

Michigan Department of Health and Human Services

**State Fiscal Year 2024
External Quality Review
Encounter Data Validation
Aggregate Report
for Prepaid Inpatient Health Plans**

March 2025



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1. Executive Summary

Introduction

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Michigan Department of Health and Human Services (MDHHS) requires its contracted Medicaid managed care entities (MCEs) and waiver agencies to submit high-quality encounter data. During state fiscal year (SFY) 2024, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) review.

Methodology

In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),¹ HSAG conducted a medical record review (MRR) activity, which is an analysis of the State's electronic encounter data completeness and accuracy, by comparing the State's electronic encounter data to the information documented in the corresponding members' medical records.

HSAG conducted the EDV review for 47 MCEs. This report, however, presents results and findings for the prepaid inpatient health plans (PIHPs) under the Michigan Behavioral Health Managed Care Program.

PIHPs Included in The Review

Table 1-1 presents the names and abbreviations for the PIHPs associated with the Michigan Behavioral Health Managed Care Program included in the SFY 2024 EDV review.

Table 1-1—PIHPs Included in the Review

Name	Abbreviation
Region 1—NorthCare Network	NCN
Region 2—Northern Michigan Regional Entity	NMRE
Region 3—Lakeshore Regional Entity	LRE
Region 4—Southwest Michigan Behavioral Health	SWMBH

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: June 6, 2024.

Name	Abbreviation
Region 5—Mid-State Health Network	MSHN
Region 6—Community Mental Health Partnership of Southeast Michigan	CMHPSM
Region 7—Detroit Wayne Integrated Health Network	DWIHN
Region 8—Oakland Community Health Network	OCHN
Region 9—Macomb County Community Mental Health	MCCMH
Region 10 PIHP	Region 10

Key Findings From Medical Record Review

Medical Record Procurement

HSAG requested a total of 3,080 cases for procurement from all participating PIHPs. While all PIHPs completed and submitted tracking sheets associated with the requested cases, 0.1 percent included no medical record documentation associated with the requested cases. This resulted in an overall submission rate of 99.9 percent (i.e., 3,078 cases) having an accompanying medical record documentation. Additionally, among the 3,078 records received with dates of service from the sample cases, 2,032 records (66.0 percent) had a second date of service submitted to HSAG, as indicated in the tracking sheet.

Encounter Data Completeness

Table 1-2 displays the medical record and encounter data omission rates for each key data element. Omissions identified in the medical records (where service information in the encounter data is not supported by the medical records) and omissions identified in the encounter data (where services documented in the medical records are absent from the encounter data) highlight discrepancies in the completeness of MDHHS' encounter data. Lower omission rates are preferable for both measures, as they indicate consistently and comprehensive documentation across both data sources.

Table 1-2—Encounter Data Completeness Summary

Key Data Elements	Medical Record Omission*		Encounter Data Omission*	
	All PIHP Rate	PIHP Range	All PIHP Rate	PIHP Range
Date of Service	0.4%	0.0% – 1.2%	4.0%	1.3% – 9.6%
Diagnosis Code	20.4%	2.6% – 45.1%	3.3%	1.2% – 6.9%
Procedure Code	9.4%	4.8% – 12.4%	4.2%	2.9% – 7.9%
Procedure Code Modifier	19.5%	15.2% – 28.8%	3.8%	1.5% – 11.8%

* Lower rates indicate better performance.

Findings: The analysis revealed that the medical record omission rates exceeded the encounter data omission rates for three of the key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*). Notably, the *Dates of Service* in the encounter data were generally supported by the members' medical records, as evidenced by a medical record omission rate of 0.4 percent. However, the *Procedure Code* (9.4 percent) data element in the encounter data showed moderate support, while the *Diagnosis Code* (20.4 percent) and *Procedure Code Modifier* (19.5 percent) data elements were inadequately supported by the medical records.

Conversely, encounter data omission rates for all four key data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*), were well supported by the encounter data extracted from MDHHS' data warehouse. All four data elements demonstrated omission rates of less than 5.0 percent when compared to the information found in the medical records.

Encounter Data Accuracy

Table 1-3 displays the element accuracy rates for each key data element and the all-element accuracy rates. HSAG evaluated the accuracy of encounter data for dates of service that were present in both MDHHS' encounter data and the corresponding members' medical records. The key data elements *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* were evaluated for accuracy if the individual data element was present in both MDHHS' encounter data and the medical records. Higher accuracy rates for each data element reflect better performance and stronger alignment between the two data sources. Additionally, HSAG calculated the all-element accuracy rate, which represents the percentage of dates of service where all evaluated data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) were accurate and fully supported by the corresponding medical records.

Table 1-3—Encounter Data Accuracy

Data Element	All PIHP Rate	PIHP Rate	Error Type Percentages
Diagnosis Code ¹	99.8%	99.3% — 100%	Inaccurate Code: (100%) Specificity Error: (0%)
Procedure Code ²	99.3%	98.4% — 99.9%	Inaccurate Code: (64.6%) Higher Level of Service in Medical Record: (0%) Lower Level of Service in Medical Record: (35.4%)
Procedure Code Modifier	99.0%	98.0% — 99.8%	—
All-Element Accuracy ³	56.7%	34.6% — 74.2%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Findings: Key data elements present in both MDHHS' encounter data and the medical records were evaluated independently for accuracy. The results indicate high accuracy rates across the data elements:

- Diagnosis Codes: 99.8 percent
- Procedure Codes: 99.3 percent
- Procedure Code Modifiers: 99.0 percent

Nearly 57.0 percent of the dates of service present in both data sources accurately reflected an all-element accuracy rate across all three data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) when compared to the members' medical records.

At the PIHP level, the all-element accuracy rates varied, ranging from 34.6 percent to 74.2 percent. The primary contributors to overall all-element inaccuracies were medical record omissions, encounter data omissions, and element inaccuracies from all three data elements.

Recommendations

To improve the quality of encounter data submissions from the PIHPs, HSAG offers the following recommendations to assist MDHHS and the PIHPs in addressing opportunities for improvement:

- The results from the MRR indicated that the behavioral health service encounters submitted by the PIHPs and maintained in MDHHS' data warehouse were relatively complete and accurate when compared to the members' medical records, with few exceptions. As such, HSAG recommends MDHHS to continue its current efforts in monitoring encounter data submissions and addressing any identified data issues with the PIHPs' encounter data submissions.
- The PIHPs experiencing challenges procuring requested records from their contracted providers should ensure the contracted providers' accountability in responding to medical record requests for the purposes of auditing, inspection, and oversight. HSAG recommends that the PIHPs consider strengthening and/or enforcing their contract requirements with providers to ensure compliance with documentation requests.
- The medical record omission rates for the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements were relatively high across all PIHPs. To address these gaps, HSAG recommends the following actions:
 - PIHPs should investigate the root cause(s) of these omissions to identify specific reasons for omissions and develop targeted solutions.
 - Consider performing periodic MRRs of submitted claims to verify appropriate coding and data completeness, where appropriate.
 - Use findings from periodic reviews to provide targeted education and training for providers regarding encounter data submission protocols, medical record documentation, and coding practices.

- HSAG recommends increased collaboration between MDHHS and the PIHPs:
 - Conducting regular communication forums and workshops to discuss challenges and share best practices in data submission and setting performance benchmarks to encourage continuous improvement.
 - Developing improvement plans for PIHPs with lower accuracy rates and pilot programs focusing on high-risk data elements like *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers*.
- During the process of generating sample cases for the EDV review, HSAG encountered significant challenges with the completeness and accuracy of provider information within MDHHS' encounter data. Specifically, the data often lacked fully populated National Provider Identifiers (NPIs), which are crucial for accurately identifying providers who meet the criteria for a specific service category. Additionally, the encounter data did not include detailed provider taxonomy codes, which are vital for determining the eligibility of providers for specific services relevant to the review. The lack of detailed taxonomy information hindered HSAG's ability to categorize and analyze data based on the provider specialty and service type. To address these challenges and improve the integrity of future data analyses, HSAG proposes the following strategic recommendations. MDHHS should:
 - Mandate the inclusion of complete NPIs and provider taxonomy codes in all encounter data submissions.
 - Introduce robust data verification processes at the point of entry. This step will help in early detection and rectification of incomplete or inaccurate provider data, maintaining the integrity of the database.
 - Develop a centralized, easily accessible repository for provider data that can be referenced and updated regularly. This will facilitate more efficient data linkage and retrieval, improving the ease and reliability of data analysis.
 - Implement a regular review and feedback system to monitor the improvements in data quality post-implementation of these changes. This will not only help in measuring the success of the implemented strategies but also in making continuous improvements.

By adopting these recommendations, MDHHS and the PIHPs can enhance the quality and consistency of encounter data, reduce discrepancies, and support more accurate analysis.

2. Overview and Methodology

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, MDHHS must ensure that each of its contracted Medicaid MCEs maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs to submit high-quality encounter data. MDHHS relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During SFY 2024, MDHHS contracted with HSAG to conduct an EDV activity. In alignment with CMS EQR Protocol 5, HSAG conducted an MRR activity, which is an analysis of the State's electronic encounter data completeness and accuracy, by comparing the State's electronic encounter data to the information documented in the corresponding members' medical records.

HSAG conducted the EDV for 47 MCEs. Table 2-1 displays the MCE programs and number of MCEs included in the EDV review. This report, however, presents results and findings for the PIHPs under the Michigan Behavioral Health Managed Care Program. The primary objective was to evaluate completeness and accuracy of the electronic encounter data by comparing MDHHS' encounter data to the information documented in the members' medical records.

Table 2-1—Michigan Medicaid Managed Care Programs

Managed Care Program	MCE Type	Number of MCEs
Comprehensive Health Care Program (CHCP)	Medicaid Health Plans (MHPs)	9
Healthy Kids Dental Program	Dental Health Plans (DHPs)	2
MI Health Link Program	Integrated Care Organizations (ICOs)	6
Behavioral Health Managed Care Program	PIHPs	10
MI Choice Waiver Program	Waiver Agencies	20

Methodology

Medical Record Review

As outlined in the CMS EQR Protocol 5, MRR is a complex and resource-intensive process. Medical and clinical records are considered the “gold standard” for documenting Medicaid members’ access to and quality of healthcare services. However, due to the resource-intensive nature of an MRR, HSAG recommends that an MRR be conducted once there is a sufficient level of quality for MDHHS’ encounters. Following the information systems review and administrative profile analysis conducted during the SFY 2023 EDV activity, HSAG determined that the quality of MDHHS’ encounter data was sufficient to proceed with the MRR activity.

The MRR activity evaluated encounter data completeness and accuracy through a review of medical records for behavioral health services rendered from October 1, 2022, through September 30, 2023. This review answered the following question:

- *Are the data elements in Table 2-2 found on the professional encounters complete and accurate when compared to information contained within the medical records?*

Table 2-2—Key Data Elements for MRR

Key Data Element	
Date of Service	Diagnosis Code
Procedure Code (Current Procedural Terminology/Healthcare Common Procedure Coding System [CPT/HCPCS])	Procedure Code Modifier

To answer the review question, HSAG conducted the following steps:

- Identified the eligible population and generated samples from data extracted from the MDHHS data warehouse.
- Provided technical assistance to the PIHPs to support the procurement of medical records from providers, as appropriate.
- Reviewed medical records against MDHHS’ encounter data.
- Calculated review indicators and submitted EDV results to MDHHS.

Review Population

To be eligible for the MRR, a member had to be continuously enrolled in the same PIHP during the review period (i.e., from October 1, 2022, through September 30, 2023) and had to have at least one behavioral health service during the review period. In addition, members with Medicare or other insurance coverages were excluded from the eligible population since these members may have received services that were documented in their medical record but not represented in MDHHS’ encounter data.

In this report, HSAG refers to “behavioral health services” as the services that meet all criteria in Table 2-3.

