

06/15/2020



Information Officer Report – June 2020

Summary:

1. **MCIS Software:** No new updates at this time.
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 still moving through the final testing stages and is nearing completion. *Note: Additional delays have been experienced on this task due to the intensity of demand on CMH IT departments as a result of the COVID-19 pandemic.*
 - **Encounters and BH-TEDS:** The initial Encounters data extract has been completed by LRE and forwarded to Beacon for their testing and feedback.
 - **Provider Data:** LRE is working individually with each CMH on the remediation of the final data points in their provider files needed to support the provider directory. Improved file submissions are anticipated from all CMHSPs by the end of June, followed by testing and final implementation in July.
 - **Additional data extract files** have been requested by Beacon and are on the project design board including: SIS data, LOCUS data, decision support tables, Eligibility 834/271 data, and PMPM payment details.
3. **FY20 data reporting to MDHHS:**

Encounter reporting for FY20 is still showing a significant drop in services in February and March 2020 (see also the attached graphs). Much of this is certainly attributable to the **COVID-19** Pandemic and its effect on service delivery and on CMH Billing functions as they work through the technical changes required to adjudicate claims and submit encounters appropriately according to the new rules that are in effect during the state of emergency. A **complicating factor** here is the \$2/Hour Direct Care Wage "**Hazard Pay**" pass through, the resulting cost of which MDHHS is mandating be reported as individual impacts on each reported claim/encounter line (even though most of the payments will go out "lump sum" to the providers). This additional MDHHS requirement [vs just adding the additional cost to the associated totals in the year-end financial reporting] is causing a significant additional administrative burden in claims and encounter processing within each CMHSP. Those whose systems have no systemic or programmatic ability to enact (temporary) mass rate changes to submitted encounters are forced to process these rate changes manually at the encounter line level, creating a very large manual workload. Part of the reporting delay is also due to the EMR implementation at HealthWest. The new HealthWest **Cx360** EMR system began processing SUD services in December 2019 and Mental Health services in February 2020. Testing continues while encounter reporting is still experiencing a pronounced lag.

BH-TEDS: MDHHS Completeness statistics for FY20 (as of 06/06/2020) are shown below on pg. 3 – 4. LRE's SUD stats have rebounded and are in full compliance. On the mental health measure, we are very close to (but just below) the 95 % compliance mark. MDHHS is breaking out "Crisis Only" mental health episodes in a separate chart now. It is more challenging to collect data for "Crisis Only" consumers.

4. **Encounters vs MUNC discrepancies, and Medicaid Rate Setting** : The efforts put forth over the last 6 months by Beacon, LRE and CMHSPs to analyze and correct for discrepancies in the MUNC reports vs reported Encounters has delivered great gains. This shows in a recent communication from MDHHS indicating that their actuary, Milliman, has sent outlier reports to 7 of the 10 PIHPs asking for additional analysis and reconciliation of MUNC vs Encounters discrepancies. LRE was one of only 3 PIHPs which received no outlier report because we have “no discrepancies of concern remaining” in the FY19 data. Having this data complete and accurate puts us in good position as the FY21 Medicaid rate setting process begins this month.

As we continue through FY20, we will strive to sustain the improvements we have achieved in the FY19 data including improvements in the accuracy of **Medicaid Utilization Net Cost (MUNC)** Reporting, completeness in encounter service utilization reporting, and more accurate reporting of Medicaid cost incurred on the encounters.

5. **HSAG 2020 Performance Measure Validation Audit was conducted via virtual meeting on 06/08/2020:**

The work that we have also been doing over the last year on improving BHTEDS data and MMBPIS Indicator data was well received by HSAG at the annual Performance Measure Validation Audit on Monday 06/08/2020. The review went well and the exit interview was positive in tone. We will have some additional materials to submit in follow-up and there will be some recommendations for improvement, but the review went well overall.

6. **EQI Reporting implementation has been delayed to February 2021:** As reported earlier this year (February 2020), MDHHS is implementing a new Financial Reporting vehicle: The **Encounter Quality Initiative ('EQI')**. The first FY20 set of financial reports in this new format was originally due to MDHHS on 05/31/2020 (for the 4-month period October 2019 through January 2020). Due to COVID-19, that initial deadline was adjusted to 06/30/2020. However, due to a lack of CMH/PIHP training on the new template and other reporting concerns regarding the EQI, its implementation is now being delayed to February 2021 to allow for further improvements in the template design and for adequate training to be conducted across all CMHSP and PIHP reporting organizations. Going forward, the intent is for a fresh set of these financial reports to be submitted every 4 months throughout the fiscal year using the new “EQI” template (*designed by the MDHHS actuary, Milliman*). This new integrated set of Excel templates is designed to replace multiple financial reports including the **Medicaid Utilization Net Cost report (MUNC)**, the **Cost Sub-Element (CSE)**, the **Financial Status Report (FSR)** and the **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”. Additionally, both Medicaid and non-Medicaid funding sources will be included in the new reporting structure.

The LRE on-line dashboards are temporarily “under construction” as we have recently moved to a new web platform (our web address is the same though... www.lsre.org). If our on-line dashboards are not available prior to this month’s board meeting, we will have those distributed via email instead. We should have them active on the website again soon.

