



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

Section: QAPI	Policy Name: Access & Timeliness Standards	Policy Number: 03.06
Owner: Director of QAPI	Reviewed By: Jonathan Gardner	Total Pages: 8
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input checked="" type="checkbox"/> Other (please specify): <u>NCQA</u>	Final Approval By: <i>Jonathan Gardner</i>	Date Approved: Apr 11, 2022
Application: <input checked="" type="checkbox"/> SWMBH Internal Staff <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 9/29/14

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 Mission-Based Performance Indicator System, Access Standards, and other contractual and best practice standards.

Purpose: To clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System (inclusive of Substance Use Disorder Programs) as reflected in the Mission statement and in the needs and concerns expressed by consumers and the citizens of Michigan. Those domains include: Access, Efficiency, and Outcomes.

A. To develop a statewide aggregate status report, to address issues of public accountability for the public mental health system, to provide a data-based mechanism, and to assist the Michigan Department of Health and Human Services (MDHHS) in the management of Pre-Paid Inpatient Health Plan (PIHP) contracts that impact the quality of the service delivery system statewide.

B. To the extent possible, facilitate the development and implementation of local quality improvement systems, link with existing healthcare planning efforts, and establish a foundation for future quality improvement monitoring within a managed health care system for consumers of public mental health services in the state of Michigan. (Medicaid Managed Specialty Supports and Services Contract: AttachmentP7.7.1.1)



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

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.

Definitions:

CMHSP: Community Mental Health Service Plan

DD: Developmental Disability

HSW: Habilitation Supports Waiver

MDHHS: Michigan Department of Health and Human Services

MI: Mental Illness

PIHP: Prepaid Inpatient Health Plan

MMBPIS: Michigan Mission Based Performance Indicator System

SWMBH: Southwest Michigan Behavioral Health

Provider Network: refers to a CMHSP Participant and all Behavioral Health Providers that are directly under contract with the SWMBH PIHP to provide services and/or supports through direct operations or through CMHSP subcontractors.

SUD: Substance Use Disorder

A. The Provider Network is responsible for collecting and reporting to SWMBH all performance indicators as specified in the MDHHS Medicaid Specialty Supports and Services Contract. Performance indicator data is reported monthly according to the MMBPIS Data Submission Schedule as required to SWMBH for analysis. SWMBH then reports to the MDHHS the performance indicator data as required and in accordance with the Medicaid Managed Specialty Supports and Services Contract.

B. SWMBH will provide a summary report/analysis demonstrating performance to each Provider Network participant following the submission of the Michigan Mission Based Performance Indicator System (MMBPIS) to MDHHS. All Provider Network participants who exhibit performance below the standard for an indicator during the reported quarter will be subject to an improvement plan according to the SWMBH MMBPIS CAP Stages attachment. The Provider Network is responsible for ensuring a process is in place to implement corrective action plans and quality improvement processes to improve the access, efficiency, and outcomes of services provided by the Provider Network participant as monitored through the performance indicator system. It is an expectation that the Provider Network manage their subcontractors to ensure compliance and to provide evidence of the reported data.

C. Noncompliance with the above indicators and related improvement plans will be addressed per the contract provisions.

D. Oversight and monitoring will be conducted by SWMBH through the review of reports and analysis by the Quality Management Committee and provider network monitoring desk audit and site reviews occurring at least annually.



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

E. The Performance Indicators as defined by MDHHS:

Access:

1. The percent of all Medicaid adults and children beneficiaries that receive a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three (3) hours*.
2. The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service. (MI Adults, MI Children, DD Adults, DD Children) *
2. (b) The percentage of new person during the quarter receiving a face-to-face service for treatment or supports within the 14 calendar days of a non-emergency request for service 2 for persons with Substance use Disorders (Persons approved for SUD services) **
3. The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment. (MI Adults, MI Children, DD Adults, DD Children).
4. (a) The percent of discharges from psychiatric inpatient unit who are seen for follow-up care within seven (7) days (All children and all adults (MI, DD)). (b) The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven (7) days (All Medicaid SUD*).
5. The percent of Medicaid recipients having received PIHP managed services (MI adults/MI children/DD Adults/DD children, and SUD).**

