Behavioral Health Quality Overhaul – 3YR Rollout Strategy

Q&A Document

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In October 2023, the Bureau of Specialty Behavioral Health Services began a comprehensive review of the existing quality assessment and performance improvement program toward the goal of developing and implementing a new program. The transformed program will be more comprehensive, better defined, with a more rigorous methodology that aligns with other state and national requirements. The rollout of the updated program is as follows:

TIMELINE

Year 1

The first year will focus on aligning reporting requirements for PIHPs with CMS Core Set Reporting. By the end of YR1 measure roll-out, all required CMS Core Set measures will be available by PIHP. It is recommended that all measures in this table are stratified by race/ethnicity.

In 2025, PIHPs will still be responsible for reporting MMBPIS measures. MDDHS will be responsible for the YR1 measures listed below.

	Measure	Program	Domain
ADD	Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	BHCS	MH
~~AMM*~~	~~Antidepressant Medication Management~~	~~BHCS~~	~~MH~~
FUH	Follow-up After Hospitalization for Mental Illness*	BHCS	Access
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	BHCS	MH
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	BHCS	MH
FUA	Follow-up After Emergency Department Visit for Substance Use*	BHCS	Access
FUM	Follow-up After Emergency Department Visit for Mental Illness*	BHCS	Access
IET	Initiation and Engagement into Substance Use Disorder Treatment	BHCS	SUD

***Starting January 1, 2026, the AMM measure will be removed from the Behavioral Health Quality Program and will no longer be included in the CMS and NCQA measure set.**

Year 2

The second year will focus on rolling out stratification of measures, along with adding several key measures. In alignment with 2025 CMS Core Set Reporting requirements, the following measures will be rolled out stratified by race and ethnicity, gender, and geography.

Starting FY26, most MMBPIS measures will be phased out, however PIHPs will still be required to submit measures 2a-d (Access-Timeliness/First Request) listed in the code book. In addition to the YR1 measures listed above, MDDHS will also be responsible for the YR2 measures listed below.

	Measure	Program	Domain
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	BHCS	Comorbid Conditions
OUD	Use of Pharmacotherapy for Opioid Use Disorder	BHCS	SUD
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	BHCS	MH

Year 3

The third year will focus on implementing patient experience and Home and Community Based Services (HCBS) measures. Both standard CAHPS (included in the required CMS Quality Rating System) and HCBS CAHPS measures are included. All plans (MCOs, PIHPs, and PAHPs) are required to provide information as requested by the state for the state to make a QRS publicly available by 2028 (42 CFR Part 438 Subpart G and 42 CFR § 457.1240(d)).

In addition to the YR1 and YR2 measures listed above, starting January 1, 2027, MDDHS will also be responsible for the YR3 measures listed below.

	Measure	Program	Domain
CAHPS	How people rated their health plan	QRS	Patient Experience
CAHPS	Getting care quickly	QRS	
CAHPS	Getting needed care	QRS	
CAHPS	How well doctors communicate	QRS	
CAHPS	Health plan customer service	QRS	
HCBS CAHPS	Choosing the Services that Matter to You	HCBS	Patient Experience
	Community Inclusion and Empowerment		

	Transportation to Medical Appointments		and Home and Community Based Services
	Physical Safety		
	Personal Safety and Respect		
	Staff are Reliable and Helpful		
	Staff Listen and Communicate Well		
	Unmet Needs Composite Measure		
	Social Needs Screening- Tool TBD.	CCBHC	Social Needs
~~MSC*~~	~~Medical Assistance with Smoking and Tobacco Use Cessation*~~	~~BHCS~~	~~SUD~~
CDF	Screening for Depression and Follow-up Plan	BHCS	MH
HPCMI	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	BHCS	Comorbid Conditions
*MSC is in the 2026 core set, but has been removed by the measure steward, NCQA for 2026.			

Responsibility Matrix

The transformation of the BH Quality program means that responsibility for reporting measures will change over time. This table outlines who will be responsible for reporting those measures moving forward. The entity responsibility for reporting those measures is listed in the last column.

Measure	Date	Responsible for Reporting Measures
MMBPIS Measures	October 1, 2024 – September 30, 2025	PIHPs
MMBPIS Measure 2a-d	October 1, 2025 – September 30, 2026	PIHPs
YR1 Measures (ADD, FUH, APM, APP, FUA, FUM, IET, ~~AMM~~)	January 1, 2025	MDHHS
YR2 Measures (SSD, OUD, SAA)	January 1, 2026	MDHHS
YR3 Measures (CAHPS, HCBS CAHPS, ~~MSC,~~ CDF, HPCMI)	January 1, 2027	MDHHS

Important Dates

Below is a detailed timeline of the BH Quality Program transformation as well as relevant data validation dates.