Additional Details:

MDHHS calculated FY20 BH-TEDS completeness measures as of 06/06/2020: please see pages 3 – 4 below.

| FY20 MH Encounters w/BH-TEDS records | | | | |
|--------------------------------------|--------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------|
| Encounters: 10/01/2019 - 04/30/2020* | | BH-TEDS: 07/01/2018 - 06/06/2020 | | |
| Region Name | Submitter ID | Distinct Count of Individuals With | | Current Completion Rate |
| | | Non-H0002 & Non-Crisis Encounters | Non-H0002, Non-Crisis, & Non-OBRA Assessment Encounters But NO BH-TEDS Record Since 07/01/2018 | |
| CMH Partnership of SE MI | 00XT | 8,675 | 277 | 96.81% |
| Detroit/Wayne | 00XH | 50,230 | 2,607 | 94.81% |
| Lakeshore Regional Entity | 00ZI | 15,304 | 785 | 94.87% |
| Macomb | 00GX | 9,464 | 227 | 97.60% |
| Mid-State Health Network | 0107 | 34,032 | 1,812 | 94.68% |
| NorthCare Network | 0101 | 5,186 | 44 | 99.15% |
| Northern MI Regional Entity | 0108 | 10,118 | 441 | 95.64% |
| Oakland | 0058 | 15,528 | 497 | 96.80% |
| Region 10 | 0109 | 14,186 | 239 | 98.32% |
| Southwest MI Behavioral Health | 0102 | <u>15,511</u> | <u>873</u> | 94.37% |
| Statewide | | 178,234 | 7,802 | 95.62% |
| Key | | | | |
| 95.00+ = Compliant | | *Encounters = All MH encounters excluding : H0002, H2011, S9484, T1023, 90834, 90840, 99304-99310 | | |
| 90.00-94.99 | | | | |
| 85.00-89.99 | | | | |
| <85.00 | | | | |

| FY20 Crisis Encounters w/BH-TEDS records | | | | |
|------------------------------------------|--------------|------------------------------------|----------------------------------------------------------|-----------------|
| Encounters: 10/01/2019 - 04/30/2020 | | BH-TEDS: 07/01/2018 - 06/06/2020 | | |
| H2011, S9484, T1023, 90839, 90840 | | Distinct Count of Individuals With | | |
| Region Name | Submitter ID | Crisis Encounters | Crisis Encounters But NO BH-TEDS Record Since 07/01/2018 | Completion Rate |
| CMH Partnership of SE MI | 00XT | 1,394 | 358 | 74.32% |
| Detroit/Wayne | 00XH | 5,997 | 1,674 | 72.09% |
| Lakeshore Regional Entity | 00ZI | 4,040 | 374 | 90.74% |
| Macomb | 00GX | 805 | 13 | 98.39% |
| Mid-State Health Network | 0107 | 7,836 | 583 | 92.56% |
| NorthCare Network | 0101 | 1,447 | 38 | 97.37% |
| Northern MI Regional Entity | 0108 | 2,681 | 130 | 95.15% |
| Oakland | 0058 | 2,525 | 175 | 93.07% |
| Region 10 | 0109 | 1,237 | 17 | 98.63% |
| Southwest MI Behavioral Health | 0102 | 2,214 | 252 | 88.62% |
| Statewide | | 30,176 | 3,614 | 88.02% |
| Key | | | | |
| 95.00+ = Compliant | | | | |
| 90.00-94.99 | | | | |
| 85.00-89.99 | | | | |
| <85.00 | | | | |

| FY20 SUD Encounters w/BH-TEDS records | | | | |
|--------------------------------------------|--------------|------------------------------------|---------------------------------------------------|-----------------|
| SUD Encounters from 10/01/20019-04/30/2020 | | | Does Not Have Open Admission at Time of Encounter | |
| Region Name | Submitter ID | Distinct Count of Individuals With | | Completion Rate |
| | | Encounters | Encounters But NO BH-TEDS Record | |
| CMH Partnership of SE MI | 00XT | 2,345 | 72 | 96.93% |
| Detroit/Wayne | 00XH | 7,917 | 1 | 99.99% |
| Lakeshore Regional Entity | 00ZI | 4,612 | 145 | 96.86% |
| Macomb | 00GX | 3,699 | 6 | 99.84% |
| Mid-State Health Network | 0107 | 8,505 | 4 | 99.95% |
| NorthCare Network | 0101 | 1,239 | 5 | 99.60% |
| Northern MI Regional Entity | 0108 | 3,002 | 128 | 95.74% |
| Oakland | 0058 | 3,155 | 1 | 99.97% |
| Region 10 | 0109 | 4,370 | 25 | 99.43% |
| Salvation Army | 002Y | 484 | 71 | 85.33% |
| Southwest MI Behavioral Health | 0102 | 4,320 | 132 | 96.94% |
| Statewide | | 43,648 | 590 | 98.65% |
| Key | | | | |
| 95.00+ = Compliant | | | | |
| 90.00-94.99 | | | | |
| 85.00-89.99 | | | | |
| <85.00 | | | | |