



Compliance Summary Report

October 2015 - September 2016

Prepared By: MSHN Compliance Officer – December 11, 2016
Approved By: MSHN Compliance Committee – December 14, 2016
MSHN Board –
Reviewed By: Quality Improvement Council –
Operations Council –

Monitoring and Auditing

Internal Audits

CMHSP Delegated Managed Care Functions & Program Specific Audits

The 2016 interim-year audit consisted of a review of corrective action plans established by CMHSP's and approved by MSHN in 2016, new standards review, and BH-TEDS reporting. CMHSP's provided supporting evidence to demonstrate implementation of the corrective action plan and compliance with the standards for which there were findings.

The new standards that went into effect for FY16 included staff training requirements, implementation of the 24/7/365 access standards, and autism/ABA requirements.

CEI in its capacity as the QI/BH-TEDS/Encounter contractor continues to audit the DD Proxy portion of the QI review. This year, they assessed each CMHSP's readiness for reporting BH-TEDS. Any findings and future plans the CMHSP's provided have been documented in the respective CMHSP final audit report.

As of November 14, 2016, MSHN staff completed twelve (12) reviews, with all CMHSP's showing substantial or full compliance with standards requiring follow-up from 2015, new standards for 2016, and BH-TEDS reporting.

In 2017, MSHN will conduct its biennial full review of all DMC and program specific standards.

SUD Delegated Managed Care Functions & Program Specific Audits

MSHN began conducting reviews of substance use disorder treatment and prevention providers in 2016 and is establishing baseline data. The review consists of delegated managed care functions as well as clinical chart reviews (treatment providers only) for program specific standards (i.e. outpatient, medication assisted treatment, and residential programs). With over sixty (60) provider agencies (some with multiple facilities) in MSHN's network, approximately half of the facilities are undergoing a full on-site review in 2016. As of November 14, 2016, twenty-nine (29) reviews were completed with another seven (7) scheduled to be completed by December 31, 2016. In 2017, the remaining facilities will undergo a full on-site review. Additionally, MSHN staff will conduct a follow-up of corrective action plans developed and approved in 2016.

Initial baseline data shows regional compliance scores as follows:

- Delegated Managed Care Standards - 73%
- Consumer Chart Standards - 72%
- Medication Assisted Treatment Program Specific Standards - 80%
- Residential Program Specific Standards - 80%
- Prevention Program Standards - 88%

Findings are issued and corrective action plans are required for standards that fall below 85% compliance. Corrective action plans will be reviewed during interim year reviews, unless the nature of the finding warrants a focused follow-up to ensure consumer safety. A common area of non-compliance is in the development of treatment/recovery plans and progress notes. MSHN's clinical team has conducted a regional training on treatment plan and progress note development and documentation.

MSHN honors the reciprocity of monitoring and evaluation conducted by other PIHP's for out-of-network providers. MSHN collects, reviews, and maintains current copies of annual site review reports and likewise, shares annual site review reports with other PIHP's.

External Audits

MDHHS Habilitation Supports Waiver Site Visit Report: July 18th - August 26th

The Habilitation Supports Waiver (HSW) site review was conducted in coordination with the Waiver for Children with Serious Emotional Disturbance (SEDW) and the Children's Waiver Program (CWP). The SEDW and CWP is the responsibility of the CMHSP and therefore not included in the MSHN summary report. The HSW review was completed by the Michigan Department of Health and Human Services (MDHHS) for 2016 from July 18th through August 26th, 2016. This was a full site review to measure compliance with the service delivery requirements of the 1915 (c) waivers.

The 2016 site review included the review of beneficiary files, staff records and home visits.

