

Michigan Department of
Health and Human Services
Excerpts

**Behavioral Health and Developmental Disabilities
Administration
Prepaid Inpatient Health Plans
STATE FISCAL YEAR 2015
VALIDATION OF PERFORMANCE MEASURES
for
Region 7—Detroit Wayne Mental Health Authority**

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Validation Results

HSAG identified overall strengths and areas for improvement for **Detroit Wayne Mental Health Authority**. In addition, HSAG evaluated **Detroit Wayne Mental Health Authority**'s data systems for the processing of each type of data used for reporting the MDHHS performance indicators. General findings are indicated below:

PIHP Strengths

Detroit Wayne Mental Health Authority maintained a solid team with experienced professionals who work collaboratively to ensure accurate performance measure reporting. **Detroit Wayne Mental Health Authority** has appropriate readiness processes in place for the ICD-10 implementation.

For the current measurement year, all coordinating agency (CA) functions related to substance abuse services were the PIHP's responsibility. **Detroit Wayne Mental Health Authority** hired several CA staff members who brought extensive experience and prior knowledge of the policies and procedures related to SUD data reporting. SUD data from former CA systems were successfully and fully integrated into the PIHP's system. Processes and procedures related to this transition were thorough and well documented.

The PIHP continued to use a multi-level monitoring process. Managed Comprehensive Provider Networks (MCPNs) audited the data submitted by each of their contracted providers and reviewed the final overall MCPN data for accuracy prior to submission to the PIHP. **Detroit Wayne Mental Health Authority** performed an additional quality review on all MCPNs' processes and data submitted to the PIHP. The five MCPNs were using the same system hosted by PCE, which made data control and oversight processes more efficient.

PIHP Areas for Improvement

Detroit Wayne Mental Health Authority should continue its process of integrating detailed data information for performance indicators 1, 4a, and 10 from the MCPNs' system into the PIHP's system, for a tighter and more efficient data monitoring process. In addition, the PIHP should also continue its effort to improve the hospital recidivism (performance indicator 10) rate. Expansion of the crisis response capacity could possibly help reduce hospital readmissions, thus improving performance.

Eligibility Data System Findings

HSAG had no concerns with the way **Detroit Wayne Mental Health Authority** received and processed eligibility data.

The PIHP maintained the same process for obtaining and processing eligibility information as it had used in the prior year. The PIHP continued to contract with PCE to perform this function using the MH-WIN data warehouse. Monthly eligibility files were received in the 834 file format via the

State Web portal. In addition, a nightly 270 eligibility inquiry file was sent to the State's Community Health Automated Medicaid Processing System (CHAMPS). The 271 response file was used to update eligibility information. Adequate reconciliation and validation processes were in place to ensure data completeness and accuracy. Weekly, PCE provided enrollment data to all contracted MCPNs with a list of members assigned to them. In addition, providers, MCPNs and PIHP staff members were able to perform a real-time eligibility lookup by logging into CHAMPS via a link located in the MH-WIN data warehouse. Each consumer received a unique identification number which remained the same irrespective of which MCPN provided services.

Claims/Encounter Data System Findings

HSAG had no concerns with the way **Detroit Wayne Mental Health Authority** received and processed claims/encounters and processed data for performance indicator reporting.

For the current measurement year, the PIHP assumed responsibility for performing final claim adjudication for both behavioral health and SUD services. **Detroit Wayne Mental Health Authority** continued to use the MH-WIN system, hosted by PCE. MCPNs and SUD providers submitted electronic claims/encounters via an 837 file format by uploading them to MH-WIN. **Detroit Wayne Mental Health Authority** and its affiliates did not use paper forms for the current reporting period. The PIHP hired several claim adjudicators from former CAs to process SUD-related claims. Various built-in system edits were in place. After passing all validation processes, the data were submitted to the State. The PIHP received a 4950 detailed response file, which included explanations for any file or record rejection that may have occurred. Each MCPN had the capability to download and review its response file from the MH-WIN.

The PIHP used the same process and continued to contract with PCE to manage data flow and calculate performance indicator rates as it had done in the previous year. All cases were identified based on the description provided in the MDHHS Codebook. Several validations were applied to the data files to ensure data completeness and accuracy prior to the final rate calculations for measure reporting.

Quality Improvement (QI) Data Production

HSAG identified no concerns with **Detroit Wayne Mental Health Authority's** quality improvement data production process.

