox="878 1234 987 1266">182,830</p> <p data-bbox="878 1308 1256 1381">Reg 9 Macomb County CMH Services</p> <p data-bbox="878 1402 987 1434">211,920</p> <p data-bbox="878 1476 1089 1507">Region 10 PIHP</p> <p data-bbox="878 1528 987 1560">193,804</p>

D1I.2	<p data-bbox="375 1596 695 1627">Plan share of Medicaid</p> <p data-bbox="375 1648 792 1774">What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?</p> <p data-bbox="375 1774 792 1879">Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid enrollment (B.I.1)</p>	<p data-bbox="878 1627 1110 1659">Reg 1 NorthCare</p> <p data-bbox="878 1680 948 1711">2.5%</p> <p data-bbox="878 1753 1354 1785">Reg 2 Northern MI Regional Entity</p> <p data-bbox="878 1806 948 1837">4.5%</p> <p data-bbox="878 1879 1326 1911">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="878 1932 964 1963">10.5%</p> <p data-bbox="878 2005 1256 2079">Reg 4 South West Michigan Behavioral Health</p>
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8.1%

Reg 5 Mid-State Health Network

15.5%

Reg 6 CMH Partnership of Southeast MI

4.9%

Reg 7 Detroit Wayne Integrated Health Network

29.4%

Reg 8 Oakland Community Health Network

7.3%

Reg 9 Macomb County CMH Services

8.5%

Region 10 PIHP

7.8%

D1I.3

Plan share of any Medicaid managed care

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care? Numerator: Plan enrollment (D1.I.1) Denominator: Statewide Medicaid managed care enrollment (B.I.2)

Reg 1 NorthCare

2.6%

Reg 2 Northern MI Regional Entity

4.7%

Reg 3 Lakeshore Regional Entity

10.8%

Reg 4 South West Michigan Behavioral Health

8.3%

Reg 5 Mid-State Health Network

15.9%

Reg 6 CMH Partnership of Southeast MI

5.1%

Reg 7 Detroit Wayne Integrated Health Network

30.2%

Reg 8 Oakland Community Health Network

7.6%

Reg 9 Macomb County CMH Services

8.8%

Region 10 PIHP

8%

D1I.4: Parent

Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.

If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.

Reg 1 NorthCare

R1 Northcare Network

Reg 2 Northern MI Regional Entity

R2 Northern Michigan Regional Entity

Reg 3 Lakeshore Regional Entity

R3 Lakeshore Regional Entity

Reg 4 South West Michigan Behavioral Health

R4 SouthWest MI Behavioral Health

Reg 5 Mid-State Health Network

R5 Mid-State Health Network

Reg 6 CMH Partnership of Southeast MI

R6 CMH Partnership of SE MI

Reg 7 Detroit Wayne Integrated Health Network

R7 Detroit Wayne Integrated Health Network

Reg 8 Oakland Community Health Network

R8 Oakland Community Health Network

Reg 9 Macomb County CMH Services

R9 Macomb Co CMH Services

Region 10 PIHP

R10 Region 10 Prepaid Inpatient Health Plan

Topic II. Financial Performance

Number	Indicator	Response
D1II.1a	<p>Medical Loss Ratio (MLR)</p> <p>What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.</p>	<p>Reg 1 NorthCare 98%</p> <p>Reg 2 Northern MI Regional Entity 101%</p> <p>Reg 3 Lakeshore Regional Entity 97%</p> <p>Reg 4 South West Michigan Behavioral Health 110%</p> <p>Reg 5 Mid-State Health Network 99%</p> <p>Reg 6 CMH Partnership of Southeast MI 94%</p> <p>Reg 7 Detroit Wayne Integrated Health Network 96%</p> <p>Reg 8 Oakland Community Health Network 99%</p> <p>Reg 9 Macomb County CMH Services 92%</p> <p>Region 10 PIHP 88%</p>

D1II.1b	<p>Level of aggregation</p> <p>What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one. As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.</p>	<p>Reg 1 NorthCare Program-specific regional</p> <p>Reg 2 Northern MI Regional Entity Program-specific regional</p> <p>Reg 3 Lakeshore Regional Entity Program-specific regional</p> <p>Reg 4 South West Michigan Behavioral Health</p>
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Program-specific regional

Reg 5 Mid-State Health Network

Program-specific regional

Reg 6 CMH Partnership of Southeast MI

Program-specific regional

Reg 7 Detroit Wayne Integrated Health Network

Program-specific regional

Reg 8 Oakland Community Health Network

Program-specific regional

Reg 9 Macomb County CMH Services

Program-specific regional

Region 10 PIHP

Program-specific regional

D1II.2

Population specific MLR description

Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable.
See glossary for the regulatory definition of MLR.

Reg 1 NorthCare

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 2 Northern MI Regional Entity

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 3 Lakeshore Regional Entity

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 4 South West Michigan Behavioral Health

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 5 Mid-State Health Network

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 6 CMH Partnership of Southeast MI

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 7 Detroit Wayne Integrated Health Network

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 8 Oakland Community Health Network

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Reg 9 Macomb County CMH Services

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

Region 10 PIHP

We request separate calculations for Traditional Medicaid and the Healthy Michigan Plan.

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Reg 1 NorthCare

Yes

Reg 2 Northern MI Regional Entity

Yes

Reg 3 Lakeshore Regional Entity

Yes

Reg 4 South West Michigan Behavioral Health

Yes

Reg 5 Mid-State Health Network

Yes

Reg 6 CMH Partnership of Southeast MI

Yes

Reg 7 Detroit Wayne Integrated Health Network

Yes

Reg 8 Oakland Community Health Network

Yes

Reg 9 Macomb County CMH Services

Yes

Region 10 PIHP

Yes

N/A

Enter the start date.

Reg 1 NorthCare

10/01/2023

Reg 2 Northern MI Regional Entity

10/01/2023

Reg 3 Lakeshore Regional Entity

10/01/2023

Reg 4 South West Michigan Behavioral Health

10/01/2023

Reg 5 Mid-State Health Network

10/01/2023

Reg 6 CMH Partnership of Southeast MI

10/01/2023

Reg 7 Detroit Wayne Integrated Health Network

10/01/2023

Reg 8 Oakland Community Health Network

10/01/2023

Reg 9 Macomb County CMH Services

10/01/2023

Region 10 PIHP

10/01/2023

N/A

Enter the end date.

Reg 1 NorthCare

09/30/2024

Reg 2 Northern MI Regional Entity

09/30/2024

Reg 3 Lakeshore Regional Entity

09/30/2024

Reg 4 South West Michigan Behavioral Health

09/30/2024

Reg 5 Mid-State Health Network

09/30/2024

Reg 6 CMH Partnership of Southeast MI

09/30/2024

Reg 7 Detroit Wayne Integrated Health Network

09/30/2024

Reg 8 Oakland Community Health Network

09/30/2024

Reg 9 Macomb County CMH Services

09/30/2024

Region 10 PIHP

09/30/2024

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	<p data-bbox="310 100 708 174">Definition of timely encounter data submissions</p> <p data-bbox="310 195 708 453">Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.</p>	<p data-bbox="813 128 1040 163">Reg 1 NorthCare</p> <p data-bbox="813 184 1377 1331">Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission.</p>
		<p data-bbox="813 1367 1284 1402">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 1423 1377 2091">"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not</p>

adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Reg 3 Lakeshore Regional Entity

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Reg 4 South West Michigan Behavioral Health

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th

the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Reg 5 Mid-State Health Network

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the

adjudication date or the date the encounter was created for submission. "

Reg 6 CMH Partnership of Southeast MI

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Reg 7 Detroit Wayne Integrated Health Network

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the

claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Reg 8 Oakland Community Health Network

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Reg 9 Macomb County CMH Services

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each

month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to populate this field with either the adjudication date or the date the encounter was created for submission. "

Region 10 PIHP

"Logic Encounter timeliness is determined by calculating the percent of encounter lines that are accepted by CHAMPS by the end of the month following the month of adjudication. This calculation is done each month. As an example, on December 15th the query is run to determine what percent of the encounters adjudicated during October were accepted by CHAMPS by November 30th. The analyses are only run once for each adjudication month. The adjudication date is taken from the DTP segment of the 2430 loop or the DTP segment of the 2330B loop. (The data warehouse uses the date from the line if it is available otherwise it populates with the claim date.) For claims that are not adjudicated, Medicaid Health Plans populate the DTP field with the date they created the encounter for submission. The Medicaid Health Plans are required to report this field and the encounter is rejected if neither DTP field is populated (error 2650). Currently, for mental health encounters this error is informational only. However, PIHPs will also be required to

populate this field with either the adjudication date or the date the encounter was created for submission. "

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Reg 1 NorthCare

99%

Reg 2 Northern MI Regional Entity

96%

Reg 3 Lakeshore Regional Entity

93%

Reg 4 South West Michigan Behavioral Health

98%

Reg 5 Mid-State Health Network

96%

Reg 6 CMH Partnership of Southeast MI

91%

Reg 7 Detroit Wayne Integrated Health Network

99%

Reg 8 Oakland Community Health Network

99%

Reg 9 Macomb County CMH Services

97%

Region 10 PIHP

98%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance? If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were

Reg 1 NorthCare

100%

Reg 2 Northern MI Regional Entity

100%

Reg 3 Lakeshore Regional Entity

100%

Reg 4 South West Michigan Behavioral Health

compliant out of the proportion received from the managed care plan for the reporting year.