Total Cases Reviewed (76)
Total Licensed Staff Records Reviewed (211)
Total Non-Licensed Staff Records Reviewed (827)
Total Home Visits (11)

Summary of the findings:

- A. Administrative Procedures (5 Elements): 83%
- B. Freedom of Choice (2 Elements): 98%
- C. Implementation of Person Centered Planning (7 Elements): 96%
- D. Plan of Service and Documentation Requirements (3 Elements): 98%
- E. Behavior Treatment Plans and Review Committees (2 Elements): 50%
- F. Staff Qualifications (4 Elements): 95%
- G. Home Visits/Training/Interviews: Specific to Home

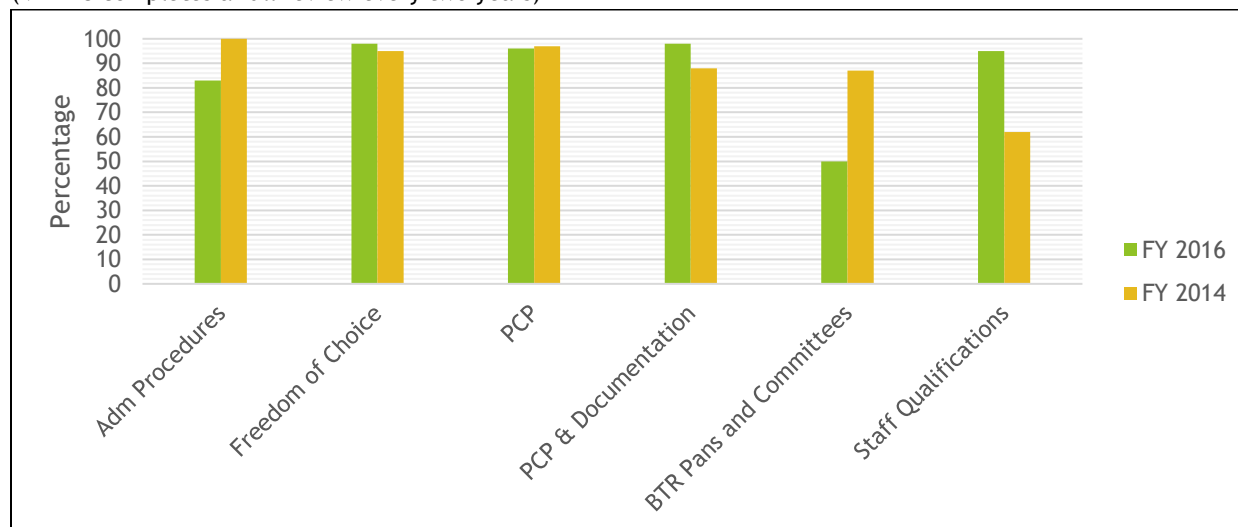
Note: The percentages were calculated by dividing the total number of charts that received a score of "yes" (full compliance) by the total number of charts that received a score of "no" (less than full compliance) for all elements in each section.

Next Steps:

MSHN is required to submit a plan of correction to MDHHS for any element that was identified as not being in "Full Compliance." MSHN submitted the plans of correction as required by October 20, 2016 and the plan of correction was approved as submitted. MSHN will continue to work with the regional Habilitation Supports Workgroup to ensure implementation of the corrective action plan.

Comparison of Results (Full Review) for FY2014 and FY2016:

(MDHHS completes a full review every two years)



MDHHS Substance Use Site Review Report: July 18th

The Michigan Department of Health and Human Services (MDHHS) completed a review at Mid-State Health Network (MSHN) on July 18, 2016 to determine compliance with the Substance Use Agreement with the Centers for Medicare and Medicaid Services. The purpose was to review compliance with established standards as well as serve as a quality improvement opportunity to provide technical assistance with the provision of SUD services. The review was completed as a desk audit, as well as an on-site review. The desk audit consisted of the review of supporting documentation to show compliance with each of the identified standards. The on-site review consisted of follow up on any standards that needed clarification from the desk audit as well as discussion with MSHN staff on our process and procedures for providing oversight and monitoring for the provider network.