Table 2-3—Criteria for Defining Behavioral Health Services

Data Element	Criteria
Provider Taxonomy Classification	Behavior Analyst Clinic/Center Community/Behavioral Health Counselor Nurse Practitioner Physician Assistant Psychiatry & Neurology Psychologist Registered Nurse Social Worker
Place of Service	02–Telehealth Provided Other than the Patient’s Home 10–Telehealth Provided in Patient’s Home 11–Office 12–Home 14–Group Home 50–Federally Qualified Health Center 53–Community Mental Health Center 55–Residential Substance Abuse Treatment Facility 71–Public Health Clinic
Procedure Code	<p>If all detail lines for a visit have the following procedure codes, the visit was excluded from the review since these procedure codes are for services outside of the scope of work for this review (e.g., durable medical equipment [DME], dental, vision, and ancillary providers).</p> <ul style="list-style-type: none"> • A procedure code starting with “B,” “E,” “D,” “K,” or “V.” • Procedure codes between A0021 and A0999 (i.e., codes for transportation services). • Procedure codes between A4206 and A9999 (i.e., codes for medical and surgical supplies, miscellaneous, and investigational). • Procedure codes between T4521 and T4544 (i.e., codes for incontinence supplies). • Procedure codes between L0112 and L4631 (i.e., codes for orthotic devices and procedures). • Procedure codes between L5000 and L9900 (i.e., codes for prosthetic devices and procedures). • Procedure codes with an “F” in the fifth digit.

Sampling Strategy

HSAG used a two-stage sampling technique to select samples based on the member enrollment and encounter data extracted from the MDHHS data warehouse. HSAG first identified all members who met the review population eligibility criteria, and then used random sampling to select 411 members² from the eligible population for each PIHP. If a PIHP had less than 411 cases that were eligible for the review, all eligible cases were included in the review. Then, for each selected sampled member, HSAG used the SURVEYSELECT procedure in SAS[®],³ to randomly select one professional visit⁴ that occurred during the review period (i.e., from October 1, 2022, through September 30, 2023).

During the procurement period, MDHHS recommended reducing the burden of time and effort required from the PIHPs on the EDV activity. Consequently, the PIHPs were instructed to reduce the originally randomly selected cases by 25 percent. This adjustment resulted in a total of 308 sampled cases, down from the initial 411.

Additionally, to evaluate whether any dates of service were omitted from the MDHHS data warehouse, HSAG reviewed a second date of service rendered by the same billing or rendering provider (i.e., based on billing or rendering National Provider Identifier [NPI]) during the review period. The providers selected the second date of service, which was closest to the sampled date of service, from the medical records for each sampled member. If a sampled member had no second visit with the same provider during the review period, HSAG evaluated only one date of service for that member. As such, the final number of cases reviewed were between 308 and 616 for each PIHP.

Medical Record Procurement

Upon receiving the final sample list from HSAG, each PIHP was responsible for procuring the sampled members' medical records from their contracted providers for services that occurred during the review period. In addition, the PIHPs were responsible for submitting the documentation to HSAG. To improve the procurement rate, HSAG conducted a one-hour technical assistance session with the PIHPs to review the EDV activity and the procurement protocols after distributing the sample list. The PIHPs were instructed to submit medical records electronically via HSAG's Secure Access File Exchange (SAFE) site to ensure the safeguard of protected health information. During the procurement process, HSAG worked with the PIHPs to answer questions and monitor the number of medical records submitted. For example, HSAG provided an initial submission status update when 40 percent of the records were expected to be submitted and a final submission status update following completion of the procurement period.

² The sample size of 411 is based on a 95 percent confidence level and a margin of error of 5 percent.

³ SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

⁴ To ensure that the MRR included all services provided on the same date of service, encounters with the same date of service and same rendering provider were consolidated into one visit for sampling purposes.

All electronic medical records HSAG received were maintained on a secure HSAG network, which allowed HSAG's trained reviewers to validate the cases from a centralized location under supervision and oversight. As with all MRR and research activities, HSAG has implemented a thorough Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance and protection program in accordance with federal regulations that includes recurring training as well as policies and procedures that address physical security, electronic security, and day-to-day operations.

Review of Medical Records

In order to successfully complete the review, the project lead worked with the case review team (CRT) beginning with the methodology phase. The CRT was involved in the tool design phase, as well as the tool testing to ensure that the abstracted data are complete and accurate. Based on the review methodology, clinical guidelines, and the tool design/testing results, the CRT drafted an abstraction instruction document specific to the review for training purposes. Concurrent with record procurement activities, the CRT trained its MRR staff on specific review protocols and conducted interrater reliability and rater-to-standard testing. All reviewers were required to achieve a 95 percent accuracy rate prior to reviewing medical records and collecting data for the review. Interrater reliability among reviewers, as well as reviewer accuracy, were evaluated regularly throughout the review. Issues and decisions raised during this evaluation process were documented in the abstraction instruction document and communicated to all reviewers in a timely manner.

During the MRR activity, HSAG's trained reviewers collected and documented findings in an HSAG-designed electronic data collection tool. The tool was designed with edits to assist in the accuracy of data collection. The validation included a review of specific data elements identified in sample cases and compared to corresponding documentation in the medical record.

HSAG's trained reviewers first verified whether the sampled date of service from the MDHHS encounter data could be found in the member's medical record. If found, the reviewers documented whether the date of service was valid; if not found, the reviewers reported the date of service as a *medical record omission*. For those found medical records, the reviewers then reviewed the services provided on the selected date of service and validated the data elements listed in Table 2-2. All reviewers entered their findings into the electronic tool to ensure data integrity.

After the reviewers evaluated the sampled date of service, they determined if the medical record contained documentation for a second date of service in the review period. If the documentation for a second date of service was available, the reviewers evaluated the services rendered on this date and validated the data elements in Table 2-2 associated with the second date of service. If the documentation contained more than one second date of service, the reviewers selected the date closest to the sampled date of service to validate. If the second date of service was missing from the MDHHS data warehouse, it was reported as an *encounter data omission*. The missing values associated with this visit were listed as an omission for each key data element, respectively.

Review Indicators

Once the MRR was completed, HSAG analysts exported information collected from the electronic tool, reviewed the data, and conducted the analysis. Table 2-4 displays the review indicators that were used to report the MRR results.

Table 2-4—Review Indicators

Review Indicator	Denominator	Numerator
Medical Record Procurement Rate: Percentage of medical records submitted. Additionally, the reasons for missing medical records were presented.	Total number of requested sample cases.	Number of requested sample cases with medical records submitted for either the sampled date of service or the second date of service.
Second Date of Service Submission Rate: Percentage of sample cases with a second date of service submitted in the medical records.	Number of sample cases with medical records submitted.	Number of sample cases with a second date of service submitted in the medical records.
Medical Record Omission Rate: Percentage of data elements (e.g., <i>Date of Service</i>) identified in MDHHS' data warehouse that are not found in the members' medical records. HSAG calculated the review indicator for each data element listed in Table 2-2.	Total number of data elements (e.g., <i>Date of Service</i>) identified in MDHHS' data warehouse (i.e., based on the sample dates of service and the second dates of service that are found in MDHHS' data warehouse).	Number of data elements (e.g., <i>Date of Service</i>) in the denominator but not found in the medical records.
Encounter Data Omission Rate: Percentage of data elements (e.g., <i>Date of Service</i>) identified in members' medical records, but not found in MDHHS' data warehouse. HSAG calculated the review indicator for each data element listed in Table 2-2.	Total number of data elements (e.g., <i>Date of Service</i>) identified in members' medical records (i.e., based on the medical records procured for the sample dates of service and second dates of service).	Number of data elements (e.g., <i>Date of Service</i>) in the denominator but not found in MDHHS' data warehouse.
Diagnosis Code Accuracy: Percentage of diagnosis codes supported by the medical records. Additionally, the frequency count of associated reasons for inaccuracy were presented.	Total number of diagnosis codes that met the following two criteria: <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the medical records. 	Number of diagnosis codes supported by the medical records.

Review Indicator	Denominator	Numerator
	<ul style="list-style-type: none"> Diagnosis codes present for both MDHHS' encounter data and the medical records. 	
Procedure Code Accuracy: Percentage of procedure codes supported by the medical records. Additionally, the frequency count of associated reasons for inaccuracy were presented.	Total number of procedure codes that met the following two criteria: <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the medical records. Procedure codes present for both MDHHS' encounter data and the medical records. 	Number of procedure codes supported by the medical records.
Procedure Code Modifier Accuracy: Percentage of procedure code modifiers supported by the medical records.	Total number of procedure code modifiers that met the following two criteria: <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the medical records. Procedure code modifiers present for both MDHHS' encounter data and the medical records. 	Number of procedure code modifiers supported by the medical records.
All-Element Accuracy Rate: Percentage of dates of service present in both MDHHS' encounter data and the medical records, with the same values for all data elements listed in Table 2-2.	Total number of dates of service (i.e., including both the sample dates of service and second dates of service) that are in both MDHHS' encounter data and the medical records.	The number of dates of service in the denominator with the same diagnosis codes, procedure codes, and procedure code modifiers for a given date of service.

3. Medical Record Review Results

Background

Medical records are considered the “gold standard” for documenting Medicaid members’ access and quality of services. The MRR assessed data quality by investigating the completeness and accuracy of MDHHS’ encounters compared to the information documented in the corresponding medical records for Medicaid members. This section presents findings from HSAG’s MRR to examine the extent to which services documented in medical records were not present in the encounter data (i.e., encounter data omission), as well as the extent to which services documented in the encounter data were not present in the members’ corresponding medical records (i.e., medical record omission). This section also presents findings from HSAG’s evaluation of accuracy of diagnosis codes, procedure codes, and procedure code modifiers submitted by the PIHPs’ contracted providers to the PIHPs and subsequently submitted to MDHHS based on documentation contained in members’ medical records.

Medical Record Procurement Status

As described in the “Overview and Methodology” section of this report, the final sample in the evaluation consisted of 308 cases randomly selected for each PIHP. Additionally, to evaluate whether any dates of service were omitted from MDHHS’ electronic encounters, HSAG reviewed a second date of service rendered by the same provider during the review period. The providers were requested to submit medical record documentation pertaining to an additional date of service occurring closest to the sampled members’ selected date of service, if available. If a sampled member had no second visit with the same provider during the review period, HSAG evaluated only one date of service for that member. As such, the final number of cases reviewed were between 308 and 616 cases total for each PIHP.

MDHHS-based encounters for which a corresponding medical record was not submitted were included in the analysis to underscore the impact that these non-submissions had on key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) associated with encounter data completeness. For example, when no medical record was submitted for an encounter based on the requested date of service, the subsequent diagnosis code(s), procedure code(s), and procedure code modifier(s) associated with the date of service were treated as medical record omissions.

Table 3-1 shows the medical record procurement status for each of the participating PIHPs, detailing the number of medical records requested as well as the number and percentage of medical records submitted by each PIHP as indicated in the submitted tracking sheets.

Table 3-1—Medical Record Procurement Status: Requested Date of Service

PIHP	Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
NCN	308	308	100%
NMRE	308	308	100%
LRE	308	308	100%
SWMBH	308	308	100%
MSHN	308	308	100%
CMHPSM	308	308	100%
DWIHN	308	308	100%
OCHN	308	308	100%
MCCMH	308	307	99.7%
Region 10	308	307	99.7%
All PIHPs	3,080	3,078	99.9%

¹ The number of medical records submitted was based on the PIHPs' responses in the submitted tracking sheets.

Key Findings: Table 3-1

- HSAG requested the procurement of records for a total of 3,080 cases from all participating PIHPs. While all PIHPs completed and submitted tracking sheets associated with the requested cases, 0.1 percent included no medical record documentation associated with the requested cases. An overall submission rate of 99.9 percent (i.e., 3,078 cases) had medical record documentation submitted, with PIHP-specific rates ranging from 99.7 percent (**MCCMH** and **Region 10**) to 100 percent.
- Cases without medical records contributed to the medical record omission results detailed in the “Encounter Data Completeness” section of this report. Specifically, if medical records were not submitted for a sampled date of service, all associated data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) were reported as medical record omissions. Consequently, PIHPs with relatively lower medical record submission rates would be more likely to exhibit higher medical record omission rates, reflecting poorer performance for each key data element.

Table 3-2 highlights the major reasons medical record documentation was not submitted at the overall level. Detailed tables for each PIHP are provided in the PIHP-specific appendices.