Adequacy/Appropriateness:

6. The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one (1) HSW service per month that is not support coordination. **

Efficiency:

7. The percent of total expenditures spent on managed care administrative function for PIHPs. **

Outcomes:

8. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by the CMHSP who are in competitive employment. **
9. The percent of adults with mental illness, the percent of adults with developmental disabilities, and the percent of dual MI/DD adults served by the CMHSP who earn minimum wage or more from employment activities (competitive, supported employment, or sheltered workshop). **



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

10. The percent of MI and DD children and adults readmitted to an inpatient psychiatric unit within thirty (30) days of discharge.
11. The annual number of substantiated recipient rights complaints per thousand Medicaid beneficiaries with MI and DD served in the categories of Abuse I and II and Neglect I and II.
12. The percent of adults with developmental disabilities served who live in a private residence alone or with spouse or non-relative(s). **
13. The percent of adults with serious mental illness served who live in a private residence alone or with spouse or non-relative(s). **
14. Percentage of children with developmental disabilities (not including children in the Children Waiver Program) in the quarter who receive at least one service each month other than Case Management and Respite. **

* Calculated by the PIHP

** MDHHS Calculates. The PIHP does not submit data through this process.

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 to improve coordination of care, communication, and collaboration.

A. Michigan Mission-Based Indicator System (MMBIS) Reporting:

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



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

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. Access Standards:

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

C. SWMBH Reporting:

- f. Care of non-life-threatening 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.
- g. Assessment - 14 calendar days
- h. First Service - 14 calendar days
- i. 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.

D. Provider Network Adequacy:

2. 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.
3. 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.
4. 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.



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

E. Michigan Mission Based Performance Indicator System- Contractual Guidelines:

5. Due dates:

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

6. Children:

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

7. Dual Eligible:

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

8. Emergency and urgent requests for services:

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

9. Medicaid:

- 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.

10. Intellectual Disability and Developmental Disability (I/DD):

- a. As defined in the Mental Health Code 330.1100 (12 & 25)

11. Mental Illness/Serious Emotional Disturbance (MI/SED):

- a. The individual has an MI DSM Diagnosis.

12. Rules for categorizing individuals who have both mental illness and an intellectual or developmental disability (MI/SED & I/DD):

- 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.

13. Substance use beneficiaries:



INTERNAL (SWMBH STAFF ONLY)

EXTERNAL (SWMBH STAFF, PARTNERS, PUBLIC)

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.

14. Substance Use Disorder Providers:

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.

15. Documentation:

- 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:

NCQA HP Accreditation QI Standards Q3-Q4
SWMBH Policy 06.05 Limited English Proficiency
Medicaid Managed Specialty Supports and Services Contract, Attachment P7.9.1 and P.7.7.1.1
FY20_PIHP_PI_MI Performance Indicator Code Book
The MMBPIS Description of Project Study
The MMBPIS Detail Data Collection Instructions

Attachments:

- A. P03.05.01A Event Reporting Form
- B. SWMBH MMBPIS Data Submission Process
- C. MMBPIS CAP Stages