Summary of Compliance with Standards:

The following information identifies the standards that were reviewed and the score received. (Scoring: 2 = Full Compliance; 1 = Partial Compliance; 0 = Non-Compliance)

1. Contracting - 2
2. Annual Evaluation of SUD Services - 1
3. Selected Specific Block Grant Requirements Applicable to PIHPs - 2
4. Licensure of Subcontractors - 2
5. Accreditation of Subcontractors - 2
6. Subcontractor Information to be Retained at the PIHP - 2
7. 12- Month Availability of Services - 2
8. Primary Care Coordination - 1
9. Charitable Choice - 2
10. Women's Specialty Services Federal Requirements - 2
11. Women's Specialty Services Requirements Regarding Providers - 2
12. Fetal Alcohol Spectrum Disorders (FASD) Prevention Activities - 2
13. Fetal Alcohol Spectrum Disorders (FASD) Screening - 2

MSHN received an average compliance score of 1.85 which equates to 93% compliance for all standards reviewed.

Next Steps:

MSHN was required to submit a plan of correction to MDHHS for any standard that was identified as not being in "Full Compliance." MSHN submitted a plan of correction for standard 2 (Annual Evaluation of SUD Services) and standard 8 (Primary Care Coordination) as both received a score of "Partial Compliance." The submitted plan of correction was accepted by MDHHS.

For the two standards found to be in "partial compliance," MDHHS reviewed the annual site review findings for five (5) SUD provider agencies. MSHN was found to be in full compliance with the monitoring and review process, requiring plans of correction and making reports available for review. The partial compliance score was given due to the PIHP not completing the reviews of the entire provider network for FY16 at the time of the MDHHS site review.

MSHN will complete the current review cycle to ensure all SUD provider agencies receive an annual review and ensure ongoing monitoring of any required plans of correction.

This year is the first year MDHHS completed a SUD review of the PIHP. A year to year comparison for compliance with the standards will be completed during the next full review.

MDHHS Autism Site Visit:

The Michigan Department of Health and Human Services did not complete a review of the PIHP's for the Autism Benefit during FY16.

MDHHS - Health Services Advisory Group (HSAG) - Performance Measurement Validation Report: July 28th

Validation of performance measures is one of three mandatory external quality review (EQR) activities required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their managed care organizations (MCOs) are validated. Health Services Advisory Group, Inc. (HSAG), the EQRO for the Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration, conducted the validation activities for the prepaid inpatient health plans (PIHPs) that provided mental health and substance abuse services to Medicaid-eligible recipients.

Data Collection and Analysis:

For this review, HSAG validated a set of performance indicators that were developed and selected by the Michigan Department of Health and Human Services (MDHHS). To conduct the on-site review, HSAG collected information using several methods including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing and review of data reports.

Summary of Findings:

Performance Indicators (12 Elements): **100%**

Compliance was assessed through a review of the following:

- Information Systems Capabilities Assessment Tool (ISCAT)
- Source Code (programming language) for performance indicators
- Performance Indicator reports
- Supporting documentation
- Evaluation of system compliance

Data Integration, Data Control and Performance Indicator Documentation (13 Elements): **100%**

Denominator Validation Findings (7 Elements): **100%**

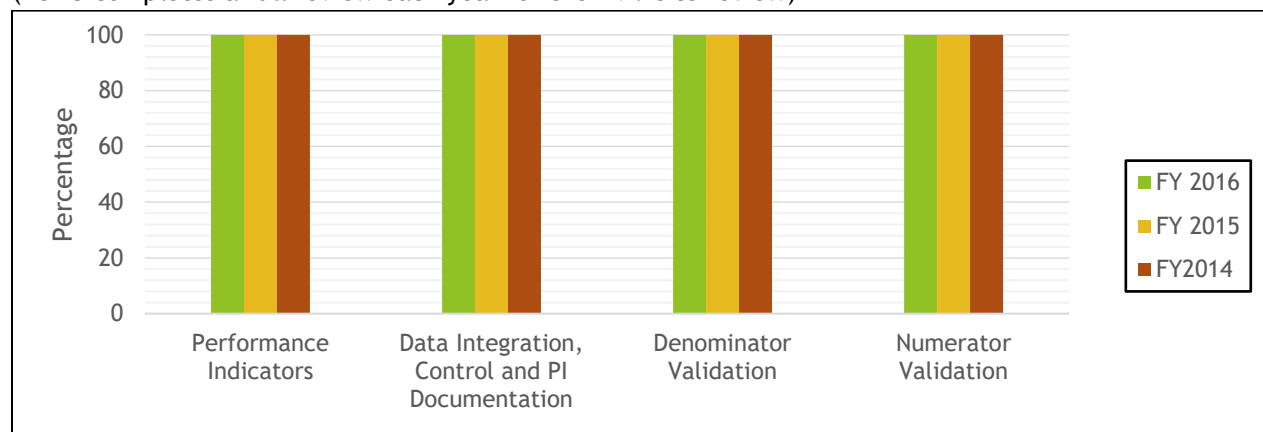
Numerator Validation of Findings (5 Elements): **100%**

