☐ **INTERNAL (SWMBH STAFF ONLY)**
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Section: **QAPI**	Policy Name: **Access & Timeliness Standards**	Policy Number: **03.06**
Owner: **Director of QAPI**	Reviewed By: **Jonathan Gardner**	Total Pages: **6**
Required By: ☐ BBA ☒ MDHHS ☒ **Other (please specify):** __NCQA_____	Final Approval By: *Jonathan Gardner* Jonathan Gardner (Jun 18, 2020 16:06 EDT)	Date Approved: Jun 18, 2020
Application: ☒ **SWMBH Internal Staff** ☒ **Participant CMHSPs** ☒ **SUD Providers** ☒ **MH/IDD Providers** ☐ **Other (please specify):** _____	Line of Business: ☐ **Medicaid** ☐ **Other (please specify):** ☒ **Healthy Michigan** _____ ☐ **SUD Block Grant** ☒ **SUD Medicaid** ☐ **MI Health Link**	Effective Date: **6/11/20**

Policy: Southwest Michigan Behavioral Health (SWMBH) maintains an adequate network of practitioners and monitors how effectively this network meets the needs and preferences of its membership. Furthermore, SWMBH provides and maintains appropriate access to member services. SWMBH will monitor access standards relate to the Michigan-Michigan Based Indicator System, Access Standards, and other standards set by contract or best practice through Quality Monitoring.

Purpose: To ensure adequate access to all medically necessary covered services, the Quality Improvement (QI) department monitors, tracks trends and reports on how effectively this network meets the needs and preferences of its membership.

Scope: This policy applies to all SWMBH staff, Community Mental Health Service Provider (CMHSP) staff, substance use disorder (SUD) and mental health (MH)/intellectual and developmental disabilities (IDD) providers responsible for reporting performance measurement data.

Responsibilities: N/A

Definitions:
Children: Children are counted as such who are less than age 18 on the last day of the reporting period.
Dual Eligible: Does not include those individuals who are Medicare/Medicaid dual eligible in indicators number 4a & 4b (Follow-up Care) and number 10 (Readmissions).
Medicaid: Count as Medicaid eligible any person who qualified as a Medicaid beneficiary during at least one month of the reporting period. Indicators # 1, 2, 3, 4, 10, and 11 are to be reported by the CMHSPs for all their consumers, and by the PIHPs for all their Medicaid beneficiaries

<u>Substance Abuse (SA) Beneficiaries:</u> Indicators #2, 3, and 4 include persons receiving Medicaid substance abuse services managed by the PIHP (this is not applicable to CMHSPs). Consumers who have co-occurring mental illness (MI) and substance use disorders may be counted by the PIHP as either MI or SA. However, please count them only once. Do not add the same consumer to the count in both the MI and SA categories.

Standards and Guidelines:

The Quality Management (QM) department will collect, monitor, track and trend access data against access standards related to regular and routine appointments, urgent/emergency care, after-hours care, and call center rates. Trending of measures to assess performance in the quality and safety of clinical care and quality of service. On an annual basis, the QI department includes in its Program and Plan a description of completed and ongoing objectives/goals that address access quality of services.

SWMBH will regularly share findings with the regional Community Mental Health Service Programs (CMHSPs), providers, members, Committees and all relevant stakeholders from data analytic, predictive modeling and risk management studies. SWMBH will coordinate with CMHSPs and Providers to access data on enrolled members for purposes of performing care coordination assessing from quality of care, conducting health care evaluations, surveys and audits, determining medical necessity and appropriateness of covered services. This data sharing will assist in joint treatment planning, resource management and care coordination activities. On an annual basis, SWMBH Quality department in coordination with Provider Network will administer a Provider Satisfaction survey to providers in order to improve coordination of care, communication and collaboration.

A. <u>Michigan Mission-Based Indicator System (MMBIS) Reporting:</u>
   1. The Michigan Department of Health and Human Services (MDHHS) performance improvement (PI) Report delineates the dimensions of quality that are to be addressed by the public mental health system. The data is used to develop a statewide aggregate status report for the purposes of public accountability, contract management, and quality assurance. The data is also used to facilitate the development and implementation of performance improvement systems and initiatives internal to the Pre-Paid Inpatient Health Plan (PIHP) and CMHSPs.
   2. The MDHHS PI Report is produced and submitted four times annually and is due on the last day of the third month following each Fiscal Year 3-month quarter. PI Reports from the PIHP are submitted to MDHHS. The PIHP is responsible for collecting and evaluating data from the provider network including but not limited to CMHPs and SUD providers.
   3. SWMBH Reporting:
      a. Provider Performance of Access standards will be provided to SWMBH Provider Network as part of the credentialing review process.
      b. Access Standards will be used as part of the Network Adequacy Report to analyze that the provider network is sufficient to meet the needs of customers.
B. <u>Access Standards:</u>
   1. Using valid methodology, the organization collects and performs an annual analysis of data to measure its performance against standards for access to:
      a. Regular and routine care appointments
      b. Urgent care appointments

    c. After-hours care

    d. Member Services, by telephone

    e. Utilization Management (UM) by telephone

2. SWMBH Reporting:

    a. Care of non-life-threating emergency – defined as pre-screen process at hospital and crisis line calls. Standards: 3 hours to complete pre-screening process, and crisis line will be answered by a live person 24 hours a day.

    b. Assessment - 14 calendar days

    c. First Service - 14 calendar days

    d. SWMBH QAPI will review phone calls to SWMBH UM and Customer Service departments to monitor rates against standards at least annually. At least annually these reports will be provided to Regional Utilization Management (RUM), Regional Clinical Projects (RCP) and QMC committees.