Table 3-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	All PIHPs	
	Number	Percent
Record was not located at this facility.	0	0.0%

Non-Submission Reason	All PIHPs	
	Number	Percent
Member was not a patient of this practice.	0	0.0%
Member was a patient of this practice; however, no documentation was available for date of service.	1	50.0%
Non-responsive provider or provider did not respond in a timely manner.	0	0.0%
Provider refused to release records.	0	0.0%
Facility was permanently closed.	0	0.0%
Other.	1	50.0%
Total	2	100%

Key Findings: Table 3-2

- Of the 3,080 requested sample cases, two medical records (0.1 percent) were not submitted for two reasons. The first reason for missing medical records was the category “*Member was a patient of this practice; however, no documentation was available for date of service,*” while the second reason was “*Other.*” These non-submission reasons could indicate inconsistencies between the information stored in the provider’s office versus MDHHS encounter data or that an encounter was submitted to MDHHS even though a member did not access care.
 - Region 10** accounted for the one missing medical record in the “*Member was a patient of this practice; however, no documentation was available for date of service*” category.
 - MCCMH** accounted for the one missing medical record in the “*Other*” category.

Table 3-3 displays the number and percentage of cases with one additional date of service selected and submitted for the review.

Table 3-3—Medical Record Submission Status: Second Date of Service

PIHP	Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
NCN	308	240	77.9%
NMRE	308	225	73.1%
LRE	308	156	50.6%
SWMBH	308	195	63.3%
MSHN	308	231	75.0%
CMHPSM	308	157	51.0%

PIHP	Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
DWIHN	308	174	56.5%
OCHN	308	223	72.4%
MCCMH	307	202	65.8%
Region 10	307	229	74.6%
All PIHPs	3,078	2,032	66.0%

¹ The number of medical records submitted was based on the PIHPs' responses in the submitted tracking sheets.

Key Findings: Table 3-3

- Among the 3,078 records received with dates of service from the sample cases, 2,032 records (66.0 percent) had a second date of service submitted to HSAG, as noted in the tracking sheet. The rates of second date of service submissions among PIHPs ranged from 50.6 percent (**LRE**) to 77.9 percent (**NCN**). It is important to note that a 100 percent submission rate for the second date of service is not expected, as members may not have had a second date of service with the same rendering provider within the study period.

Encounter Data Completeness

HSAG evaluated encounter data completeness by identifying differences between key data elements from MDHHS' encounters and the corresponding members' medical records submitted for the analysis. These key data elements included *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*. Medical record omission and encounter data omission represent two aspects of encounter data completeness through their identification of vulnerabilities in the processing of claims documentation and communication among the providers, PIHPs, and MDHHS.

A medical record omission occurs when an encounter data element (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, or *Procedure Code Modifier*) is not supported by documentation in a member's medical record or the medical record could not be found. Medical record omissions suggest opportunities for improvement within the provider's internal processes, such as billing and record documentation.

An encounter data omission occurs when an encounter data element (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, or *Procedure Code Modifier*) is documented in a member's medical record but is not present in the associated electronic encounter data. Encounter data omissions also suggest opportunities for improvement in the areas of submission of claims and encounters and/or the transmission of medical service data between providers, PIHPs, and MDHHS.

HSAG evaluated the medical record omission and the encounter data omission rates for each PIHP using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. If more than one additional date of service was available from the medical record, the provider was instructed to select the one closest to HSAG’s selected date of service. **For both rates, lower values indicate better performance.**

Date of Service Completeness

Table 3-4 displays the percentage of dates of service identified in the encounter data that were not supported by the members’ medical records (i.e., medical record omission) and the percentage of dates of service from the members’ medical records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analyses at the date-of-service level. Detailed tables for each PIHP are provided in the PIHP-specific appendices.

Table 3-4—Medical Record Omission and Encounter Data Omission for Date of Service

PIHP	Medical Record Omission		Encounter Data Omission	
	Dates of Service Identified in the Encounter Data	Percent Not Supported by Members' Medical Records*	Dates of Service Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
NCN	509	0.4%	526	3.6%
NMRE	480	0.0%	531	9.6%
LRE	448	0.0%	459	2.4%
SWMBH	481	0.0%	504	4.6%
MSHN	482	1.0%	510	6.5%
CMHPSM	389	0.8%	397	2.8%
DWIHN	465	0.9%	477	3.4%
OCHN	491	0.0%	508	3.3%
MCCMH	491	1.2%	496	2.2%
Region 10	529	0.2%	535	1.3%
All PIHPs	4,765	0.4%	4,943	4.0%

* Lower rates indicate better performance.

Key Findings: Table 3-4

- Overall, 0.4 percent of the dates of service in the encounter data were not supported by the members’ medical records (i.e., medical record omission), with PIHP-specific rates ranging from 0.0 percent (**NMRE**, **LRE**, **SWMBH**, and **OCHN**) to 1.2 percent (**MCCMH**).

- Overall, 4.0 percent of the dates of service in the medical records were not found in MDHHS' encounter data (i.e., encounter data omission), with PIHP-specific rates ranging from 1.3 percent (**Region 10**) to 9.6 percent (**NMRE**).
 - For encounter data omission, the denominator consists of the total number of dates of service identified in the medical records, while the numerator represents dates of service with no evidence of submission in the encounter data. If no second date of service was available in the medical records, then it would not contribute to the numerator.

Diagnosis Code Completeness

Table 3-5 displays the percentage of diagnosis codes identified in the encounter data that had no supporting documentation in the members' medical records (i.e., medical record omission) and the percentage of diagnosis codes from the members' medical records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the diagnosis-code level.

Table 3-5—Medical Record Omission and Encounter Data Omission for Diagnosis Code

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Diagnosis Codes Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Diagnosis Codes Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
NCN	1,572	43.6%	905	2.1%
NMRE	1,088	8.5%	1,069	6.9%
LRE	827	5.8%	797	2.3%
SWMBH	815	4.8%	809	4.1%
MSHN	994	24.6%	792	5.4%
CMHPSM	1,058	2.6%	1,043	1.2%
DWIHN	470	24.7%	371	4.6%
OCHN	500	40.0%	314	4.5%
MCCMH	754	45.1%	424	2.4%
Region 10	1,196	8.2%	1,111	1.3%
All PIHPs	9,274	20.4%	7,635	3.3%

* Lower rates indicate better performance.

Key Findings: Table 3-5

- Overall, 20.4 percent of the *Diagnosis Codes* in the encounter data had no supporting documentation in the members' medical records (i.e., medical record omission), with PIHP-specific rates ranging from 2.6 percent (CMHPSM) to 45.1 percent (MCCMH).
 - The medical record omission rate for *Diagnosis Codes* was partially influenced by both medical record non-submission and medical record omission for the *Date of Service* data element. In the analysis, when no medical records were submitted for a sampled date of service, all *Diagnosis Codes* associated with that date of service were treated as medical record omissions.
 - Approximately 1.6 percent of medical record omissions for *Diagnosis Codes* were due to either HSAG not receiving the medical records or the medical records not supporting the specified date of service.
 - Among records wherein *Diagnosis Codes* were considered as medical record omissions:
 - 57.2 percent were due to medical record omissions from the initial sampled date of service.
 - 42.8 percent were due to medical record omissions from the second date of service.
 - For cases with medical records to validate the date of service, *Diagnosis Codes* frequently included in the encounter data but not supported in the members' medical records included:
 - F4310: Post-Traumatic Stress Disorder, Unspecified (Frequency = 144)
 - F411: Generalized Anxiety Disorder (Frequency = 84)
 - F250: Schizoaffective disorder, bipolar type (Frequency = 75)
 - F331: Major Depressive Disorder, Recurrent, Moderate (Frequency = 74)
 - F840: Autism Spectrum Disorder (Frequency = 74)
 - Potential explanations for the high medical record omission rates for diagnosis codes included:
 - Providers may not document all diagnoses addressed during a visit, particularly if a diagnosis is not the primary focus of treatment.
 - Providers might vary in how and where they record diagnosis codes, leading to omissions or errors in medical records.
 - Behavioral health providers may focus more on therapy notes or treatment plans rather than consistently coding all diagnoses.
 - Behavioral health providers might intentionally exclude sensitive diagnoses from the medical record to protect patient privacy.
- Overall, 3.3 percent of the *Diagnosis Codes* identified in the medical records were not found in MDHHS' encounter data (i.e., encounter data omission), with PIHP-specific rates ranging from 1.2 percent (CMHPSM) to 6.9 percent (NMRE).
 - *Diagnosis Codes* frequently included in the members' medical records but not in the encounter data included:
 - F4310: Post-Traumatic Stress Disorder, Unspecified (Frequency = 22)
 - F411: Generalized Anxiety Disorder (Frequency = 16)
 - F840: Autism Spectrum Disorder (Frequency = 16)
 - F419: Anxiety Disorder, Unspecified (Frequency = 10)

- The overall encounter data omission rate for the *Diagnosis Code* data element (3.3 percent) was lower than the overall encounter data omission rate for the *Date of Service* data element (4.0 percent). This suggests that omission of *Date of Service* from the encounter data was not the primary factor contributing to the *Diagnosis Code* encounter data omission. Other potential contributing factors included:
 - Providers or coders may fail to include all documented diagnoses when submitting encounter data, especially secondary or co-occurring diagnoses.
 - Diagnoses associated with non-billable services might not be included in the encounter data.
 - Behavioral health diagnoses, particularly sensitive ones (e.g., substance use disorders or certain mental health conditions) might intentionally be excluded from encounter data to protect patient privacy.

Procedure Code Completeness

Table 3-6 displays the percentage of procedure codes from the members' medical records that had no supporting documentation in the members' medical records (i.e., medical record omission) and the percentage of procedure codes from the members' medical records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the procedure code level.

Table 3-6—Medical Record Omission and Encounter Data Omission for Procedure Code

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Codes Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Codes Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
NCN	761	12.4%	687	2.9%
NMRE	670	11.2%	646	7.9%
LRE	776	8.1%	736	3.1%
SWMBH	739	5.7%	730	4.5%
MSHN	706	9.1%	693	7.4%
CMHPSM	563	4.8%	554	3.2%
DWIHN	600	7.7%	576	3.8%
OCHN	885	12.4%	807	4.0%
MCCMH	1,061	9.8%	988	3.1%
Region 10	810	11.1%	742	3.0%

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Codes Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Codes Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
All PIHPs	7,571	9.4%	7,159	4.2%

* Lower rates indicate better performance.

Key Findings: Table 3-6

- Overall, 9.4 percent of the *Procedure Codes* identified in the encounter data were not supported by the members' medical records (i.e., medical record omission), with PIHP-specific rates ranging from 4.8 percent (**CMHPSM**) to 12.4 percent (**NCN** and **OCHN**).
 - In the analysis, when no medical records were submitted for the sampled date of service, all *Procedure Codes* associated with that date of service were treated as medical record omissions.
 - Approximately 5.3 percent of medical record omissions for *Procedure Codes* were due to either HSAG not receiving the medical records or the medical records not supporting the specified date of service.
 - Among records wherein *Procedure Codes* were considered medical record omissions:
 - 57.6 percent were due to medical record omissions from the initial sampled date of service.
 - 42.4 percent were due to medical record omissions from the second date of service.
 - For cases with medical records to validate the date of service, *Procedure Codes* that were frequently omitted from the members' medical records included:
 - T1017: Targeted case management, each 15 minutes (Frequency = 117)
 - 97153: Adaptive behavior treatment by protocol, each 15 minutes (Frequency = 67)
 - 90837: 60-minute individual psychotherapy session (Frequency = 55)
 - Other potential contributors for the *Procedure Code* medical record omission included:
 - Provider did not document non-clinical or ancillary services (e.g., case management or care coordination) in the medical record, despite submitting the *Procedure Code* to the PIHP.
 - Behavioral health services are often provided across multiple locations or providers, leading to fragmented or incomplete records.
 - Providers may intentionally exclude certain procedures from medical records for sensitive services to protect patient confidentiality.
 - Provider did not perform the service that was submitted to the PIHP.
- Overall, 4.2 percent of the *Procedure Codes* identified in the medical records were not found in the encounter data (i.e., encounter data omission), with PIHP-specific rates ranging from 2.9 percent (**NCN**) to 7.9 percent (**NMRE**).
 - The overall encounter data omission rate for the *Procedure Code* data element (4.2 percent) exceeded the overall encounter data omission rate for the *Date of Service* data element (4.0

percent), indicating that the omission of *Date of Service* from the encounter data was one factor contributing to procedure code encounter data omissions. Other potential contributors for procedure code encounter data omissions included:

- Providers made coding errors or did not submit the *Procedure Code*, despite performing the services.
- Differences related to Michigan-specific billing and reimbursement guidelines.
- Lag occurred between service provision and encounter submission to the PIHPs or MDHHS.
- For cases with medical records to validate the date of service, the top *Procedure Code* frequently included in the members’ medical records but not found in MDHHS’ encounters included:
 - T1017: Targeted case management, each 15 minutes (Frequency = 103)

Procedure Code Modifier Completeness

Table 3-7 displays the percentage of procedure code modifiers identified in the encounter data that had no supporting documentation in the members’ medical records (i.e., medical record omission) and the percentage of procedure code modifiers from the members’ medical records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the procedure code modifier level.