100%

Reg 5 Mid-State Health Network

100%

Reg 6 CMH Partnership of Southeast MI

97%

Reg 7 Detroit Wayne Integrated Health Network

98%

Reg 8 Oakland Community Health Network

99%

Reg 9 Macomb County CMH Services

99%

Region 10 PIHP

100%

Topic IV. Appeals, State Fair Hearings & Grievances

Appeals Overview

Number	Indicator	Response
D1IV.1	<p data-bbox="313 107 716 180">Appeals resolved (at the plan level)</p> <p data-bbox="313 201 716 642">Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.</p>	<p data-bbox="813 138 1040 170">Reg 1 NorthCare</p> <p data-bbox="813 191 846 222">47</p> <p data-bbox="813 264 1284 296">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 317 862 348">123</p> <p data-bbox="813 390 1252 422">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 443 862 474">152</p> <p data-bbox="813 516 1344 579">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 600 862 632">216</p> <p data-bbox="813 674 1260 705">Reg 5 Mid-State Health Network</p> <p data-bbox="813 726 862 758">222</p> <p data-bbox="813 800 1360 831">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="813 852 846 884">38</p> <p data-bbox="813 926 1349 989">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="813 1010 846 1041">60</p> <p data-bbox="813 1083 1284 1146">Reg 8 Oakland Community Health Network</p> <p data-bbox="813 1167 846 1199">28</p> <p data-bbox="813 1241 1317 1272">Reg 9 Macomb County CMH Services</p> <p data-bbox="813 1293 862 1325">115</p> <p data-bbox="813 1367 1019 1398">Region 10 PIHP</p> <p data-bbox="813 1419 846 1451">13</p>
D1IV.1a	<p data-bbox="313 1524 521 1556">Appeals denied</p> <p data-bbox="313 1577 699 1734">Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee.</p>	<p data-bbox="813 1556 1040 1587">Reg 1 NorthCare</p> <p data-bbox="813 1608 846 1640">25</p> <p data-bbox="813 1682 1284 1713">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 1734 846 1766">69</p> <p data-bbox="813 1808 1252 1839">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 1860 846 1892">99</p> <p data-bbox="813 1934 1344 1997">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 2018 846 2049">89</p>

Reg 5 Mid-State Health Network

101

Reg 6 CMH Partnership of Southeast MI

32

Reg 7 Detroit Wayne Integrated Health Network

24

Reg 8 Oakland Community Health Network

16

Reg 9 Macomb County CMH Services

109

Region 10 PIHP

12

D1IV.1b

Appeals resolved in partial favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

2

Reg 3 Lakeshore Regional Entity

2

Reg 4 South West Michigan Behavioral Health

15

Reg 5 Mid-State Health Network

8

Reg 6 CMH Partnership of Southeast MI

1

Reg 7 Detroit Wayne Integrated Health Network

4

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

2

Region 10 PIHP

0

D1IV.1c Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in favor of the enrollee.

Reg 1 NorthCare

22

Reg 2 Northern MI Regional Entity

52

Reg 3 Lakeshore Regional Entity

51

Reg 4 South West Michigan Behavioral Health

112

Reg 5 Mid-State Health Network

112

Reg 6 CMH Partnership of Southeast MI

5

Reg 7 Detroit Wayne Integrated Health Network

32

Reg 8 Oakland Community Health Network

12

Reg 9 Macomb County CMH Services

4

Region 10 PIHP

1

D1IV.2 Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

8

Reg 5 Mid-State Health Network

12

Reg 6 CMH Partnership of Southeast MI

3

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

13

Region 10 PIHP

0

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

Reg 1 NorthCare

23

Reg 2 Northern MI Regional Entity

70

Reg 3 Lakeshore Regional Entity

113

Reg 4 South West Michigan Behavioral Health

108

Reg 5 Mid-State Health Network

133

Reg 6 CMH Partnership of Southeast MI

27

Reg 7 Detroit Wayne Integrated Health Network

17

Reg 8 Oakland Community Health Network

N/A

Region 10 PIHP**D1IV.4 Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal**

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A". Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A". The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

1

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

1

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

1

Reg 9 Macomb County CMH Services

1

Region 10 PIHP

0

D1IV.5a Standard appeals for which timely resolution was provided**Reg 1 NorthCare**

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Reg 2 Northern MI Regional Entity

122

Reg 3 Lakeshore Regional Entity

139

Reg 4 South West Michigan Behavioral Health

210

Reg 5 Mid-State Health Network

203

Reg 6 CMH Partnership of Southeast MI

37

Reg 7 Detroit Wayne Integrated Health Network

54

Reg 8 Oakland Community Health Network

25

Reg 9 Macomb County CMH Services

113

Region 10 PIHP

13

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year. See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Reg 1 NorthCare

9

Reg 2 Northern MI Regional Entity

1

Reg 3 Lakeshore Regional Entity

13

Reg 4 South West Michigan Behavioral Health

5

Reg 5 Mid-State Health Network

15

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

5

Reg 8 Oakland Community Health Network

3

Reg 9 Macomb County CMH Services

2

Region 10 PIHP

0

D1IV.6a Resolved appeals related to denial of authorization or limited authorization of a service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service.(Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Reg 1 NorthCare

47

Reg 2 Northern MI Regional Entity

48

Reg 3 Lakeshore Regional Entity

89

Reg 4 South West Michigan Behavioral Health

101

Reg 5 Mid-State Health Network

60

Reg 6 CMH Partnership of Southeast MI

38

Reg 7 Detroit Wayne Integrated Health Network

15

Reg 8 Oakland Community Health Network

15

Reg 9 Macomb County CMH Services

115

Region 10 PIHP

9

D1IV.6b Resolved appeals related to reduction, suspension, or

Reg 1 NorthCare

termination of a previously authorized service

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.

0

Reg 2 Northern MI Regional Entity

74

Reg 3 Lakeshore Regional Entity

53

Reg 4 South West Michigan Behavioral Health

114

Reg 5 Mid-State Health Network

161

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

44

Reg 8 Oakland Community Health Network

13

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

3

D1IV.6c

Resolved appeals related to payment denial

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.6d

Resolved appeals related to service timeliness

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

1

Reg 3 Lakeshore Regional Entity

10

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

1

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

1

D1IV.6e**Resolved appeals related to lack of timely plan response to an appeal or grievance**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.6f**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care**

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

1

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.6g

Resolved appeals related to denial of an enrollee's request to dispute financial liability

Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Appeals by Service

Number of appeals resolved during the reporting period related to various services.

Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response
D1IV.7a	<p>Resolved appeals related to general inpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.</p>	<p>Reg 1 NorthCare N/A</p> <p>Reg 2 Northern MI Regional Entity N/A</p> <p>Reg 3 Lakeshore Regional Entity N/A</p> <p>Reg 4 South West Michigan Behavioral Health N/A</p> <p>Reg 5 Mid-State Health Network N/A</p> <p>Reg 6 CMH Partnership of Southeast MI N/A</p> <p>Reg 7 Detroit Wayne Integrated Health Network N/A</p> <p>Reg 8 Oakland Community Health Network N/A</p> <p>Reg 9 Macomb County CMH Services N/A</p> <p>Region 10 PIHP N/A</p>

D1IV.7b	<p>Resolved appeals related to general outpatient services</p> <p>Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care</p>	<p>Reg 1 NorthCare N/A</p> <p>Reg 2 Northern MI Regional Entity N/A</p> <p>Reg 3 Lakeshore Regional Entity N/A</p> <p>Reg 4 South West Michigan Behavioral Health N/A</p>
---------	---	---

plan does not cover general outpatient services, enter "N/A".

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.7c

Resolved appeals related to inpatient behavioral health services

Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter "N/A".

Reg 1 NorthCare

8

Reg 2 Northern MI Regional Entity

12

Reg 3 Lakeshore Regional Entity

9

Reg 4 South West Michigan Behavioral Health

47

Reg 5 Mid-State Health Network

9

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

42

Reg 8 Oakland Community Health Network

1

Reg 9 Macomb County CMH Services

3

D1IV.7d**Resolved appeals related to outpatient behavioral health services**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter "N/A".

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

26

Reg 3 Lakeshore Regional Entity

67

Reg 4 South West Michigan Behavioral Health

169

Reg 5 Mid-State Health Network

178

Reg 6 CMH Partnership of Southeast MI

38

Reg 7 Detroit Wayne Integrated Health Network

17

Reg 8 Oakland Community Health Network

27

Reg 9 Macomb County CMH Services

111

Region 10 PIHP

13

D1IV.7e**Resolved appeals related to covered outpatient prescription drugs**

Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.7f

Resolved appeals related to skilled nursing facility (SNF) services

Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.7g

Resolved appeals related to long-term services and supports (LTSS)

Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter "N/A". (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).

