



## **Chief Quality Officer - Report to the Board of Directors**

**June 16, 2022**

### **HSAG Annual Audit:**

**Performance Measurement Validation (MMBPIS).** On May 27, 2022, HSAG completed its PMV Audit of the LRE. Based on its review of the audit materials and discussions with LRE and its CMHSPs, HSAG indicated, preliminarily, that it has not identified anything putting LRE's PMV Audit at risk of not being validated. HSAG commended LRE on making great strides in creating a culture focused on performance indicators and other metrics, such as BHTEDS, MMBPIS, Encounters, Claims, etc. HSAG also stated that it appreciated LRE's attention to detail and progress over last year's audit. Finally, HSAG was encouraged at the continued enhancements that LRE communicated it is developing to maintain and improve its performance indicators in the future. HSAG requested minimal follow-up to its audit, which are due on June 14, 2022. LRE does not anticipate any issues meeting this deadline for follow-up items.

Finally, HSAG indicated a draft report will be sent to LRE on August 26, 2022, to which LRE can respond. HSAG stated the final report will be sent to LRE on September 23, 2022.

**Universe Files.** On June 2, 2022, LRE submitted all requested proofs related to HSAG's file selections from May 13, 2022. Based on these submissions, LRE awaits feedback from HSAG regarding Grievances, Appeals, Delegation, and Credentialing.

**Compliance Review.** On June 2, 2022, LRE submitted the Completed Standard Tools and Proofs for the following Standards:

- Standard VII – Provider Selection
- Standard VIII – Confidentiality
- Standard IX – Grievance & Appeal System
- Standard X – Subcontractual Relationships & Delegation
- Standard XI – Practice Guidelines
- Standard XII – Health Information Systems
- Standard XIII – QAPI Program

LRE uploaded 564 files totaling more than 829MB for the HSAG Audit. This was an extraordinary effort by each of LRE's Subject Matter Expert ("SME").

HSAG will conduct the Compliance Review Audit virtually on July 18, 2022. LRE staff will assemble in-person for the Compliance Review Audit.

**Site Reviews:**

**OTTAWA.** LRE completed the Ottawa County Member CMHSP Site Review. Ottawa CMHSP continues to prepare its plans of correction.

**WEST MICHIGAN.** LRE completed the West Michigan Member CMHSP Site Review on May 20, 2022. West Michigan Member CMHSP is preparing its plans of correction.

**NETWORK 180.** LRE began the Network 180 Member CMHSP Site Review on June 1, 2022, and it will close on June 30, 2022.

**ONPOINT.** LRE sent formal notice to OnPoint on May 6, 2022, regarding the timing of its upcoming Site Review, which begins on August 8, 2022.

**HEALTHWEST.** LRE sent formal notice to HealthWest on June 3, 2022, regarding the timing of its upcoming Site Review, which begins on September 12, 2022.

**1915(i)SPA:**

MDHHS will “go-live” with the 1915(i)SPA transition on July 1, 2022. MDHHS will conduct WSA access training on June 22, 2022, and user training on June 29, 2022. MDHHS has cancelled the last two monthly 1915(i)SPA meetings due to time constraints given its meetings with all PIHPs.

**Home and Community-Based Services (“HCBS”):**

LRE continues to validate HCBS providers, which must be completed and submitted to MDHHS by July 1, 2022. As of June 13, 2022, LRE has approximately five (5) in-compliance validations and 40 out-of-compliance validations to complete by the July 1, 2022, deadline. LRE’s Quality Team has made the HCBS validations a priority.

**Medicaid Verification (“MEV”):**

Year-to-date, LRE has completed MEV for Allegan, Ottawa, and N180 and audited 2,273 claim lines. LRE determined that 99.56% of all reviewed claims were substantiated by documentation. LRE is awaiting further documentation for those claims not verified. After receipt of this documentation, LRE will determine if pay-backs are necessary. LRE continues to review its MEV sampling rate and MEV process.

**Michigan’s Mission-Based Performance Indicators System (“MMBPIS”):**

For those MMBPIS Indicators with defined thresholds, LRE has met or exceeded these MMBPIS Indicators for the last six quarters. During FY22 Q1, LRE experienced a downward trend for two Indicators that do not have defined thresholds. Specifically for Indicator 2, which tracks whether consumers receive assessments within 14 days from the request for services, and only for the Developmentally Disabled/Adult Population, LRE’s rate declined from an average of 74.5% to 47.2%, which was primarily driven by one CMHSP. Subsequent discussions with that CMHSP indicates that workforce shortages continue to negatively impact access to services. While LRE’s overall result of 73.4% for Indicator 2 outstripped the State average of 59.6% by almost 14%, the downward trend is recognized and has been communicated to the QI ROAT.

For Indicator 3, which tracks whether consumers start services within 14 days from the completion of the assessments, LRE at a rate of 74.4% continues to trend below the State average, which was 77.5% of FY22 Q1. CMHSPs indicate workforce shortages continue to negatively impact the start of services following assessment across most demographics. LRE has communicated this trend to the QI ROAT.

The QI ROAT is set to establish Regional thresholds for Indicators 2 and 3, based on LRE and State historical data. LRE has added the threshold determination to the QI ROAT agenda for June 2022.

**Performance Improvement Programs (“PIP”):**

LRE has reviewed reports provided by Beacon Health Options and its outside data analytics vendor to determine whether MDHHS has resolved the race/ethnicity data integrity issue related to several HEDIS Measures such as FUH.

While LRE is not entirely confident that the race/ethnicity data issue has been thoroughly resolved, LRE intends to pursue PIP Topic: HEDIS Measure FUH. To increase the number of individuals identifying as African American who receive follow up services within 30 days of Inpatient discharge.

If LRE determines throughout the data collection year that the race/ethnicity data integrity issue, it will promptly notify MDHHS/HSAG of its findings so that MDHHS may resolve any issue before it undermines the integrity LRE’s PIP Topic.

LRE is completing the necessary PIP Submission Forms for submission to HSAG/MDHHS in an effort to meet the July 15, 2022, deadline.

**FACILITIES REVIEWS:**

LRE staff are completing the Inpatient Facilities Reviews with Pine Rest scheduled for review on June 22, 2022, and Mercy set for August 1, 2022. LRE is also conducting SUD Facilities Reviews for approximately 20 facilities and Crisis Residential Facilities Reviews for 2 facilities.

In late April 2022, LRE hired staff to conduct Facilities Reviews, which included Specialized Residential and Non-AFC Settings. Thus far, LRE has completed over 40 facilities reviews have been completed and, if needed, CAPs have been assigned and scheduled reviews for those facilities that have expiring audits through August 2022. LRE is also starting to schedule reviews for those facilities that have audit due to expire between September 1, 2022 and December 31, 2022.

LRE is developing a policy, procedure, and workflow along with templates and tools for Facilities Reviews.

LRE is currently establishing a master list of facilities in Region based on CMHSP Provider Directories and historical encounter data. LRE will use this list to expand its efforts of completing Facilities Reviews across the Region.

**QAPIP – FY23:**

LRE is developing new reporting templates for the QAPIP as well as the QAPIP Annual Effectiveness Review. Specifically, LRE is reformatting its report template to align with MDHHS’s QAPIP Reporting Requirements, HSAG Compliance Standards, and MDHHS Contractual Obligations.