Table 3-7—Medical Record Omission and Encounter Data Omission for Procedure Code Modifier

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Code Modifiers Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Code Modifiers Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
NCN	907	17.2%	783	4.1%
NMRE	750	17.6%	636	2.8%
LRE	528	18.9%	441	2.9%
SWMBH	717	15.2%	617	1.5%
MSHN	711	19.5%	584	2.1%
CMHPSM	678	17.1%	573	1.9%
DWIHN	518	20.7%	436	5.7%
OCHN	676	18.6%	577	4.7%
MCCMH	728	28.8%	587	11.8%

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Code Modifiers Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Code Modifiers Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
Region 10	834	21.8%	662	1.5%
All PIHPs	7,047	19.5%	5,896	3.8%

* Lower rates indicate better performance.

Key Findings: Table 3-7

- Overall, 19.5 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records (i.e., medical record omission). Medical record omission rates among PIHPs varied, ranging from 15.2 percent ([SWMBH](#)) to 28.8 percent ([MCCMH](#)).
 - The high overall medical record omission rate for the *Procedure Code Modifier* data element could have been attributed to several factors:
 - Medical record non-submission: When medical records were not submitted, associated *Procedure Codes* and *Procedure Code Modifiers* were treated as medical record omissions.
 - Omitted *Procedure Codes*: When *Procedure Codes* were omitted, their associated *Procedure Code Modifiers* were also omitted.
 - Incomplete documentation: Providers may focus on documenting procedure codes without consistently including modifiers in the medical records.
 - Behavioral health services might not traditionally emphasize procedure code modifiers, leading to gaps in documentation practices.
 - More than half of the medical records with *Procedure Code Modifier* omission were associated with *Procedure Code* medical record omission.
 - The *Procedure Code Modifiers* most frequently found in the encounter data but not documented in the members' medical records included:
 - HO: Used to identify mental health services provided by professionals with a Master's degree (Frequency = 333)
 - HN: Used to identify mental health services provided by professionals with a Bachelor's degree (Frequency = 234)
 - GT: Identifies a service as telehealth (Frequency = 182)
- Overall, 3.8 percent of the *Procedure Code Modifiers* identified in the medical records were not found in MDHHS' encounter data (i.e., encounter data omission), with PIHP-specific rates ranging from 1.5 percent ([SWMBH](#) and [Region 10](#)) to 11.8 percent ([MCCMH](#)).

- Potential contributors for the *Procedure Code Modifiers* encounter data omissions included the following:
 - Dates of service were omitted from the encounter data; therefore, *Procedure Code Modifiers* associated with those dates of service were treated as encounter data omissions.
 - *Procedure Codes* were omitted from the encounter data; therefore, all *Procedure Code Modifiers* corresponding to those procedure codes were treated as encounter data omissions.
 - Provider made a coding error or did not submit the *Procedure Code Modifiers* despite providing the specific services.
- For cases with medical records to validate the date of service, the top *Procedure Code Modifier* frequently included in the members' medical records but not found in MDHHS' encounters was "GT" (services provided via interactive audio and video telecommunications systems), which accounted for 173 encounter data omission cases.

Encounter Data Accuracy

HSAG evaluated encounter data accuracy for dates of service that existed in both MDHHS' encounters and the corresponding members' medical records, with values present in both data sources for the evaluated data element. HSAG considered the encounter data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) accurate if documentation in the medical records supported the values contained in the electronic encounter data. **Higher accuracy rates for each data element indicate better performance.**

Diagnosis Code Accuracy

Table 3-8 displays the percentage of diagnosis codes associated with validated dates of service from the encounter data that were correctly coded based on members' medical records. In addition, errors found in the diagnosis coding were separated into two categories: inaccurate coding and specificity errors. An inaccurate coding occurred when the diagnosis code submitted by the provider should have been selected from a different family of codes based on the documentation in the medical record (e.g., F41.9 [anxiety disorder unspecified] versus the documentation supported F93.0 [separation anxiety]). A specificity error occurred when the documentation supported a more specific code than was listed in MDHHS' encounter data (e.g., major depressive disorder, recurrent severe without psychotic features [F33.2] when the provider noted during the assessment that there were psychotic symptoms [F33.3]).

Inaccurate diagnosis coding and specificity errors in the medical records were collectively considered as the denominator for the error type rates in Table 3-8. Detailed tables for each PIHP are provided in the PIHP-specific appendices.

Table 3-8—Accuracy Results and Error Types for Diagnosis Code

PIHP	Accuracy Results		Error Type Rate ¹	
	Number of Diagnosis Codes Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Specificity Error
NCN	886	99.9%	100%	0.0%
NMRE	995	99.9%	100%	0.0%
LRE	779	99.6%	100%	0.0%
SWMBH	776	99.7%	100%	0.0%
MSHN	749	99.9%	100%	0.0%
CMHPSM	1,030	99.9%	100%	0.0%
DWIHN	354	100%	NA	NA
OCHN	300	99.3%	100%	0.0%
MCCMH	414	100%	NA	NA
Region 10	1,098	99.9%	100%	0.0%
All PIHPs	7,381	99.8%	100%	0.0%

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

NA indicates all codes were coded accurately; therefore, there were no error types to report.

Key Findings: Table 3-8

- Overall, 99.8 percent of the *Diagnosis Codes* were accurate when they were present in both the encounter data and the medical records, with each PIHP having rates of at least 99.3 percent.
- For diagnosis coding accuracy, the errors were all due to inaccurate coding rather than discrepancies associated with specificity errors.

Procedure Code Accuracy

Table 3-9 displays the percentage of procedure codes associated with validated dates of service from the encounter data that were correctly coded based on members' medical records. In addition, errors found in the procedure coding were separated into three categories:

- Higher level of service in the medical record:** Evaluation and Management (E&M) codes documented in the medical record reflected a higher level of service performed by the provider than the E&M codes submitted in the encounter. The physician or the appropriate provider noted all key elements in the patient's medical record. The physician also changed the patient's medication during

this visit. The encounter submitted showed a procedure code of 99212 (established patient self-limited or minor problem). With all key elements documented and a worsening condition, this visit should have been coded with a higher level of service such as 99213 (established patient low-to-moderate severity).

- Lower level of service in the medical record:** E&M codes documented in the medical record reflected a lower level of service than the E&M codes submitted in the encounter data. For example, a provider's notes omitted critical documentation elements of the E&M service, or the problem treated did not warrant a high-level visit. This would apply to a patient follow-up visit that required no further treatment, and for which no further problems were noted. The encounter submitted showed a procedure code of 99213 (established patient low-to-moderate severity). However, with an improving condition, the medical record describes a lower level of service, or 99212 (established patient self-limited or minor problem).
- Inaccurate coding:** The documentation in the medical records did not support the procedure codes billed, or an incorrect procedure code was used in the encounter for scenarios other than the two mentioned above.

Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates in Table 3-9. Detailed tables for each PIHP are provided in the PIHP-specific appendices.

Table 3-9—Accuracy Results and Error Types for Procedure Code

PIHP	Accuracy Results		Error Type Rate ¹		
	Number of Procedure Codes Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Higher Levels of Service in Medical Records	Percent From Lower Levels of Service in Medical Records
NCN	667	99.0%	85.7%	0.0%	14.3%
NMRE	595	99.8%	0.0%	0.0%	100%
LRE	713	99.6%	66.7%	0.0%	33.3%
SWMBH	697	99.7%	100%	0.0%	0.0%
MSHN	642	99.2%	40.0%	0.0%	60.0%
CMHPSM	536	99.6%	50.0%	0.0%	50.0%
DWIHN	554	98.9%	100%	0.0%	0.0%
OCHN	775	99.2%	66.7%	0.0%	33.3%
MCCMH	957	98.4%	46.7%	0.0%	53.3%
Region 10	720	99.9%	100%	0.0%	0.0%

PIHP	Accuracy Results		Error Type Rate ¹		
	Number of Procedure Codes Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Higher Levels of Service in Medical Records	Percent From Lower Levels of Service in Medical Records
All PIHPs	6,856	99.3%	64.6%	0.0%	35.4%

¹ Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

Key Findings: Table 3-9

- Among the PIHPs, 99.3 percent of the *Procedure Codes* were accurate when present in both MDHHS' encounter data and the medical records. Accuracy rates across PIHPs ranged from 98.4 percent (**MCCMH**) to 99.9 percent (**Region 10**).
- For the procedure coding accuracy, 64.6 percent of the identified errors were associated with the use of inaccurate procedure codes not supported by the National Correct Coding Initiative (NCCI) coding standards. Secondly, 0.0 percent of the identified errors were related to providers submitting codes for a lower level of service than was documented in members' medical records (i.e., the procedure code was considered an error due to a higher-level procedure code having been documented in the medical record). Lastly, 35.4 percent of the identified errors resulted from providers submitting codes for a higher level of service than was supported and documented in the medical record (i.e., procedure code was considered in error due to lower level of service having been documented in the medical record).

Procedure Code Modifier Accuracy

Table 3-10 displays the percentage of procedure code modifiers associated with validated dates of service from the encounter data that were correctly coded based on members' medical records. The errors for this data element could not be separated into subcategories and therefore are not presented in Table 3-10. Example errors for this data element include instances where procedure code modifier left (LT) was used instead of right (RT) to indicate the side of the body on which a service or procedure was performed, or modifier 95 or modifier GT (i.e., services were delivered via an interactive audio and video telecommunications system) was present, but the documentation did not support telemedicine services.

Table 3-10—Accuracy Results and Error Types for Procedure Code Modifier

PIHP	Number of Procedure Code Modifiers Present in Both Sources	Accuracy Rate
NCN	751	98.5%
NMRE	618	99.8%

PIHP	Number of Procedure Code Modifiers Present in Both Sources	Accuracy Rate
LRE	428	98.8%
SWMBH	608	98.7%
MSHN	572	99.8%
CMHPSM	562	99.3%
DWIHN	411	99.5%
OCHN	550	98.4%
MCCMH	518	99.6%
Region 10	652	98.0%
All PIHPs	5,670	99.0%

Key Findings: Table 3-10

- Overall, 99.0 percent of the *Procedure Code Modifiers* were accurate when the *Procedure Code Modifiers* were present in both MDHHS' encounter data and the submitted medical records. All PIHPs had high levels of accuracy for the *Procedure Code Modifiers* with PIHP rates of at least 98.0 percent.

All-Element Accuracy

Table 3-11 displays the percentage of dates of service present in both MDHHS' encounter data and the medical records with the same values for all key data elements listed in Table 2-2. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with matching values for all key data elements. Higher all-element accuracy rates indicate greater overall completeness and accuracy of MDHHS' encounter data when compared to the medical records.

It is important to note that the denominator for the element accuracy rate for each data element was defined differently than the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element. Using diagnosis code as an example, each diagnosis code was assigned to one of the four mutually exclusive categories: medical record omission, encounter data omission, accurate, or inaccurate. When evaluating the element accuracy for each key data element, the denominator is the number of values in the categories of accurate and inaccurate. However, for the all-element accuracy rate, the denominator is the total number of dates of service that matched between the medical records and encounter data, and the numerator is the total number of dates of service with the same values for all key data elements. Therefore, for each date of service, if any of the data elements were in the medical record omission, encounter data omission, or inaccurate categories, the date of service was not counted in the numerator for the all-element accuracy rate.

