Southwest Michigan

BEHAVIORAL HEALTH

Per PA 228 of 2020:

- For calendar year 2020 Board meetings will be held remotely due to the COVID-19 pandemic.
- Members of the public may attend electronically by https://global.gotomeeting.com/join/515345453 or by dialing 1-571-317-3116 access code: 515 345 453.
- Members of the public may contact members of the Board to provide input or ask questions on any business that will come before the Board by contacting Michelle Jacobs at michelle.jacobs@swmbh.org prior to the meeting, or by commenting during the Board meeting Public Comment section as identified by the Board Chairman.
- Members of the public with disabilities who require special accommodations should contact Anne Wickham at anne.wickham@swmbh.org well before the meeting occurs.
- Members of the public are not required register or otherwise provide their name or other information as a condition of participation, other than mechanisms to permit participation in the public comment period.
- Members of the public are to be excluded from participation in a properly convened and held closed session of the Board.

Southwest Michigan Behavioral Health Board Meeting

November 13, 2020

9:30 am to 11:00 am

Draft: 11/6/20

1. **Welcome Guests/Public Comment**

2. **Agenda Review and Adoption (d) pg. 1**

3. **Financial Interest Disclosure Handling (M. Todd)**

4. **Consent Agenda**

   - October 9, 2020 SWMBH Board Meeting Minutes (d) pg. 3

5. **Operations Committee**

   - Operations Committee Minutes September 23, 2020 (d) pg. 9

6. **Ends Metrics Updates**
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?

   - None

7. **Board Actions to be Considered**

   a. Executive Officer Annual Evaluation (E. Meny) (closed session at request of Mr. Casemore)
   b. BG-012 Open Meetings Act and Freedom of Information Act (B. Casemore) (d) pg. 13
   c. Calendar Year 2021 Board Meeting Calendar (B. Casemore) (d) pg. 14
   d. PA 228 of 2020 (B. Casemore) (d) pg. 15
   e. December Board Luncheon

8. **Board Policy Review**
   Is the Board in Compliance? Does the Policy Need Revision?

   a. BG-003 Unity of Control (E. Meny) (d) pg. 26
   b. EO-003 Emergency Executive Officer Succession (B. Casemore) (d) pg. 27
   c. EO-002 Monitoring of Executive Officer Performance (d) pg. 30
   d. Reassign - BEL-010 Regional Entity 501 (c) (3) Representation (d) pg. 32

9. **Executive Limitations Review**
Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?

- None

10. **Board Education**

a. Fiscal Year 2020 Year to Date Financial Statements (T. Dawson) (d) pg. 33
b. Fiscal Year 2020 Contract Vendor Summary (T. Dawson) (d) pg. 41
c. Information Systems Update (N. Spivak) (d) pg. 44
d. Fiscal Year 2021 Substance Use Disorder Block Grant (J. Smith) (d) pg. 57

11. **Communication and Counsel to the Board**

a. 2020 SWMBH Successes and Accomplishments (B. Casemore) (d) pg. 59
b. MCG 2020 Fees (B. Casemore) (d) pg. 76
c. Business Continuity Plan External Review (A. Wickham) (d) pg. 81
d. 2020 Compliance Program Effectiveness Monitoring Survey (M. Todd) (d) pg. 92
e. Monica Donofrio e-mail (M. Todd)
f. Intergovernmental Contract (B. Casemore) (d) pg. 94
g. 5th Annual SWMBH Legislative Event Debrief (M. Bush) (d) pg. 95
h. December 11, 2020 Board Agenda (d) pg.125
i. Board Member Attendance Roster (d) pg. 127
j. December Board Policies: BEL-003 Asset Protection (S. Barnes)

12. **Public Comment**

13. **Adjournment**

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275.

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Next SWMBH Board Meeting
December 11, 2020
9:30 am - 11:00 am

Southwest Michigan
BEHAVIORAL HEALTH

Draft Board Meeting Minutes
October 09, 2020
9:30 am-11:00 am
GoTo Webinar and Conference Call
Draft: 10/13/20

Members Present via phone: Edward Meny, Tom Schmelzer, Susan Barnes, Michael McShane, Patrick Garrett, Erik Krogh, and Ruth Perino

Guests Present via phone: Bradley Casemore, Executive Officer, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Moira Kean, Director of Clinical Quality, SWMBH; Jonathan Gardner, Director of Quality Assurance Performance and Improvement, SWMBH; Rhea Freitag, Behavioral Health Waiver & Clinical Quality Manager, SWMBH; Deb Hess, Van Buren CMH; Sue Germann, Pines Behavioral Health; Ric Compton, Riverwood; Richard Thiemkey, Barry County CMH; Jon Houtz, Pines BH Board Alternate; Randy Hyrns, Riverwood Board Alternate; Mary Ann Bush, Project Coordinator/Senior Operations Specialist, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH, Brad Sysol, Summit Pointe; Jeff Patton, ISK, Pat Guenther, ISK Board Alternate, Paul Yeager, Carole Naccarto, St Joseph County

Welcome Guests
Edward Meny called the meeting to order at 9:30 am, introductions were made.

Public Comment
None

Agenda Review and Adoption

Motion	Tom Schmelzer moved to accept the agenda with two revisions of a requested motion for 6d-DHHS State Opioid Response Review and move 8-EO-003 Emergency Executive Officer Succession to the November Board meeting.	
Second	Patrick Garrett	
Roll call vote	Edward Meny	yes
	Tom Schmelzer	yes
	Pat Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes
Motion Carried		

Financial Interest Disclosure Handling

Mila Todd reviewed the SWMBH Financial Interest Disclosure Statement signed by Ruth Perino. The only disclosure made was the inherent conflict of interest arising from simultaneous service to Barry CMH and to SWMBH.

Motion	Susan Barnes moved that a conflict exists. The Board is not able to obtain a more advantageous arrangement from someone other than Ms. Perino, and the conflict disclosed is not so substantial as to effect the services SWMBH can expect to receive from Ms. Perino, and the conflict should be waived.	
Second	Erik Krogh	
Roll call vote	Edward Meny	yes
	Tom Schmelzer	yes
	Pat Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Consent Agenda

Motion	Tom Schmelzer moved to approve the September 11, 2020 Board meeting minutes as presented.	
Second	Patrick Garrett	
Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Operations Committee

Operations Committee Minutes August 26, 2020

Edward Meny noted the minutes as documented and Deb Hess asked if there were any questions. Minutes accepted.

Operations Committee Quarterly Report

Deb Hess noted the report as documented and asked if there were any questions. Report accepted.

Ends Metrics

Behavioral Health (BH) Treatment Episode Data Set (TEDS)

Jonathan Gardner reported as documented. Discussion followed.

Motion	Tom Schmelzer moved that the data is relevant and compelling, the executive officer is in compliance and the Board Ends Metric does not need revision.
Second	Patrick Garrett

Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Habilitation Supports Waiver

Rhea Freitag reported as documented. Discussion followed.

Motion Susan Barnes moved that the data is relevant and compelling, the executive officer is in compliance and the Board Ends Metric does not need revision.

Second

Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Integrated Care Organization (ICO) Quality Withhold Bonus Performance Measures

Jonathan Gardner reported as documented. Discussion followed.

Motion Erik Krogh moved that the data is relevant and compelling, the executive officer is in compliance and the Board Ends Metric does not need revision.

Second Patrick Garrett

Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Contractual Obligations Fulfillment: DHHS State Opioid Response Review

Joel Smith reported as documented. Tom Schmelzer congratulated SWMBH on a job well done. Discussion followed.

Motion Tom Schmelzer moved that the data is relevant and compelling, the executive officer is in compliance and SWMBH met the State standard.

Second Patrick Garrett

Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Board Actions to be Considered

Fiscal Year 2021 Budget

Tracy Dawson reported as documented.

Motion	Susan Barnes moved to approve column H of the proposed fiscal year 2021 budget with return in February 2021 with a refreshed and perhaps revised budget.
Second	Erik Krogh

Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Fiscal Year 2021 Program Integrity Compliance Plan

Mila Todd reported as documented.

Motion	Patrick Garrett moved to approve the Fiscal Year 2021 Program Integrity Compliance Plan as presented.
Second	Erik Krogh

Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Board Policy Review

EO-003 Emergency Executive Officer Succession

Board approved to move this item to the November 13, 2020 Board agenda.

Executive Limitations Review

BEL-008 Communication and Counsel

Tom Schmelzer reviewed the policy as documented.

Motion	Tom Schmelzer moved that the executive officer is in compliance and policy BEL-008 Communication and Counsel does not need revision.	
Second	Patrick Garrett	
Roll call vote	Ruth Perino	yes
	Edward Meny	yes
	Tom Schmelzer	yes
	Patrick Garrett	yes
	Michael McShane	yes
	Erik Krogh	yes
	Susan Barnes	yes

Motion Carried

Board Education

Fiscal Year 2020 Year to Date Financial Statements

Tracy Dawson reported as documented.

Executive Officer Performance Review

Brad Casemore noted that the Board Executive Committee has received the materials for review of the Executive Officer Performance and will discuss their review at the November 13, 2020 Board meeting.

Fiscal Year 2021 MDHHS Budget Summary

Tracy Dawson reported as documented.

CMH Review Results

Mila Todd reported as documented.

SWMBH 2020 Penetration Testing Results

Natalie Spivak reported as documented.

Integrated Care

Moira Kean reported as documented.

Communication and Counsel to the Board

Fiscal Year 2021 PA2 Budget

Tracy Dawson reported as documented.

Michigan Consortium for Healthcare Excellence (MCHE) Update and Annual MCHE Member Meeting

Brad Casemore reported as documented.

SWMBH Award

Brad Casemore noted the award that Achilos Malta, Regional Coordinator for Prevention Services for SWMBH, received from the State of Michigan. The award will be presented at Summit Pointe on October 23, 2020 at 4pm.

Community Mental Health Association of Michigan Fiscal Year 2021 Conference Committee Report
Brad Casemore noted the report in the packet for the Board's review.

MDHHS Strategic Pillars Feedback
Brad Casemore noted the document in the packet for the Board's review.

Behavioral Health Transformation Update
Brad Casemore noted the letter in the packet for the Board's review.

Lakeshore Regional Entity (LRE) CEO Retirement
Brad Casemore reported that the current LRE CEO, Greg Hofman, is retiring.

November 13, 2020 Board Agenda
Brad Casemore noted the agenda is in the packet for the Board's review.

Board Member Attendance Roster
Brad Casemore noted the document is in the meeting materials for the Board's review.

Next Month's Policy Reviews
Brad Casemore noted policies for review next month.

Public Comment
None

Adjournment

Motion Erik Krogh moved to adjourn at 11:05am
Second Susan Barnes
Unanimous Voice Vote
Motion Carried

Southwest Michigan
BEHAVIORAL HEALTH

Operations Committee Meeting Minutes
Meeting: September 23, 2020 9:00am-11:00am

Members Present via phone – Debbie Hess, Jeannie Goodrich, Jeff Patton, Richard Thiemkey, Bradley Casemore, Sue Germann, Kris Kirsch, Tim Smith, Ric Compton, Jane Konyndyk

Guests present via phone – Lisa Grost, Behavioral Health Policy and Strategic Initiatives State Administrator, MDHHS; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Natalie Spivak, Chief Information Officer, SWMBH; Moira Kean, Director of Clinical Quality, SWMBH; Jonathan Gardner, Director of Quality Assurance and Performance Improvement, SWMBH; Sarah Ameter, Customer Services Manager, SWMBH; Beth Guisinger, Manager of UM & Call Center, SWMBH; Michelle Jacobs, Senior Operations Specialist and Rights Advisor, SWMBH; Mary Ann Bush, Senior Operations Specialist-Project Coordinator, SWMBH; Brad Sysol, Summit Pointe, Pat Davis, Integrated Services of Kalamazoo

Call to Order – Brad Casemore began the meeting at 9:00 am.

Review and approve agenda – Agenda approved.

Review and approve minutes from 8/26/20 Operations Committee Meeting – Minutes were approved by the Committee.

Fiscal Year 2020 Year to Date Financials – Tracy Dawson reported as documented noting SWMBH is projecting dollars at the end of the year for the Internal Service Fund (ISF). Discussion followed.