Reg 1 NorthCare

9

Reg 2 Northern MI Regional Entity

54

Reg 3 Lakeshore Regional Entity

26

Reg 4 South West Michigan Behavioral Health

73

Reg 5 Mid-State Health Network

88

Reg 6 CMH Partnership of Southeast MI

27

Reg 7 Detroit Wayne Integrated Health Network

17

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

1

Region 10 PIHP

9

D1IV.7h

Resolved appeals related to dental services

Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.7i

Resolved appeals related to non-emergency medical transportation (NEMT)

Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.7k: Resolved appeals related to durable medical equipment (DME) & supplies

Enter the total number of appeals resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

1

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

1

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

N/A

D1IV.7l: **Resolved appeals related to home health / hospice**
Enter the total number of appeals resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

N/A

D1IV.7m: **Resolved appeals related to emergency services / emergency department**
Enter the total number of appeals resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include appeals related to emergency outpatient behavioral health – those should be included in indicator D1.IV.7d. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.7n: Resolved appeals related to therapies

Enter the total number of appeals resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

1

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

49

Reg 5 Mid-State Health Network

2

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

D1IV.7o**Resolved appeals related to other service types**

Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-n paid primarily by Medicaid, enter "N/A".

Reg 1 NorthCare

29

Reg 2 Northern MI Regional Entity

35

Reg 3 Lakeshore Regional Entity

4

Reg 4 South West Michigan Behavioral Health

94

Reg 5 Mid-State Health Network

20

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

State Fair Hearings

Number	Indicator	Response
D1IV.8a	<p data-bbox="313 107 691 134">State Fair Hearing requests</p> <p data-bbox="313 161 721 317">Enter the total number of State Fair Hearing requests resolved during the reporting year with the plan that issued an adverse benefit determination.</p>	<p data-bbox="813 138 1040 165">Reg 1 NorthCare</p> <p data-bbox="813 193 829 220">0</p> <p data-bbox="813 262 1284 289">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 317 829 344">5</p> <p data-bbox="813 386 1256 413">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 441 846 468">14</p> <p data-bbox="813 510 1344 579">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 606 846 634">10</p> <p data-bbox="813 676 1260 703">Reg 5 Mid-State Health Network</p> <p data-bbox="813 730 846 758">12</p> <p data-bbox="813 800 1357 827">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="813 854 846 882">12</p> <p data-bbox="813 924 1349 993">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="813 1020 829 1047">3</p> <p data-bbox="813 1089 1284 1159">Reg 8 Oakland Community Health Network</p> <p data-bbox="813 1186 829 1213">1</p> <p data-bbox="813 1255 1317 1283">Reg 9 Macomb County CMH Services</p> <p data-bbox="813 1310 846 1337">19</p> <p data-bbox="813 1379 1019 1407">Region 10 PIHP</p> <p data-bbox="813 1434 829 1461">1</p>
D1IV.8b	<p data-bbox="313 1522 711 1633">State Fair Hearings resulting in a favorable decision for the enrollee</p> <p data-bbox="313 1661 721 1812">Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.</p>	<p data-bbox="813 1556 1040 1583">Reg 1 NorthCare</p> <p data-bbox="813 1610 829 1638">0</p> <p data-bbox="813 1680 1284 1707">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 1734 829 1761">0</p> <p data-bbox="813 1803 1256 1831">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 1858 829 1885">0</p> <p data-bbox="813 1927 1344 1997">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 2024 829 2051">0</p>

Reg 5 Mid-State Health Network

1

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

1

Region 10 PIHP

0

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

4

Reg 3 Lakeshore Regional Entity

3

Reg 4 South West Michigan Behavioral Health

5

Reg 5 Mid-State Health Network

5

Reg 6 CMH Partnership of Southeast MI

7

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

1

Reg 9 Macomb County CMH Services

0

D1IV.8d	State Fair Hearings retracted prior to reaching a decision	Reg 1 NorthCare
	Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	0
		Reg 2 Northern MI Regional Entity
		0
		Reg 3 Lakeshore Regional Entity
		3
		Reg 4 South West Michigan Behavioral Health
		1
		Reg 5 Mid-State Health Network
		0
		Reg 6 CMH Partnership of Southeast MI
		0
		Reg 7 Detroit Wayne Integrated Health Network
		0
		Reg 8 Oakland Community Health Network
		0
		Reg 9 Macomb County CMH Services
		0
		Region 10 PIHP
		1

D1IV.9a	External Medical Reviews resulting in a favorable decision for the enrollee	Reg 1 NorthCare
	If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A".External medical review is	N/A
		Reg 2 Northern MI Regional Entity
		N/A
		Reg 3 Lakeshore Regional Entity
		N/A
		Reg 4 South West Michigan Behavioral Health

defined and described at 42 CFR §438.402(c)(i)(B).

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.9b

External Medical Reviews resulting in an adverse decision for the enrollee

If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Grievances Overview

Number	Indicator	Response
D1IV.10	<p>Grievances resolved</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. A grievance is “resolved” when it has reached completion and been closed by the plan.</p>	<p>Reg 1 NorthCare 57</p> <p>Reg 2 Northern MI Regional Entity 226</p> <p>Reg 3 Lakeshore Regional Entity 327</p> <p>Reg 4 South West Michigan Behavioral Health 140</p> <p>Reg 5 Mid-State Health Network 181</p> <p>Reg 6 CMH Partnership of Southeast MI 83</p> <p>Reg 7 Detroit Wayne Integrated Health Network 61</p> <p>Reg 8 Oakland Community Health Network 59</p> <p>Reg 9 Macomb County CMH Services 38</p> <p>Region 10 PIHP 70</p>
D1IV.11	<p>Active grievances</p> <p>Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.</p>	<p>Reg 1 NorthCare 0</p> <p>Reg 2 Northern MI Regional Entity 13</p> <p>Reg 3 Lakeshore Regional Entity 13</p> <p>Reg 4 South West Michigan Behavioral Health 4</p>

Reg 5 Mid-State Health Network

7

Reg 6 CMH Partnership of Southeast MI

1

Reg 7 Detroit Wayne Integrated Health Network

21

Reg 8 Oakland Community Health Network

3

Reg 9 Macomb County CMH Services

3

Region 10 PIHP

0

D1IV.12**Grievances filed on behalf of LTSS users**

Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

151

Reg 3 Lakeshore Regional Entity

276

Reg 4 South West Michigan Behavioral Health

57

Reg 5 Mid-State Health Network

64

Reg 6 CMH Partnership of Southeast MI

67

Reg 7 Detroit Wayne Integrated Health Network

22

Reg 8 Oakland Community Health Network

45

Reg 9 Macomb County CMH Services

35

D1IV.13	Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance	Reg 1 NorthCare
		2
		Reg 2 Northern MI Regional Entity
		0
		Reg 3 Lakeshore Regional Entity
		5
		Reg 4 South West Michigan Behavioral Health
		0
		Reg 5 Mid-State Health Network
		1
		Reg 6 CMH Partnership of Southeast MI
		0
		Reg 7 Detroit Wayne Integrated Health Network
		0
		Reg 8 Oakland Community Health Network
		2
		Reg 9 Macomb County CMH Services
		0
		Region 10 PIHP
		0

D1IV.14	Number of grievances for which timely resolution was provided	Reg 1 NorthCare
		0
		Reg 2 Northern MI Regional Entity

Enter the number of grievances for which timely resolution was

provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.

222

Reg 3 Lakeshore Regional Entity

327

Reg 4 South West Michigan Behavioral Health

140

Reg 5 Mid-State Health Network

176

Reg 6 CMH Partnership of Southeast MI

83

Reg 7 Detroit Wayne Integrated Health Network

59

Reg 8 Oakland Community Health Network

59

Reg 9 Macomb County CMH Services

38

Region 10 PIHP

68

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	<p>Resolved grievances related to general inpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter “N/A”.</p>	<p>Reg 1 NorthCare N/A</p> <p>Reg 2 Northern MI Regional Entity N/A</p> <p>Reg 3 Lakeshore Regional Entity N/A</p> <p>Reg 4 South West Michigan Behavioral Health N/A</p> <p>Reg 5 Mid-State Health Network N/A</p> <p>Reg 6 CMH Partnership of Southeast MI N/A</p> <p>Reg 7 Detroit Wayne Integrated Health Network N/A</p> <p>Reg 8 Oakland Community Health Network N/A</p> <p>Reg 9 Macomb County CMH Services N/A</p> <p>Region 10 PIHP N/A</p>

D1IV.15b	<p>Resolved grievances related to general outpatient services</p> <p>Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care not specifically listed in this section (e.g., primary and preventive services, specialist care, diagnostic and lab testing). Do not include grievances related to outpatient behavioral health services - those should be included in indicator D1.IV.15d.</p>	<p>Reg 1 NorthCare N/A</p> <p>Reg 2 Northern MI Regional Entity N/A</p> <p>Reg 3 Lakeshore Regional Entity N/A</p> <p>Reg 4 South West Michigan Behavioral Health N/A</p>
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If the managed care plan does not cover this type of service, enter "N/A".

