



Information Officer Report – April 2021

Summary:

1. **MCIS Software:**

PCE Systems has been approached regarding the possible inclusion of additional modules in the LRE PIHP MCIS system to help support business functions that will be done by LRE staff in the future. Initial investigation and assessment of system needs is in progress.

2. **Data Analytics and Reporting:**

Information technology planning meetings are under way to shape the future state of LRE's overall Informatics Plan and specifically to identify what is needed to support both current and future business processes as well as a more robust Data Analytics and Data Reporting platform.

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

Some FY20 Encounter corrections are coming in as CMHs align their data with the final EQI report (year-end financial reporting). This was anticipated and completion of these corrections is targeted for the end of April since Milliman (the MDHHS actuary) wants to take final data for their use in their Medicaid Rate Setting activities at the beginning of May.

4. **FY21 data reporting to MDHHS:**

FY21 data submissions appear to still be notably lower than normal for HealthWest and for Ottawa CMH.

Ottawa has informed us that a significant number of their October and November 2020 encounters have recently been submitted to LRE and should be reflected in the next set of reports. Delayed reporting of residential encounters due to **Direct Care Wage (DCW)** cost addition continues to impact timeliness of encounter submissions from Ottawa CMH (due to the manual task of adjusting each claim line to include the additional DCW cost). For services from 06/01/2021 and forward, the DCW cost will be blended into the contracted rates for Ottawa CMH providers, which should eliminate the need for this added administrative effort each month.

5. **FY20 Financial Year End Reporting** and the new Encounter **Quality Initiative (EQI)** report:

PIHP and CMHSP staff worked collaboratively to identify and resolve issues that were noted on the Milliman "EQI-vs-Encounters" discrepancies list (based on the initial "Units Only" EQI that was submitted in February). Milliman will deliver a final report in late April or early May. It is anticipated that they will only hold up rate setting any further at that point if there are PIHPs who have "material discrepancies" that could potentially threaten the consistency of the data enough to make them actuarially unsound in the rate setting process.

6. **Performance Measure Validation (PMV) Audit:** HSAG will return on June 14th for our annual Performance Measure Validation (PMV) audit. This annual audit requirement assures that our state-wide performance measures (Michigan Mission Based Performance Indicator System) is reporting accurate, consistent and meaningful information across our system of care. Information gathering surveys and process documentation from LRE and our CMHSPs are due to be submitted to HSAG by May 7th with the virtual audit review on June 14th to be conducted virtually via WebEx.
7. **Compliance Audit:** Our annual managed care compliance audit will also occur this summer, with HSAG conducting the virtual review on 7/21/2021. Materials and submissions for this review are also being gathered for submission to HSAG at this time. The subject areas being covered this year include standards 1 through 6 as described in the second slide image below.

Standards Covered During the Review

- Changes to new three-cycle:

Year One (SFY 2021)	Year Two (SFY 2022)	Year Three (SFY 2023)
Review 1/2 of the standards	Review 1/2 of the standards	Conduct a comprehensive desk review of corrective action plans (CAPs)

- Changes to the standards reviewed:
 - Order/naming convention to align closer with federal regulations.
 - Most of previous standards/elements will still be included in the new standards.
 - Removed two standards (Staff Qualifications and Disclosure of Ownership, Control, and Criminal Convictions)

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Standards Covered During the Review

- SFY 2021 Compliance Review will begin a new three-year review cycle with one half of the 13 standards being reviewed.

Year One (SFY 2021) Review of Standards
Standard I—Member Rights and Member Information
Standard II—Emergency and Poststabilization Services
Standard III—Availability of Services
Standard IV—Assurances and Adequate Capacity of Services
Standard V—Coordination and Continuity of Care
Standard VI—Coverage and Authorization of Services

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