Fiscal Year 2020 Encounters – Tracy Dawson reported as documented noting that the encounter reports are available on Tableau.

Fiscal Year 2021 Draft Budget – Tracy Dawson reported as documented noting a 1-million-dollar change from what was previously communicated from the State. A scheduled meeting between SWMBH and Milliman has been rescheduled. Brad Casemore stated that SWMBH will seek Board approval on the draft budget that will cover October 2020 through January 2021.

Cost Allocation and Rate Development Workgroup – Jeannie Goodrich reported that the CEO group has not met since December 2019 but are scheduled to meet in two weeks to review information on standardized cost allocation and general ledger plans. Jeff Patton discussed misinformation on the Mental Health (MH) Code and how the CMHSPs came about, including the Actuary interpreting the MH Code. Jeff Patton sent a letter to Allen Jansen, Senior Deputy Director of Behavioral Health and Developmental Disabilities Administration (BHDDA).

Encounter Quality Improvement (EQI) – Pat Davis stated that EQI training is happening today.

Behavioral Health and Developmental Disabilities Administration (BHDDA) Encounter Data Integrity Team (EDIT) Charter – Brad Casemore reported as documented and asked group to share any issues with SWMBH's EDIT reps, Anne Wickham and Ed Sova of ISK.

PIHP Unenrolled Complex Care Management Design Document – Brad Casemore reported as documented reviewing history. Brad Casemore asked for feedback. This design document will be presented to the State at a future date yet to be determined.

Direct Community Placement Program (DCPP) – Jeff Patton reported as documented. Discussion followed. Brad Casemore to invite Dr. George Melos to the next Operations Committee meeting.

New Mediation Law in the Mental Health Code – Updated Timeframe – Brad Casemore reported as documented.

Common Substance Use Disorder (SUD) Assessment Tool – Brad Casemore reported as documented.

County of Financial Responsibility (COFR) – Sue Germann reported as documented. Tracy says that the responsibility falls to what is in CHAMPS. State had been in the process to add COFR to the PIHP contract but that has not been completed. Responsibility lies with what is in Champs. Within SWMBH it does not make a difference because it is the same pot of money. If it is large dollars, let Tracy know and she will note on the Financials. Brad wants to avoid any busy work and another CMH or PIHP pushing you around or dumping on you. Engage Tracy if necessary, for push back. Discussion followed.

Centria Contract – Mila Todd reported as documented stating SWMBH is following the State Autism Fee Schedule and asked CMHSPs to reaffirm all are following the State Autism Fee Schedule. All CMHSPs agreed that they are following the State Autism Fee Schedule and would respond to Centria with a determination of no to their request.

Lisa Grost, Behavioral Health Policy and Strategic Initiatives State Administrator – Brad Casemore introduced Lisa Grost to the group. Lisa Grost shared her employment history and background. The following topics were addressed by Lisa Grost:

- Behavioral Health Letter – The BH transformation was put on hold last year and strategic pillars were developed along with stakeholders meetings to gather more information. A concept paper from Director Gordon is scheduled for release soon.
- MDHHS Strategic Pillars – The Strategic Pillars is a short-term plan design for 18-24 months. Lisa Grost thanked the group for their feedback on the State's pillars and stated that Allen Jansen is very committed to stakeholders and to be a partner to help frame this for our State.
- Fiscal Year 2021 Budget – Lisa Grost stated that the Fiscal Year 2021 Budget has not been signed yet but was released and sent the group the link to access the budget. Lisa Grost stated that there is not a roll out status yet for the Certified Community Behavioral Health Clinic (CCBHC).
- Direct Community Placement Program (DCPP) - - Jeff Patton inquired about the recent DCPP. Lisa Grost stated that the State followed their procurement policy, there was pressure from legislators to make movement on this issue and she will contact Dr. Mellos regarding the details to share with the group.

- Substance Use Disorder Block Grant – Brad Casemore noted the 2-million-dollar reduction in SUD Block Grant and asked that this topic be placed on the Regional Director's BHDDA meeting agenda. Lisa Grost stated that she would forward that request.

Lisa Grost closed with final comments and appreciated the groups questions and concerns.

MDHHS Strategic Pillars Feedback – Brad Casemore reported as documented.

Substance Use Disorder (SUD) Block Grant – Brad Casemore reviewed email from Joel Smith on State reduction of SUD Block Grant. Discussion followed.

Fiscal Year 2021 Performance Bonus Incentive Program – Brad Casemore reported as documented. Contract language from the State in the PIHP contract will be down streamed to the CMHSP in an amendment to the Fiscal Year 2021 contracts.

CMH Direct Care Wage (DCW) – Tracy Dawson stated that SWMBH is working with CMHSPs to verify that the DCW is going out to the providers.

Direct Care Wage (DCW) $2 Continuation October – December – Brad Casemore stated that unless the State says yes SWMBH will not participate but reinforces its importance and variation across that State on how PIHPs are handling.

Fiscal Year 2020-2021 PIHP MDHHS and PIHP/CMH Contract Development – Mila Todd stated that final contracts and boiler plates were sent to the PIHPs for review.

Fiscal Year 2021 CMH Contract Review – Mila Todd noted that contracts have already been sent out and five CMHSPs have signed and thanked the CMHSPs for their cooperation.

Managed Care Functional Review (MCFR) Provider Network Management (PNM) – Mila Todd stated that phase two development is in a holding pattern.

CMH Review Results – Mila Todd reported as documented. Brad Casemore gave accolades to the CMHSPs for their work and cooperation with the reviews.

Behavioral Health Treatment Episode Data Set Status (BH TEDS) – Natalie Spivak reported as documented noting the Mental Health BH TEDS is behind the State required percentage. Brad Casemore reminded the group that these are actively being used in rate setting by the State so complete, accurate, timely data submission is critical.

Assessment Tool Status – Natalie Spivak reported as documented. Brad Casemore mentioned the progress being made with clinical care and rate setting.

Level of Care Utilization Systems (LOCUS) Score Report – Natalie Spivak reported as documented and noted that SWMBH is researching the decline in eligibility.

Disability Rights Michigan (DRM) Records Requests – Brad Casemore reported as documented. Discussion followed. Brad Casemore asked each CMHSP to report back what they hear from their counsels regarding these requests.

Health Services Advisory Group (HSAG) Performance Measure Validation (PMV) – Jonathan Gardner reported as documented and thanked the CMHSPs for their work and effort.

2021-2022 Board Ends Metrics – Jonathan Gardner reported as documented noting that the document is a first draft and asked each CMHSP to review and provide him with any feedback.
Performance Indicator 2a Data – Jonathan Gardner reported as documented and reminded group The codebook indicates that; "The PIHP must maintain documentation on the dates offered to the individual as well as scheduled dates for which the individual did not show up or reschedule".
During the Performance Indicator workgroup sessions, it was made very clear that the PIHP would need to submit said documentation when requested by MDHHS (no schedule was provided).
This has proven to be a challenge for most CMHSP's to pull from their systems, so we reached out to MDHHS for clarification on this requirement.

SWMBH October Board Agenda – Brad Casemore noted the draft Board agenda in the packet for the group's review.

Adjourned – Meeting adjourned at 11:50am

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Governance	Policy Number: BG-012	Pages: 1
Subject: Open Meetings Act and Freedom Of Information Act	Required By: Policy Governance	Accountability: SWMBH Board
Application: ☒ SWMBH Governance Board ☒ SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 6.12.15	Last Review Date: 6/12/20	Past Review Dates: 6/9/17; 6/10/16; 6/8/18; 6/14/19

I. **PURPOSE:**

To provide the SWMBH Board the specific requirements for operating in compliance with Michigan's Open Meetings Act, 1976 PA 267, and the Freedom of Information Act, 1976 PA 422.

II. **POLICY:**

The Regional Entity and its Participant CMHSP Boards, members of the Regional Entity Board, officers, staff and other employees shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the "Open Meetings Act") and 1976 PA 422 (the "Freedom of Information Act"). The Regional Entity shall develop such compliance policies and procedures. In the event that any such noncompliance is found, immediate corrective action as defined in the Operating Agreement shall be taken by the appropriate source to ensure compliance. Compliance policies and procedures will be defined in the Operating Agreement.
SWMBH Bylaws 04.13 Compliance with Laws

III. **STANDARDS:**

SWMBH shall operate in compliance with the procedures prescribed in Michigan's Open Meetings Act, 1976 PA 247 and the procedures prescribed in Michigan's Freedom of Information Act, 1976 PA 442.

References

- SWMBH Operating Policy 10.12: Freedom of Information Request Policy

Attachments:

- Michigan's Open Meetings Act, 1976 PA 267.
  - http://www.michigan.gov/ag/OMA_handbook_287134_7.pdf
- Michigan's Freedom of Information Act, 1976 PA 442
  - http://www.michigan.gov/documents/ag/FOIA_pamphlet_380084_7.pdf

Southwest Michigan Behavioral Health Board Meetings

HOW TO PARTICIPATE

For webinar and video please join the meeting from your computer, tablet or smartphone at:
https://global.gotomeeting.com/join/515345453
For audio please dial in on your phone:
1-571-317-3116
access code: 515 345 453
To request accommodation under ADA please call Anne Wickham at 269-488-6982

January 8, 2021 -- 9:30am to 11:00am

February 12, 2021-- 9:30am to 11:00am

March 12, 2021 -- 9:30am to 11:00am

April 9, 2021 – 9:30am to 11:00am

May 14, 2021 -- 9:30am to 11:00am

June 11, 2021 -- 9:30am to 11:00am

July 9, 2021 -- 9:30am to 11:00am

August 13, 2021 – 9:30am to 11:00am

September 10, 2021 – 9:30am to 11:00am

October 8, 2021 – 9:30am to 11:00am

November 12, 2021 – 9:30am to 11:00am

December 10, 2021 – 9:30 am to 11:00am

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL 15.261-15.275
SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275
SWMBH does not limit or restrict the rights of the press or other news media.
Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Board approved 12/11/20

Southwest Michigan
BEHAVIORAL HEALTH

Public Body Meetings Rules Applicable to SWMBH Board Meetings & Planning Sessions and Substance Use Disorder Oversight Policy Board PA 228 of 2020

Prepared with SWMBH General Counsel Roselyn Parmenter, Esq. for November 13, 2020 Board Meeting and November 16, 2020 Substance Use Disorder Oversight Policy Board

V 11.05.2020 final

Purpose of Presentation

- To summarize and educate Board on new Michigan statute on remote meetings of public bodies PA 228 of 2020 which took immediate effect on October 16, 2020 http://www.legislature.mi.gov/documents/2019-2020/publicact/pdf/2020-PA-0228.pdf

- To address questions and concerns
- To inform Board Policy revision
- To facilitate discussion and deliberation
- To document awareness
- *Verbatim* citations from statute are in *"this format"*

The Bottom Line

- Public Body Meetings are permitted to be held electronically **March 18, 2020 through December 31, 2020** in any circumstances [PA 228 Sec 3.a.(1).(a)] *provided that* the Meeting adhered to or adheres to applicable 2-way communication and announcement requirements found in PA 228 Sec. 3.(2) and 3.a.(2).
- **January 1, 2021 through December 31, 2021** Public Bodies **MUST meet live**. Members may only attend remotely to accommodate that Member's military duty, a medical condition, or a statewide or local state of emergency or state of disaster as described in PA 228 3.a.1(b). For the purpose of permitting an electronic meeting due to local state of emergency or state of disaster, only Members who reside in the emergency or disaster area may attend remotely. In the event the emergency or disaster area includes the city of Portage or the county of Kalamazoo, SWMBH and SUDOP Board Meetings may be held totally by remote means.
- **Beginning January 1, 2022** Public Bodies must meet live and Public Body Members may only attend remotely to accommodate military duty.

March 18, 2020 through December 31, 2020

- Our March through October remote meetings are compliant. There is no risk exposure and no need to redo Board Actions or Meeting Minutes.

