

Information Officer Report – August 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 from each CMHSP to Beacon has passed initial testing stages for all 5 CMHSPs, and is now in User Acceptance Testing [UAT] on the Beacon side (which should be completed over the next period). Following UAT, CMHSPs will be able to begin ongoing production data submissions and Beacon Health Options will be able to begin development of data analytics processes on their end using this information (to produce IBNR and other such Utilization Management reporting). Reports will be built and deployed in the Beacon "Intelligence Connect" system where they can be schedule and disseminated on an automated basis and/or users can request ad-hoc runs of reports "at will" (often with custom filters to meet their specific needs).
- Encounters: The initial encounters data extract remains in Beacon's hands undergoing data onboarding and initial testing cycles on their side. Once that in completed, ongoing data movement from LRE to Beacon will be enabled by LRE, and Beacon will begin re-writing the existing (temporary) encounter reporting and BHTEDS reporting in order to enable those in the Beacon "Intelligence Connect" system. Performing these re-writes will take a substantial effort but will result in report production that is more efficient (mostly automated) and will make many of the reports more accessible to all CMHSPs including ad-hoc run capabilities (often with custom filters to meet their needs).
- Additional data extract files requested by Beacon are still on the project design board including: SIS data, LOCUS data, decision support tables, Eligibility 834/271 data, and PMPM payment details.
 There has been no substantial movement on these additional items over the last period.

3. FY20 data reporting to MDHHS:

Encounter reporting for FY20 is still showing a significant drop in services for February forward, due to both the **COVID-19** Pandemic and a continuing lack of clarity around how to report the \$2/Hour Direct Care Wage "**Hazard Pay**" pass through on individual encounter lines. MDHHS is discussing this internally; additional guidance from them is still anticipated.

HealthWest Plan of Correction (POC): HealthWest is working through their Plan of Correction (POC) process and they have begun submitting encounters. The volume is still far below normal levels and is also well below the number of lines/units anticipated even allowing for suppressed service delivery due to COVID-19. BHTEDS submissions are well on the way to being caught up. LRE is meeting regularly with HealthWest to track progress and planned activities toward goal, and to assist with task prioritization among the data submission types that need to be caught up (Encounters, BHTEDS, MMBPIS Quality Indicator Data, and the weekly Consumer List data).

4. **Provider Directory:** The build of the public-facing LRE Regional Provider directory (website) is nearly complete. A test site will be available by August 20 for CMHSP review and testing. Following that week of testing, any last-minute refinements will be made to the site and a full go-live will be done by August 28th, in time for our final plan-of-correction response to HSAG regarding the managed care compliance issues surrounding provider directory. Many thanks to Company Bell for their excellent work on standing up this interface for us, and to the CMHSPs who have worked so hard to gather provider information and supply initial and ongoing provider data updates to LRE. Please see the Additional Details section below to see some of the design "Mock-Up" images for the new Provider Directory website.

5. ASAM Continuum:

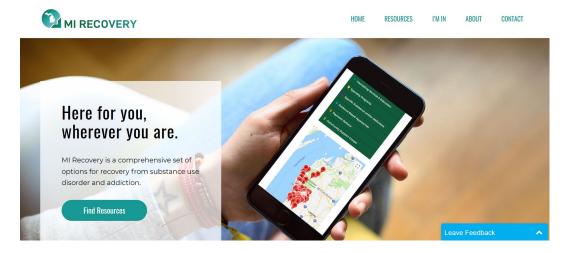
An effort led by the state-wide SUD Directors group has selected by majority vote the "ASAM Continuum" to replace the "GAIN" as the state-wide standard SUD Assessment tool. The software tool used for administration of the ASAM Continuum is not a stand-alone software platform — it must be integrated into a base EMR system via an Application Program Interface (API) in order to be used. Many implementation details will still need to be worked out, including the number of software integration points and the total cost to complete the required API integrations.

6. Provider Site Review – enhancement of data collection forms:

The Provider Site Review data collection forms within the LRE Fastlane system are being extended and re-aligned to accommodate improvements in the provider site review process. In addition to field additions/changes to enhance reciprocity, these updates will also allow for a more fair and automated scoring process to help us calculate a more accurate "overall score" for each provider at the end of their site review process.

Additional Details:

Provider Directory: Design Mockup for the LRE Provider Directory Website:



An initial landing page will provide a choice of CMHSPs in our region (or a full region-wide directory can be searched or downloaded at that point).

After selection of a single CMHSP, that CMHSP specific banner page will be displayed – here is an initial design image of the West Michigan CMH page, followed by the listings of some of the providers which matched the select search criteria (see page 3 and 4 below).



West Michigan Community Mental Health: A Person-First Approach

West Michigan Community Mental Health's mission is to partner, coordinate, and provide high quality care for children, adults, and families experiencing mental illness, intellectual and developmental disabilities and substance use disorders, serving the Mason, Lake, and Oceana Counties.