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.15c

Resolved grievances related to inpatient behavioral health services

Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

10

Reg 4 South West Michigan Behavioral Health

3

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

1

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

D1IV.15d	Resolved grievances related to outpatient behavioral health services	Reg 1 NorthCare
		57
		Reg 2 Northern MI Regional Entity
		13
		Reg 3 Lakeshore Regional Entity
		37
		Reg 4 South West Michigan Behavioral Health
		137
		Reg 5 Mid-State Health Network
		46
		Reg 6 CMH Partnership of Southeast MI
		83
		Reg 7 Detroit Wayne Integrated Health Network
		60
		Reg 8 Oakland Community Health Network
		39
		Reg 9 Macomb County CMH Services
		38
		Region 10 PIHP
		70

D1IV.15e	Resolved grievances related to coverage of outpatient prescription drugs	Reg 1 NorthCare
		N/A
		Reg 2 Northern MI Regional Entity
		N/A
		Reg 3 Lakeshore Regional Entity
		N/A
		Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.15g**Resolved grievances related to long-term services and supports (LTSS)**

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

30

Reg 3 Lakeshore Regional Entity

23

Reg 4 South West Michigan Behavioral Health

22

Reg 5 Mid-State Health Network

21

Reg 6 CMH Partnership of Southeast MI

67

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

19

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.15h**Resolved grievances related to dental services**

Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.15k**Resolved grievances related to durable medical equipment (DME) & supplies**

Enter the total number of grievances resolved by the plan during the reporting year that were related to DME and/or supplies. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

1

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

N/A

D1IV.15l**Resolved grievances related to home health / hospice**

Enter the total number of grievances resolved by the plan during the reporting year that were related to home health and/or hospice. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

N/A

D1IV.15m**Resolved grievances related to emergency services / emergency department**

Enter the total number of grievances resolved by the plan during the reporting year that were related to emergency services and/or provided in the emergency department. Do not include grievances related to emergency outpatient behavioral health - those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

N/A

Reg 2 Northern MI Regional Entity

N/A

Reg 3 Lakeshore Regional Entity

N/A

Reg 4 South West Michigan Behavioral Health

N/A

Reg 5 Mid-State Health Network

N/A

Reg 6 CMH Partnership of Southeast MI

N/A

Reg 7 Detroit Wayne Integrated Health Network

N/A

Reg 8 Oakland Community Health Network

N/A

Reg 9 Macomb County CMH Services

N/A

Region 10 PIHP

N/A

D1IV.15n

Resolved grievances related to therapies

Enter the total number of grievances resolved by the plan during the reporting year that were related to speech language pathology services or occupational, physical, or respiratory therapy services. If the managed care plan does not cover this type of service, enter "N/A".

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

1

Reg 4 South West Michigan Behavioral Health

54

Reg 5 Mid-State Health Network

3

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

2

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

N/A

D1IV.15o**Resolved grievances related to other service types**

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-n paid primarily by Medicaid, enter "N/A".

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

183

Reg 3 Lakeshore Regional Entity

255

Reg 4 South West Michigan Behavioral Health

88

Reg 5 Mid-State Health Network

118

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	<p data-bbox="318 107 813 180">Resolved grievances related to plan or provider customer service</p> <p data-bbox="318 201 813 516">Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.</p>	<p data-bbox="915 138 1143 165">Reg 1 NorthCare</p> <p data-bbox="915 191 932 218">5</p> <p data-bbox="915 264 1295 331">Reg 2 Northern MI Regional Entity</p> <p data-bbox="915 357 932 384">1</p> <p data-bbox="915 430 1360 457">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="915 483 948 510">21</p> <p data-bbox="915 556 1289 623">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="915 648 948 676">93</p> <p data-bbox="915 722 1360 749">Reg 5 Mid-State Health Network</p> <p data-bbox="915 774 948 802">16</p> <p data-bbox="915 848 1273 915">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="915 940 948 968">16</p> <p data-bbox="915 1014 1354 1081">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="915 1106 948 1134">12</p> <p data-bbox="915 1180 1289 1247">Reg 8 Oakland Community Health Network</p> <p data-bbox="915 1272 948 1299">11</p> <p data-bbox="915 1346 1295 1413">Reg 9 Macomb County CMH Services</p> <p data-bbox="915 1438 932 1465">0</p> <p data-bbox="915 1512 1122 1539">Region 10 PIHP</p> <p data-bbox="915 1564 932 1591">0</p>

D1IV.16b Resolved grievances related to plan or provider care management/case management

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

79

Reg 3 Lakeshore Regional Entity

24

Reg 4 South West Michigan Behavioral Health

27

Reg 5 Mid-State Health Network

15

Reg 6 CMH Partnership of Southeast MI

43

Reg 7 Detroit Wayne Integrated Health Network

26

Reg 8 Oakland Community Health Network

4

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

3

D1IV.16c Resolved grievances related to network adequacy or access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Reg 1 NorthCare

11

Reg 2 Northern MI Regional Entity

18

Reg 3 Lakeshore Regional Entity

22

Reg 4 South West Michigan Behavioral Health

21

Reg 5 Mid-State Health Network

42

Reg 6 CMH Partnership of Southeast MI

13

Reg 7 Detroit Wayne Integrated Health Network

24

Reg 8 Oakland Community Health Network

18

Reg 9 Macomb County CMH Services

30

Region 10 PIHP

24

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Reg 1 NorthCare

26

Reg 2 Northern MI Regional Entity

112

Reg 3 Lakeshore Regional Entity

90

Reg 4 South West Michigan Behavioral Health

11

Reg 5 Mid-State Health Network

64

Reg 6 CMH Partnership of Southeast MI

52

Reg 7 Detroit Wayne Integrated Health Network

6

Reg 8 Oakland Community Health Network

7

Reg 9 Macomb County CMH Services

8

Region 10 PIHP

34

D1IV.16e Resolved grievances related to plan communications

Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

7

Reg 3 Lakeshore Regional Entity

154

Reg 4 South West Michigan Behavioral Health

20

Reg 5 Mid-State Health Network

12

Reg 6 CMH Partnership of Southeast MI

17

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.16f Resolved grievances related to payment or billing issues

Reg 1 NorthCare

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

2

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

12

Reg 4 South West Michigan Behavioral Health

1

Reg 5 Mid-State Health Network

7

Reg 6 CMH Partnership of Southeast MI

1

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

7

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.16g Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud. Suspected fraud grievances include suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

**Reg 6 CMH Partnership of
Southeast MI**

0

**Reg 7 Detroit Wayne Integrated
Health Network**

1

**Reg 8 Oakland Community
Health Network**

0

**Reg 9 Macomb County CMH
Services**

0

Region 10 PIHP

0

**D1IV.16h Resolved grievances related to
abuse, neglect or exploitation**

Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.

Reg 1 NorthCare

0

**Reg 2 Northern MI Regional
Entity**

0

Reg 3 Lakeshore Regional Entity

3

**Reg 4 South West Michigan
Behavioral Health**

0

Reg 5 Mid-State Health Network

1

**Reg 6 CMH Partnership of
Southeast MI**

0

**Reg 7 Detroit Wayne Integrated
Health Network**

0

**Reg 8 Oakland Community
Health Network**

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.16i

Resolved grievances related to lack of timely plan response to a prior authorization/service authorization or appeal (including requests to expedite or extend appeals)

Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

1

Reg 3 Lakeshore Regional Entity

2

Reg 4 South West Michigan Behavioral Health

3

Reg 5 Mid-State Health Network

2

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the

Reg 1 NorthCare

0

reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

0

Reg 5 Mid-State Health Network

0

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

0

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

0

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Reg 1 NorthCare

13

Reg 2 Northern MI Regional Entity

21

Reg 3 Lakeshore Regional Entity

4

Reg 4 South West Michigan Behavioral Health

14

Reg 5 Mid-State Health Network

22

**Reg 6 CMH Partnership of
Southeast MI**

0

**Reg 7 Detroit Wayne Integrated
Health Network**

4

**Reg 8 Oakland Community
Health Network**

12

**Reg 9 Macomb County CMH
Services**

0

Region 10 PIHP

9

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.



Complete

D2.VII.1 Measure Name: The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. 1 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator - Number (#) of Dispositions about Emergency Referrals Completed within Three Hours or Less Denominator - Number (#) of Emergency Referrals for Inpatient Screening During the Time Period Calculation = Percent (%) of Emergency Referrals Completed within the Time Standard

Measure results

Reg 1 NorthCare

99.92%

Reg 2 Northern MI Regional Entity

98.16%

Reg 3 Lakeshore Regional Entity

98.86%

Reg 4 South West Michigan Behavioral Health

99.30%

Reg 5 Mid-State Health Network

99.36%

Reg 6 CMH Partnership of Southeast MI

99.42%

Reg 7 Detroit Wayne Integrated Health Network

97.11%

Reg 8 Oakland Community Health Network

96.50%

Reg 9 Macomb County CMH Services

95.92%

Region 10 PIHP

97.87%



Complete

D2.VII.1 Measure Name: The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

2 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator - # of Persons Completing the Biopsychosocial Assessment within 14 Calendar Days of First Request for Service Denominator - # of New Persons Who Requested Mental Health or I/DD Services and Supports and are Referred for a Biopsychosocial Assessment Calculation = % of Persons Requesting a Service Who Received a Completed BPS Assessment within 14 Calendar Days

Measure results

Reg 1 NorthCare

61.47%

Reg 2 Northern MI Regional Entity

60.07%

Reg 3 Lakeshore Regional Entity

71.43%

Reg 4 South West Michigan Behavioral Health

74.37%

Reg 5 Mid-State Health Network

60.85%

Reg 6 CMH Partnership of Southeast MI

46.39%

Reg 7 Detroit Wayne Integrated Health Network

53.82%

Reg 8 Oakland Community Health Network

51.56%

Reg 9 Macomb County CMH Services

59.14%

Region 10 PIHP

56.99%



Complete

D2.VII.1 Measure Name: The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.