Key Provisions of PA 228

- Sec. 3(2) *"...the public body shall, subject to 3a, establish the following procedures to accommodate the absence of any member of the public body due to military duty, a medical condition, or a statewide or local state of emergency or state of disaster declared pursuant to law or charter by the governor or a local official or local governing body that would risk the personal health or safety of members of the public or the public body if the meeting were held in person..."*
- Sec. 3(2)(a)(i) ..."*Procedures by which the absent member may participate in, and vote on, business before the public body, including, but not limited to, procedures for both of the following: Two-way communication. And...*
  - *Sec. 3 (2)(a)(ii)....see next page*

Key Provisions of PA 228

Sec. 3 (2)(a)(ii).... *"For each member of the public body attending the meeting remotely,* ***a public announcement at the outset of the meeting by that member, to be included in the meeting minutes, that the member is in fact attending the meeting remotely. If the member is attending the meeting remotely for a purpose other than for military duty, the member's announcement must further identify specifically the member's location by stating the county, city, township, or village and state from which he or she is attending the meeting remotely."***

Definition of Medical Condition: *"Medical condition means an illness, injury, disability, or other health-related condition." Sec. 3.(12).*

There is no requirement in the statute for objective proof of a self-declared "medical condition."

January 1, 2021 through December 31, 2021

- Sec. 3a.(1)(b) ...*"On and after January 1, 2021 through December 31, 2021, only those circumstance requiring accommodation of members absent due to military duty, a medical condition, or a statewide or local state of emergency or state of disaster..." "For the purpose of permitting an electronic meeting due to a local state of emergency or state of disaster, this subdivision applies only as follows: (i) To permit the electronic attendance of a member who resides in the affected area [and] (ii) To permit the electronic meeting of a public body that usually holds its meetings in the affected area."*
- Sec. 3.a.(8) ...*"At a meeting held...to accommodate members absent due to military duty or a medical condition, only those members absent due to military duty or a medical condition may participate remotely. Any member who is not on military leave or does not have a medical condition must be physically present at the meeting to participate."*

2021 Considerations

- Board Meetings must be held live unless there is a declared state of emergency or disaster in the state or in Kalamazoo county or in the city of Portage
- Board Members may be accommodated for remote attendance for military duty or a medical condition.
  - How to establish basis for the accommodation?
    - A. Board Member self-declaration of a medical condition at the beginning of each meeting; or
    - B. Board Members contact a SWMBH staff TBD before each meeting and the staff declares their accommodation adherent to PA 228 at the beginning of each meeting for the Minutes; or
    - Other?

2021 Considerations, continued

- MDHHS COVID-19 Executive Orders https://www.michigan.gov/documents/coronavirus/2020.10.29_Gatherings_and_Masks_order_-_signed_706520_7.pdf in effect 10/29/20 until further notice
- SWMBH Board room cannot adhere to the MDHHS COVID-19 Executive Orders.
- Key Provisions of Order:
  - Maximum 50 persons for inside gathering, and
  - Maximum 20 persons per 1,000 square feet. Board room is 550 square feet. Mathematically a 9 person limit. This would preclude live attendance of support staff, regional leaders or the public.
  - Six foot social distancing is not reasonably possible due to room size and configuration.
  - All must wear masks.

2021 Considerations, continued

- We are not obligated to secure DHHS Order-compliant venue for Board meetings (management and Counsel opinion)
- Health and safety of Board members and staff are paramount
- Risk & liability for not having live meetings is low, but exists
- Risk and liability for having live meeting with resultant COVID-19 is low, but exists
- Renewals and revisions to MDHHS COVID-19 Executive Orders and related Court opinions will be followed closely by management

Management Recommendations

- Use option B. slide 8 for establishing PA 228 compliant basis for Board member remote attendance for calendar year 2021.
- Declare SWMBH facilities unable to adhere to the October 29, 2020 MDHHS COVID-19 Executive Order for calendar year 2021 (or subsequent Orders after review) via a Motion at December Board meeting such as "After consideration the Board has determined that the SWMBH Board room cannot adhere to the October 29, 2020 MDHHS COVID-19 Executive Orders. Therefore, so long as those Orders remain in effect the (SWMBH Board) (Substance Use Disorder Oversight Policy Board) shall maintain remote Board Meetings. Management is instructed to follow subsequent MDHHS or other related Executive Orders or Court opinions and advise the Board accordingly."
- Revise SWMBH Policy on Open Meetings Act accordingly for December Board action.

Southwest Michigan
BEHAVIORAL HEALTH

Section:	Policy Number:	Pages:
Board- Policy Board-Management	BG-003	1
Subject:	**Required By:**	**Accountability:**
Delegation Unity of Control	Policy Governance	SWMBH Board
Application: ☒ SWMBH Governance Board ☐ SWMBH EO		**Required Reviewer:** SWMBH Board

Effective Date:	Last Review Date:	Past Review Dates:
11.18.2013	11.8.19	11.14.14, 11.13.15, 11.11.16, 11.10.17,11.9.18

I. **PURPOSE:**
Only officially passed motions of the Board are binding on the EO.

II. **POLICY:**
1. Decisions or instructions of individual Board Members, Officers, or Committees are not binding on the Executive Officer (EO) except in instances when the Board has specifically authorized such exercise of authority.

2. In the case of Board Members or Committees requesting information or assistance without Board authorization the EO can refuse such requests that require, in the EO's opinion, a material amount of staff time or funds, or are disruptive.

Southwest Michigan
BEHAVIORAL HEALTH

Executive Limitations
Monitoring to Assure Executive Performance

Policy Number: EO-003
Policy Name: Emergency Executive Officer Succession
Board Date: November 13, 2020

POLICY PURPOSE:

In order to protect the board from sudden loss of Chief Executive Officer (EO) services.

BOARD POLICY:

"In order to protect the board from sudden loss of EO services, the EO will have no less than two executives identified to the board sufficiently familiar with Board and EO issues and processes to enable them to take over with reasonable proficiency as an interim EO if called upon by the Board."

Executive Officer Report

I previously identified, and the Board accepted, Tracy Dawson, Chief Financial Officer and Mila Todd, Chief Compliance Officer and Director of Provider Network Management as executives identified to be sufficiently familiar with Board and EO issues and processes to enable either to take over with reasonable proficiency as an interim EO if called upon by the Board to do so.

Over the past year I have made concerted efforts with Tracy and Mila to enhance the Board directive of reasonable proficiency. Specifically,

- I have met regularly with Tracy and Mila together and separately on operational matters and have incorporated into those meetings discussions of Board and EO issues and processes. They are also those first privy to and consulted on major emerging strategic plans.

- They are both regular attendees at Board and Operations Committee meetings.

- I have made a written pre-directive to applicable SWMBH Senior Leaders to free access to hard and soft version EO files immediately to the interim EO if the Board names one.

I continue to solicit and fulfill needs from Tracy and Mila in this regard.

Designated representative(s) of the Board are of course free to solicit views on this topic from Tracy and Mila.

<END>

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy	Policy Number: EO-003	Pages: 1
Subject: Emergency EO Succession	Required By: Policy Governance	Accountability: SWMBH Board
Application: ☒ SWMBH Governance Board ☒ SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 06.13.2014	Last Review Date: 11.8.19	Past Review Dates: 11.14.14, 9.11.15, 9.9.16, 11.11.16, 11.10.17,10.12.18

I. **PURPOSE:**
In order to protect the Board from sudden loss of Executive Officer services.

II. **POLICY:**
In order to protect the Board from sudden loss of the Executive Officer services, the Executive Officer will have no less than two executives identified to the Board sufficiently familiar with Board and Executive Officer issues and processes to enable them to take over with reasonable proficiency as an interim Executive Officer if called upon by the Board.

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations	Policy Number: EO-002	Pages: 2
Subject: Monitoring of Executive Officer Performance	Required By: Policy Governance	Accountability: SWMBH Board
Application: ☐ SWMBH Governance Board ☒ SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 03.14.14	Last Review Date: 10.11.19	Past Review Dates: 07.11.2014, 03.13.15, 05.13.16 11/11/16, 11.10.17, 11.9.18

I. **PURPOSE:**
To ensure Executive Officer performance is monitored and evaluated.

II. **POLICY:**
Monitoring Executive Officer, EO, performance is synonymous with monitoring organizational performance against Board policies on Ends and on Executive Limitations. Any evaluation of EO performance, formal or informal, may be derived from these monitoring data.

III. **STANDARDS:**
Accordingly,

1. The purpose of monitoring is to determine the degree to which Board policies are being fulfilled. Information that does not do this will not be considered to be monitoring.

2. A given policy may be monitored in one or more of three ways; with a balance of using all of the three types of monitoring:
   a. Internal report: Disclosure of compliance information to the Board from the Executive Officer.
   b. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the Board. Such reports must assess Executive Officer performance only against policies of the Board, not those of the external party unless the Board has previously indicated that party's opinion to be the standard.
   c. Direct Board inspection: Discovery of compliance information by a Board Member, a Committee or the Board as a whole. This is a Board inspection of documents, activities or circumstances directed by the Board which allows a "prudent person" test of policy compliance.

3. Upon the choice of the Board, any policy can be monitored by any method at any time. For regular monitoring, however, each Ends and Executive Limitations policy will be classified by the Board according to frequency and method.
   a. Internal
   b. External
   c. Direct Inspection

4. Each November the Board will have a formal evaluation of the EO. This evaluation will consider monitoring data as defined here and as it has appeared over the calendar year.

5. The Executive Committee, (Chair, Vice Chair, and Secretary), will take data and information from the bulleted documents below upon which the annual performance of the EO will be evaluated. The overall evaluation consists of compliance with Executive Limitations Policies, Ends Interpretation and Ends Monitoring reports and supporting documentation, (as per the Board developed schedule), and follow through on Board requests, (what we ask for in subsequent meetings and what we want to see on the agendas). For the performance review the following should be documents given the Executive Committee at least one month prior, (October), to the Board EO evaluation, (November).
   - Minutes of all meetings
   - Ends Monitoring reports for the past year along with the Ends Interpretation for each Ends Monitoring report
   - Any supporting Ends documentation
   - Ends Monitoring Calendar
   - Other policies monitoring calendar

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations	Policy Number: BEL-010	Pages: 1
Subject: Regional Entity 501 (c)(3) Representation	Required By: Policy Governance	Accountability: SWMBH Board
Application: ☒ SWMBH Governance Board ☒ SWMBH EO		Required Reviewer: SWMBH Board

Effective Date:	Last Review Date:	Past Review Dates:
02.13.2015	11/8/19	2.13.15, 3.11.16, 10.14.16, 10.13.17, 10.12.18

I. **PURPOSE:**

To define the SWMBH Executive Officer role and responsibilities in conjunction with SWMBH MCHE membership. On August 12, 2016, the SWMBH Board approved the revised Bylaws presented by the MASACA Board including the fact that the name will be changed to the Michigan Consortium for Healthcare Excellence (MCHE) and on October 5, 2016, the MASACA/MCHE Board accepted the revised MCHE Bylaws. On October 11, 2019 the SWMBH Board reaffirmed its support to continue as a Member of MCHE.

II. **POLICY:**

1. The SWMBH Board has approved SWMBH becoming a member of MCHE; and
2. the EO of SWMBH is hereby authorized to serve as SWMBH's representative and a Director of the MCHE Board, the latter being subject to the approval of the Board Members of MCHE in accordance with its Bylaws; and
3. the EO is hereby authorized and directed to execute and deliver any and all instruments, certificates, agreements and other documents necessary for SWMBH to hold a membership interest in MCHE; and
4. the SWMBH Board will evaluate on at least an annual basis in October of each year whether SWMBH will continue to hold a membership interest in MCHE or withdraw from such membership.

III. **STANDARDS:**

Accordingly, the Executive Officer as SWMBH representative to MCHE shall

1. Provide semi-annual written MCHE status reports to the SWMBH Board in April and October; and
2. Provide verbal reports to the SWMBH Board if there are items of importance which in the Executive Officer's judgment materially affect favorably or unfavorably SWMBH's core roles, strategy or finances; and
3. Present MCHE Articles of Incorporation revisions to the Board prior to voting on them; and
4. Present MCHE Bylaws revisions to the Board prior to voting on them and also after the adoption of them by MCHE Board;
5. Adhere to the Board standard that total direct fiscal year annual costs payable to MCHE shall not exceed $5,000, absent prior official approval of the Board. In the event of an urgent payment required, EO shall contact SWMBH Board Chair for guidance.