Date	Activity
01/01/25	Start of measurement year 1 for the new BH quality measure program
03/31/25	PIHP CY23 FUM30-AD data validation files due to MDHHS via DCH-File Transfer
Summer 2025	HSAG PMV using FY24 MMBPIS measures
06/30/25	PIHPs report 1/1-3/31/25 (Q2) MMBPIS Data
08/30/25	MDHHS to share CY23 validation results with PIHP FUM30-AD Validation workgroup
09/30/25	PIHPs report 4/1-6/30/25 (Q3) MMBPIS Data Last day of MMBPIS indicator measurement period.
10/01/25	Start of FY26 contract year requiring new BH quality measure program
12/31/25	PIHPs report 7/1-9/30/25 (Q4) MMBPIS Data End of measurement year 1 for the new BH quality measure program
01/01/26	Start of measurement year 2 for the new BH quality measure program
3/31/26	PIHPs report MMBPIS indicator 2a-d for 10/1-12/31/25 (Q1)
Summer 2026	HSAG PMV using FY26 MMBPIS + YR1 and YR2 BH transformation measures
06/30/26	PIHPs report MMBPIS indicator 2a-d for 1/1-3/31/26 (Q2)
09/30/26	PIHPs report MMBPIS indicator 2a-d for 4/1-6/30/26 (Q3)
10/01/26	Start of FY27 contract year requiring years 1 & 2 of the BH quality measure program
12/31/26	End of measurement year 2 for the new BH quality measure program PIHPs report MMBPIS indicator 2a-d for 7/1-9/30/26 (Q4)
01/01/27	Start of measurement year 3 for the new BH quality measure program
10/01/27	Start of FY28 contract year requiring years 1, 2 & 3 of the BH quality measure program
12/31/27	End of measurement year 3 for the new BH quality measure program

Future Considerations

MSC is in the 2026 core set, but has been removed by the measure steward, NCQA for 2026.

FREQUENTLY ASKED QUESTIONS

MEASURES

1. ***Question: Are the new measures being introduced HEDIS Measures?***

   Answer: Most measures will come from the Behavioral Health CMS Core Set, many of which are HEDIS measures.

2. ***Question: Will Year 1 data be used to establish a baseline?***

   Answer: Some measures already have benchmarks due to inclusion in a quality program, for example, the performance bonus incentive program. Other year 1 reporting data will be submitted on an information only basis until FY28, wherein a benchmark will be set based upon national and statewide data.

3. ***Question: Is it expected that CMS will provide the specifications, or will each state be developing these?***

   Answer: National specifications will be provided for all measures where available.

4. ***Question: When you add a new measure, do you look to see if there is anything similar that can be removed?***

   Answer: Yes. MMBPIS measures will be retired after FY26. Every effort is being made to reduce duplication and redundancy with the implementation of new measures.

5. ***Question: Regarding the NCQA/CMS on the initial list – have we already looked to see if there are surveys being done at the CMHSP/PIHP level so there is no duplication?***

   Answer: Yes, we are looking at the National Core Indicators (NCI-IDD survey). As part of the Habilitation Supports Waiver, the department is required to be in contact with a third party to implement the NCI-IDD to a small population receiving services each year. Historically, CMHSPs have used a survey that has focused on ACT programs, and our children's services programs. However, those surveys are not consistently being implemented.

6. ***Question: When speaking about Medicaid core measures, there is a lot of emphasis on initiation and engagement with alcohol use treatment, but with the PIHP measures, there is more about substance use. Will substance use measures be included?***

   Answer: Yes. IET (Initiation and Engagement of Substance Use Disorder Treatment (IET-AD and IET-HH) represents multiple sub-measures included in the CMS core list.

7. ***Does MDHHS intend to include all the sub measures in FUH, FUM, IET?***

   Answer: For FUH, both the child (FUH-30CH) and adult (FUH-30AD) sub measures will be included, as well as the overall measure (FUH-30) that combines both age ranges. FUM will be the same, and as such will include the child (FUM-30CH), adult (FUM-30AD), and overall (FUM-30) sub measures. For IET, some of its sub measures will be included, but not all. MDHHS intends to include the engagement total of SUD treatments within 34 days (IET34-TOT). Finally, sub measures for FUA will not be included and instead MDHHS will only include the overall measure (FUA-30) that combines both child and adult age ranges.

