



## Information Officer Report – May 2020

### Summary:

#### 1. MCIS Software

PCE Systems continues to work with MDHHS staff to identify and decode changes in the MDHHS generated 834 enrollment data and 820 payment details. MDHHS is using work-around methods to force payments out until the CHAMPS system can be released with permanent patches this coming summer. PCE Systems is also collaborating with LRE to make the appropriate adjustments to our MMBPIS indicator processing that are required for the new/changed indicators that took effect 04/01/2020. The first CMH submissions in those new formats will occur in September when they will be due to submit Q3 data (April through June) – however testing of the new format will occur prior to September.

#### 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.
- **Encounters and BH-TEDS**: The initial BHTEDS data extract has been completed by LRE and forwarded to Beacon for their testing and feedback. Work on the Encounters extract began in late April and is still under way with development phase currently in-progress.
- **Provider Data**: CMH IT and contract management staff have submitted additional information to LRE for use in generating the provider directory. LRE continues with analysis and feedback to highlight needed refinements prior to the creation of a DRAFT regional provider directory. Additionally, LRE is partnering with Company Bell to enable presentation of the LRE Provider directory information via the mirecovery.info website. This will enable greater functionality in the end user interface because it will be usable by both computers and mobile devices of various types, and will allow filtering to a specific CMH, provider type or geographical location, and showing “pins” on a result map (similar to a set of Google Maps search results).

#### 3. FY19 and FY20 data reporting to MDHHS:

**Encounter** reporting for FY20 is showing a significant drop in services in February and March 2020 (see also the attached graphs). Part 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. 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 has been ongoing, and conversion activities (*which are needed to allow Cx360 to interface SUD data reporting transactions to the LRE LIDS system*) are nearly complete.

**FY20 BH-TEDS: Initial completeness statistics for FY20 were prepared and distributed by MDHHS (see page 2 for additional details).** The Mental Health completeness statistic is now being calculated using a 15-month look-back window to find only a “recent” BH-TEDS record, whereas in previous years

any BHTEDS record [even if it was from a very old previous episode of care] would have been viewed as meeting the compliance metric. LRE's SUD stats are artificially depressed in this current analysis due to the HealthWest Cx360 SUD data conversion being in a "half-way completed" state at the time of the MDHHS data pull. This should resolve and rebound in the next period.

4. **Behavioral Health Outbound ADT Messages** : One of the **Performance Bonus Incentive (PBI)** categories in the MDHHS FY20 contract is for PIHPs/CMHSPs to participate in the development of a structural framework that would allow for the regular and consistent submission of an ADT admission when a consumer begins an episode of ongoing care with a CMHSP – and submission of an ADT discharge when the consumer leaves CMH care. These messages will flow to MiHIN and will be routed with all other ADT messages out to all appropriate members of the patient's care team, as described by the MiHIN Active Care Relationship registry, improving patient information flow and enhancing coordination of care activities. Just this week the proposed technical framework document was finalized by the Behavioral Health ADT Workgroup and that will be reviewed and approved by the CIO Forum at their next meeting. Future goals for this PBI project include regional review of the state-wide framework and customization for any specific needs that we may have as we map out our regional implementation plan. Final implementation of behavioral health ADTs into the MiHIN data pipeline is likely to occur during FY21.
5. **LOCUS Completeness**: At the request of MDHHS in late April, PIHPs and CMHs are being asked to research and validate **Level of Care Utilization System (LOCUS)** completeness for all adult consumers served who received one or more SMI diagnoses in FY19. MDHHS and their actuary (Milliman) are interested in using LOCUS scores along-side encounter trends to further inform their FY20 trend line projections. Outstanding questions remain regarding the clinical appropriateness of the LOCUS for certain populations such as those receiving crisis services only and those in the SUD treatment population (which is already guided by ASAM criteria). This work is ongoing and is due back to MDHHS by May 30<sup>th</sup>.

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

#### **Additional Details:**

Please find MDHHS calculated FY20 BH-TEDS completeness measures as of 04/30/2020 on page 3 below.

FY20 MH Encounters w/BH-TEDS records				4/30/2020
Encounters: 10/01/2019 - 03/31/2020		BH-TEDS: 07/01/2018 - 04/30/2020		
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	8,512	284	96.66%
Detroit/Wayne	00XH	48,556	2,963	93.90%
Lakeshore Regional Entity	00ZI	14,652	696	95.25%
Macomb	00GX	9,159	209	97.72%
Mid-State Health Network	0107	32,864	1,875	94.29%
NorthCare Network	0101	5,093	128	97.49%
Northern MI Regional Entity	0108	9,854	620	93.71%
Oakland	0058	15,164	474	96.87%
Region 10	0109	13,880	386	97.22%
Southwest MI Behavioral Health	0102	14,976	977	93.48%
Statewide		172,710	8,612	95.01%
Key				
95.00+ = Compliant				
90.00-94.99				
85.00-89.99				
<85.00				

FY20 SUD Encounters w/BH-TEDS records				4/30/2020
Encounters from 10/01/20019-03/31/2020				
Region Name	Submitter ID	Distinct Count of Individuals With		Completion Rate
		Encounters	Encounters But NO Open BH-TEDS Record this FY	
CMH Partnership of SE MI	00XT	2,195	73	96.67%
Detroit/Wayne	00XH	7,439	3	99.96%
Lakeshore Regional Entity	00ZI	4,280	397	90.72%
Macomb	00GX	3,512	5	99.86%
Mid-State Health Network	0107	8,114	2	99.98%
NorthCare Network	0101	1,177	58	95.07%
Northern MI Regional Entity	0108	2,828	147	94.80%
Oakland	0058	3,044	6	99.80%
Region 10	0109	4,155	24	99.42%
Salvation Army	002Y	484	71	85.33%
Southwest MI Behavioral Health	0102	4,100	148	96.39%
Statewide		41,328	934	97.74%
Key				
95.00+ = Compliant				
90.00-94.99				
85.00-89.99				
<85.00				