Next Step(s):

MSHN will continue to monitor performance and review areas for improvement. No corrective action is required to be submitted to HSAG for this review.

Comparison of FY2014, FY2015 and FY2016 Results:

(HSAG completes a full review each year for the PMV site review)



MDHHS- Health Services Advisory Group - Compliance Monitoring Report: July 13th

The Compliance Monitoring Review is completed as a requirement of the Balanced Budget Act of 1997 (BBA), Public Law 105-33, which requires states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine compliance with regulations, contractual requirements, and the state's quality strategy.

For the 2015-2016 compliance monitoring review, HSAG completed a follow up review assessing the PIHPs' compliance with federal regulations and contract requirements for the areas that required a plan of correction from the 2014-2015 review.

Summary of Findings:

The standards reviewed included:

Standard IX: Subcontracts and Delegation (1 Element Reviewed): **100%**

Standard XI: Credentialing (2 Elements Reviewed): **100%**

Standard XV: Disclosure of Ownership, Control, and Criminal Convictions (6 Elements Reviewed): **100%**

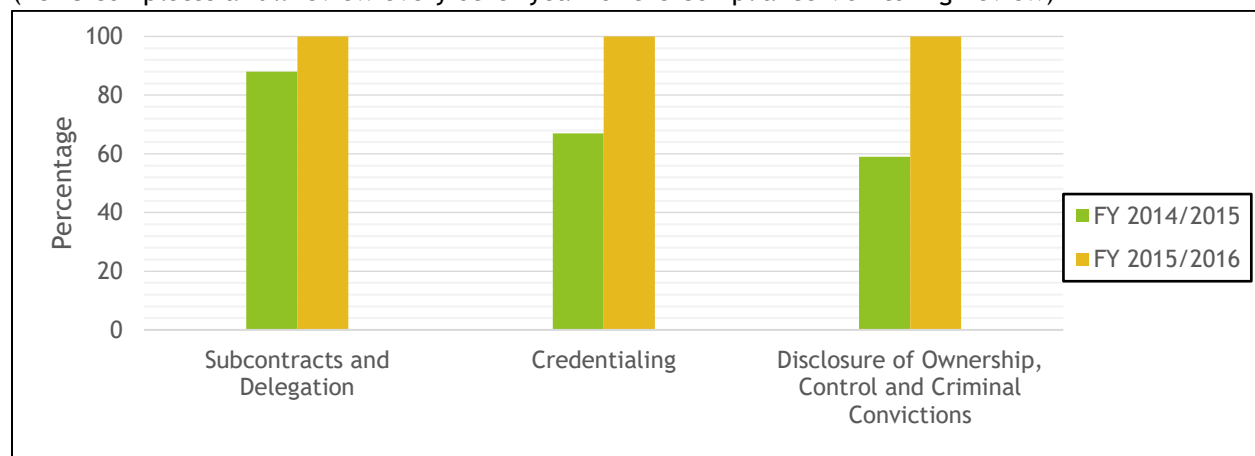
HSAG noted that MSHN showed strong performance by demonstrating full compliance in all standards reviewed and stated they were impressed by several of MSHN's forms and processes and noted the Disclosure of Ownership, Control and Criminal Convictions process as a best practice.