03.06 Access & Timeliness Standards

Final Audit Report

2022-04-11

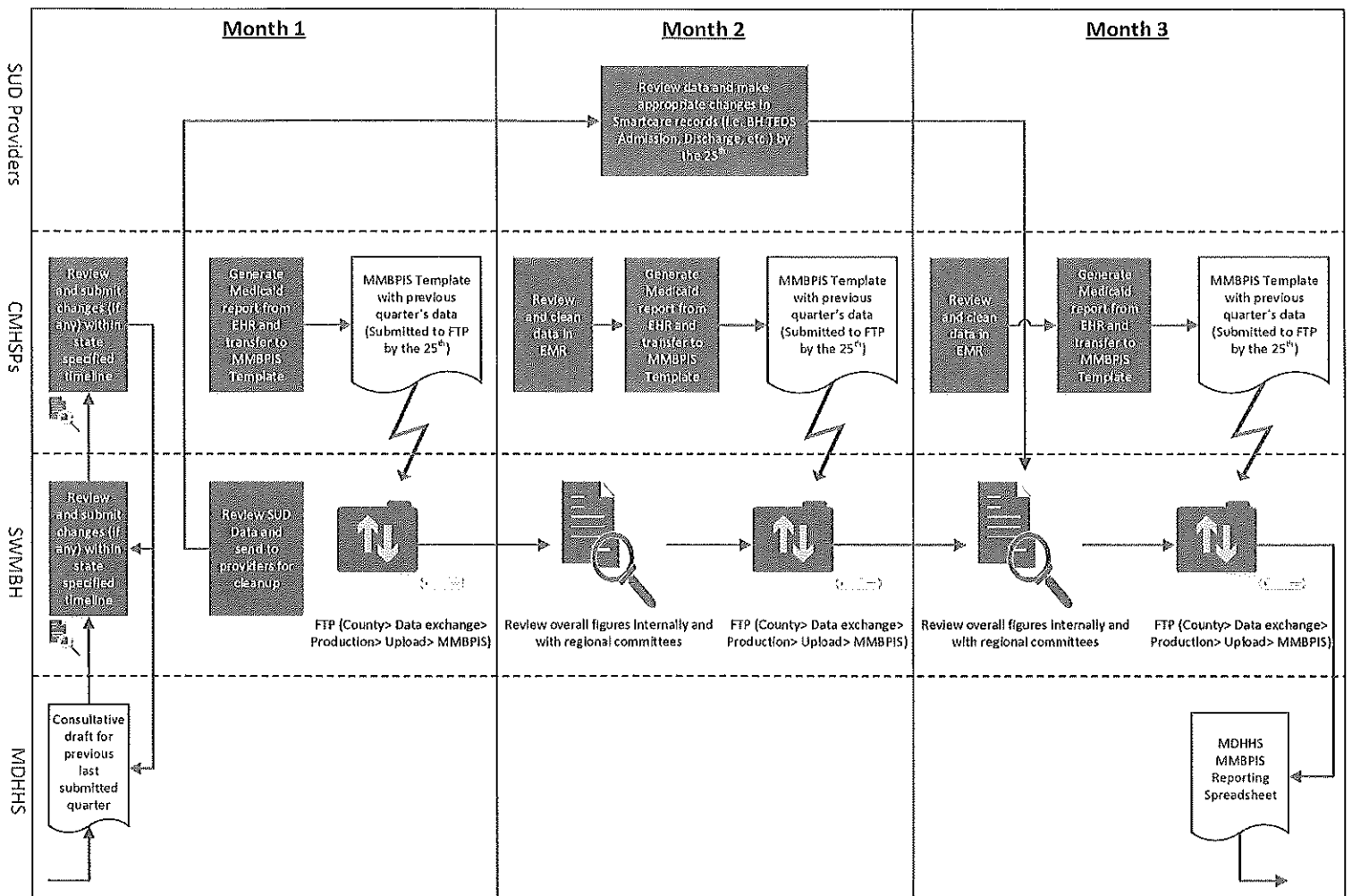
Created:	2022-04-11
By:	Jody Vanden Hoek (jody.vandenhoeck@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAoCNbq0CtiLxkLz30goGzqb6Ko9Ax6ZWJ

"03.06 Access & Timeliness Standards" History

-  Document created by Jody Vanden Hoek (jody.vandenhoeck@swmbh.org)
2022-04-11 - 5:51:20 PM GMT
-  Document emailed to Jonathan Gardner (jonathan.gardner@swmbh.org) for signature
2022-04-11 - 5:51:48 PM GMT
-  Email viewed by Jonathan Gardner (jonathan.gardner@swmbh.org)
2022-04-11 - 5:56:56 PM GMT
-  Document e-signed by Jonathan Gardner (jonathan.gardner@swmbh.org)
Signature Date: 2022-04-11 - 5:57:13 PM GMT - Time Source: server
-  Agreement completed.
2022-04-11 - 5:57:13 PM GMT

SWMBH MMBPIS Data Submission Process

Quarterly view



“Surveillance”

“Scrutiny”

“Sanction”