8. ***Question: Regarding Access to Care measures on the Access Assessment, is it measured at intake or at first service post Access intake?***

   Answer: This will be aligned with the national requirements for access and engagement. MDHHS will continue to utilize MMBPIS measures (indicator 2 & 3) through FY26, with a new measurement in FY27 as will be defined by contract language.

9. ***Question: Some of us don't have the ability to monitor all HEDIS measures (e.g., FUA). How are other PIHPs doing that?***

   Answer: To monitor performance, PIHPs can access measures using CC360. For reporting purposes HSA will be pulling these rates.

10. ***Question: For the publicly available quality rating system, will MDHHS create a required template for this system? For example, similar to how MDHHS established the Customer Service Manual template.***

    Answer: The state will generate the quality rating system for the PIHPs and develop and implement the methodology. The methodology will be made available for review prior to implementation.

11. ***Question: This is going to change the PMV audit. What will that look like, especially with overlap with MMBPIS Indicators across the measure years?***

    Answer: BPHASA will collaborate with HSAG to determine what this will look like in coming years. HSAG's Summer 2025 review will audit MMBPIS measures from 2024 and Q1 FY25. The 2026 PMV audit will look at 2026 MMBPIS measures + YR1 and YR2 measures.

12. ***Question: Does any entity conduct PMV (or a similar type of review) of the measures in CC360?***

    Answer: CC360 results are based on a HEDIS-certified product called Symmetry. Any measure where NCQA is the measure steward can be considered certified. CC360 user documentation includes a listing of the CC360 measures and the measure steward for each.

13. ***Question: Would all MMBPIS indicators be discontinued, including those that are State calculated?***

    Answer: FY26 will continue the reporting of MMBPIS indicators 2a-d & 3. All other indicators will be discontinued, but those that are state calculated may still be monitored internally.

14. ***CDF – Did we have a plan for implementation of the G codes when this measure was chosen for the rollout?***

    Answer: Effective April 1, 2025, on the Behavioral Health Code Chart and Provider Qualifications.

15. ***MSC – Did we have a plan when we chose this measure how this will be implemented? This one will not be used through data warehouse***

    Answer: MSC will be pulled through survey requirements.

TIMEFRAMES & ALIGNMENT

16. ***Question: How will the Access indicator align with the upcoming 42CFR e.1 change, effective January 1, 2026?***

    Answer: We anticipate that the Access indicator will align with federal requirements.

17. ***Question: How soon shall we expect a new code book with these new standards, and will it give us enough time to implement changes to collect data?***

    Answer: A new access indicator will be implemented in FY27 under the new PIHP contracts. The indicator is TBD at this time. Through the old PIHP contracts MMBPIS will be utilized.

18. ***Question: Will we be able to download the measures? We will need to communicate out to CMHs and make dashboards; having the measures before June would be a huge advantage to start visibility.***

    Answer: Specs are available for CMS core set measures and are updated annually (links below). You should be able to access all these measures (except Access to Care) in CC360 to see how you are performing. The measures that the department needs to report to CMS were recently added to CC360, so you should be able to use that tool to monitor performance.

    - Adult Core Set
    - Adult Core Set Reporting Resources
    - Child Core Set
    - Child Core Set Reporting Resources

19. ***Question: LRE's standard is 14 calendar days. In the Final Rule, Access to Care is 10 business days, but not for every service. Is there clarification on 10 business days vs. 14 calendar days, and which services the Final Rule applies to?***

    Answer: At this time, MDHHS plans to align with any and all federal requirements. Should MDHHS's standards become more stringent all regions will be required to abide by the more stringent ruling. Through FY26 MMBPIS measures will be utilized, but MDHHS will communicate any changes necessary under the new contracts for FY27.

20. **Question: We have the Final Rule Access to Care 10 Day requirement, and also have the CFR change (440.230 - 7-day pre-authorization requirement) coming up January 1. How will these be aligned?**

    Answer: The state will follow federal guidance for these upcoming rules.

21. ***Question: Will measurement year align with fiscal year?***

    Answer: The MMBPIS measures will be reported by fiscal year and all other measures will align with the calendar year.