Next Steps:

MSHN is not required to submit a plan of correction as all standards were found to be in full compliance.

Comparison of FY2014/2015 and FY2015/2016 Results:

(HSAG completes a full review every other year for the Compliance Monitoring Review)



MDHHS - Health Services Advisory Group -Performance Improvement Project Report: Validation Year3: September 2016

MDHHS requires that the PIHP conduct and submit a Performance Improvement Project (PIP) annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs, HSAG assesses each PIHP's "strengths and weaknesses with respect to the quality, timeliness, and

access to health care services furnished to Medicaid recipients,” according to the Code of Federal Regulations (CFR) at 42 CFR 438.364(a)(2).

The PIP study topic is: *“Increasing Diabetes Screening for Consumers with Schizophrenia or Bipolar Disorder Prescribed Antipsychotic Medications.”*

The FY2015-2016 PIP Summary Report analyzed the data for Remeasurement One Period (October 1, 2014 - September 30, 2015) and reviewed the identified barriers, interventions and goals that were established by MSHN for Remeasurement Two Period (October 1, 2015 - September 30, 2016).

Summary of Results:

- I. Select the Study Topic (2 Elements): 100%
- II. Define the Study Question(s) (1 Element): 100%
- III. Define the Study Population (1 Element): 100%
- IV. Select the Study Indicator(s) (3 Elements): 100%
- V. Use Sound Sampling Techniques (6 Elements): N/A for this study topic
- VI. Reliably Collect Data (4 Elements): 100%
- VII. Analyze Data and Interpret Study Results (8 Elements): 100%
- VIII. Improvement Strategies (4 Elements): 100%
- IX. Assess for Real Improvement (4 Elements): 100%
- X. Assess for Sustained Improvement: Not assessed for this year

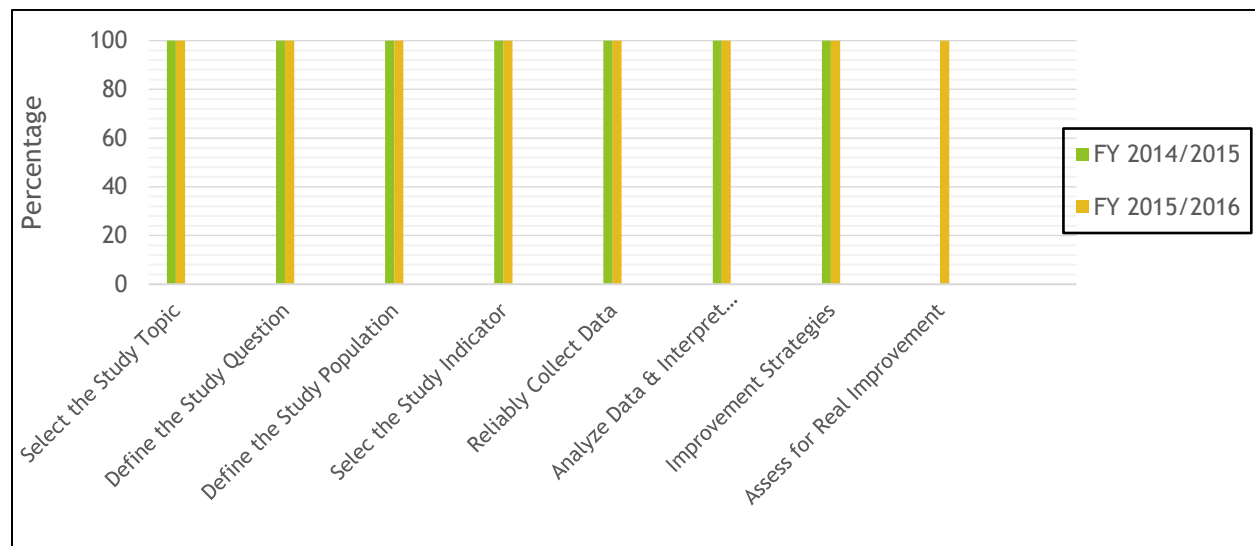
MSHN showed an increase from the Baseline Period of 73.7% to 77.5% for Remeasurement One Period. This demonstrated a statistically significant improvement of 3.8 percentage points above the baseline and exceeded the identified goal of reaching 75%.

