

02/14/2020



Information Officer Report – February 2020

Summary:

1. **MCIS Software** – PCE Systems is making updates at the CMHSP level to accommodate required changes for FQHC 'G' codes (pass through codes to trigger their federal wrap-around matching payments).
2. **Planned Data Exchanges with Beacon Health Options:** These efforts continue moving forward:
 - **Authorizations and Paid claims details** (CMHSP to Beacon, to inform UM analyses): Implementation of these data feeds is moving through the final testing stages and is nearing completion.
 - **Encounters and BH-TEDS:** Building this data pathway to get Encounters and BH-TEDS data into the Beacon data warehouse for further in-depth reporting and data analytics has remained temporarily stalled by other high priority tasks. Work in this area is vital and it remains a high priority item for LRE to complete.
 - **Provider Data:** CMH IT and contract management staff are following through on the plans of correction issued last month requiring successful and complete submission of provider data including all data elements required to be present and up-to-date on the public facing regional provider directory. All CMHSPs are working to have complete data submitted by mid-March, at which point a DRAFT regional directory will be generated for their review and feedback prior to publication.

3. **FY19 & FY20 data reporting to MDHHS:**

Encounter reporting for FY19 is substantially represented through September 2019, as anticipated. Although preliminary results would suggest that slightly fewer clients were served in FY19 vs the prior year (across all fund sources), several CMHSPs report that there are still some lagging claims/encounters that will continue to come in over the coming weeks. As noted last month, there are SUD encounters from network180 are still known to be slightly under-reported for February 2019 forward due to a secondary claim submission issue with Cherry Health - this is still being worked through with Cherry Health and Network180 with assistance from LRE and in consultation with MDHHS.

SUD BH-TEDS completeness remains above the compliance threshold for FY19 (*using internal benchmarks... MDHHS has not forwarded an updated measurement since 12/03/19*).

Mental Health BH-TEDS – FY19: submissions for FY19 data have been strong over the last month with regional completeness increasing to **94.9 %**. Those CMH's who are below the 95 % threshold have been notified and are asked to submit the missing data so that our region-wide totals will be above 95 %.

Mental Health BH-TEDS – FY20: MDHHS is re-aligning their BH-TEDS completeness measurement for all PIHPs so that Mental Health BH-TEDS records will only count toward the completeness measure if they are "fresh" with in a 15-month look-back. Since Mental Health consumers are required to have an annual re-assessment, and the BH-TEDS information is to be collected and refreshed at the time of that annual assessment, a 12-month look-back may sometimes miss the mark by just a little in some situations (such as if an appointment was originally scheduled timely, but then had to be cancelled and rescheduled). The 15-month look-back provides a 'grace period' to help overcome data reporting lags

and those other issues such as appointment reschedules. This new measurement will more closely align with the 15-month look-back that the MDHHS actuary (Milliman) does during their analysis of the data for rate setting purposes.

4. **MDHHS/Milliman enacting new Financial Reporting vehicle: Encounter Quality Initiative ('EQI').** The first FY20 set of financial reports due to MDHHS will be due on 05-31-2020 (for the 4-month period October 2019 through January 2020). Going forward, MDHHS will require a fresh set of financial reports every 4 months throughout the fiscal year using the new "EQI" template (*designed by their actuary, Milliman*). This new integrated set of Excel templates is designed to replace multiple financial reports including the MUNC, Cost Sub-Element (CSE), and Administrative Cost Report (ACR). In this new reporting structure, CMHSPs will be expected to break out service utilization along new lines including "Direct Run" services vs those that are "Contracted out to External Providers".
5. **MDHHS FY20 Funding: while some overdue retro payments have come through this last period, total actual FY20 funding continues to fall below anticipated levels:** Some retro HSW payments for November, December and January have come in, however some overdue payments (including many October 2019 HSW payments) are still missing. LRE and Beacon staff are working to prepare lists of still overdue payments to provide MDHHS with the requested detailed needed for them to conduct further investigation and troubleshooting on their end.
6. **Encounter Data Integrity:** As we approach the submission of the FY19 Medicaid Utilization Net Cost ('MUNC') report to MDHHS later this month, efforts remain in motion to examine outlier lists and correct data discrepancies. Beacon Health Options has been instrumental in leading this 'Encounter Compare' and 'Encounter Clean-up Plan' to make our encounter data and our financial reports line up as accurately as possible. This will enable the state's actuarial team to have the cleanest and most accurate data feeding into their rate setting algorithms during the next rate setting cycle (to establish FY21 rates).
7. **MMBPIS Indicator changes, effective 04-01-2020:** Following the MDHHS trainings conducted in October, and follow-up Q & A webinars in mid-November, there were still many outstanding questions about how the data supporting the indicators were to be captured and reported. Also, formal written technical specifications from MDHHS were not available. Subsequently, MDHHS sent out a notification on 12/16/2019 announcing that the go-live on the new mental health indicators (indicators 2a and 3) would be **postponed until 04/01/2020**, and that the SUD indicator (2b) was still being reassessed to establish an appropriate timeline for implementation. Most recently, it was announced that the SUD indicator (2b) will go into effect on **04/01/2020** as well. For indicator 2b, PIHPs will be required to report separately to MDHHS a count (each quarter) of those individuals who were screened, found to be eligible and medically necessary for SUD services and who were referred for treatment to a SUD Service provider, but who then never came in for their first appointment. A cross-functional group of LRE, CMH and Beacon staff are working on setting the format and parameters for this data collection and tracking effort which must be defined and in effect by 04/01/2020.
8. **Provider Site Reviews** – Changes to the regional Provider Site Reviews and Medicaid Verification Audits are needed to upgrade the data collection forms for new changes and to better align them with the work of the state-wide reciprocity group. Efforts will also be made to determine if it is possible to integrate the provider site review process with the CMH submitted provider data to allow a simpler "drop down selection" of provider information, rather than requiring all provider specific data to be hand keyed on each site review audit form. This work is in-progress and is expected to be ready for use by June 2020.

Please remember to also visit the LRE on-line dashboards at: <http://www.lsre.org/board-dashboard>