	E	F	G	H	J	K	L	M	N	O	P	Q	R	S
1	**Southwest Michigan Behavioral Health**				*Mos in Period*									
2	For the Fiscal YTD Period Ended 9/30/2020			P12FYTD20	12									
3	(For Internal Management Purposes Only)													
4	***INCOME STATEMENT***			TOTAL	Medicaid Contract	Healthy Michigan Contract	Autism Contract	MI Health Link	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	Indirect Pooled Cost	
6														
7	REVENUE													
16	Contract Revenue			294,550,439	224,845,337	38,593,603	17,271,404	3,462,702	-	8,578,420	1,797,972	-	-	
17	DHHS Incentive Payments			613,680	613,680	-	-	-	-	-	-	-	-	
18	Grants and Earned Contracts			193,504	-	-	-	-	193,504	0	-	-	-	
19	Interest Income - Working Capital			81,397	-	-	-	-	-	-	-	81,397	-	
20	Interest Income - ISF Risk Reserve			4,155	-	-	-	-	-	-	-	4,155	-	
21	Local Funds Contributions			1,726,192	-	-	-	-	-	-	-	1,726,192	-	
22	Other Local Income			252,500	-	-	-	-	-	-	-	252,500	-	
23														
24	TOTAL REVENUE			297,411,867	225,460,017	38,593,603	17,271,404	3,462,702	193,504	8,578,420	1,797,972	2,064,244	-	
25														
26	EXPENSE													
27	Healthcare Cost													
28	Provider Claims Cost			23,122,058	3,539,579	5,477,325	-	3,993,169	101,840	7,489,229	1,521,415	-	-	
29	CMHP Subcontracts, net of 1st & 3rd party			232,866,313	183,297,435	32,967,658	16,404,223	1,524,449	-	573,245	-	-	-	
30	Insurance Provider Assessment Withhold (IPA)			2,949,398	2,949,959	-	-	-	-	-	-	-	-	
31	Medicaid Hospital Rate Adjustments			3,603,559	3,603,559	-	-	-	-	-	-	-	-	
32	MHL Cost in Excess of Medicare FFS Cost			-	2,339,041	-	-	(2,339,041)		-	-	-		
33														
34	Total Healthcare Cost			262,342,624	195,729,112	27,344,883	16,404,223	3,178,577	101,840	8,062,474	1,521,415	-	-	
35	Medical Loss Ratio (MCC % of Revenue)			88.2%	86.8%	70.9%	95.0%	91.8%		94.0%	84.6%			
37	Administrative Cost													
38	Purchased Professional Services			397,605	-	-	-	-	-	-	-	397,605	-	
39	Administrative and Other Cost			7,377,970	-	-	-	-	91,663	255,068	-	7,030,057	152	
47	Depreciation			89,057	-	-	-	-	-	-	-	89,057	-	
42	Functional Cost Reclassification			-	-	-	-	-	-	-	-	-	-	
43	Allocated Indirect Pooled Cost			(0)	-	-	-	-	-	-	-	152	(152)	
44	Delegated Managed Care Admin			16,975,941	14,026,098	1,599,285	1,345,567	114,290	-	-	-	-	-	
45	Apportioned Central Mgd Care Admin			(0)	5,727,224	828,221	502,850	169,135	5,625	254,895	-	(7,495,950)	-	
46														
47	Total Administrative Cost			24,840,564	19,753,322	2,427,507	1,748,416	284,125	97,288	511,093	-	28,832	-	
48	Admin Cost Ratio (MCA % of Total Cost)			8.6%	8.0%	6.2%	9.6%	8.2%		5.7%	0.0%	2.7%		
49														
50	Local Funds Contribution			1,726,192	-	-	-	-	-	-	-	1,726,192	-	
51														
52	TOTAL COST after apportionment			278,909,299	215,482,434	29,772,390	18,152,638	3,462,702	189,128	8,573,567	1,521,415	1,755,024	-	
53														
54	NET SURPLUS before settlement			18,502,568	9,977,583	8,821,214	(881,235)	-	(5,625)	4,853	276,557	309,220	-	
55	Net Surplus (Deficit) % of Revenue			6.2%	4.4%	22.9%	-5.1%	0.0%	-3.1%	0.1%	15.4%	15.0%		
57	Prior Year Savings			-	-	-	-	-		-	-	-		
58	Change in PA2 Fund Balance			(276,557)	-	-	-	-		-	(276,557)	-		
59	ISF Risk Reserve Abatement (Funding)			(18,252,025)	(14,270,191)	(777,379)	-	-		-	-	(4,155)		
60	ISF Risk Reserve Deficit (Funding)			-	-	-	-	-		-	-	-		
61	Settlement Receivable / (Payable)			(4,853)	4,390,047	(5,271,292)	881,235	-	-	(4,853)	-	-		
62	NET SURPLUS (DEFICIT)			3,169,132	97,439	2,772,253	-	-	(5,625)	-	-	305,065	-	
63	HMP & Autism is settled with Medicaid													
64														
65	SUMMARY OF NET SURPLUS (DEFICIT)													
66	Prior Year Unspent Savings			-	-	-	-	-		-	-	-		
67	Current Year Savings			2,868,692	97,439	2,772,253	-	-		-	-	-		
68	Current Year Public Act 2 Fund Balance			-	-	-	-	-		-	-	-		
69	Local and Other Funds Surplus/(Deficit)			298,440	(0)	-	-	-	(5,625)	-	-	305,065	-	
70														
71	NET SURPLUS (DEFICIT)			3,169,132	97,439	2,772,253	-	-	(5,625)	-	-	305,065	-	
72														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			Mos in Period									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	*(For Internal Management Purposes Only)*			ok									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
6	**Medicaid Specialty Services**			HCC%	79.5%	77.7%	75.8%	79.4%	76.4%	79.6%	81.9%	83.8%	78.1%
7	Subcontract Revenue		224,848,337	16,414,507	208,431,831	8,853,883	40,772,880	11,406,302	38,045,886	11,158,936	64,092,937	14,108,570	19,992,436
8	Incentive Payment Revenue		613,680	206,759	406,920	34,946	-	33,887	118,606	3,978	183,733	26,475	5,295
9	Contract Revenue		225,460,017	16,621,266	208,838,751	8,888,830	40,772,880	11,440,190	38,164,492	11,162,914	64,276,670	14,135,045	19,997,731
10													
11	External Provider Cost		139,387,502	3,539,079	135,848,423	4,523,129	27,576,193	5,998,337	25,052,972	6,319,803	47,085,292	9,136,498	10,158,197
12	Internal Program Cost		49,771,649	-	49,771,649	2,881,020	10,028,757	2,710,821	10,325,440	2,851,236	5,715,540	4,626,920	7,628,913
13	SSI Reimb, 1st/3rd Party Cost Offset		(798,188)	-	(798,188)	(13,424)	(183,789)	(37,504)	(130,115)	(35,195)	(268,034)	(29,327)	(82,795)
14	Insurance Provider Assessment Withhold (IPA)		8,553,557	8,553,557	-	-	-	-	-	-	-	-	-
15	VHL Cost in Excess of Medicare FFS Cost		699,802	699,802	-	-	-	-	-	-	-	-	-
16	Total Healthcare Cost		195,614,122	10,792,238	184,821,884	7,390,726	37,421,161	8,671,654	35,249,294	9,135,846	55,515,898	13,734,091	17,703,214
17	Medical Loss Ratio (HCC % of Revenue)		86.8%	64.9%	88.5%	83.1%	91.8%	75.8%	92.4%	81.8%	86.4%	97.2%	88.5%
18													
19	Managed Care Administration		19,868,312	5,727,224	14,141,088	799,568	2,621,683	764,711	2,437,506	774,048	4,643,193	886,513	1,213,866
20	Admin Cost Ratio (MCA % of Total Cost)		9.2%	2.7%	6.8%	9.8%	6.5%	6.1%	5.5%	7.8%	7.7%	6.1%	6.4%
21													
22	Contract Cost		215,482,434	16,519,462	198,962,972	8,190,294	40,042,844	9,436,365	37,686,798	9,909,894	60,159,091	14,620,604	18,917,080
23	Net before Settlement		9,977,583	101,804	9,875,780	698,536	730,036	2,003,825	477,692	1,253,019	4,117,579	(485,559)	1,080,651
24													
25	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve		(14,270,191)	(14,270,191)	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution		4,390,047	14,265,827	(9,875,780)	(698,536)	(730,036)	(2,003,825)	(477,692)	(1,253,019)	(4,117,579)	485,559	(1,080,651)
28	Net after Settlement		97,439	97,439	0	-	-	-	-	-	-	-	-
29													
30	Eligibles and PMPM												
31	Average Eligibles		152,595	152,595	152,595	7,876	29,383	8,516	28,945	9,040	40,111	12,586	16,038
32	Revenue PMPM		$ 123.13	$ 9.08	$ 114.05	$ 94.05	$ 115.64	$ 110.55	$ 109.86	$ 102.90	$ 133.54	$ 93.59	$ 103.91
33	Expense PMPM		$ 117.68	$ 9.02	$ 108.66	$ 86.66	$ 113.57	$ 91.27	$ 108.50	$ 91.35	$ 124.98	$ 96.50	$ 98.29
34	Margin PMPM		$ 5.45	$ 0.06	$ 5.39	$ 7.39	$ 2.07	$ 19.38	$ 1.38	$ 11.55	$ 8.55	$ (3.21)	$ 5.62
35													
36	**Medicaid Specialty Services**												
37	Budget v Actual												
38													
39	Eligible Lives (Average Eligibles)												
40	Actual		152,595	152,595	152,595	7,876	29,383	8,516	28,945	9,040	40,111	12,586	16,038
41	Budget		148,407	148,407	148,407	7,521	28,972	8,437	27,913	8,550	39,123	12,222	15,669
42	Variance - Favorable / (Unfavorable)		4,188	4,188	4,188	355	411	79	1,032	490	988	364	369
43	% Variance - Fav / (Unfav)		2.8%	2.8%	2.8%	4.7%	1.4%	2.1%	3.7%	5.7%	2.5%	3.0%	2.4%
44													
45	Contract Revenue before settlement												
46	Actual		225,460,017	16,621,266	208,838,751	8,888,830	40,772,880	11,440,190	38,164,492	11,162,914	64,276,670	14,135,045	19,997,731
47	Budget		204,068,849	17,242,038	186,826,811	7,396,377	37,196,138	9,989,229	34,283,103	9,752,361	57,765,210	12,540,970	17,903,422
48	Variance - Favorable / (Unfavorable)		21,391,168	(620,773)	22,011,940	1,492,453	3,576,742	1,450,961	3,881,389	1,410,553	6,511,460	1,594,075	2,094,309
49	% Variance - Fav / (Unfav)		10.5%	-3.6%	11.8%	20.2%	9.6%	14.5%	11.3%	14.5%	11.3%	12.7%	11.7%
50													
51	Healthcare Cost												
52	Actual		195,614,122	10,792,238	184,821,884	7,390,726	37,421,161	8,671,654	35,249,294	9,135,846	55,515,898	13,734,091	17,703,214
53	Budget		190,649,234	10,330,043	180,319,192	7,776,176	36,453,063	9,559,212	32,144,756	9,256,775	54,555,508	12,971,760	17,501,941
54	Variance - Favorable / (Unfavorable)		(4,964,888)	(462,195)	(4,502,692)	385,451	(968,099)	887,559	(3,104,538)	120,929	(960,390)	(762,331)	(201,273)
55	% Variance - Fav / (Unfav)		-2.6%	-4.5%	-2.5%	5.0%	-2.7%	9.3%	-9.7%	1.3%	-1.8%	-5.9%	-1.2%
56													
57	Managed Care Administration												
58	Actual		19,868,312	5,727,224	14,141,088	799,568	2,621,683	764,711	2,437,506	774,048	4,643,193	886,513	1,213,866
59	Budget		20,585,764	6,967,929	13,617,834	579,053	2,717,287	798,312	2,319,936	709,287	4,594,528	809,923	1,089,510
60	Variance - Favorable / (Unfavorable)		717,452	1,240,705	(523,253)	(220,515)	95,604	33,600	(117,570)	(64,761)	(48,665)	(76,590)	(124,356)
61	% Variance - Fav / (Unfav)		3.5%	17.8%	-3.8%	-38.1%	3.5%	4.2%	-5.1%	-9.1%	-1.1%	-9.5%	-11.4%