22. ***Question: Regarding CCBHC measures, will MDHHS provide specifications for the HEDIS/NCQA measures since they do not align?***

    Answer: We will be using the HEDIS specifications. Refer to the Core Set links in Question 20 to access the specifications. MDHHS/CCBHC team will provide specifications for all CCBHC measures.

23. ***Region 6 states that PCE thinks this is too short of a timeframe for implementation, thoughts?***

    Answer: Please refer to the updated required measures and measurement years. Implementation of new measures will be provided as development occurs. No new measure development is needed at this time.

INCLUSION/EXCLUSION CRITERIA

24. ***Question: The measure in Year 3 refers to a CCBHC measure. If we are not a CCBHC site, does this apply to us?***

    Answer: The social needs screening measure is going to be required for everyone. The reference to CCBHC indicates where the measure is derived from. MDHHS is making every effort to align with current efforts of existing programs but will be requiring this measure for all PIHPs.

25. ***Question: Are these quality metrics only applicable to Medicaid beneficiaries? What about Medicare beneficiaries?***

    Answer: These metrics will not be assessed for Medicare beneficiaries. These measures are applicable to Medicaid beneficiaries and those receiving services through a combination of funding (Medicaid, MH/SU block funding, etc.).

26. ***Question: If measures are required for children and adults, do we need to stratify by race and age? A possible issue is that the number of children is too small to be stratified by age and race. How should we deal with this issue?***

    Answer: Some populations will not be big enough to report. When BPHASA pulls the data, we will follow established guidelines for population/sample size requirements.

CAHPS SURVEYS

27. ***Question: How is information from individuals who access Medicaid services collected?***

    Answer: Through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which is designed to assess patient perspectives on care. The adult and child CAHPS surveys are administered once per year and are conducted for Medicaid health plan and fee-for-service members. In the past, the surveys have been administered by Health Services Advisory Group (HSAG) using a mixed method approach including web-based surveys, mailed surveys, and telephone follow-up. HSAG contacted individuals who received services (or their caregivers) first by mail, then by telephone, to conduct the survey. The survey administration protocols employed by the adult MHPs included mail, telephone, and/or web. MDHHS provided HSAG with a list of all eligible members of the sampling frame. The MHPs sent the adult population data to HSAG for incorporation in the report. HSAG then presented statewide aggregate and plan-level results to MDHHS and compared them to national Medicaid data and prior years' results, where appropriate.

28. ***Question: What is the ultimate goal of the CAHPS surveys? For example, for someone with schizophrenia, is it measuring if they are adherent to their medication?***

    Answer: The ultimate goal of the survey is to get feedback from patients/consumers on their experience getting care. Questions cover topics such as getting services, communication with providers, case managers, choice of services, transportation, personal safety, and community inclusion and empowerment. It is not a measure of medication adherence, however, there are other measures that look at claims and encounters to measure if the client is compliant or not. The survey is trying to measure quality of care and where MDHHS/PIHPs need to improve services.

29. ***Question: Will CAHPS replace the NCI survey?***

    Answer: This is still being determined and we will notify everyone when there is a concrete answer.

30. **Question: Will the State be utilizing a CAHPS vendor or will each PIHP need to obtain a certified vendor to administer the CAHPS survey?**

    Answer: This is still being determined and we will notify everyone when there is a concrete answer. In the past, this survey has been administered by the Health Services Advisory Group (HSAG).

GENERAL QUESTIONS

31. Question: What is the Health Services Advisory Group (HSAG)?

Answer: Federal requirements stipulate that each state must have an external quality review organization. HSAG is a vendor that functions as Michigan's External Quality Review Organization (EQRO). They work with state Medicaid agencies and perform EQR services to help improve the quality of care provided to Medicaid recipients. They also work with each state's staff to develop quality improvement plans and design initiatives that will result in measurable outcomes. (https://www.hsag.com/)

32. Question: Can you clarify what CBSA is?

Answer: Core-Based Statistical Area (CBSA) is a geographic area (defined by the Office of Management and Budget) that the Centers for Medicare and Medicaid Services uses to define the payment areas for the hospital wage index. CBSA is a collective term for metropolitan statistical areas and micropolitan statistical areas.

CBSAs are often used in determining network adequacy, particularly in the context of healthcare services. In healthcare, CBSAs are often used to assess the availability and accessibility of healthcare providers within a specific area. This helps ensure that there are sufficient healthcare providers to meet the needs of the population in a given area. Geographical designations for FY23 were based on a combination of data from the 2020 US Census and USDA Economic Research Service. MDHHS is continuing to evaluate the designations for future reporting.