Table 3-11—All-Element Accuracy

PIHP	Number of Dates of Service Present in Both Sources	All Element Accuracy Rate ¹
NCN	507	35.7%
NMRE	480	68.8%
LRE	448	69.4%
SWMBH	481	74.2%
MSHN	477	51.2%
CMHPSM	386	74.1%
DWIHN	461	56.2%
OCHN	491	41.5%
MCCMH	485	34.6%
Region 10	528	66.3%
All PIHPs	4,744	56.7%

¹ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Key Findings: Table 3-11

- Overall, 56.7 percent of the dates of service present in both data sources (i.e., encounter data and medical records) were accurate across all key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*). PIHP-specific rates ranged from 34.6 percent (**MCCMH**) to 74.2 percent (**SWMBH**).
- The overall all-element inaccuracies were caused by the medical record omission, encounter data omission, and element inaccuracy from all three data elements.

4. Discussion

Conclusions

The MRR activity evaluated encounter data completeness and accuracy through a review of medical records for behavioral health services rendered from October 1, 2022, through September 30, 2023. The evaluation focused on four key data elements:

- *Date of Service*
- *Procedure Code*
- *Diagnosis Code*
- *Procedure Code Modifier*

To report the MRR results, the following study indicators were developed for each key data element:

- *Medical record omission rate*: the percentage of dates of service identified in the electronic encounter data that were not found in the members' medical records. This rate was also calculated for *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*.
- *Encounter data omission rate*: the percentage of dates of service from members' medical records that were not found in the electronic encounter data. This rate was also calculated for *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*.
- *Accuracy rate of coding*: the percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the electronic encounter data that were correctly coded based on the members' medical records.
- *All-element accuracy rate*: the percentage of dates of service with all data elements coded correctly among all the validated dates of service from the electronic encounter data.

Encounter Data Completeness

Table 4-1 displays the medical record and encounter data omission rates for each key data element.

Table 4-1—Encounter Data Completeness Summary

Key Data Elements	Medical Record Omission*		Encounter Data Omission	
	All PIHP Rate	PIHP Range	All PIHP Rate	PIHP Range
Date of Service	0.4%	0.0% – 1.2%	4.0%	1.3% – 9.6%
Diagnosis Code	20.4%	2.6% – 45.1%	3.3%	1.2% – 6.9%
Procedure Code	9.4%	4.8% – 12.4%	4.2%	2.9% – 7.9%
Procedure Code Modifier	19.5%	15.2% – 28.8%	3.8%	1.5% – 11.8%

* Lower rates indicate better performance.

The final sample cases included in the evaluation consisted of 3,078 cases randomly selected, along with any second dates of service submitted for each sampled member. Two indicators were evaluated for encounter data completeness (i.e., medical record omission and encounter data omission) for each of the data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*).

Overall, the medical record omission rates were generally higher than the encounter data omission rates for three of the key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*). *Diagnosis Codes* had the highest omission rate at 20.4 percent, with a significant range among PIHPs from 2.6 percent to 45.1 percent, indicating substantial variability in documentation practices. *Procedure Code Modifiers* also exhibited high omission rates at 19.5 percent, with rates varying between 15.2 percent and 28.8 percent. *Procedure Codes* had a moderate omission rate of 9.4 percent, with a range of 4.8 percent to 12.4 percent. In contrast, *Dates of Service* demonstrated strong alignment between encounter data and medical records, with a low omission rate of 0.4 percent across PIHPs, ranging from 0.0 percent to 1.2 percent.

Notably, *Diagnosis Codes* showed the widest variation in medical record omission rates among the PIHPs, with a difference of 42.5 percentage points between the lowest and highest rates. This level of variation highlights the inconsistency in documenting *Diagnosis Codes* across behavioral health providers. In comparison, other data elements exhibited less variability, including *Date of Service*, with a range of 1.2 percentage points, *Procedure Code* with 7.6 percentage points, and *Procedure Code Modifier* with 13.6 percentage points.

While the *Dates of Service* in the encounter data were well-supported by documentation in the medical records, the *Procedure Code* data element had moderate support, with an omission rate of 9.4 percent. However, *Diagnosis Code* and *Procedure Code Modifier* data elements were inadequately supported, with omission rates of 20.4 percent and 19.5 percent, respectively. These findings underscore the need for improved documentation practices for these specific data elements to enhance the completeness and accuracy of behavioral health data.

As determined during the review, some common reasons for medical record omission included:

- Medical records were not submitted for the study.
- Providers did not document all the necessary details for *Diagnosis Codes*, *Procedure Codes*, or *Procedure Code Modifiers* for the services performed in the medical records, leading to gaps in the medical records.
- Providers may intentionally exclude certain information, such as sensitive diagnoses, to protect patient confidentiality.
- Behavioral health providers may focus more on therapy notes or treatment plans rather than consistently coding all diagnoses.
- Behavioral health services often involve multiple providers, and fragmented records can result in omissions during data review.

The encounter data omission rates reveal that all four key data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*), documented in the medical records, were well

supported by the encounter data extracted from MDHHS' data warehouse. As displayed in Table 4-1, the encounter data omission rates for all four data elements were consistently low, with rates below 5.0 percent.

The variations in encounter data omission rates among PIHPs were minimal, with rates ranging from 5.0 percentage points (*Procedure Code*) to 10.3 percentage points (*Procedure Code Modifier*). These findings suggest that PIHPs are effectively capturing and submitting encounter data for the majority of services documented in medical records.

The following factors were identified as potential reasons for encounter data omissions:

- Provider billing offices made coding errors or failed to submit the procedure codes or modifiers despite performing the specific services.
- Some procedures or services documented in the medical record may not be included in the encounter data if they are considered non-billable or excluded from payer requirements.
- A lag occurred between provider's performance of the service and the submission of the encounter to the PIHP and/or MDHHS.

Encounter Data Accuracy

Table 4-2 displays the element accuracy rates for each key data element and the all-element accuracy rates.

Table 4-2—MRR: Encounter Data Accuracy

Data Element	All PIHP Rate	PIHP Rate	Error Type Percentages
Diagnosis Code ¹	99.8%	99.3% — 100%	Inaccurate Code: (100%) Specificity Error: (0%)
Procedure Code ²	99.3%	98.4% — 99.9%	Inaccurate Code: (64.6%) Higher Level of Service in Medical Record: (0%) Lower Level of Service in Medical Record: (35.4%)
Procedure Code Modifier	99.0%	98.0% — 99.8%	—
All-Element Accuracy ³	56.7%	34.6% — 74.2%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

In general, when key data elements were present in both MDHHS' encounter data and the medical records, and were evaluated independently, the data elements were found to be accurate. As displayed in Table 4-2, 99.8 percent of *Diagnosis Codes*, 99.3 percent of *Procedure Codes*, and 99.0 percent of *Procedure Code Modifiers* were accurate when found in both sources.

The accuracy rate for the *Diagnosis Code* and *Procedure Code* data elements can be affected by different types of errors. The errors affecting the *Diagnosis Code* data element were all due to inaccurate codes (100 percent) rather than discrepancies associated with specificity errors (0.0 percent). For the *Procedure Code* data element, 64.6 percent of the identified errors were associated with the use of inaccurate codes not supported by the NCCI coding standards, while 35.4 percent of the identified errors were attributed to instances where the *Procedure Code* submitted in the encounter data reflected higher level of service than those supported in the medical records.

Across all PIHPs, nearly 57.0 percent of the dates of service present in both data sources accurately represented all three data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) when compared to the members' medical records. This rate reflects the combined effects of medical record omissions, encounter data omissions, and inaccuracies across the data elements. At the PIHP level, the all-element accuracy rate ranged from 34.6 percent (**MCCMH**) to 74.2 percent (**SWMBH**), highlighting variability in documentation and submission practices among PIHPs.

Recommendations

To improve the quality of encounter data submissions from the PIHPs, HSAG offers the following recommendations to assist MDHHS and the PIHPs in addressing opportunities for improvement:

- The results from the MRR indicated that the behavioral health service encounters submitted by the PIHPs and maintained in MDHHS' data warehouse were relatively complete and accurate when compared to the members' medical records, with few exceptions. As such, HSAG recommends MDHHS to continue its current efforts in monitoring encounter data submissions and addressing any identified data issues with the PIHPs' encounter data submissions.
- The PIHPs experiencing challenges procuring requested records from their contracted providers should ensure the contracted providers' accountability in responding to medical record requests for the purposes of auditing, inspection, and oversight. HSAG recommends that the PIHPs consider strengthening and/or enforcing their contract requirements with providers to ensure compliance with documentation requests.
- The medical record omission rates for the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements were relatively high across all PIHPs. To address these gaps, HSAG recommends the following actions:
 - The PIHPs should investigate the root cause(s) of these omissions to identify specific reasons for omissions and develop targeted solutions.
 - Consider performing periodic MRRs of submitted claims to verify appropriate coding and data completeness.

- Use findings from periodic reviews to provide targeted education and training for providers regarding encounter data submissions protocols, medical record documentation, and coding practices.
- HSAG recommends increased collaboration between MDHHS and PIHPs:
 - Conducting regular communication forums and workshops to discuss challenges and share best practices in data submission and setting performance benchmarks to encourage continuous improvement.
 - Developing improvement plans for PIHPs with lower accuracy rates and pilot programs focusing on high-risk data elements like *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers*.
- During the process of generating sample cases for the EDV review, HSAG encountered significant challenges with the completeness and accuracy of provider information within MDHHS' encounter data. Specifically, the data often lacked fully populated NPIs, which are crucial for accurately identifying providers who meet the criteria for a specific service category. Additionally, the encounter data did not include detailed provider taxonomy codes, which are vital for determining the eligibility of providers for specific services relevant to the review. The lack of detailed taxonomy information hindered HSAG's ability to categorize and analyze data based on the provider specialty and service type. To address these challenges and improve the integrity of future data analyses, HSAG proposes the following strategic recommendations. MDHHS should:
 - Mandate the inclusion of complete NPIs and provider taxonomy codes in all encounter data submissions.
 - Introduce robust data verification processes at the point of entry. This step will help in early detection and rectification of incomplete or inaccurate provider data, maintaining the integrity of the database.
 - Develop a centralized, easily accessible repository for provider data that can be referenced and updated regularly. This will facilitate more efficient data linkage and retrieval, improving the ease and reliability of data analysis.
 - Implement a regular review and feedback system to monitor the improvements in data quality post-implementation of these changes. This will not only help in measuring the success of the implemented strategies but also in making continuous improvements.

By adopting these recommendations, MDHHS and the PIHPs can enhance the quality and consistency of encounter data, reduce discrepancies, and support more accurate analysis.

Review Limitations

When evaluating the findings presented in this report, it is important to understand the following limitations associated with this study:

- Accurate evaluation of the completeness and accuracy of MDHHS' encounter data depends on the ability of the PIHPs to procure members' complete and accurate medical records. Therefore, validation results may have been affected by a PIHP's inability to successfully obtain medical records from its provider network (e.g., non-responsive provider) or if the submitted medical records were incomplete (e.g., submission of a visit summary instead of the complete medical record).
- Study findings of the MRR relied solely on the documentation contained in members' medical records; therefore, results are dependent on the overall quality of behavioral health professionals' medical records. For example, a behavioral health professional may have performed a service but not documented it in the member's medical record. As such, HSAG would have counted this occurrence as a negative finding. This study was unable to distinguish cases in which a service was not performed versus those in which a service was performed but not documented in the medical record.
- The findings from this study are associated with encounters with dates of service from October 1, 2022, through September 30, 2023. As such, the results may not reflect the current quality of MDHHS' encounter data.
- The findings from this study are associated with behavioral health services and may not be applicable to other claim types (e.g., inpatient hospital stays).

Appendix A. Results for Region 1—NorthCare Network

This appendix contains detailed MRR results for **NCN**.

Medical Record Review Results

Table A-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table A-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table A-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	240	77.9%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table A-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	509	0.4%	526	3.6%
Diagnosis Code	1,572	43.6%	905	2.1%
Procedure Code	761	12.4%	687	2.9%
Procedure Code Modifier	907	17.2%	783	4.1%

* Lower rates indicate better performance.