The PIHP continued to contract with PCE for QI data file preparation, validation, and submission to the State's Data Exchange Gateway system. QI-related data were collected, housed, and processed in the MH-WIN database. After obtaining all required information using a demographic e-form, providers uploaded or directly entered data into MH-WIN. Built-in validation processes were in place to ensure data accuracy prior to submission to the State. **Detroit Wayne Mental Health Authority** had additional validation and reconciliation processes in place, along with corrective action plans, for providers submitting data with missing QI information. This added step provided additional assurance of data completeness and accuracy. After submission, the PIHP received a 4956 QI detailed response file, which included explanations for any file rejection that may have occurred. Error files were loaded into MH-WIN. MCPNs and providers were able to review their

own response files. With tight monitoring and multiple validation processes in place, the PIHP was able to demonstrate improvement in QI data production for the current measurement year, and all submitted QI rates were above MDHHS' threshold of 95 percent.

PIHP Oversight of Affiliate Community Mental Health Centers

HSAG found that **Detroit Wayne Mental Health Authority** had sufficient oversight of its five contracted MCPNs.

The MCPNs were audited both annually and quarterly. Several audit tools were developed, including a clinical review tool and a claims audit tool to perform chart reviews and evaluate claims information for compliance with data capture and reporting requirements. In addition, the PIHP developed a dashboard to monitor all encounters from its MCPNs. This dashboard helped to track each MCPN's progress in encounter submissions and areas for possible improvement. A corrective action plan was implemented if any of the MCPNs were not in compliance with requirements set by the PIHP. In addition, monthly quality meetings were also in place to further execute root cause analysis on data quality, discuss performance results, and examine areas for improvement and consistency. Providers enquiring to join **Detroit Wayne Mental Health Authority** were required to comply with all standards set by the PIHP.

PIHP Actions Related to Previous Recommendations

Based on recommendations made last year during the performance validation audit, **Detroit Wayne Mental Health Authority** submitted a completed mini-ISCAT from each MCPN affiliated with the PIHP. The PIHP also provided adequate documentation of all changes that occurred when the CAs and their functions integrated with the PIHP. The PIHP implemented a process to integrate detailed data from the MCPNs' system into the PIHP's system. In addition, although the PIHP took steps to improve its rate for hospital recidivism (performance indicator 10), there is still room for further improvement.

Appendix C. Performance Measure Results for Region 7—Detroit Wayne Mental Health Authority

Indicator #1

The percentage of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *Standard=95%*

**Table C-1—Indicator #1: Access—Timeliness/Inpatient Screening
for Detroit Wayne Mental Health Authority**

1. Population	2. # of Emergency Referrals for Inpatient Screening During the Time Period	3. # of Dispositions About Emergency Referrals Completed Within Three Hours or Less	4. % of Emergency Referrals Completed Within the Time Standard
Children	499	495	99.20%
Adults	1,680	1,631	97.08%

Indicator #2

The percentage of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *Standard=95%*

**Table C-2—Indicator #2: Access—Timeliness/First Request
for Detroit Wayne Mental Health Authority**

1. Population	2. # of New Persons Receiving an Initial Non-emergent Professional Assessment Following a First Request	3. # of New Persons From Col 2 Who Are Exceptions	4. Net # of New Persons Receiving an Initial Assessment (Col 2 Minus Col 3)	5. # of Persons From Col 4 Receiving an Initial Assessment Within 14 Calendar Days of First Request	6. % of Persons Receiving an Initial Assessment Within 14 Calendar Days of First Request
MI—Children	816	111	705	697	98.87%
MI—Adults	926	161	765	747	97.65%
DD—Children	114	19	95	94	98.95%
DD—Adults	72	6	66	65	98.48%
Medicaid SA	985	1	984	984	100.00%
TOTAL	2,913	298	2,615	2,587	98.93%

Indicator #3

The percentage of new Medicaid beneficiaries during the quarter starting any needed ongoing service within 14 days of a non-emergent face-to-face assessment with a professional. *Standard=95% within 14 days*

Table C-3—Indicator #3: Access—Timeliness/First Service for Detroit Wayne Mental Health Authority					
1. Population	2. # of New Persons Who Started Face-to-Face Service During the Period	3. # of New Persons From Col 2 Who Are Exceptions	4. Net # of Persons Who Started Service (Col 2 Minus Col 3)	5. # of Persons From Col 4 Who Started a Face-to-Face Service Within 14 Days of a Face-to-Face Assessment With a Professional	6. % of Persons Who Started Service Within 14 days of Assessment
MI—Children	765	38	727	720	99.04%
MI—Adults	849	18	831	819	98.56%
DD—Children	117	20	97	94	96.91%
DD—Adults	68	8	60	59	98.33%
SA—Adults	907	1	906	906	100.00%
TOTAL	2,706	85	2,621	2,598	99.12%