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			*Mos in Period*									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	*(For Internal Management Purposes Only)*			*ok*									
4	***INCOME STATEMENT***		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
52													
53	Total Contract Cost												
54	Actual		215,482,434	16,519,462	198,962,972	8,190,294	40,042,844	9,436,365	37,686,799	9,909,894	60,159,091	14,520,804	18,917,080
55	Budget		211,234,998	17,297,972	193,937,026	8,355,229	38,170,349	10,357,524	34,464,692	9,956,062	59,250,036	13,781,383	18,591,451
56	Variance - Favorable / (Unfavorable)		(4,247,436)	778,510	(5,025,945)	164,936	(872,495)	921,159	(3,222,107)	56,168	(909,055)	(838,921)	(325,629)
57	% Variance - Fav / (Unfav)		-2.0%	4.5%	-2.6%	2.0%	-2.2%	8.9%	-9.3%	0.6%	-1.5%	-6.1%	-1.8%
68													
69	Net before Settlement												
70	Actual		9,977,593	101,804	9,875,789	568,536	730,036	2,003,825	477,692	1,253,019	4,117,579	(485,559)	1,080,651
71	Budget		(7,166,149)	(55,933)	(7,110,215)	(958,852)	(1,974,211)	(368,295)	(181,589)	(213,701)	(1,484,826)	(1,240,713)	(688,029)
72	Variance - Favorable / (Unfavorable)		17,143,732	157,737	16,985,995	1,557,388	2,704,247	2,372,119	659,281	1,466,720	5,602,406	755,154	1,768,680
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			Mos in Period									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	(For Internal Management Purposes Only)			ok									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
75	***Healthy Michigan Plan***			HCC%	9.0%	12.7%	6.0%	5.6%	10.8%	7.8%	7.3%	9.7%	8.5%
76	Contract Revenue		38,593,503	8,472,564	30,121,040	1,443,706	6,152,178	1,441,720	5,376,150	1,794,293	8,661,867	2,335,095	2,916,032
77													
78	External Provider Cost		17,743,848	8,477,325	11,266,623	492,368	2,408,487	405,775	2,210,145	271,855	3,719,419	675,791	1,082,773
79	Internal Program Cost		9,600,935	-	9,600,935	719,684	1,890,838	532,343	2,758,062	618,268	1,239,691	918,843	923,216
80	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
81	Total Healthcare Cost		27,344,883	6,477,325	20,867,558	1,212,052	4,297,325	939,117	4,968,207	890,123	4,959,110	1,595,634	2,005,990
82	Medical Loss Ratio (HCC % of Revenue)		70.8%	76.5%	69.3%	84.0%	69.8%	65.1%	92.4%	49.6%	57.3%	68.3%	68.8%
83													
84	Managed Care Administration		2,427,507	838,221	1,589,286	131,126	301,066	82,816	343,554	75,417	414,766	102,996	137,546
85	Admin Cost Ratio (MCA % of Total Cost)		8.2%	2.8%	5.3%	9.8%	6.5%	8.1%	5.5%	7.8%	7.7%	6.1%	6.4%
86													
87	Contract Cost		29,772,390	7,315,546	22,456,844	1,343,178	4,598,391	1,021,934	5,311,760	965,540	5,373,875	1,698,629	2,143,535
88	Net before Settlement		8,821,214	1,157,018	7,664,196	100,527	1,553,787	419,787	64,390	828,753	3,287,990	636,466	772,496
89													
90	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
91	Internal Service Fund Risk Reserve		(777,679)	(777,679)	-	-	-	-	-	-	-	-	-
92	Contract Settlement / Redistribution		(5,271,282)	2,392,914	(7,664,196)	(100,527)	(1,553,787)	(419,787)	(64,390)	(828,753)	(3,287,990)	(636,466)	(772,496)
93	Net after Settlement		2,772,253	2,772,253	-	-	-	-	-	-	-	-	-
94													
95	Eligibles and PMPM												
96	Average Eligibles		54,020	54,020	54,020	2,631	11,135	2,564	9,642	3,296	15,209	4,210	5,334
97	Revenue PMPM		$ 59.54	$ 13.07	$ 45.47	$ 45.72	$ 46.04	$ 46.85	$ 46.47	$ 45.37	$ 47.46	$ 46.22	$ 45.55
98	Expense PMPM		45.93	11.29	34.64	42.54	34.41	33.21	45.91	24.41	29.45	33.62	33.49
99	Margin PMPM		$ 13.61	$ 1.78	$ 11.82	$ 3.18	$ 11.63	$ 13.64	$ 0.56	$ 20.96	$ 18.02	$ 12.60	$ 12.07
100													
101	***Healthy Michigan Plan***												
102	Budget v Actual												
103													
104	Eligible Lives (Average Eligibles)												
105	Actual		54,020	54,020	54,020	2,631	11,135	2,564	9,642	3,296	15,209	4,210	5,334
106	Budget		51,569	51,569	51,569	2,512	10,410	2,431	9,166	2,975	15,052	3,917	5,103
107	Variance - Favorable / (Unfavorable)		2,451	2,451	2,451	119	725	133	476	321	156	293	231
108	% Variance - Fav / (Unfav)		4.8%	4.8%	4.8%	4.7%	7.0%	5.5%	5.2%	10.8%	1.0%	7.5%	4.5%
109													
110	Contract Revenue before settlement												
111	Actual		38,593,503	8,472,564	30,121,040	1,443,706	6,152,178	1,441,720	5,376,150	1,794,293	8,661,867	2,335,095	2,916,032
112	Budget		29,027,015	5,016,199	24,010,816	1,159,255	4,844,554	1,125,228	4,296,564	1,368,310	7,049,612	1,816,861	2,350,433
113	Variance - Favorable / (Unfavorable)		9,566,588	3,456,364	6,110,224	284,451	1,307,624	316,493	1,079,586	425,983	1,612,255	518,234	565,599
114	% Variance - Fav / (Unfav)		33.0%	68.9%	25.4%	24.5%	27.0%	28.1%	25.1%	31.1%	22.9%	28.5%	24.1%
115													
116	Healthcare Cost												
117	Actual		27,344,883	6,477,325	20,867,558	1,212,052	4,297,325	939,117	4,968,207	890,123	4,959,110	1,595,634	2,005,990
118	Budget		25,127,724	5,813,027	19,314,697	1,380,754	2,888,453	1,255,829	4,763,800	982,435	5,128,279	1,165,313	1,739,834
119	Variance - Favorable / (Unfavorable)		(2,217,159)	(664,298)	(1,552,860)	168,701	(1,408,872)	328,712	(204,406)	92,312	169,168	(430,321)	(266,155)
120	% Variance - Fav / (Unfav)		-8.8%	-11.4%	-8.0%	12.2%	-48.8%	25.8%	-4.3%	9.4%	3.3%	-36.9%	-15.3%
121													
122	Managed Care Administration												
123	Actual		2,427,507	838,221	1,589,286	131,126	301,066	82,816	343,554	75,417	414,766	102,996	137,546
124	Budget		2,405,557	950,562	1,455,095	102,818	215,311	105,712	343,811	75,278	431,101	72,759	108,306
125	Variance - Favorable / (Unfavorable)		(21,950)	112,341	(134,191)	(28,308)	(85,754)	22,896	257	(139)	15,335	(30,236)	(29,240)
126	% Variance - Fav / (Unfav)		-0.9%	11.8%	-9.2%	-27.5%	-39.8%	21.7%	0.1%	-0.2%	3.6%	-41.6%	-27.0%
127													
128	Total Contract Cost												
129	Actual		29,772,390	7,315,546	22,456,844	1,343,178	4,598,391	1,021,934	5,311,760	965,540	5,373,875	1,698,629	2,143,535
130	Budget		27,533,281	6,763,588	20,769,793	1,483,571	3,103,765	1,371,542	5,107,611	1,057,712	5,559,379	1,238,072	1,846,141
131	Variance - Favorable / (Unfavorable)		(2,239,109)	(551,958)	(1,687,051)	140,393	(1,494,626)	349,608	(204,149)	92,173	185,503	(460,557)	(295,395)