Table A-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	886	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	667	99.0%	Inaccurate Code: (85.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (14.3%)
Procedure Code Modifier	751	98.5%	—
All-Element Accuracy ³	507	35.7%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table A-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table A-6—Key Findings for NCN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 77.9 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> had a high medical record omission rate at 43.6 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code Modifier</i> having the highest omission rate at 4.1 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.0 percent of instances where codes were present in both the medical records and encounter data, with most errors related to inaccurate coding (85.7 percent), while some were attributed to <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.5 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 35.7 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 0.4 percent.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 3.6 percent, 2.1 percent, 2.9 percent, and 4.1 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.5 percent each.

Weaknesses and Recommendations

Weakness #1: A high rate of the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements (43.6 percent, 12.4 percent, and 17.2 percent, respectively) identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rates of unsupported *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, NCN should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submission protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix B. Results for Region 2—Northern Michigan Regional Entity

This appendix contains detailed MRR results for [NMRE](#).

Medical Record Review Results

Table B-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table B-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table B-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	225	73.1%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table B-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	480	0.0%	531	9.6%
Diagnosis Code	1,088	8.5%	1,069	6.9%
Procedure Code	670	11.2%	646	7.9%
Procedure Code Modifier	750	17.6%	636	2.8%

* Lower rates indicate better performance.

Table B-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	995	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	595	99.8%	Inaccurate Code: (0.0%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (100%)
Procedure Code Modifier	618	99.8%	—
All-Element Accuracy ³	480	68.8%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table B-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table B-6—Key Findings for NMRE

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 73.1 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 11.2 percent and 17.6 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low to moderate encounter data omission rates with the <i>Date of Service</i> having the highest omission rate at 9.6 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.8 percent of instances where codes were present in both the medical records and encounter data, with all errors related to <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.8 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 68.8 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 0.0 percent.

Strength #2: The *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rate of 2.8 percent.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 99.8 percent each.

Weaknesses and Recommendations

Weakness #1: More than 11.0 percent of the *Procedure Codes* and more than 17.0 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rates of unsupported *Procedure Codes* and *Procedure Code Modifiers* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **NMRE** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocol, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix C. Results for Region 3—Lakeshore Regional Entity

This appendix contains detailed MRR results for [LRE](#).

Medical Record Review Results

Table C-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table C-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table C-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	156	50.6%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table C-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	448	0.0%	459	2.4%
Diagnosis Code	827	5.8%	797	2.3%
Procedure Code	776	8.1%	736	3.1%
Procedure Code Modifier	528	18.9%	441	2.9%

* Lower rates indicate better performance.

Table C-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	779	99.6%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	713	99.6%	Inaccurate Code: (66.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (33.3%)
Procedure Code Modifier	428	98.8%	—
All-Element Accuracy ³	448	69.4%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table C-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table C-6—Key Findings for LRE

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 50.6 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> element had a relatively high medical record omission rate at 18.9 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 3.1 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.6 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (66.7 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (33.3 percent).
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.8 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 69.4 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 0.0 percent.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 2.4 percent, 2.3 percent, 3.1 percent, and 2.9 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.8 percent each.

Weaknesses and Recommendations

Weakness #1: Nearly 19.0 percent of the *Procedure Code Modifier* identified within the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rate of unsupported *Procedure Code Modifier* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **LRE** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix D. Results for Region 4—Southwest Michigan Behavioral Health

This appendix contains detailed MRR results for [SWMBH](#).

Medical Record Review Results

Table D-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table D-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table D-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	195	63.3%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table D-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	481	0.0%	504	4.6%
Diagnosis Code	815	4.8%	809	4.1%
Procedure Code	739	5.7%	730	4.5%
Procedure Code Modifier	717	15.2%	617	1.5%

* Lower rates indicate better performance.

Table D-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	776	99.7%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	697	99.7%	Inaccurate Code: (100%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (0.0%)
Procedure Code Modifier	608	98.7%	—
All-Element Accuracy ³	481	74.2%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table D-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table D-6—Key Findings for SWMBH

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 63.3 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> element had a relatively high medical record omission rate at 15.2 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Date of Service</i> having the highest omission rate at 4.6 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.7 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.7 percent of instances where codes were present in both the medical records and encounter data, with all errors related to inaccurate coding.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.7 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 74.2 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* and *Diagnosis Codes* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rates of 0.0 percent and 4.8 percent, respectively.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 4.6 percent, 4.1 percent, 4.5 percent, and 1.5 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.7 percent each.

Weaknesses and Recommendations

Weakness #1: More than 15.0 percent of the *Procedure Code Modifiers* identified within the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rate of unsupported *Procedure Code Modifiers* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **SWMBH** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix E. Results for Region 5—Mid-State Health Network

This appendix contains detailed MRR results for [MSHN](#).

Medical Record Review Results

Table E-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table E-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table E-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	231	75.0%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table E-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	482	1.0%	510	6.5%
Diagnosis Code	994	24.6%	792	5.4%
Procedure Code	706	9.1%	693	7.4%
Procedure Code Modifier	711	19.5%	584	2.1%

* Lower rates indicate better performance.

Table E-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	749	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	642	99.2%	Inaccurate Code: (40.0%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (60.0%)
Procedure Code Modifier	572	99.8%	—
All-Element Accuracy ³	477	51.2%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table E-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table E-6—Key Findings for MSHN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 75.0 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 24.6 percent and 19.5 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low to moderate encounter data omission rates, with the <i>Procedure Code</i> having the highest encounter data omission rate at 7.4 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (40.0 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (60.0 percent).
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.8 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 51.2 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 1.0 percent.

Strength #2: The *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rate of 2.1 percent.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 99.2 percent each.

Weaknesses and Recommendations

Weakness #1: More than 24.0 percent of the *Diagnosis Codes* and more than 19.0 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rates of unsupported *Diagnosis Codes* and *Procedure Code Modifiers* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **MSHN** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix F. Results for Region 6—Community Mental Health Partnership of Southeast Michigan

This appendix contains detailed MRR results for **CMHPSM**.

Medical Record Review Results

Table F-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table F-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table F-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	157	51.0%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table F-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	389	0.8%	397	2.8%
Diagnosis Code	1,058	2.6%	1,043	1.2%
Procedure Code	563	4.8%	554	3.2%
Procedure Code Modifier	678	17.1%	573	1.9%

* Lower rates indicate better performance.

Table F-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	1,030	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	536	99.6%	Inaccurate Code: (50.0%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (50.0%)
Procedure Code Modifier	562	99.3%	—
All-Element Accuracy ³	386	74.1%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table F-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table F-6—Key Findings for CMHPSM

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 51.0 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> element had a relatively high medical record omission rate at 17.1 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 3.2 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (50.0 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (50.0 percent).
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.3 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 74.1 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service*, *Diagnosis Codes*, and *Procedure Codes* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rates of 0.8 percent, 2.6 percent, and 4.8 percent, respectively.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 2.8 percent, 1.2 percent, 3.2 percent, and 1.9 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 99.3 percent each.

Weaknesses and Recommendations

Weakness #1: More than 17.0 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rate of unsupported *Procedure Code Modifiers* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **CMHPSM** should focus on improving provider documentation practices and by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix G. Results for Region 7—Detroit Wayne Integrated Health Network

This appendix contains detailed MRR results for **DWIHN**.

Medical Record Review Results

Table G-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table G-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table G-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	174	56.5%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table G-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	465	0.9%	477	3.4%
Diagnosis Code	470	24.7%	371	4.6%
Procedure Code	600	7.7%	576	3.8%
Procedure Code Modifier	518	20.7%	436	5.7%

* Lower rates indicate better performance.

Table G-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	354	100%	Inaccurate Code: (NA) Specificity Error: (NA)
Procedure Code ²	554	98.9%	Inaccurate Code: (100%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (0.0%)
Procedure Code Modifier	411	99.5%	—
All-Element Accuracy ³	461	56.2%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

NA indicates all codes were coded accurately; therefore, there were no error types to report.

Conclusions

Table G-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table G-6—Key Findings for DWIHN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 56.5 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 24.7 percent and 20.7 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates, with the <i>Procedure Code Modifier</i> having the highest encounter data omission rate at 5.7 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where codes were present in both the medical records and encounter data.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 98.9 percent of instances where codes were present in both the medical records and encounter data, with all errors related to inaccurate coding.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.5 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 56.2 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 0.9 percent.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, and *Procedure Codes* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 3.4 percent, 4.6 percent, and 3.8 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.9 percent each.

Weaknesses and Recommendations

Weakness #1: More than 24.0 percent of the *Diagnosis Codes* and more than 20.0 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rates of unsupported *Diagnosis Codes* and *Procedure Code Modifiers* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **DWIH** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix H. Results for Region 8—Oakland Community Health Network

This appendix contains detailed MRR results for **OCHN**.

Medical Record Review Results

Table H-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	308	100%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table H-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	NA
Member was not a patient of this practice.	0	NA
Member was a patient of this practice; however, no documentation was available for date of service.	0	NA
Non-responsive provider or provider did not respond in a timely manner.	0	NA
Provider refused to release records.	0	NA
Facility was permanently closed.	0	NA
Other.	0	NA
Total	0	NA

NA indicates all medical records were submitted; therefore, there were no rates to report.

Table H-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
308	223	72.4%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table H-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	491	0.0%	508	3.3%
Diagnosis Code	500	40.0%	314	4.5%
Procedure Code	885	12.4%	807	4.0%
Procedure Code Modifier	676	18.6%	577	4.7%

* Lower rates indicate better performance.

Table H-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	300	99.3%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	775	99.2%	Inaccurate Code: (66.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (33.3%)
Procedure Code Modifier	550	98.4%	—
All-Element Accuracy ³	491	41.5%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table H-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table H-6—Key Findings for OCHN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 72.4 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 40.0 percent, 12.4 percent, and 18.6 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code Modifier</i> having the highest omission rate at 4.7 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.3 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (66.7 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (33.3 percent).
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.4 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 41.5 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 0.0 percent.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 3.3 percent, 4.5 percent, 4.0 percent, and 4.7 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.4 percent each.

Weaknesses and Recommendations

Weakness #1: A high rate of the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements (40.0 percent, 12.4 percent, and 18.6 percent, respectively) identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rates of unsupported *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifier* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **OCHN** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Appendix I. Results for Region 9—Macomb County Community Mental Health

This appendix contains detailed MRR results for [MCCMH](#).

Medical Record Review Results

Table I-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	307	99.7%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table I-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	0.0%
Member was not a patient of this practice.	0	0.0%
Member was a patient of this practice; however, no documentation was available for date of service.	0	0.0%
Non-responsive provider or provider did not respond in a timely manner.	0	0.0%
Provider refused to release records.	0	0.0%
Facility was permanently closed.	0	0.0%
Other.	1	100%
Total	1	100%

Table I-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
307	202	65.8%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table I-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	491	1.2%	496	2.2%
Diagnosis Code	754	45.1%	424	2.4%
Procedure Code	1,061	9.8%	988	3.1%
Procedure Code Modifier	728	28.8%	587	11.8%

* Lower rates indicate better performance.

Table I-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	414	100%	Inaccurate Code: (NA) Specificity Error: (NA)
Procedure Code ²	957	98.4%	Inaccurate Code: (46.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (53.3%)
Procedure Code Modifier	518	99.6%	—
All-Element Accuracy ³	485	34.6%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

NA indicates all codes were coded accurately; therefore, there were no error types to report.

Conclusions

Table I-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table I-6—Key Findings for MCCMH

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 99.7 percent, indicating that most requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 65.8 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 45.1 percent and 28.8 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> had a moderately high encounter data omission rate at 11.8 percent. This indicates that the procedure codes modifiers in the members' medical records were only moderately supported by the encounter data.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where codes were present in both the medical records and encounter data.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 98.4 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (46.7 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (53.3 percent).
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.6 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 34.6 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 1.2 percent.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, and *Procedure Codes* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 2.2 percent, 2.4 percent, and 3.1 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.4 percent each.

Weaknesses and Recommendations

Weakness #1: More than 45.0 percent of the *Diagnosis Codes* and more than 28.0 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rate of unsupported *Diagnosis Codes* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **MCCMH** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submission protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

Weakness #2: Nearly 12.0 percent of the *Procedure Code Modifiers* identified in the medical records were not found in the encounter data.