3 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

Numerator - 1. Enter the number of discharges from # Net Discharges
denominator - Subtract the number of discharges from # of Discharges
from a Psychiatric Inpatient Unit that are exceptions Calculation = % of
Persons discharged seen within 7 days

Measure results

Reg 1 NorthCare

98.07%

Reg 2 Northern MI Regional Entity

93.24%

Reg 3 Lakeshore Regional Entity

97.32%

Reg 4 South West Michigan Behavioral Health

95.82%

Reg 5 Mid-State Health Network

96.07%

Reg 6 CMH Partnership of Southeast MI

86.66%

Reg 7 Detroit Wayne Integrated Health Network

96.84%

Reg 8 Oakland Community Health Network

91.82%

Reg 9 Macomb County CMH Services

77.43%

Region 10 PIHP

97.04%



Complete

D2.VII.1 Measure Name: The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.

4 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator - Enter the number of discharges from net discharges who were seen for follow-up care by the CA/PIHP or CMHSP/PIHP within seven days denominator - subtract # of Discharges from a Substance Abuse Detox Unit from those that are Exceptions Calculation = % of Persons discharged seen within 7 days"

Measure results

Reg 1 NorthCare

91.86%

Reg 2 Northern MI Regional Entity

99.19%

Reg 3 Lakeshore Regional Entity

98.69%

Reg 4 South West Michigan Behavioral Health

100%

Reg 5 Mid-State Health Network

93.49%

Reg 6 CMH Partnership of Southeast MI

98.19%

Reg 7 Detroit Wayne Integrated Health Network

97.25%

Reg 8 Oakland Community Health Network

99.22%

Reg 9 Macomb County CMH Services

100%

Region 10 PIHP

91.42%



Complete

D2.VII.1 Measure Name: The percent of Medicaid recipients having received PIHP managed services.

5 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator - the number of Medicaid eligibles receiving at least one PIHP managed Medicaid service during the quarter. denominator - the number

of Medicaid eligibles for which the PIHP was paid during the quarter.
Calculation = Penetration Rate"

Measure results

Reg 1 NorthCare

8.48%

Reg 2 Northern MI Regional Entity

8.33%

Reg 3 Lakeshore Regional Entity

6.72%

Reg 4 South West Michigan Behavioral Health

8.89%

Reg 5 Mid-State Health Network

8.57%

Reg 6 CMH Partnership of Southeast MI

7.78%

Reg 7 Detroit Wayne Integrated Health Network

6.86%

Reg 8 Oakland Community Health Network

8.95%

Reg 9 Macomb County CMH Services

5.34%

Region 10 PIHP

8.92%

D2.VII.1 Measure Name: The percent of 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.

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

"Numerator - the number of HSW enrollees receiving at least one HSW service each month other than supports coordination each month.

denominator - the number of HSW enrollees. Calculation = HSW Rate"

Measure results

Reg 1 NorthCare

98.30%

Reg 2 Northern MI Regional Entity

94.50%

Reg 3 Lakeshore Regional Entity

93.90%

Reg 4 South West Michigan Behavioral Health

97.30%

Reg 5 Mid-State Health Network

97.21%

Reg 6 CMH Partnership of Southeast MI

95.30%

Reg 7 Detroit Wayne Integrated Health Network

95.37%

Reg 8 Oakland Community Health Network

94.30%

Reg 9 Macomb County CMH Services

93.81%

Region 10 PIHP

98.13%



Complete

D2.VII.1 Measure Name: The percent of (a) adults with a mental illness, 7 / 26 an (b)intellectual developmental disability, and (c) adults dually diagnosed with a mental illness/an intellectual developmental disability served by the PIHPs who are employed competitively.

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 10/01/2023 - 09/30/2024

D2.VII.8 Measure Description

"Numerator - the total number of (a) adults with mental illness, the total number of (b) adults with developmental disabilities, and the total number of (c) adults dually diagnosed with mental illness/developmental disability who are employed competitively. denominator - the total number of (a) adults with mental illness, the total number of (b) adults with developmental disabilities, and the total number of (c) adults dually diagnosed with mental illness/developmental disability served by the PIHP
Calculation = Competitive Employment Rate"

Measure results

Reg 1 NorthCare

17.47%

Reg 2 Northern MI Regional Entity

20.84%

Reg 3 Lakeshore Regional Entity

19.39%

Reg 4 South West Michigan Behavioral Health

22.99%

Reg 5 Mid-State Health Network

19.28%

Reg 6 CMH Partnership of Southeast MI

15.87%

Reg 7 Detroit Wayne Integrated Health Network

15.68%

Reg 8 Oakland Community Health Network

22.42%

Reg 9 Macomb County CMH Services

17.70%

Region 10 PIHP

17.57%



Complete

D2.VII.1 Measure Name: The percent of adults with (a) mental illness, (b) an intellectual or developmental disability, and (c) dually diagnosed with mental illness/ intellectual or developmental disability served by the PIHPs who earned minimum wage or more from any employment activities. 8 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 10/01/2023 - 09/30/2024

D2.VII.8 Measure Description

CMHSP Numerator - the total number of (a) adults with mental illness denominator - the total number of adults with developmental disabilities Calculation = adults dually diagnosed with mental illness/developmental disability, who received Michigan's minimum wage or more from employment activities PIHP Numerator - the total number of adult Medicaid beneficiaries with mental illness denominator - the total number of adult Medicaid beneficiaries with developmental disabilities Calculation = the total number of adult Medicaid beneficiaries dually diagnosed with mental illness/developmental disability served by the PIHP.

Measure results

Reg 1 NorthCare

90.79%

Reg 2 Northern MI Regional Entity

91.01%

Reg 3 Lakeshore Regional Entity

96.96%

Reg 4 South West Michigan Behavioral Health

99.48%

Reg 5 Mid-State Health Network

97%

Reg 6 CMH Partnership of Southeast MI

93.19%

Reg 7 Detroit Wayne Integrated Health Network

95.72%

Reg 8 Oakland Community Health Network

94.42%

Reg 9 Macomb County CMH Services

85.29%

Region 10 PIHP

95.41%



Complete

D2.VII.1 Measure Name: The percentage of readmissions of MI and I/DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.

9 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

Yes

D2.VII.8 Measure Description

The percentage of readmissions of MI and I/DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.

Measure results

Reg 1 NorthCare

14.29%

Reg 2 Northern MI Regional Entity

11.28%

Reg 3 Lakeshore Regional Entity

12.77%

Reg 4 South West Michigan Behavioral Health

13.77%

Reg 5 Mid-State Health Network

11.13%

Reg 6 CMH Partnership of Southeast MI

11.21%

Reg 7 Detroit Wayne Integrated Health Network

15.79%

Reg 8 Oakland Community Health Network

9.11%

Reg 9 Macomb County CMH Services

15.88%

Region 10 PIHP

13.04%



Complete

D2.VII.1 Measure Name: The percent of adults with intellectual or developmental disabilities served, and a dual diagnosis (MI/DD) who live in a private residence alone, with spouse, or non-relative(s).

10 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 10/01/2023 - 09/30/2024

D2.VII.8 Measure Description

"Numerator - Total # of Enrollees denominator - # of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s) Calculation = Private Residence Rate"

Measure results

Reg 1 NorthCare

20.58%

Reg 2 Northern MI Regional Entity

24.95%

Reg 3 Lakeshore Regional Entity

15.95%

Reg 4 South West Michigan Behavioral Health

20.50%

Reg 5 Mid-State Health Network

22.54%

Reg 6 CMH Partnership of Southeast MI

25.25%

Reg 7 Detroit Wayne Integrated Health Network

19.98%

Reg 8 Oakland Community Health Network

20.03%

Reg 9 Macomb County CMH Services

18.66%

Region 10 PIHP

19.13%

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 10/01/2023 - 09/30/2024

D2.VII.8 Measure Description

"Numerator - Total # of Enrollees denominator - # of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s) Calculation = Private Residence Rate"

Measure results

Reg 1 NorthCare

52.94%

Reg 2 Northern MI Regional Entity

48.52%

Reg 3 Lakeshore Regional Entity

39.86%

Reg 4 South West Michigan Behavioral Health

46.32%

Reg 5 Mid-State Health Network

47.42%

Reg 6 CMH Partnership of Southeast MI

35.53%

Reg 7 Detroit Wayne Integrated Health Network

39.49%

Reg 8 Oakland Community Health Network

33.17%

Reg 9 Macomb County CMH Services

47.40%

Region 10 PIHP

41.90%



Complete

D2.VII.1 Measure Name: FUH-30 Adult

12 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

268

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

The percentage of discharges for beneficiaries eighteen years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.