Next Steps:

MSHN is not required to submit a plan of correction for the PIP. This project will continue to be implemented through FY2016/2017 to assess sustained improvement.

Comparison of FY2014/2015 and FY2015/2016 Validation Results:

(HSAG completes a full review each year for the PIP)



Note: Assessment for Real Improvement was not measured during the FY2014/2015 review

Complaint/Compliance Reporting

Total Customer Services Complaints: (264)

Origin of Complaint:

MDHHS (13), Consumer/Guardian/Family (74), MSHN Staff (12), CMHSP Staff (12),
SUD Provider Staff (132), Court (2), Other (19)

Category of Complaint:

(the percentage indicates the percent the category represents of the total complaints)

Access to Treatment (51) (19%)
Authorizations (1) (0.4%)
CareNet Concerns (27) (10%)
Confidentiality (8) (3.0%)
Customer Services Reports (68) (26%)
Grievance and Appeals (68) (26%)
Provider Appeals (3) (1.0%)
Recipient Rights (17) (6.0%)
Treatment (8) (3.0%)
Other (Program Specific, Crisis Services, Reports, Finance, LEP, etc.) (13) (5.0%)

Conclusion/Resolution:

Resolved with the Consumer/Family (74)
Resolved with CMHSP/SUD Provider (144)
Resolved with MDHHS (13)
Resolved with MSHN (12)
Resolved with Other (Court System, etc) (21)

Total Compliance Concerns/Complaints: (20)

Origin of Complaint:

MDHHS (4), Consumer/Guardian (2), MSHN Staff (0), CMHSP Staff (13), SUD Provider
Staff (1), Other (0)

Type of Complaint:

(the percentage indicates the percent the category represents of the total complaints)

Abuse/Neglect (1) (5.0%)
Audit/Review (1) (5.0%)
Confidentiality (1) (5.0%)
Credentialing/Qualifications (1) (5.0%)
Federal Inquiry (1) (5.0%)
Hospitalizations (2) (10%)
Suspected Fraud/Abuse (8) (40%)
Treatment/Services: (5) (25%)

Conclusion/Resolution:

Resolved with the Consumer (2)
Resolved with CMHSP/SUD Provider (10)
Resolved with MDHHS (3)
Referred to Office of Health Service Inspector General (OHSIG) (3)
Still Pending Resolution (5)

Compliance Line:

Compliance calls are received through the Compliance Line, the main line of MSHN or through the direct line to the Director of Customer Services, Compliance and Quality.

Customer Services Line:

Customer Service calls are received through the Customer Services Line, the main line of MSHN or through the direct line to the Customer Services and Rights Specialist.

Training / Communication

Internal

Board of Directors

Received and approved MSHN Compliance Plan on November 1, 2016
Received Compliance Training on November 1, 2016

Regional Consumer Advisory Council

Received Compliance Training on June 10, 2016
Reviewed MSHN Compliance Plan Revisions on October 14, 2016

MSHN Quality Improvement Council

Reviewed and Approved MSHN Compliance Plan on August 25, 2016
Compliance Policies

MSHN Operations Council

Reviewed and Approved MSHN Compliance Plan on September 19, 2016
Compliance Policies

MSHN Staff

Received Compliance Training on September 8, 2016
Compliance Plan
Compliance Policies

External

MSHN Compliance Plan and Compliance Line Available on Website

MSHN Customer Service Line Available on Website

MSHN Contact information located in Consumer Member Handbook “Guide to Services”