Why the weakness exists: The *Procedure Code Modifiers* not found in the encounter data likely arises from several interrelated factors. One possible reason is incomplete data submission practices, where providers or coders may not consistently include *Procedure Code Modifiers* in encounter data submissions, particularly if these modifiers are perceived as less critical for reimbursement or reporting. Another contributing factor is a lack of awareness or training among behavioral health providers and coding staff, who may not fully understand the importance of accurately submitting modifiers to reflect the complexity, scope, or unique circumstances of the services provided. Additionally, modifiers may be omitted during payer adjudication or data aggregation processes if they are not required for reimbursement, leading to discrepancies between the medical records and encounter data. Finally, the fragmented nature of behavioral health services, which often involve multiple providers or systems, increases the likelihood of incomplete or inconsistent data submissions.

Recommendation: To address missing *Procedure Code Modifiers* in the encounter data, **MCCMH** should enhance provider and coder training, and standardize documentation and coding practices. Regular audits with feedback and collaboration with payers to avoid data loss during adjudication, are also essential. Hosting workshops and pilot initiatives, such as automated validations, can further promote accurate and complete reporting of *Procedure Code Modifiers*.

Appendix J. Results for Region 10 PIHP

This appendix contains detailed MRR results for **Region 10**.

Medical Record Review Results

Table J-1—Medical Record Procurement Status: Requested Date of Service

Number of Medical Records Requested	Number of Medical Records Submitted ¹	Percent of Medical Records Submitted
308	307	99.7%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table J-2—Medical Record Non-Submission Reasons: Requested Date of Service

Non-Submission Reason	Number	Percent
Record was not located at this facility.	0	0.0%
Member was not a patient of this practice.	0	0.0%
Member was a patient of this practice; however, no documentation was available for date of service.	1	100%
Non-responsive provider or provider did not respond in a timely manner.	0	0.0%
Provider refused to release records.	0	0.0%
Facility was permanently closed.	0	0.0%
Other.	0	0.0%
Total	1	100%

Table J-3—Medical Record Submission Status: Second Date of Service

Number of Medical Records Submitted ¹	Number of Medical Records Submitted with a Second Date of Service	Percent of Medical Records with a Second Date of Service
307	229	74.6%

¹ The number of medical records submitted was based on the PIHP's responses in the submitted tracking sheets.

Table J-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	529	0.2%	535	1.3%
Diagnosis Code	1,196	8.2%	1,111	1.3%
Procedure Code	810	11.1%	742	3.0%
Procedure Code Modifier	834	21.8%	662	1.5%

* Lower rates indicate better performance.

Table J-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	1,098	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	720	99.9%	Inaccurate Code: (100%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (0.0%)
Procedure Code Modifier	652	98.0%	—
All-Element Accuracy ³	528	66.1%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in service records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Conclusions

Table J-6 outlines the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing medical records for services rendered from October 1, 2022, through September 30, 2023.

Table J-6—Key Findings for Region 10

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 99.7 percent, indicating that most requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 74.6 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 11.1 percent and 21.8 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 3.0 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors related to inaccurate coding.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.0 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 66.1 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Strengths, Weaknesses, and Recommendations

Based on the results from the MRR, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' medical records, as evidenced by the low medical record omission rate of 0.2 percent.

Strength #2: The *Dates of Service*, *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers* identified in the medical records were generally present in the encounter data, as evidenced by the low encounter data omission rates of 1.3 percent, 1.3 percent, 3.0 percent, and 1.5 percent, respectively.

Strength #3: When key data elements were present in both the encounter data and the members' medical records and were evaluated independently, the data element values were found to be accurate with rates of at least 98.0 percent each.

Weaknesses and Recommendations

Weakness #1: More than 11.0 percent of the *Procedure Codes* and more than 21.0 percent of the *Procedure Code Modifiers* identified in the encounter data were not supported by the members' medical records.

Why the weakness exists: The high rate of unsupported *Procedure Codes* identified in the encounter data can likely be attributed to several factors. These include inconsistent provider documentation practices, where not all aspects of the services performed are thoroughly documented. Data submission issues, such as incorrect coding during submission or data entry errors, also contribute to the discrepancies. Additionally, gaps in provider training may play a role, as behavioral health providers and staff may not fully understand the importance of aligning medical record documentation with the codes submitted in the encounter data.

Recommendation: To address the discrepancies, **Region 10** should focus on improving provider documentation practices by enhancing provider training to strengthen understanding of documentation and coding alignment, standardizing documentation processes to ensure all services performed are accurately recorded, and conducting regular audits to identify and resolve discrepancies. Additionally, data submission processes should be improved by implementing validation checks and minimizing data entry errors. Periodic MRRs of submitted claims should be conducted to verify appropriate coding and data completeness, where appropriate. Any findings from these reviews should be used to develop and provide ongoing education and training for providers. Training topics should include encounter data submissions protocols, medical record documentation requirements, and proper coding practices to reduce future omissions and improve data accuracy.

MI SFY 2024 EDV Aggregate Report: Erratum Notice Prepaid Inpatient Health Plans (PIHPs)

Erratum Notice

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how certain cases were reviewed, which affected the results presented in the originally published report. The tables impacted by this issue are listed below:

- **Executive Summary**
 - Table 1-2 (Encounter Data Completeness Summary)
 - Table 1-3 (Encounter Data Accuracy)
- **Section 3: Medical Record Review (MRR) Results**
 - Table 3-6 (Medical Record Omission and Encounter Data Omission for Procedure Code)
 - Table 3-7 (Medical Record Omission and Encounter Data Omission for Procedure Code Modifier)
 - Table 3-11 (All-Element Accuracy)
- **Discussion**
 - Table 4-1 and Table 4-2 (these are identical to Table 1-2 and Table 1-3, respectively, and will not be presented).

The following replacement tables reflect updated values based on a revised review of the medical record and corresponding encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table 1-2—Encounter Data Completeness Summary

Key Data Elements	Medical Record Omission*		Encounter Data Omission	
	All PIHP Rate	PIHP Range	All PIHP Rate	PIHP Range
Date of Service	0.4%	0.0% – 1.2%	4.0%	1.3% – 9.6%
Diagnosis Code	20.4%	2.6% – 45.1%	3.3%	1.2% – 6.9%
Procedure Code	8.6%	4.6% – 11.1%	4.4%	2.8% – 7.9%
Procedure Code Modifier	16.0%	13.3% – 20.7%	3.2%	1.2% – 9.3%

* Lower rates indicate better performance.

Note: Rates in green font indicate a change in the encounter data completeness rate.

Please disregard the originally published version of this table.

Replacement Table 1-3—Encounter Data Accuracy

Data Element	All PIHP Rate	PIHP Range	Error Type Percentages
Diagnosis Code ¹	99.8%	99.3% – 100%	Inaccurate Code: (100%) Specificity Error: (0%)
Procedure Code ²	99.3%	98.4% – 99.9%	Inaccurate Code: (64.6%) Higher Level of Service in Medical Record: (0%) Lower Level of Service in Medical Record: (35.4%)
Procedure Code Modifier	99.0%	98.0% – 99.8%	—
All-Element Accuracy ³	60.4%	38.5% – 78.5%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Rates in green font indicate a change in the encounter data accuracy rate.

Please disregard the originally published version of this table.

Replacement Table 3-6—Medical Record Omission and Encounter Data Omission for Procedure Code

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Codes Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Codes Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
NCN	759	10.5%	699	2.9%
NMRE	670	10.0%	655	7.9%
LRE	773	7.1%	749	4.1%
SWMBH	738	5.0%	736	4.8%
MSHN	706	8.5%	699	7.6%
CMHPSM	563	4.6%	555	3.2%
DWIHN	601	6.3%	587	4.1%

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Codes Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Codes Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
OCHN	885	11.1%	820	4.0%
MCCMH	1,061	9.0%	997	3.2%
Region 10	811	11.1%	742	2.8%
All PIHPs	7,567	8.6%	7,239	4.4%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table 3-7—Medical Record Omission and Encounter Data Omission for Procedure Code Modifier

PIHP	Medical Record Omission		Encounter Data Omission	
	Number of Procedure Code Modifiers Identified in Encounter Data	Percent Not Documented by Members' Medical Records*	Number of Procedure Code Modifiers Identified in Members' Medical Records	Percent Not Found in the Encounter Data*
NCN	905	14.7%	801	3.6%
NMRE	750	13.3%	667	2.5%
LRE	525	14.9%	459	2.6%
SWMBH	715	14.0%	623	1.3%
MSHN	711	16.9%	603	2.0%
CMHPSM	678	13.7%	592	1.2%
DWIHN	521	17.5%	453	5.1%
OCHN	676	15.7%	588	3.1%
MCCMH	728	20.7%	636	9.3%
Region 10	834	18.2%	691	1.3%
All PIHPs	7,043	16.0%	6,113	3.2%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table 3-11—All-Element Accuracy

PIHP	Number of Dates of Service Present in Both Sources	All Element Accuracy Rate ¹
NCN	507	38.5%
NMRE	480	72.9%
LRE	447	72.3%
SWMBH	481	77.8%
MSHN	477	54.3%
CMHPSM	386	78.5%
DWIHN	461	60.3%
OCHN	490	45.5%
MCCMH	485	39.0%
Region 10	528	70.3%
All PIHPs	4,742	60.4%

¹ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element. Please disregard the originally published version of this table.

Note: Numbers and rates in green font indicate a change in the all-element denominator or rate, respectively. Please disregard the originally published version of this table.

Appendix A. Erratum Notice for Region 1—NorthCare Network

Erratum Notice

This appendix contains corrections for **Region 1—NorthCare Network (NCN)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table A-4 (MRR: Encounter Data Completeness), Table A-5 (MRR: Encounter Data Accuracy), and Table A-6 (Key Findings for **NCN**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table A-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	509	0.4%	526	3.6%
Diagnosis Code	1,572	43.6%	905	2.1%
Procedure Code	759	10.5%	699	2.9%
Procedure Code Modifier	905	14.7%	801	3.6%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table A-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	886	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	667	99.0%	Inaccurate Code: (85.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (14.3%)
Procedure Code Modifier	751	98.5%	—

Data Element	Denominator	Percent	Error Type Percentages
All-Element Accuracy ³	507	38.5%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table A-6—Key Findings for NCN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 77.9 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> had a high medical record omission rate at 43.6 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code Modifier</i> having the highest omission rate at 3.6 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.0 percent of instances where codes were present in both the medical records and encounter data, with most errors related to inaccurate coding (85.7 percent), while some were attributed to <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records.

Analysis	Key Findings
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none">The <i>Procedure Code Modifiers</i> were accurate in 98.5 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 38.5 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix B. Erratum Notice for Region 2—Northern Michigan Regional Entity

Erratum Notice

This appendix contains corrections for **Region 2—Northern Michigan Regional Entity (NMRE)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table B-4 (MRR: Encounter Data Completeness), Table B-5 (MRR: Encounter Data Accuracy), and Table B-6 (Key Findings for **NMRE**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table B-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	480	0.0%	531	9.6%
Diagnosis Code	1,088	8.5%	1,069	6.9%
Procedure Code	670	10.0%	655	7.9%
Procedure Code Modifier	750	13.3%	667	2.5%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table B-5: MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	995	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	595	99.8%	Inaccurate Code: (0.0%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (100%)

Data Element	Denominator	Percent	Error Type Percentages
Procedure Code Modifier	618	99.8%	—
All-Element Accuracy ³	480	72.9%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table B-6—Key Findings for NMRE

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 73.1 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 10.0 percent and 13.3 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low to moderate encounter data omission rates with the <i>Date of Service</i> having the highest omission rate at 9.6 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.8 percent of instances where codes were present in both the medical records and encounter data, with all errors related to <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records.