Measure results

Reg 1 NorthCare

79%

Reg 2 Northern MI Regional Entity

68.25%

Reg 3 Lakeshore Regional Entity

67.58%

Reg 4 South West Michigan Behavioral Health

67.57%

Reg 5 Mid-State Health Network

70.37%

Reg 6 CMH Partnership of Southeast MI

66.37%

Reg 7 Detroit Wayne Integrated Health Network

60.15%

Reg 8 Oakland Community Health Network

67.81%

Reg 9 Macomb County CMH Services

59.87%

Region 10 PIHP

60.55%



Complete

D2.VII.1 Measure Name: FUH-30 Child

13 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

268

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

The percentage of discharges for beneficiaries six to seventeen years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient

encounter or partial hospitalization with mental health practitioner within 30 Days.

Measure results

Reg 1 NorthCare

90.60%

Reg 2 Northern MI Regional Entity

84.26%

Reg 3 Lakeshore Regional Entity

84.88%

Reg 4 South West Michigan Behavioral Health

85.19%

Reg 5 Mid-State Health Network

87.59%

Reg 6 CMH Partnership of Southeast MI

80.18%

Reg 7 Detroit Wayne Integrated Health Network

71.34%

Reg 8 Oakland Community Health Network

89.05%

Reg 9 Macomb County CMH Services

82.04%

Region 10 PIHP

80.53%

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

394

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis.

Measure results

Reg 1 NorthCare

32%

Reg 2 Northern MI Regional Entity

33%

Reg 3 Lakeshore Regional Entity

38%

Reg 4 South West Michigan Behavioral Health

31%

Reg 5 Mid-State Health Network

37%

Reg 6 CMH Partnership of Southeast MI

40%

Reg 7 Detroit Wayne Integrated Health Network

37%

Reg 8 Oakland Community Health Network

39%

Reg 9 Macomb County CMH Services

40%

Region 10 PIHP

36%



Complete

D2.VII.1 Measure Name: IET-34 Engagement Total

15 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

394

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.

Measure results

Reg 1 NorthCare

12%

Reg 2 Northern MI Regional Entity

13%

Reg 3 Lakeshore Regional Entity

13%

Reg 4 South West Michigan Behavioral Health

8%

Reg 5 Mid-State Health Network

13%

Reg 6 CMH Partnership of Southeast MI

14%

Reg 7 Detroit Wayne Integrated Health Network

9%

Reg 8 Oakland Community Health Network

10%

Reg 9 Macomb County CMH Services

11%

Region 10 PIHP

13%



Complete

D2.VII.1 Measure Name: SAA-AD

16 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

18

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"Percentage of Adults Age 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period"

Measure results**Reg 1 NorthCare**

71.69%

Reg 2 Northern MI Regional Entity

70.90%

Reg 3 Lakeshore Regional Entity

66.06%

Reg 4 South West Michigan Behavioral Health

68.16%

Reg 5 Mid-State Health Network

67.14%

Reg 6 CMH Partnership of Southeast MI

65.65%

Reg 7 Detroit Wayne Integrated Health Network

56.85%

Reg 8 Oakland Community Health Network

65.08%

Reg 9 Macomb County CMH Services

65.72%

Region 10 PIHP

62.78%



Complete

D2.VII.1 Measure Name: FUH-30 Total

17 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

268

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

The percentage of discharges for beneficiaries who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with mental health practitioner within 30 days.

Measure results

Reg 1 NorthCare

81.27%

Reg 2 Northern MI Regional Entity

71.73%

Reg 3 Lakeshore Regional Entity

70.99%

Reg 4 South West Michigan Behavioral Health

70.64%

Reg 5 Mid-State Health Network

73.35%

Reg 6 CMH Partnership of Southeast MI

68.67%

Reg 7 Detroit Wayne Integrated Health Network

61.63%

Reg 8 Oakland Community Health Network

70.47%

Reg 9 Macomb County CMH Services

63.48%

Region 10 PIHP

64.56%



Complete

D2.VII.1 Measure Name: FUA-30 Child

18 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

264

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"The percentage of adolescents 13 to 17 years old with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. "

Measure results

Reg 1 NorthCare

66.67%

Reg 2 Northern MI Regional Entity

47.83%

Reg 3 Lakeshore Regional Entity

34.33%

Reg 4 South West Michigan Behavioral Health

33.33%

Reg 5 Mid-State Health Network

31.37%

Reg 6 CMH Partnership of Southeast MI

16.67%

Reg 7 Detroit Wayne Integrated Health Network

26.67%

Reg 8 Oakland Community Health Network

28.12%

Reg 9 Macomb County CMH Services

34.48%

Region 10 PIHP

27.78%



Complete

D2.VII.1 Measure Name: FUA-30 Adult

19 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

264

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"The percentage of adults 18 years old and older with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. "

Measure results**Reg 1 NorthCare**

45.12%

Reg 2 Northern MI Regional Entity

42.78%

Reg 3 Lakeshore Regional Entity

37.83%

Reg 4 South West Michigan Behavioral Health

39.39%

Reg 5 Mid-State Health Network

40.12%

Reg 6 CMH Partnership of Southeast MI

39.57%

Reg 7 Detroit Wayne Integrated Health Network

36.19%

Reg 8 Oakland Community Health Network

37.24%

Reg 9 Macomb County CMH Services

38.82%

Region 10 PIHP



Complete

D2.VII.1 Measure Name: FUA-30 Total

20 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

264

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"The percentage of beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days."

Measure results**Reg 1 NorthCare**

45.94%

Reg 2 Northern MI Regional Entity

42.98%

Reg 3 Lakeshore Regional Entity

37.71%

Reg 4 South West Michigan Behavioral Health

39.11%

Reg 5 Mid-State Health Network

39.72%

Reg 6 CMH Partnership of Southeast MI

39%

Reg 7 Detroit Wayne Integrated Health Network

35.90%

Reg 8 Oakland Community Health Network

36.97%

Reg 9 Macomb County CMH Services

38.70%

Region 10 PIHP

40.22%



Complete

D2.VII.1 Measure Name: ADD Initiation

21 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

271

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"Follow-up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication - Initiation Phase."

Measure results

Reg 1 NorthCare

50%

Reg 2 Northern MI Regional Entity

55.93%

Reg 3 Lakeshore Regional Entity

46.99%

Reg 4 South West Michigan Behavioral Health

46.25%

Reg 5 Mid-State Health Network

54.48%

Reg 6 CMH Partnership of Southeast MI

59.52%

Reg 7 Detroit Wayne Integrated Health Network

52.22%

Reg 8 Oakland Community Health Network

52.28%

Reg 9 Macomb County CMH Services

49.33%

Region 10 PIHP

54.44%



Complete

D2.VII.1 Measure Name: ADD Continuation

22 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

271

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"Follow-up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication - Continuation Phase."

Measure results**Reg 1 NorthCare**

57.30%

Reg 2 Northern MI Regional Entity

63.79%

Reg 3 Lakeshore Regional Entity

54.99%

Reg 4 South West Michigan Behavioral Health

53.03%

Reg 5 Mid-State Health Network

63.38%

Reg 6 CMH Partnership of Southeast MI

71.11%

Reg 7 Detroit Wayne Integrated Health Network

62.83%

Reg 8 Oakland Community Health Network

67.30%

Reg 9 Macomb County CMH Services

57.07%

Region 10 PIHP

63.13%

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

"Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing (TOTGC)."

Measure results

Reg 1 NorthCare

40.36%

Reg 2 Northern MI Regional Entity

25.24%

Reg 3 Lakeshore Regional Entity

30.36%

Reg 4 South West Michigan Behavioral Health

25.29%

Reg 5 Mid-State Health Network

29%

Reg 6 CMH Partnership of Southeast MI

28.28%

Reg 7 Detroit Wayne Integrated Health Network

25.93%

Reg 8 Oakland Community Health Network

28.40%

Reg 9 Macomb County CMH Services

25.51%

Region 10 PIHP

24.26%



Complete

D2.VII.1 Measure Name: APP

24 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

743

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.

Measure results

Reg 1 NorthCare

56.19%

Reg 2 Northern MI Regional Entity

62.15%

Reg 3 Lakeshore Regional Entity

66.23%

Reg 4 South West Michigan Behavioral Health

61.26%

Reg 5 Mid-State Health Network

74.20%

Reg 6 CMH Partnership of Southeast MI

64.37%

Reg 7 Detroit Wayne Integrated Health Network

69.07%

Reg 8 Oakland Community Health Network

71.86%

Reg 9 Macomb County CMH Services

67.14%

Region 10 PIHP

68.91%



Complete

D2.VII.1 Measure Name: FUM-30 Child

25 / 26

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

265

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

Follow-Up After Emergency Department Visit for Mental Illness - Within 30 Days, Ages 6-17 years old.