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			*Mos In Period*									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	*(For Internal Management Purposes Only)*			ok									
4	***INCOME STATEMENT***		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
132	% Variance - Fav / (Unfav)		-8.1%	-8.2%	-8.1%	9.5%	-48.2%	25.5%	-4.0%	8.7%	3.3%	-37.2%	-16.0%
133													
134	Net before Settlement												
135	Actual		8,821,214	1,157,018	7,664,196	100,527	1,553,787	419,787	84,390	826,753	3,287,390	636,465	772,486
136	Budget		1,493,634	(1,747,389)	3,241,023	(324,316)	1,740,789	(246,314)	(611,047)	310,598	1,490,232	578,789	502,282
137	Variance - Favorable / (Unfavorable)		7,327,579	2,904,407	4,423,173	424,844	(187,002)	666,101	675,437	516,155	1,797,158	57,677	270,204
138													
139													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	*(For Internal Management Purposes Only)*			*ok*									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
140	**Autism Specialty Services**			HCC%	7.1%	5.2%	8.9%	7.3%	7.2%	6.8%	9.7%	3.1%	8.1%
141	Contract Revenue		17,271,404	27,487	17,243,918	858,184	3,254,309	964,869	3,131,152	865,972	5,071,686	1,395,879	1,701,867
142													
143	External Provider Cost		14,355,948	-	14,355,948	-	4,235,212	791,188	1,853,847	864,641	4,550,656	505,175	1,755,031
144	Internal Program Cost		2,048,275	-	2,048,275	496,099	5,573	2,500	1,449,713	2,188	-	7,809	83,393
145	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
146	Total Healthcare Cost		16,404,223	-	16,404,223	496,099	4,241,785	793,686	3,303,560	667,029	4,550,656	512,985	1,838,424
147	Medical Loss Ratio (HCC % of Revenue)		95.0%	0.0%	95.1%	57.8%	130.3%	82.3%	105.5%	77.0%	89.7%	36.7%	108.0%
148													
149	Managed Care Administration		1,748,416	502,850	1,245,567	53,671	297,174	89,991	228,443	56,515	380,604	33,112	126,058
150	Admin Cost Ratio (MCA % of Total Cost)		9.6%	2.8%	6.8%	9.8%	6.5%	9.1%	6.5%	7.6%	7.7%	6.1%	6.4%
151													
152	Contract Cost		18,152,639	502,850	17,649,790	549,770	4,538,959	883,678	3,532,002	723,544	4,931,260	546,097	1,964,480
153	Net before Settlement		(881,235)	(475,363)	(405,872)	308,414	(1,284,650)	101,192	(400,851)	142,428	140,427	849,782	(262,614)
154	Contract Settlement / Redistribution		881,235	475,363	405,872	(308,414)	1,284,650	(101,192)	400,851	(142,428)	(140,427)	(849,782)	262,614
155	Net after Settlement		0	0	(0)	-	-	-	-	-	-	-	-
156													
157													
158	**SUD Block Grant Treatment**			HCC%	0.2%	0.8%	0.3%	0.6%	0.0%	0.9%	0.0%	0.5%	0.4%
159	Contract Revenue		9,579,420	7,214,587	1,363,834	91,443	473,006	34,960	-	147,634	271,161	191,262	154,368
160													
161	External Provider Cost		7,489,409	7,489,229	180	180	-	-	-	-	-	-	-
162	Internal Program Cost		573,065	-	573,065	54,272	162,583	68,540	-	101,103	2,567	95,699	88,302
163	Insurance Provider Assessment Withhold (IPA)		-	-	-	-	-	-	-	-	-	-	-
164	Total Healthcare Cost		8,062,474	7,489,229	573,245	54,452	162,583	68,540	-	101,103	2,567	95,699	88,302
165	Medical Loss Ratio (HCC % of Revenue)		84.2%	103.8%	42.0%	59.5%	34.4%	196.1%	0.0%	68.5%	0.9%	50.0%	57.2%
166													
167	Managed Care Administration		254,995	254,995	-	-	-	-	-	-	-	-	-
168	Admin Cost Ratio (MCA % of Total Cost)		3.1%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
169													
170	Contract Cost		8,317,469	7,744,223	573,245	54,452	162,583	68,540	-	101,103	2,567	95,699	88,302
171	Net before Settlement		260,952	(529,637)	790,588	36,991	310,423	(33,580)	-	46,531	258,594	95,563	66,066
172	Contract Settlement		(4,853)	785,735	(790,588)	(36,991)	(310,423)	33,580	-	(46,531)	(258,594)	(95,563)	(66,066)
173	Net after Settlement		256,098	256,098	-	-	-	-	-	-	-	-	-
174													
175													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	*(For Internal Management Purposes Only)*			ok									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
176	**SWMBH CMHP Subcontracts**												
177	Subcontract Revenue		289,289,766	32,129,144	257,160,622	11,247,216	50,852,373	13,847,852	46,553,188	13,966,834	78,097,651	18,030,807	24,764,702
178	Incentive Payment Revenue		613,680	206,759	406,920	34,946	-	33,887	118,606	3,978	183,733	26,475	5,295
179	Contract Revenue		289,903,445	32,335,903	257,567,542	11,282,162	50,852,373	13,881,739	46,671,794	13,970,812	78,281,384	18,057,281	24,769,997
180													
181	External Provider Cost		178,976,806	17,505,633	161,471,173	5,015,677	34,217,892	7,195,298	29,116,964	7,256,509	55,355,367	10,318,465	12,994,001
182	Internal Program Cost		61,993,924	-	61,993,924	4,151,075	12,088,751	3,314,204	14,534,214	3,572,787	9,958,898	5,649,271	8,724,724
183	SSI Reimb, 1st/3rd Party Cost Offset		(798,186)	-	(798,186)	(13,424)	(163,789)	(37,504)	(130,118)	(35,195)	(286,034)	(29,327)	(82,796)
184	Insurance Provider Assessment Withhold (IPA)		6,553,557	6,553,557	-	-	-	-	-	-	-	-	-
185	MHL Cost in Excess of Medicare FFS Cost		699,602	699,602	-	-	-	-	-	-	-	-	-
186	Total Healthcare Cost		247,425,702	24,758,792	222,666,910	9,153,328	46,122,854	10,472,998	43,521,060	10,794,101	65,028,231	15,938,409	21,635,930
187	Medical Loss Ratio (HCC % of Revenue)		85.3%	76.6%	86.4%	81.1%	91.1%	75.4%	93.2%	77.3%	83.1%	88.3%	87.3%
188													
189	Managed Care Administration		24,299,230	7,323,289	16,975,941	984,365	3,219,923	917,519	3,009,502	905,980	5,438,563	1,022,621	1,477,488
190	Admin Cost Ratio (MCA % of Total Cost)		8.9%	2.7%	6.2%	9.7%	6.5%	8.1%	6.5%	7.7%	7.7%	6.0%	5.4%
191													
192	Contract Cost		271,724,932	32,082,081	239,642,851	10,137,693	49,342,777	11,390,517	46,530,562	11,700,081	70,466,794	16,961,030	23,113,398
193	Net before Settlement		18,178,514	253,822	17,924,692	1,144,469	1,509,596	2,491,223	141,231	2,270,731	7,814,590	1,096,251	1,656,599
194													
195	Prior Year Savings		-	-	-	-	-	-	-	-	-	-	-
196	Internal Service Fund Risk Reserve		(15,047,870)	(15,047,870)	-	-	-	-	-	-	-	-	-
197	Contract Settlement		(4,853)	17,919,839	(17,924,692)	(1,144,469)	(1,509,596)	(2,491,223)	(141,231)	(2,270,731)	(7,814,590)	(1,096,251)	(1,656,599)
198	Net after Settlement		3,125,790	3,125,790	-	-	0	-	0	-	0	(0)	-
199													
200													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			*Mos in Period*									
2	For the Fiscal YTD Period Ended 9/30/2020			12									
3	*(For Internal Management Purposes Only)*			ok									
4	***INCOME STATEMENT***		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5										P12 projected by SWMBH			
201	***State General Fund Services***			HCC%	4.2%	3.8%	2.8%	4.1%	5.5%	6.0%	4.0%	2.7%	4.8%
202	Contract Revenue				11,145,413	636,216	1,681,730	507,672	2,527,554	625,690	3,478,622	474,574	1,213,355
203													
204	External Provider Cost				3,366,592	100,979	155,322	149,383	571,926	445,757	1,526,213	207,998	109,036
205	Internal Program Cost				6,504,212	261,465	1,234,849	297,977	1,924,025	242,049	1,379,896	239,703	924,248
206	SSI Reimb, 1st/3rd Party Cost Offset				(190,615)	-	-	-	-	-	(190,615)	-	-
207	Total Healthcare Cost				9,680,189	362,444	1,390,171	447,340	2,595,951	687,807	2,715,494	447,699	1,033,284
208	Medical Loss Ratio (HCC % of Revenue)				86.9%	57.0%	82.7%	88.1%	102.7%	109.9%	78.1%	94.3%	85.2%
209													
210	Managed Care Administration				820,037	43,684	107,743	44,222	198,758	63,395	250,836	32,341	79,056
211	Admin Cost Ratio (MCA % of Total Cost)				7.8%	10.8%	7.2%	9.0%	7.1%	8.4%	8.5%	6.7%	7.1%
212													
213	Contract Cost				10,500,226	406,128	1,497,914	491,562	2,794,709	751,201	2,966,330	480,040	1,112,343
214	Net before Settlement				645,187	230,088	183,816	16,111	(267,155)	(125,511)	512,292	(5,466)	101,012
215													
216	Other Redistributions of State GF				-	-	-	-	-	-	-	-	-
217	Contract Settlement				(945,919)	(225,086)	(320,278)	(21,850)	-	-	(338,361)	-	(40,344)
218	Net after Settlement				(300,732)	5,002	(136,462)	(5,739)	(267,155)	(125,511)	173,931	(5,466)	60,668
219													

SWMBH SERVICES ADMINISTRATIVE CONTRACT

(October 2019 - September 2020)

BLUE FIRE MEDIA, INC	
Deliverables/Services	• Supports the SWMBH public website
	FY20 Expenditure: $1,500 (FY19 Expenditure: $2,165)
CAPITOLINE CONSULTING	
Deliverables/Services	• Consultation service on federal regulations & funding opportunities • Secure materials and prepare briefs summarizing attended event
	FY20 Expenditure: $13,667 (FY19 Expenditure: $12,708)
CARE MANAGEMENT TECHNOLOGIES, INC	
Deliverables/Services	• Licensed proprietary healthcare data analytics solution • Analyze data in order to determine opportunities for improving care and decreasing costs for SWMBH and CMHSPs • Install and manage population health and case level user application
	FY20 Expenditure: $191,868 (FY19 Expenditure: $161,700)
CONTRACT PHYSICIANS	
Deliverables/Services	• Program policy issue consultation • Service guideline consultation and review • Medical policy review and approval • SWMBH credentialing panel participant • Consultation provided to Member Services and Contractor Network Management as necessary • On-call Medical decisions with Utilization Management during non-business hours • BH Human Resource Management Committee consultant
	FY20 Expenditure: $43,848 (FY19 Expenditure: $91,795)
FINCH CONSULTING	
Deliverables/Services	Assisting with activities and documents related to: • State reporting development • Risk reserve requirements review • Refinement of cost management systems region wide • CMH financial statement support
	FY20 Expenditure: $91,493 (FY19 Expenditure: $126,382)
HEALTH MANAGEMENT ASSOCIATES	
Deliverables/Services	• Technical assistance on emerging regulatory initiatives regarding population health management, duals, health homes and data analytics
	FY20 Expenditure: $6,882 (FY19 Expenditure: $6,485)
INFORMATION TECHNOLOGY PARTNERS (Contract was not renewed)	
Deliverables/Services	• Provides Service Encounter Data Management & Storage Services • Web Hosting • Cloud Computing Services • Network Infrastructure • VOIP • Wireless Communications • Hardware and Software Needs (with Helpdesk Support) • Related Project Management
	FY20 Expenditure: N/A (FY19 Expenditure: $75,257)

INSTITUTE FOR HEALTH & RECOVERY	
Deliverables/Services	• Onsite training: Trauma & Seeking Safety
	FY20 Expenditure: N/A (FY19 Expenditure: $22,367)
INTEGRATED SERVICES OF KALAMAZOO	
Deliverables/Services	• Access to EDI system
	FY20 Expenditure: $12,000 (FY19 Expenditure: $12,000)
MORC, INC	
Deliverables/Services	• Support intensity scale assessment training
	FY20 Expenditure: $5,794 (FY19 Expenditure: $30,372)
ON-CALL LEGAL RESOURCES	
Deliverables/Services	• Medicaid fair hearing counsel: Act as legal representation on behalf of SWMBH and participant CMHSP's for the Fair Hearing process • Perform tasks related to Fair Hearing preparation process: Record review, witness preparation and interviews • Hearing Summary preparation • Legal consultation related to Fair Hearing process
	FY20 Expenditure: $1,440 (FY19 Expenditure: $3,375)
PARENT MANAGEMENT TRAINING - OREGON model (PMTO)	
Deliverables/Services	• Provide training to clinicians using PMTO coaching model
	FY20 Expenditure: $39,637 (FY19 Expenditure: $63,609)
PARMENTER & ASSOCIATES	
Deliverables/Services	• General legal counsel
	FY20 Expenditure: $25,122 (FY19 Expenditure: $66,492)
PHD CONSULTANTS/LIGHTHOUSE BEHAVIORAL HEALTH	
Deliverables/Services	• Mental Health Parity project • Clinical consultation and project management
	FY20 Expenditure: $75,263 (FY19 Expenditure: $114,268)
PREST AND ASSOCIATES	
Deliverables/Services	• Health Plan professional independent review and consulting service • Utilization reviews concerning medical necessity and/or medical appropriateness of treatment
	FY20 Expenditure: $2,001 (FY19 Expenditure: $2,469)
PROTOCALL	
Deliverables/Services	• On-call crisis intervention counseling and related reporting
	FY20 Expenditure: $43,843 (FY19 Expenditure: $34,631)
QUEST ANALYTICS, LLC	
Deliverables/Services	• Annual Software licensing cost • To Provide Network Adequacy analysis
	FY20 Expenditure: $8,138 (FY19 Expenditure: $7,751)
ROSE ST ADVISORS/HRM INNOVATIONS, INC	
Deliverables/Services	Provides support, direction and consultation in the area of Human Resources ensuring federal and state regulations and standards are met. Tasks include, but not limited to: • Cultural Insights Surveys • Strategic leadership planning • Human Resource Consulting • Recruiting
	FY20 Expenditure: $30,100 (FY19 Expenditure: $40,000)

ROSLUND PRESTAGE & COMPANY, P.C	
Deliverables/Services	• Financial, Compliance & Single audit
	FY20 Expenditure: $113,225 (FY19 Expenditure: $114,638)
AUNALYTICS/SECANT	
Deliverables/Services	• Provides Data Center & Storage Services • Web Hosting • Cloud Computing Services • Network Infrastructure • VOIP • Wireless Communications • Hardware and Software Needs (with Helpdesk Support) • Related Project Management
	FY20 Expenditure: $346,996 (FY19 Expenditure: $342,304)
STREAMLINE HEALTHCARE SOLUTIONS	
Deliverables/Services	• Streamline Care Management System is a desktop application used to manage and pay external providers
	FY20 Expenditure: $96,725 (FY19 Expenditure: $103,846)
TBD SOLUTIONS LLC	
	• Level of Care Data Analytics and Guidelines project • Internal Functional assessment of UM Call Center and Provider Network
	FY20 Expenditure: $45,039 (FY19 Expenditure: $160,279)
VARNUM LLP	
Deliverables/Services	• Retirement plans legal consultation
	FY20 Expenditure: $3,354 (FY19 Expenditure: $12,948)
VOICES FOR HEALTH	
Deliverables/Services	• Translation and Interpretation services
	FY20 Expenditure: $12,614 (FY19 Expenditure: $5,782)

Contract Services
FY 2020 Actual: $1,210,549
FY 2019 Actual: $1,613,623
Delta $: ($403,074)
Delta %: (24.98%)