C. <u>Provider Network Adequacy:</u>

1. SWMBH maintains an adequate network of Providers to provide member services and requires that its providers maintain capacity to deliver services in a manner that accommodates the needs of Enrollees. SWMBH requires that all of its Practitioner Network provide accessible (including physical and geographic access) services to Enrollees. Contracts with providers will be monitored to assess customer access to services within Medicare and Medicaid standards on geography and type.

2. Using valid methodology an analysis will be completed to meet standards related to amount of time traveled by customers, the number of types of behavioral practitioners within and outside of the region, and the geographic distribution of each type of practitioners within the region. Using the findings from the network adequacy including the evaluation of Language and Cultural standards, the Provider Network will be adjusted to include practitioners within the network that meet high-volume needs identified in the analysis. The QI department collaborates and works with the Provider Network in conducting site reviews of facilities for both physical and programmatic accessibility.

3. On an annual basis, an analysis of SWMBH provider network against set contractual standards related to provider location and type will be completed. At least annually, this report will be shared with SWMBH Committees and CMHSPs.

D. <u>Michigan Mission Based Performance Indicator System- Contractual Guidelines:</u>

1. <u>Due dates:</u>

    a. All data are due to MDHHS 90 days following the end of the reporting period (Note: reporting periods are 90 days, six months, or 12 months).

2. <u>Children:</u>

    a. Children are counted as such who are less than age 18 on the last day of the reporting period.

3. <u>Dual Eligible:</u>

    a. Do not include those individuals who are Medicare/Medicaid dual eligible in indicators number 4a & 4b (Follow-up Care) and number 10 (Readmissions).

4. <u>Emergency and urgent requests for services:</u>

    a. Used here as defined in the Mental Health Code. *330.1100 (18 & 29)*

5. <u>Medicaid:</u>

a. Count as Medicaid eligible any person who qualified as a Medicaid beneficiary during at least one month of the reporting period. This includes both traditional Medicaid and Healthy Michigan. Individuals covered under the autism benefit are included. Indicators # 1, 2a, 3, 4, 10, and 11 are to be reported by the CMHSPs for all their people served, and by the PIHPs for all their Medicaid beneficiaries. The PIHP reports these indicators for all the Medicaid beneficiaries in their region. The PIHPs who are also a single CMHP, therefore, will submit two reports: One, as a CMHSP for all its consumers, and one as the PIHP for all its Medicaid beneficiaries.

6. <u>Intellectual Disability and Developmental Disability (I/DD):</u>
    a. As defined in the Mental Health Code *330.1100 (12 & 25)*

7. <u>Mental Illness/Serious Emotional Disturbance (MI/SED):</u>
    a. The individual has an MI DSM Diagnosis.

8. <u>Rules for categorizing individuals who have both mental illness and an intellectual or developmental disability (MI/SED & I/DD):</u>
    a. If a biopsychosocial (BPS) has been completed for the person:
        i. Assign person to either MI or I/DD category based on primary diagnosis.
        ii. If person has both MI and I/DD primary diagnoses:
            - Assign a person as either MI or I/DD based on the primary diagnosis related to the greatest level of impairment
                - **And**
            - The services they are being referred to or being treated for.
        iii. If can't determine whether MI or I/DD category is predominant, categorize the person as I/DD.
    b. If BPS has not yet been completed for the person:
        i. Assign person to either the MI or I/DD category based on the services the person requests.
        ii. If the person requests both MH and I/DD services, categorize the person as I/DD.
        iii. If it can't be determined what type of services are being requested, categorize the person as MI.

9. <u>Substance use beneficiaries:</u>
    a. Indicators #2.b., and 4b include persons receiving substance use disorder services under the SUD benefit managed by the PIHP (this is not applicable to CMHSPs). Managed by the PIHP means substance abuse services that the PIHP may deliver directly or may subcontract directly with a substance use disorder provider.

10. <u>Substance Use Disorder Providers:</u>
    a. Entity licensed by distinct street address (facility location) to operate a substance abuse treatment and/or rehabilitation program in accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs.

11. <u>Documentation:</u>
    a. It is expected that CMHSPs and PIHPs will maintain documentation of:
        i. Persons counted in the "exception" columns on the applicable indicators – who, why, and source documents; and

ii. Start and stop times for timeliness indicators.

iii. Documentation may be requested and reviewed during external quality reviews.

References:

Michigan Performance Indicator Codebook Version 6.0 – MDHHS PIHP contract attachment P6.5.1.1

Section 2.0 NCQA HP Accreditation QI Standards Q3-Q4

SWMBH Policy 06.05 Limited English Proficiency

Attachments: P03.05.01 Event Reporting Form

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	7/16/19	ALL	Converted document to new template	A. Wood
1	5/11/20	ALL	Updated template	A. Wood
		Standards & Guidelines, Section D	Updated guidelines per 4/1/2020 version of MDHHS PIHP Codebook	
		References	Updated references to 2020 NCQA requirements	

03.06 Access Timeliness Standards

Final Audit Report   2020-06-18

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