Measure results

Reg 1 NorthCare

89.93%

Reg 2 Northern MI Regional Entity

83.11%

Reg 3 Lakeshore Regional Entity

77.70%

Reg 4 South West Michigan Behavioral Health

74.80%

Reg 5 Mid-State Health Network

75.69%

Reg 6 CMH Partnership of Southeast MI

74.89%

Reg 7 Detroit Wayne Integrated Health Network

71.11%

Reg 8 Oakland Community Health Network

82.99%

Reg 9 Macomb County CMH Services

67.09%

Region 10 PIHP

66.90%



D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

265

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Program-specific rate

D2.VII.6 Measure Set

HEDIS

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2024 - 12/31/2024

D2.VII.8 Measure Description

Follow-Up After Emergency Department Visit for Mental Illness - Within 30 Days, Age 18 and older.

Measure results**Reg 1 NorthCare**

67.35%

Reg 2 Northern MI Regional Entity

64.78%

Reg 3 Lakeshore Regional Entity

56.72%

Reg 4 South West Michigan Behavioral Health

54.48%

Reg 5 Mid-State Health Network

60.74%

Reg 6 CMH Partnership of Southeast MI

56.92%

Reg 7 Detroit Wayne Integrated Health Network

44.88%

Reg 8 Oakland Community Health Network

54.57%

Reg 9 Macomb County CMH Services

52.79%

Region 10 PIHP

54.46%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.



Complete

D3.VIII.1 Intervention type: Corrective action plan

1 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 1 NorthCare

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Provider Selection, Grievance and Appeals, Health Information Systems.

Sanction details**D3.VIII.5 Instances of non-compliance**

13

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

2 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 2 Northern MI Regional Entity

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Emergency and Poststabilization Services, Provider Selection, Confidentiality, Grievance and Appeals, Practice Guidelines, Health Information Systems, QAPIP.

Sanction details**D3.VIII.5 Instances of non-compliance**

26

D3.VIII.6 Sanction amount

NA

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

3 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 3 Lakeshore Regional Entity

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Provider Selection, Confidentiality, Grievance and Appeals, Health Information Systems, QAPIP.

Sanction details**D3.VIII.5 Instances of non-compliance**

12

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

4 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 4 South West Michigan Behavioral Health

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Provider Selection, Grievance and Appeals.

Sanction details**D3.VIII.5 Instances of non-compliance**

7

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

5 / 15

D3.VIII.2 Plan performance

issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 5 Mid-State Health Network

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Provider Selection, Confidentiality, Grievance and Appeals, Health Information Systems

Sanction details**D3.VIII.5 Instances of non-compliance**

14

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

6 / 15

D3.VIII.2 Plan performance

issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 6 CMH Partnership of Southeast MI

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Poststabilization, Provider Selection, Confidentiality, Grievance and Appeals, Health Information Systems

Sanction details

D3.VIII.5 Instances of non-compliance

12

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

7 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 7 Detroit Wayne Integrated Health Network

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Confidentiality, Grievance and Appeals.

Sanction details

D3.VIII.5 Instances of non-compliance

5

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

8 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 8 Oakland Community Health Network

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Emergency Poststabilization, Provider Selection, Confidentiality, Grievance and Appeals, Health Information Systems.

Sanction details

D3.VIII.5 Instances of non-compliance

11

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

9 / 15

D3.VIII.2 Plan performance issue

EQR Compliance Review

D3.VIII.3 Plan name

Reg 9 Macomb County CMH Services

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Confidentiality, Grievance and Appeals, Subcontractual Relationships and Delegation, Health Information Systems

Sanction details

D3.VIII.5 Instances of non-compliance

10

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

10 / 15

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**

EQR Compliance Review

Region 10 PIHP

D3.VIII.4 Reason for intervention

Received a "Not Met" in one or more of the following Standards: Provider Selection, Confidentiality, Grievance and Appeals, Health Information Systems, QAPIP.

Sanction details

D3.VIII.5 Instances of non-compliance

13

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

09/30/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

11 / 15

D3.VIII.2 Plan performance issue **D3.VIII.3 Plan name**

Performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA. Also reported in the 372 and the iSPA Report

Reg 3 Lakeshore Regional Entity

D3.VIII.4 Reason for intervention

Received an "Out of Compliance" in one or more of the performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA

Sanction details

D3.VIII.5 Instances of non-compliance

489

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

10/14/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 06/03/2025

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

12 / 15

D3.VIII.2 Plan performance issue

Performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA. Also reported in the 372 and the iSPA Report.

D3.VIII.3 Plan name

Reg 9 Macomb County CMH Services

D3.VIII.4 Reason for intervention

Received an "Out of Compliance" in one or more of the performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA

Sanction details**D3.VIII.5 Instances of non-compliance**

298

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

01/13/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 09/15/2025

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

13 / 15

D3.VIII.2 Plan performance issue

Received an "Out of Compliance" in one or more of the performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA

D3.VIII.3 Plan name

Reg 2 Northern MI Regional Entity

D3.VIII.4 Reason for intervention

Received an "Out of Compliance" in one or more of the performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA

Sanction details**D3.VIII.5 Instances of non-compliance**

350

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/07/2025

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/26/2026

D3.VIII.9 Corrective action plan

Yes



Complete

D3.VIII.1 Intervention type: Corrective action plan

14 / 15

D3.VIII.2 Plan performance issue

Performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA. Also reported in the 372 and the iSPA Report.

D3.VIII.3 Plan name

Reg 1 NorthCare

D3.VIII.4 Reason for intervention

Received an "Out of Compliance" in one or more of the performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA

Sanction details**D3.VIII.5 Instances of non-compliance**

166

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

08/11/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes



D3.VIII.1 Intervention type: Corrective action plan

15 / 15

D3.VIII.2 Plan performance issue

Performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA. Also reported in the 372 and the iSPA Report.

D3.VIII.3 Plan name

Reg 4 South West Michigan Behavioral Health

D3.VIII.4 Reason for intervention

Received an "Out of Compliance" in one or more of the performance measures for the 1915(c) Waiver (HSW, CWP and SEDW) and our 1915 iSPA

Sanction details

D3.VIII.5 Instances of non-compliance

336

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

05/16/2025

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

Yes

Topic X. Program Integrity

Number	Indicator	Response
D1X.1	<p data-bbox="313 107 711 176">Dedicated program integrity staff</p> <p data-bbox="313 201 711 390">Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).</p>	<p data-bbox="813 138 1040 165">Reg 1 NorthCare</p> <p data-bbox="813 191 829 218">1</p> <p data-bbox="813 264 1284 291">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 317 829 344">1</p> <p data-bbox="813 390 1256 417">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 443 846 470">12</p> <p data-bbox="813 516 1344 579">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 604 870 632">5.25</p> <p data-bbox="813 678 1260 705">Reg 5 Mid-State Health Network</p> <p data-bbox="813 730 870 758">4.75</p> <p data-bbox="813 804 1357 831">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="813 856 870 884">7.75</p> <p data-bbox="813 930 1349 993">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="813 1018 854 1045">4.5</p> <p data-bbox="813 1092 1284 1155">Reg 8 Oakland Community Health Network</p> <p data-bbox="813 1180 829 1207">4</p> <p data-bbox="813 1253 1317 1281">Reg 9 Macomb County CMH Services</p> <p data-bbox="813 1306 854 1333">2.5</p> <p data-bbox="813 1379 1019 1407">Region 10 PIHP</p> <p data-bbox="813 1432 846 1459">13</p>
D1X.2	<p data-bbox="313 1524 711 1593">Count of opened program integrity investigations</p> <p data-bbox="313 1619 711 1745">How many program integrity investigations were opened by the plan during the reporting year?</p>	<p data-bbox="813 1556 1040 1583">Reg 1 NorthCare</p> <p data-bbox="813 1608 846 1635">10</p> <p data-bbox="813 1682 1284 1709">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 1734 829 1761">9</p> <p data-bbox="813 1808 1256 1835">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 1860 846 1887">71</p> <p data-bbox="813 1934 1344 1997">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 2022 862 2049">371</p>

Reg 5 Mid-State Health Network

86

Reg 6 CMH Partnership of Southeast MI

38

Reg 7 Detroit Wayne Integrated Health Network

40

Reg 8 Oakland Community Health Network

18

Reg 9 Macomb County CMH Services

72

Region 10 PIHP

93

D1X.4

Count of resolved program integrity investigations

How many program integrity investigations were resolved by the plan during the reporting year?

Reg 1 NorthCare

9

Reg 2 Northern MI Regional Entity

2

Reg 3 Lakeshore Regional Entity

74

Reg 4 South West Michigan Behavioral Health

347

Reg 5 Mid-State Health Network

141

Reg 6 CMH Partnership of Southeast MI

40

Reg 7 Detroit Wayne Integrated Health Network

38

Reg 8 Oakland Community Health Network

21

Reg 9 Macomb County CMH Services

33

D1X.6**Referral path for program integrity referrals to the state**

What is the referral path that the plan uses to make program integrity referrals to the state? Select one.