Southwest Michigan
BEHAVIORAL HEALTH

Information Technology Services

Board Update

November 3,2020

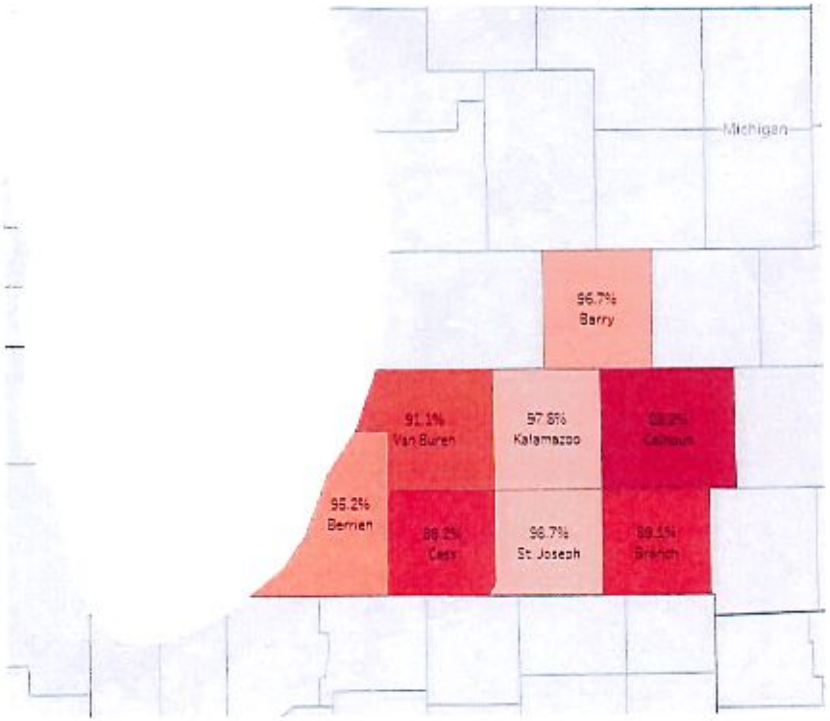
Information Technology Services

- ITS Strategic Imperatives
  - Improve Health Information Exchange systems
    - Work with MIHIN on ADT and CCDA
  - Improve healthcare data analytics capabilities
    - Tableau
    - Report Requests
    - Metrics
  - Regional individual access to industry standard management information tools
    - Complete implementation of new Relias population performance tool and share access with CMHs

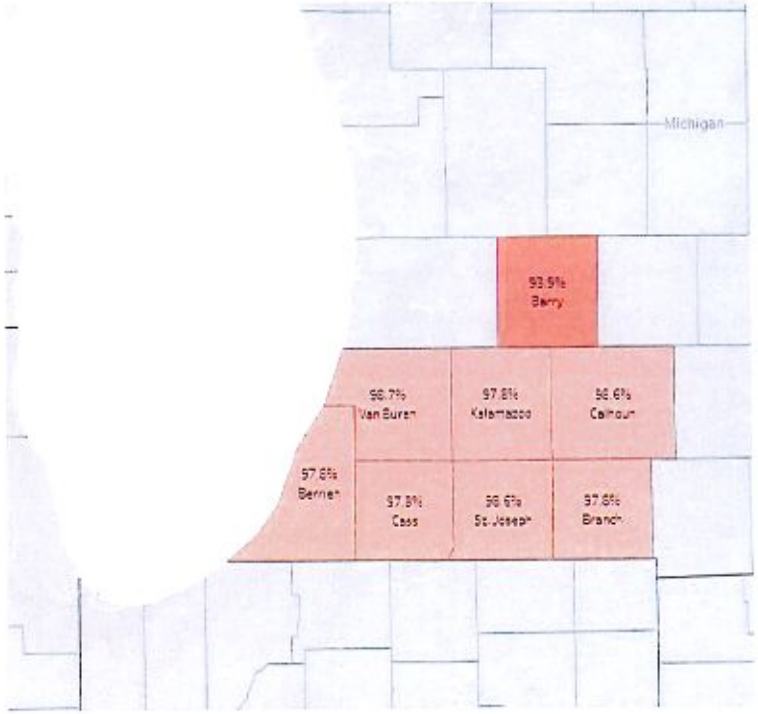
Information Technology Services

- BH-TEDS – Board Ends Metric, 97% Goal - MDHHS Goal 95%

  - FY2020 MH



  - FY2020 SUD-CMH



Information Technology Services

➢Support for Covid -19 Transition to Remote Work

- Deployed smartphones, headsets and other equipment needed to support remote work
- Made website changes to comply with governor's orders
- Added file structure to house upstream guidance
- Contracted for teleconferencing applications
- Added electronic version of Consent to Share Behavioral Health Information to SWMBH website to facilitate access for consumers and providers
- Encounter Analysis – Impact of Covid- 19 on Service Delivery

Information Technology Services

➢Top 10 ITS Responsibilities

- Data collection, management and exchange with CMHs, MDHHS and ICOs
- Database administration
- Systems engineering, management and technical support
- Process automation
- Network and Data security
- Help Desk and preventative maintenance
- IT procurement and deployment
- Projects and Upgrades
- IT strategic planning
- IT Governance

Natalie Spivak
Chief Information & Security Officer

John Holland
Senior Systems Architect

Andy Aardema
Applications & Systems Analyst

Kyle Infante
Software Engineer

Aradhana Gupta
Business Data Analyst I

Paul Ongwela
Business Data Analyst II

Randy Paruch
IT Project Manager

Information Technology Services

➢Managed Services

- Secant merged with three other entities to become Aunalytics
- Call quality jitter resolved by removing an unnecessary feature from the call manager server
- Replaced end of life conference room phones
- Moved Expressway Edge phone VPN server to Aunalytics data center to reduce dropped calls for call center staff working remotely
- Regularly update Windows software and applications on laptops and servers
- Implemented bi-weekly status calls with Aunalytics Client Success Advisor
- Deployed 11 new HP laptops to replace older devices and ordered new laptops for Finance Department
- SWMBH Servers will be moved to faster disk by end of CY 2020 which will improve processing time and reduce backup time
- Investigating switching to a Help Desk application that integrates with Aunalytics ticketing system

Information Technology Services

➢ Security Management

- Completed two comprehensive IT security audits from Aetna/CVS
- Converted Anti-spam software from Email Defender to Microsoft Advanced Threat Protection
- Created IT Incident Response Plan and completed annual Risk Assessment
- Implemented mobile device management on SWMBH smartphones
- 100% of SWMBH staff received training on Internet Security, Social Engineering and Common Threats. On phishing simulations SWMBH staff scored 9.8% compared to the industry average of 15.7%.
- Converted Anti-virus software to Sophos which has ransomware protection
- Isolated guest network from production network and enabled content filtering on the SWMBH firewalls
- Received excellent score on 2020 network penetration test with no high or critical vulnerabilities on endpoints

Information Technology Services

➢ Completed Data & Reports

- Non-Exempt Workers for Healthy Michigan Plan
- Recoupment of capitated payments for deceased clients
- Medicaid Utilization and Net Cost Report
- Inpatient Length of Stay and Hospital Follow-up Reports
- Missing BHTEDS reports and dashboards
- Encounter Data Quality Report
- Member Level Risk Data Reports
- Prevalence reports for the Region and by County
- Meridian cost settlement data
- Assessment extracts- LOCUS, SIS, CAFAS
- Risk stratification for Kalamazoo Health Connections program
- Complete data extracts for 820 payment and 834 enrollment to CMHs

Information Technology Services

➢Other Completed Projects and Work in Process

- Updated service bus to enable more efficient data exchange
- Converted Cobblestone License to Adobe sign for cost savings
- Converted provider tracking application from MS Access to Web based easy to use tool (Strategic Imperative)
- Working with Relias to install and test new Population Performance analytics tool
- Matched MDHHS logic on BHTEDS dashboard
- Added test environment for Tableau software
- Conversion from Unit Cost Reports to Encounter Quality Initiative (EQI)
- Adoption of Microsoft Teams for collaboration
- Support of MCG integration

Information Technology Services

➢ITS Committees

- Data Exchange – John Holland, Chair RITC – Andy Aardema, Chair
  - Review Submission Status and Data Quality Dashboards

  - Discuss Data Extracts
  - Discuss Current Initiatives (October 2020)
    - EQI and Milliman Rate Setting
    - BH-TEDS Double Entry Project
    - Direct Care Worker Wage Increase Reporting
  - Review SWMBH Tasks (Recently Completed)
    - Missing BHTEDS Permanent Exclusion List
    - Share CC360 Claim Extract Load ETL with Kalamazoo and Cass
    - MDHHS BH Teds FY 21 Validation Changes
    - BH Teds Wordgroup – Not Collected rates for federal Fields

Information Technology Services

- Future Initiatives
  - Multi-factor authentication
  - Data Loss prevention
  - Mobile Device Management on laptops
  - Conversion of SWMBH SharePoint to Microsoft cloud
  - Health Information Exchange

Information Technology Services

➢ Industry Predictions

- The COVID-19 pandemic and mental health crisis will collide and demand attention. This will enable and force us to face our isolation but recognize our interconnected humanity, our compassion, and our empathy for others. Digital technologies, like telehealth, digital therapeutics and artificial intelligence/machine learning, are all candidates to catalyze a new world with a common cause. – Beckers

- More than one-third of virtual care visits will be for mental health. Mental health has become the shadow crisis of the pandemic and will be a major driver behind sustained virtual care engagement. The mental health crisis will stretch into 2021 as many suffering in silence reach a breaking point and consumers struggle to overcome barriers to affordable access. Virtual mental health visit demand will remain high, estimated to total 138 million visits in 2021. This will equal approximately 31% of all virtual care visits over the year. – Forrester

- Data is the new health care currency
  Artificial intelligence and real-world evidence are unlocking value in health data - Deloitte

Information Technology Services

Questions / Comments?

SWMBH SUD Block Grant Expenses FY20 vs. FY21 Allocation

Egrams Program	FY20 Expenses	FY21 Allocation	Difference	Notes
Community Grant	$4,445,740	$3,533,604	($912,136)	Treatment Services claims, Sub Cap CMHs, Staffing Grants, Recovery Centers, Women's Specialty Services
SUD Prevention	$2,265,139	$1,204,535	($1,060,604)	Does not include SOR NCE/SOR 2 funding for prevention.
SUD Admin	$254,994	$80,000	($174,994)	Will report actual admin expense but only allocated $80,000.
Total	$6,965,873	$4,818,139	($2,147,734)	

FY21 Projected Expenses Vs. FY21 Allocation

Egrams Program	FY21 Projected Expenses	FY21 Allocation	Difference	Notes
Community Grant	$5,041,547	$3,533,604	$(1,507,943)	Treatment Services claims, Sub Cap CMHs, Staffing Grants, Recovery Centers, WSS
SUD Prevention	$1,778,095	$1,204,535	$(573,560)	Includes 5% reduction to indirect costs; does not include $700,000 in SOR funding; no SWMBH staff expenses allocated
SUD Admin	$254,994	$80,000	($174,994)	Will report actual admin expense but only allocated $80,000.
Total	$7,074,636	$4,818,139	$(2,256,497)	

2020 Southwest Michigan Behavioral Health Successes and Accomplishments

Covid-19 Response Efforts:

- SWMBH acted very early and developed a Covid-19 Response Plan.
- SWMBH was proactive and developed a Return to Work Plan, which included color-coded return to work levels, department-specific plans, and spacing flow charts, based on executive orders from Michigan Department of Health and Human Services (MDHHS) and the Center for Disease Control (CDC).
- Infection control trainings, policy, and procedures were provided to staff, and attestations were required for staff completion.
- SWMBH actively engaged and participated in Local, State, and Federal Covid-19 workgroups and calls.
- SWMBH has been a critical player in the distribution and communication of telehealth coding/authorization updates for the Region to ensure our Consumers maintain continued access to high-quality services and programs.
- SWMBH has published multiple Member and Staff Newsletters, featuring guidance on; emotional support, member access options, and the latest updates and trends on Covid-19 upstream guidance.
- SWMBH acted as a critical source of guidance for our External Stakeholder partners, supporting telehealth services, distributing personal protective equipment, and implementing new technology to provide consistent and improved communications.