Analysis	Key Findings
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none">The <i>Procedure Code Modifiers</i> were accurate in 99.8 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 72.9 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix C. Erratum Notice for Region 3—Lakeshore Regional Entity

Erratum Notice

This appendix contains corrections for **Region 3—Lakeshore Regional Entity (LRE)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table C-4 (MRR: Encounter Data Completeness), Table C-5 (MRR: Encounter Data Accuracy), and Table C-6 (Key Findings for **LRE**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table C-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	448	0.0%	459	2.4%
Diagnosis Code	827	5.8%	797	2.3%
Procedure Code	773	7.1%	749	4.1%
Procedure Code Modifier	525	14.9%	459	2.6%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table C-5: MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	779	99.6%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	713	99.6%	Inaccurate Code: (66.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (33.3%)
Procedure Code Modifier	428	98.8%	—

Data Element	Denominator	Percent	Error Type Percentages
All-Element Accuracy ³	447	72.3%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table C-6—Key Findings for LRE

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 50.6 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> element had a relatively high medical record omission rate at 14.9 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 4.1 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.6 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (66.7 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (33.3 percent).

Analysis	Key Findings
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none">The <i>Procedure Code Modifiers</i> were accurate in 98.8 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 72.3 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix D. Erratum Notice for Region 4—Southwest Michigan Behavioral Health

Erratum Notice

This appendix contains corrections for **Region 4—Southwest Michigan Behavioral Health (SWMBH)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table D-4 (MRR: Encounter Data Completeness), Table D-5 (MRR: Encounter Data Accuracy), and Table D-6 (Key Findings for **SWMBH**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table D-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	481	0.0%	504	4.6%
Diagnosis Code	815	4.8%	809	4.1%
Procedure Code	738	5.0%	736	4.8%
Procedure Code Modifier	715	14.0%	623	1.3%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table D-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	776	99.7%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	697	99.7%	Inaccurate Code: (100%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (0.0%)

Data Element	Denominator	Percent	Error Type Percentages
Procedure Code Modifier	608	98.7%	—
All-Element Accuracy ³	481	77.8%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table D-6—Key Findings for SWMBH

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 63.3 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> element had a relatively high medical record omission rate at 14.0 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 4.8 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.7 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.7 percent of instances where codes were present in both the medical records and encounter data, with all errors related to inaccurate coding.

Analysis	Key Findings
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none">The <i>Procedure Code Modifiers</i> were accurate in 98.7 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 77.8 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix E. Erratum Notice for Region 5—Mid-State Health Network

Erratum Notice

This appendix contains corrections for **Region 5—Mid-State Health Network (MSHN)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table E-4 (MRR: Encounter Data Completeness), Table E-5 (MRR: Encounter Data Accuracy), and Table E-6 (Key Findings for **MSHN**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table E-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	482	1.0%	510	6.5%
Diagnosis Code	994	24.6%	792	5.4%
Procedure Code	706	8.5%	699	7.6%
Procedure Code Modifier	711	16.9%	603	2.0%

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table E-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	749	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	642	99.2%	Inaccurate Code: (40.0%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (60.0%)
Procedure Code Modifier	572	99.8%	—

Data Element	Denominator	Percent	Error Type Percentages
All-Element Accuracy ³	477	54.3%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table E-6—Key Findings for MSHN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 75.0 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 24.6 percent and 16.9 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low to moderate encounter data omission rates, with the <i>Procedure Code</i> having the highest encounter data omission rate at 7.6 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (40.0 percent) and <i>Procedure Codes</i> submitted in the encounter data that reflected higher levels of service than those supported in the medical records (60.0 percent).

Analysis	Key Findings
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none">The <i>Procedure Code Modifiers</i> were accurate in 99.8 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 54.3 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix F. Erratum Notice for Region 5—Community Mental Health Partnership of Southeast Michigan

Erratum Notice

This appendix contains corrections for **Region 6—Community Mental Health Partnership of Southeast Michigan (CMHPSM)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table F-4 (MRR: Encounter Data Completeness), Table F-5 (MRR: Encounter Data Accuracy), and Table F-6 (Key Findings for **CMHPSM**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table F-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	389	0.8%	397	2.8%
Diagnosis Code	1,058	2.6%	1,043	1.2%
Procedure Code	563	4.6%	555	3.2%
Procedure Code Modifier	678	13.7%	592	1.2%

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table F-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	1,030	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	536	99.6%	Inaccurate Code: (50.0%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (50.0%)

Data Element	Denominator	Percent	Error Type Percentages
Procedure Code Modifier	562	99.3%	—
All-Element Accuracy ³	386	78.5%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table F-6—Key Findings for CMHPSM

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 51.0 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> element had a relatively high medical record omission rate at 13.7 percent. This indicates that the diagnosis codes in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 3.2 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (50.0 percent) and <i>Procedure Codes</i> submitted in the

Analysis	Key Findings
	encounter data that reflected higher levels of service than those supported in the medical records (50.0 percent) .
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.3 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 78.5 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix G. Erratum Notice for Region 7—Detroit Wayne Integrated Health Network

Erratum Notice

This appendix contains corrections for **Region 7—Detroit Wayne Integrated Health Network (DWIHN)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table G-4 (MRR: Encounter Data Completeness), Table G-5 (MRR: Encounter Data Accuracy), and Table G-6 (Key Findings for **DW**IHN). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table G-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	465	0.9%	477	3.4%
Diagnosis Code	470	24.7%	371	4.6%
Procedure Code	601	6.3%	587	4.1%
Procedure Code Modifier	521	17.5%	453	5.1%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table G-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	354	100%	Inaccurate Code: (NA) Specificity Error: (NA)
Procedure Code ²	554	98.9%	Inaccurate Code: (100%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (0.0%)

Data Element	Denominator	Percent	Error Type Percentages
Procedure Code Modifier	411	99.5%	—
All-Element Accuracy ³	461	60.3%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table G-6—Key Findings for DWIHN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 56.5 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 24.7 percent and 17.5 percent, respectively. This indicates that the diagnosis codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates, with the <i>Procedure Code Modifier</i> having the highest encounter data omission rate at 5.1 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where codes were present in both the medical records and encounter data.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 98.9 percent of instances where codes were present in both the medical records and encounter data, with all errors related to inaccurate coding.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.5 percent of instances where modifiers were present in both the medical records and encounter data.

Analysis	Key Findings
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 60.3 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix H. Erratum Notice for Region 8—Oakland Community Health Network

Erratum Notice

This appendix contains corrections for **Region 8—Oakland Community Health Network (OCHN)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table H-4 (MRR: Encounter Data Completeness), Table H-5 (MRR: Encounter Data Accuracy), and Table H-6 (Key Findings for **OCHN**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table H-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	491	0.0%	508	3.3%
Diagnosis Code	500	40.0%	314	4.5%
Procedure Code	885	11.1%	820	4.0%
Procedure Code Modifier	676	15.7%	588	3.1%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table H-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	300	99.3%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	775	99.2%	Inaccurate Code: (66.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (33.3%)

Data Element	Denominator	Percent	Error Type Percentages
Procedure Code Modifier	550	98.4%	—
All-Element Accuracy ³	490	45.5%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table H-6—Key Findings for OCHN

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 100 percent, indicating that all requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 72.4 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 40.0 percent, 11.1 percent, and 15.7 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Diagnosis Code</i> having the highest omission rate at 4.5 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.3 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (66.7 percent) and <i>Procedure Codes</i> submitted in the

Analysis	Key Findings
	encounter data that reflected higher levels of service than those supported in the medical records (33.3 percent).
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.4 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 45.5 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix I. Erratum Notice for Region 9—Macomb County Community Mental Health

Erratum Notice

This appendix contains corrections for **Region 9—Macomb County Community Mental Health (MCCMH)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table I-4 (MRR: Encounter Data Completeness), Table I-5 (MRR: Encounter Data Accuracy), and Table I-6 (Key Findings for **MCCMH**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table I-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	491	1.2%	496	2.2%
Diagnosis Code	754	45.1%	424	2.4%
Procedure Code	1,061	9.0%	997	3.2%
Procedure Code Modifier	728	20.7%	636	9.3%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table I-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	414	100%	Inaccurate Code: (NA) Specificity Error: (NA)
Procedure Code ²	957	98.4%	Inaccurate Code: (46.7%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (53.3%)

Data Element	Denominator	Percent	Error Type Percentages
Procedure Code Modifier	518	99.6%	—
All-Element Accuracy ³	485	39.0%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table I-6—Key Findings for MCCMH

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 99.7 percent, indicating that most requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 65.8 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Diagnosis Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 45.1 percent and 20.7 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifier</i> had a moderately high encounter data omission rate at 9.3 percent. This indicates that the procedure codes modifiers in the members' medical records were only moderately supported by the encounter data.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where codes were present in both the medical records and encounter data.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 98.4 percent of instances where codes were present in both the medical records and encounter data, with errors related to inaccurate coding (46.7 percent) and <i>Procedure Codes</i> submitted in the

Analysis	Key Findings
	encounter data that reflected higher levels of service than those supported in the medical records (53.3 percent) .
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 99.6 percent of instances where modifiers were present in both the medical records and encounter data.
All-Element Accuracy Rate	<ul style="list-style-type: none"> Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 39.0 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.

Appendix J. Erratum Notice for Region 10—Region 10 PIHP

Erratum Notice

This appendix contains corrections for **Region 10—Region 10 PIHP (Region 10)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table J-4 (MRR: Encounter Data Completeness), Table J-5 (MRR: Encounter Data Accuracy), and Table J-6 (Key Findings for **Region 10**). The following replacement tables reflect updated values based on a revised review of the medical record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table J-4—MRR: Encounter Data Completeness

Data Element	Medical Record Omission		Encounter Data Omission	
	Denominator	Percent*	Denominator	Percent*
Date of Service	529	0.2%	535	1.3%
Diagnosis Code	1,196	8.2%	1,111	1.3%
Procedure Code	811	11.1%	742	2.8%
Procedure Code Modifier	834	18.2%	691	1.3%

* Lower rates indicate better performance.

Note: Numbers and rates in green font indicate a change in the encounter data completeness denominator or rate, respectively.

Please disregard the originally published version of this table.

Replacement Table J-5—MRR: Encounter Data Accuracy

Data Element	Denominator	Percent	Error Type Percentages
Diagnosis Code ¹	1,098	99.9%	Inaccurate Code: (100%) Specificity Error: (0.0%)
Procedure Code ²	720	99.9%	Inaccurate Code: (100%) Higher Level of Service in Medical Record: (0.0%) Lower Level of Service in Medical Record: (0.0%)
Procedure Code Modifier	652	98.0%	—

Data Element	Denominator	Percent	Error Type Percentages
All-Element Accuracy ³	528	70.3%	—

"—" Denotes the error type analysis was not applicable to the data element.

¹ Inaccurate coding and specificity errors in medical records were collectively considered as the denominator for the error type rates.

² Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates.

³ The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Numbers and rates in green font indicate a change in the encounter data accuracy denominator or rate, respectively. Please disregard the originally published version of this table.

Replacement Table J-6—Key Findings for Region 10

Analysis	Key Findings
Medical Record Procurement Status	
Medical Record Procurement Rate	<ul style="list-style-type: none"> The medical record procurement rate was 99.7 percent, indicating that most requested records were successfully procured and submitted.
Second Date of Service Submission Rate	<ul style="list-style-type: none"> Among the procured medical records, 74.6 percent included a corresponding second date of service.
Encounter Data Completeness	
Medical Record Omission Rate	<ul style="list-style-type: none"> The <i>Procedure Code</i> and <i>Procedure Code Modifier</i> had relatively high medical record omission rates at 11.1 percent and 18.2 percent, respectively. This indicates that the procedure codes and the modifiers in the encounter data were not adequately supported by the members' medical records.
Encounter Data Omission Rate	<ul style="list-style-type: none"> All key data elements exhibited relatively low encounter data omission rates with the <i>Procedure Code</i> having the highest omission rate at 2.8 percent.
Encounter Data Accuracy	
Diagnosis Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors attributed to inaccurate coding.
Procedure Code Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.9 percent of instances where codes were present in both the medical records and encounter data, with all errors related to inaccurate coding.
Procedure Code Modifier Accuracy Rate	<ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.0 percent of instances where modifiers were present in both the medical records and encounter data.

Analysis	Key Findings
All-Element Accuracy Rate	<ul style="list-style-type: none">Dates of service with accurate values for all key data elements (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, and <i>Procedure Code Modifier</i>) were observed in 70.3 percent of the dates of service present in both data sources (i.e., encounter data and medical records).

Note: Rates in green font indicate a change in the calculated rate.