Reg 1 NorthCare

Makes referrals to the SMA and MFCU concurrently

Reg 2 Northern MI Regional Entity

Makes referrals to the SMA and MFCU concurrently

Reg 3 Lakeshore Regional Entity

Makes referrals to the SMA and MFCU concurrently

Reg 4 South West Michigan Behavioral Health

Makes referrals to the SMA and MFCU concurrently

Reg 5 Mid-State Health Network

Makes referrals to the SMA and MFCU concurrently

Reg 6 CMH Partnership of Southeast MI

Makes referrals to the SMA and MFCU concurrently

Reg 7 Detroit Wayne Integrated Health Network

Makes referrals to the SMA and MFCU concurrently

Reg 8 Oakland Community Health Network

Makes referrals to the SMA and MFCU concurrently

Reg 9 Macomb County CMH Services

Makes referrals to the SMA and MFCU concurrently

Region 10 PIHP

Makes referrals to the SMA and MFCU concurrently

D1X.7**Count of program integrity referrals to the state**

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Reg 1 NorthCare

0

Reg 2 Northern MI Regional Entity

0

Reg 3 Lakeshore Regional Entity

0

Reg 4 South West Michigan Behavioral Health

1

Reg 5 Mid-State Health Network

2

Reg 6 CMH Partnership of Southeast MI

0

Reg 7 Detroit Wayne Integrated Health Network

0

Reg 8 Oakland Community Health Network

1

Reg 9 Macomb County CMH Services

0

Region 10 PIHP

1

D1X.9a:**Plan overpayment reporting to the state: Start Date**

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Reg 1 NorthCare

10/01/2024

Reg 2 Northern MI Regional Entity

10/01/2024

Reg 3 Lakeshore Regional Entity

10/01/2024

Reg 4 South West Michigan Behavioral Health

10/01/2024

Reg 5 Mid-State Health Network

10/01/2024

Reg 6 CMH Partnership of Southeast MI

10/01/2024

Reg 7 Detroit Wayne Integrated Health Network

10/01/2024

Reg 8 Oakland Community Health Network

10/01/2024

Reg 9 Macomb County CMH Services

10/01/2024

Region 10 PIHP

10/01/2024

D1X.9b: Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Reg 1 NorthCare

09/30/2025

Reg 2 Northern MI Regional Entity

09/30/2025

Reg 3 Lakeshore Regional Entity

09/30/2025

Reg 4 South West Michigan Behavioral Health

09/30/2025

Reg 5 Mid-State Health Network

09/30/2025

Reg 6 CMH Partnership of Southeast MI

09/30/2025

Reg 7 Detroit Wayne Integrated Health Network

09/30/2025

Reg 8 Oakland Community Health Network

09/30/2025

Reg 9 Macomb County CMH Services

09/30/2025

Region 10 PIHP

09/30/2025

D1X.9c: Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Reg 1 NorthCare

\$31,725.65

Reg 2 Northern MI Regional Entity

\$7,780.19

Reg 3 Lakeshore Regional Entity

\$197,366.71

Reg 4 South West Michigan Behavioral Health

\$265,585.65

Reg 5 Mid-State Health Network

\$857,509.94

Reg 6 CMH Partnership of Southeast MI

\$147,449.96

Reg 7 Detroit Wayne Integrated Health Network

\$1,136,928.92

Reg 8 Oakland Community Health Network

\$49,503.77

Reg 9 Macomb County CMH Services

\$239,574.02

Region 10 PIHP

\$118,636.77

D1X.9d: Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Reg 1 NorthCare

\$137,206,721

Reg 2 Northern MI Regional Entity

\$239,278,582

Reg 3 Lakeshore Regional Entity

\$444,641,936

Reg 4 South West Michigan Behavioral Health

\$353,692,766

Reg 5 Mid-State Health Network

\$878,792,266

Reg 6 CMH Partnership of Southeast MI

\$262,205,272

Reg 7 Detroit Wayne Integrated Health Network

\$1,010,285,961

Reg 8 Oakland Community Health Network

\$413,928,323

Reg 9 Macomb County CMH Services

\$322,018,699

Region 10 PIHP

\$380,804,565

D1X.10 Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Reg 1 NorthCare

Daily

Reg 2 Northern MI Regional Entity

Daily

Reg 3 Lakeshore Regional Entity

Daily

Reg 4 South West Michigan Behavioral Health

Daily

Reg 5 Mid-State Health Network

Daily

Reg 6 CMH Partnership of Southeast MI

Daily

Reg 7 Detroit Wayne Integrated Health Network

Daily

Reg 8 Oakland Community Health Network

Daily

Reg 9 Macomb County CMH Services

Daily

Region 10 PIHP

Daily

Topic XI: ILOS



Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	<p data-bbox="310 100 610 142">ILOSs offered by plan</p> <p data-bbox="310 153 651 254">Indicate whether this plan offered any ILOS to their enrollees.</p>	<p data-bbox="813 132 1044 174">Reg 1 NorthCare</p> <p data-bbox="813 184 1263 226">No ILOSs were offered by this plan</p> <p data-bbox="813 289 1287 331">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 342 1263 384">No ILOSs were offered by this plan</p> <p data-bbox="813 447 1260 489">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 499 1263 541">No ILOSs were offered by this plan</p> <p data-bbox="813 604 1349 678">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 699 1263 741">No ILOSs were offered by this plan</p> <p data-bbox="813 804 1263 846">Reg 5 Mid-State Health Network</p> <p data-bbox="813 856 1263 898">No ILOSs were offered by this plan</p> <p data-bbox="813 961 1360 1003">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="813 1014 1263 1056">No ILOSs were offered by this plan</p> <p data-bbox="813 1119 1354 1192">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="813 1213 1263 1255">No ILOSs were offered by this plan</p> <p data-bbox="813 1318 1287 1392">Reg 8 Oakland Community Health Network</p> <p data-bbox="813 1413 1263 1455">No ILOSs were offered by this plan</p> <p data-bbox="813 1518 1320 1560">Reg 9 Macomb County CMH Services</p> <p data-bbox="813 1570 1263 1612">No ILOSs were offered by this plan</p> <p data-bbox="813 1675 1024 1717">Region 10 PIHP</p> <p data-bbox="813 1728 1263 1770">No ILOSs were offered by this plan</p>

Topic XIII. Prior Authorization



Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Topic XIV. Patient Access API Usage



Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select “Not reporting data”.

Number	Indicator	Response
N/A	Are you reporting data prior to June 2026? If “Yes”, please complete the following questions under each plan.	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	<p data-bbox="310 100 521 132">BSS entity type</p> <p data-bbox="310 153 727 285">What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p data-bbox="813 132 1040 163">Reg 1 NorthCare</p> <p data-bbox="813 184 1133 216">State Government Entity</p> <p data-bbox="813 289 1284 321">Reg 2 Northern MI Regional Entity</p> <p data-bbox="813 342 1133 373">State Government Entity</p> <p data-bbox="813 447 1252 478">Reg 3 Lakeshore Regional Entity</p> <p data-bbox="813 499 1133 531">State Government Entity</p> <p data-bbox="813 604 1349 678">Reg 4 South West Michigan Behavioral Health</p> <p data-bbox="813 699 1133 730">State Government Entity</p> <p data-bbox="813 804 1252 835">Reg 5 Mid-State Health Network</p> <p data-bbox="813 856 1133 888">State Government Entity</p> <p data-bbox="813 961 1360 993">Reg 6 CMH Partnership of Southeast MI</p> <p data-bbox="813 1014 1133 1045">State Government Entity</p> <p data-bbox="813 1119 1349 1192">Reg 7 Detroit Wayne Integrated Health Network</p> <p data-bbox="813 1213 1133 1245">State Government Entity</p> <p data-bbox="813 1318 1284 1392">Reg 8 Oakland Community Health Network</p> <p data-bbox="813 1413 1133 1444">State Government Entity</p> <p data-bbox="813 1518 1317 1549">Reg 9 Macomb County CMH Services</p> <p data-bbox="813 1570 1133 1602">State Government Entity</p> <p data-bbox="813 1675 1019 1707">Region 10 PIHP</p> <p data-bbox="813 1728 1133 1759">State Government Entity</p>

EIX.2	<p data-bbox="310 1837 516 1869">BSS entity role</p> <p data-bbox="310 1890 727 2026">What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).</p>	<p data-bbox="813 1869 1040 1900">Reg 1 NorthCare</p> <p data-bbox="813 1921 1300 1953">Enrollment Broker/Choice Counseling</p> <p data-bbox="813 1995 1084 2026">Beneficiary Outreach</p>
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LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 2 Northern MI Regional Entity

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 3 Lakeshore Regional Entity

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 4 South West Michigan Behavioral Health

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 5 Mid-State Health Network

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 6 CMH Partnership of Southeast MI

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 7 Detroit Wayne Integrated Health Network

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 8 Oakland Community Health Network

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Reg 9 Macomb County CMH Services

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Region 10 PIHP

Enrollment Broker/Choice Counseling

Beneficiary Outreach

LTSS Complaint Access Point

LTSS Grievance/Appeals Education

LTSS Grievance/Appeals Assistance

Review/Oversight of LTSS Data

Section F: Notes

Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to "Review & submit."

Number	Indicator	Response
F1	Notes (optional)	D1.X.9d Reporting period was FY24 (10/1/2024 to 9/30/2024). FY25 won't be available until June 2026.