Indicator #4a

The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. *Standard=95%*

Table C-4—Indicator #4a: Access—Continuity of Care for Detroit Wayne Mental Health Authority					
1. Population	2. # of Discharges From a Psychiatric Inpatient Unit	3. # of Discharges From Col 2 That Are Exceptions	4. # of Net Discharges (Col 2 Minus Col 3)	5. # of Discharges from Col 4 Followed Up by PIHP Within 7 Days	6. % of Persons Discharged Seen Within 7 Days
Children	277	32	245	245	100.00%
Adults	1,112	315	797	784	98.37%

Indicator #4b

The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days. *Standard=95%*

Table C-5—Indicator #4b: Access—Continuity of Care for Detroit Wayne Mental Health Authority					
1. Population	2. # of Discharges From a Substance Abuse Detox Unit	3. # of Discharges From Col 2 That Are Exceptions	4. # of Net Discharges (Col 2 Minus Col 3)	5. # of Discharges From Col 4 Followed Up by CA/CMHSP/PIHP Within 7 Days	6. % of Persons Discharged Seen Within 7 Days
Consumers	446	155	291	291	100.00%

Indicator #5

The percent of Medicaid recipients having received PIHP managed services.

Table C-6—Indicator #5: Access—Penetration Rate for Detroit Wayne Mental Health Authority		
Total Medicaid Beneficiaries Served	# of Area Medicaid Recipients	Penetration Rate
35,041	445,359	7.87%

Indicator #6

The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.

Table C-7—Indicator #6: Adequacy/Appropriateness—Habilitation Supports Waiver for Detroit Wayne Mental Health Authority			
Population	Total # of HSW Enrollees	# of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	HSW Rate
HSW Enrollees	1,188	1,163	97.90%

Indicator #8

The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.

Table C-8—Indicator #8: Outcomes—Competitive Employment for Detroit Wayne Mental Health Authority			
Population	Total # of Enrollees	# of Enrollees Who Are Competitively Employed	Competitive Employment Rate
MI—Adults	34,928	2,510	7.19%
DD—Adults	6,633	272	4.10%
MI and DD—Adults	439	23	5.24%

Indicator #9

The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.

Table C-9—Indicator #9: Outcomes—Minimum Wage for Detroit Wayne Mental Health Authority			
Population	Total # of Enrollees	# of Enrollees Who Earn Minimum Wage or More	Minimum Wage Rate
MI—Adults	2,541	1,822	71.70%
DD—Adults	1,556	410	26.35%
MI and DD—Adults	87	35	40.23%

Indicator #10

The percentage of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. *Standard=15% or less*

Table C-10—Indicator #10: Outcomes—Inpatient Recidivism for Detroit Wayne Mental Health Authority					
1. Population	2. # of Discharges From a Psychiatric Inpatient Care During the Reporting Period	3. # of Discharges From Col 2 That Are Exceptions	4. Net # of Discharges (Col 2 Minus Col 3)	5. # of Discharges (From Col 4) Readmitted to Inpatient Care Within 30 Days of Discharge	6. % of Discharges Readmitted to Inpatient Care Within 30 Days of Discharge
MI and DD—Children	277	5	272	34	12.50%
MI and DD—Adults	1,112	53	1,059	168	15.86%

Indicator #13

The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).

Table C-11—Indicator #13: Outcomes—Private Residence-DD for Detroit Wayne Mental Health Authority			
Population	Total # of Enrollees	# of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s)	Private Residence Rate
DD—Adults	6,681	1,476	22.09%

Indicator #14

The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).

Table C-12—Indicator #14: Outcomes—Private Residence-MI for Detroit Wayne Mental Health Authority			
Population	Total # of Enrollees	# of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s)	Private Residence Rate
MI—Adults	36,469	9,558	26.21%

Quality Improvement (QI) Data Elements

The QI data elements in Michigan PIHP performance indicator reporting are displayed in Table C-13. The table depicts how complete specific data elements were within the QI data file that the PIHP submitted to MDHHS. Shown are the percent complete and the indicators for which the data elements were used. Data in the “Percent Complete” column were provided by MDHHS.

Table C-13—QI Data Elements in Performance Indicator Reporting for Detroit Wayne Mental Health Authority			
QI Data Element	Percent Complete SFY 2014	Percent Complete 1st Quarter SFY 2015	Quarterly and Annual Indicators Impacted
Age*	100.00%	100.00%	1, 2, 3, 4, 8, 9, 10, 13, 14
Disability Designation*	99.78%	99.26%	2, 3, 8, 9, 10, 13, 14
Employment Status*	97.69%	98.65%	8, 9
Minimum Wage*	99.35%	99.58%	9

* Based on the PIHP/MDHHS contract, 95 percent of records must contain a value in this field, and the value must be within acceptable ranges. Values found to be outside of acceptable ranges have been highlighted in yellow.