Audit and Monitoring:

- Maintained (Full) National Committee for Quality Assurance (NCQA), Managed Behavioral Health Organization (MBHO) Accreditation for the SWMBH Medicare Business Line. SWMBH was the first PIHP in Michigan to achieve the level of (Full-3year) NCQA accreditation on March 2, 2018.
- Began Preparations for NCQA (MBHO) Reaccreditation, scheduled for December 15, 2020.
- Successful Financial Compliance Audit with a Clean Opinion.
- Successful Financial Federal Single Audit with no findings.
- Successful Financial State Compliance Audit with no findings.
- Successful Completion of the 2019 Health Service Advisory Group (HSAG) – Performance Measure Validation Audit, with 47 out of 47 total elements evaluated, receiving a designation score of "Met," "Reportable," or "Accepted," which represents 100% compliance.
- Successfully provided timely responses for all 4 phases of the Health Service Advisory Group (HSAG) 2020 External Quality Review Recommendations and Corrective Action Plans.
- SWMBH was the highest-scoring Region/PIHP, receiving a score of 90% compliance on the Health Service Advisory Group (HSAG) 2019-2020 External Quality Compliance Review.
- 100% compliance on 2020 Aetna Annual Delegation Audit, which includes Case Management, Customer Service, Grievance and Appeals, and Utilization Management reviews.

- 100% compliance on 2020 Aetna/CVS Business Continuity Plan Audit.
- 100% compliance on 2020 Aetna (Medicare) Compliance Program Effectiveness Audit.
- 100% compliance on the 2020 Aetna Annual Claims Audit.
- 100% compliance on 2020 Aetna Annual 360 Practitioner Credentialing Audit.
- 100% compliance on the 2020 Meridian Health Plan Delegated Credentialing Audit.
- Participated and achieved full compliance during the Meridian Center for Medicare/Medicaid Service (CMS) Service Authorization Requests, Appeals and Grievances (SARAG) Delegation Audit.
- Participated and achieved full compliance during the Aetna CMS SARAG Delegation Audit.
- Achieved 100% compliance on the 2020 MDHHS Substance Use Disorder (SUD) Administrative Audit.
- Achieved 100% compliance on the 2020 MDHHS Habilitation Supports Waiver (HSW) site Audit.
- Achieved 100% compliance on the 2020 MDHHS Children's Waiver Program (CWP) Audit.
- Achieved 100% compliance on 2020 MDHHS Serious Emotional Disturbance Waiver (SEDW) Audit.
- Achieved 96.88% compliance score on the 2019-2020 Medicaid Services Verification Audit.

Member Services and Utilization Management:

- Completed 1,059 MI Health Link Level of Care Utilization System (LOCUS) Assessments.
- Completed 2,194 MI Health Link Care Coordination Plans.
- Completed 34,344 total authorizations for service.
- Completed 18,569 Prospective Review SUD events (American Society of Addiction Medicine (ASAMs) are in a portion of these).
- Completed 4,192 Concurrent psychiatric hospitalization and crisis residential stays.
- Handled 15,623 incoming Substance Use Disorder (SUD) calls with an average phone queue time of 6 seconds.
- Handled 3,239 incoming Michigan Health Link (MHL) calls with an average phone queue time of 6 seconds.
- Completed approximately 5,572 American Society of Addiction Medicine (ASAM) assessments for clients diagnosed with a Substance Use Disorder (SUD).
- Successfully implemented use of MCG medical necessity criteria for all behavioral health services authorized by SWMBH.
- Established regional review of Utilization Management function including consistent Screening and Access protocols and a sub-workgroup that is establishing Level of Care guidelines to assure continuity of care across the region.
- All clinics passed inter-rater reliability testing.
- Implemented the use of the inquiry system of logging incoming member-focused calls.
- Significant updates to the Medicaid Customer Handbook, such as the addition of fraud, waste, and abuse and information and updates to the grievance and appeals template.
- SWMBH hosted State Substance Use Disorder Recipient Rights Advisor Training for the region.
- Maintained 7 SWMBH brochures.
- Published 3 Member newsletters.
- Participated in Walk A Mile and Recovery Institute's Recovery Fair. Both were virtual events, adapting to the current environment.
- Implemented electronic accessibility to the Authorized Representative and Follow up in Writing forms on the SWMBH website.

- Assisted dozens of veterans and their families through the Veteran Navigator program, including during COVID shut down.
- Made over 796 follow up calls to members discharged from Substance Use Disorder residential settings.
- For non-MHL Funding Sources (October 2019-September 2020)
  - Completed 5 State Fair Hearings throughout the region.
  - Completed 143 Grievances throughout the region.
  - Completed 73 Local Level Appeals throughout the region.
  - Completed 10 2nd Opinions throughout the region.
- For MHL Funding first 3 Quarters (January 2020-September 2020)
  - Completed 0 State Fair Hearings region wide.
  - Completed 6 Grievances throughout the region.
  - Completed 4 Local Level Appeals throughout the region.

Collaborations with Prepaid Inpatient Health Plans & External Stakeholders:

- SWMBH took the lead on the development and distribution of the 2019 - 2020 Performance Bonus Incentive Program (PBIP) report and received full bonus potential ($1.7 million) from MDHHS.
- SWMBH provided (for fees/revenue) professional staff support (Registered Nurses) for Integrated Care Team (ICT) function.
- SWMBH and CMHSP's collaborated with Advocacy Organization Representatives to expand and make a more uniform Person-Centered Planning (PCP) process.
- Many collaborative trainings and educational events with the Veterans Affairs Community Action Team.
- Formed and participate in the Hospital Follow-up workgroups (FUH-30 day) with Meridian Health Plan.
- Formed and facilitated All-Cause Recidivism (PCR) workgroup with 3 other PIHPs and 3 MHPs. This is a sub-workgroup of the PIHP/MHP Collaboration Workgroup, and the intentions are to create a shared state-wide protocol and process to provide a more significant impact on the quality metric.

Operations:

- Updated and revised Business Continuity Plan.
- Developed and implemented COVID 19 work plan.
- Successfully maintained business functions via remote work.
- Conducted two Cultural Insights Pulse surveys and ongoing work aimed at improving retention and employee engagement. Employee engagement and satisfaction scores continue to be overall positive.
- Processed 12,031 need to get these numbers Michigan Health Link mental health claims.
- Processed 263,000 SUD claims from all funding sources.

Substance Use Disorder (SUD) Interventions:

- Naloxone/Narcan Program:
  - 203 overdose reversals were reported (compared to 116 the previous year).
  - Trained 1816 community members in overdose education and naloxone distribution (1623 kits distributed).
  - Partnered with 64 law enforcement agencies and 26 fire department agencies distributing over 2,041 naloxone kits region wide.
- Completed year three of the State Targeted Response (STR) to the Opioid Crisis No Cost Extension grant, which:
  - Maintained the utilization of recovery coaches in emergency departments using Project ASSERT (Alcohol & Substance abuse Services, Education and Referral to Treatment) in Kalamazoo, Battle Creek, and Marshall.
  - Maintained the expansion of four recovery coaches at medication-assisted treatment agencies.
  - Provided medication-assisted treatment to uninsured and underinsured.
  - Expanded Strengthening Families prevention programming to Kalamazoo and Branch counties.
  - Continued medication-assisted treatment at Pines Behavioral Health.
  - Expanded and maintained a naloxone distribution program.
  - Added two recovery coaches to assist customers after being discharged from residential services.
  - Provided funding to Victory Clinical Services in Battle Creek, MI, to assist them in opening a medication-assisted treatment program.
- Completed year two of the State Opioid Response (SOR) grant $1,224,000. Programming for this grant included:
  - Medication-assisted treatment (methadone) in the Kalamazoo County jail.
  - Expanding youth and family prevention programming the evidence-based practices: Guiding Good Choices and Project Towards No Drug Abuse.
  - Expansion of fire department participation in the naloxone program and expanded community-based program.
  - Certification, facility improvement, and staffing support of 8 recovery housing residences within the region.
  - Implementing SBIRT in two Federally Qualified Health Clinics by utilizing recovery coaches.
  - Supporting the implementation of a recovery center in Berrien County.
  - Addition of a behavioral health navigator to help screenfor substance use disorders at the Kalamazoo County jail.
- Applied for and received $984,926 in funding through the State Opioid Response (SOR) Supplemental grant. Programming and services funded under this grant include:
  - Expanding youth and family prevention programming the evidence-based practices: Guiding Good Choices and Project Towards No Drug Abuse in Branch county.
  - Support staffing at recovery housing residences in Kalamazoo county.
  - Addition of a recovery coach to implement Screening Brief Intervention and Referral to Treatment (SBIRT) in a Federally Qualified Health Clinic.
  - Developing and supporting the safe syringe/harm reduction program in Kalamazoo County.
  - Developing the Opioid Health Home Project for start-up on October 1st, 2020.
- Applied for State Opioid Response No Cost Extension funds for FY21 of $1,899,739 to continue and enhance the work begun in SOR 1 grant over the past 2 years.
- Applied for and received $1,305,000 of State Opioid Response Two (SOR 2) funding. Programming for FY21 will include:
  - Expanding prevention services to disparate populations and Boys and Girls Clubs.
  - Maintaining Overdose Education and Naloxone Distribution programming.

- Expansion of case management services in communities that have high rates of stimulant use disorder.
- Maintaining, expanding, and promoting the use of recovery coaches at emergency departments and agencies that currently do not provide coaching services.
- Implementing jail-based treatment services with an emphasis on treating stimulant use disorders (methamphetamine use disorder).
- Maintaining financial support for Recovery Residence staffing.

- Completed Partnership for Success (PFS) Grant in St. Joe and Van Buren counties. Received an additional $90,000 in PFS funding for FY21.
- Continued to train SUD provider network clinicians on the Global Assessment of Individual Needs (GAIN).
- Provided SUD treatment services to almost 5,000 customers.
- Provided PA2 funding and oversight to 53 treatment programs.
- Gambling Disorder Prevention Specialist completed Community Readiness Assessment for all eight counties and began an awareness campaign targeting youth, parents, and seniors. WinThemBack.org was created to deliver consumers to the landing page on the SWMBH website to access problem gambling symptoms, warning signs, and risk factors.
- Continued to support the recovery center in Calhoun county through the allocation of Block Grant funding.
- Supported the continuation of a recovery center in Berrien county, Carol's Hope, through Block grant funding.
- Maintained the addition of an Addictionologist for consultation and integration of substance use disorders and medical care.
- Despite significant school and site closures and disruptions brought about by the COVID-19 health crisis, Prevention Providers were able to continue to provide education-based programs in many communities through virtual learning platforms or in-person using recommended safety and social distancing practices. Altogether, providers were able to start and complete 40 education-based groups (with multiple sessions), serving a total of 148 persons from 4/1/20 through 9/30/20.
- Collected over 8,627 pounds of unused and expired medication through year-round efforts maintained by local programs (Pharmacy collection program, started recently by DEA, not counted in this number).
- Synar tobacco retailer compliance measure: Score of 86.2% compliance level (Synar is named after Mike Synar, who was the Congressman who sponsored the Bill).
- All ten Prevention Providers surpassed the required minimum performance rating of 85%. Average provider rating: 93.7 % (provisional rating as a few outcome measures were still being processed at the time of this report).
- Assisted and trained providers in entering accurate, timely, and complete BH TEDS admissions to meet/exceed MDHHS standard of 95% matching admission to encounters.
- Expanded residential treatment capacity by adding a women's residential in Branch County.
- Completed transition to providing substance use disorder treatment for Individuals under Michigan Department of Corrections (MDOC) Supervision.
- Hired Opioid Health Home Coordinator to support the implementation of Opioid Health Home in two counties (Kalamazoo and Calhoun).
- Successfully completed LARA Substance Use Disorder Licensure virtual survey.
- Assisted and supported both prevention and treatment providers with the transition to telehealth/telephonic services during the COVID-19 pandemic.

SUD Grants, Allocations, and Additional Funding Sources Achieved:

SUD DHHS Block Grant	Final Award from State
Community Grant - SUD	$4,698,417
Prevention -SUD	$2,395,425
Partnership for Success VB and St Joseph County prevention	$267,078
State Disability Assistance	$128,219
State Opioid Response SOR	$1,224,000
State Opioid Response - Supplemental & Opioid Health Home	$984,926
State Targeted Response to Opioid Crisis	$478,000
WSS	$261,211
Gambling Disorders Program	$188,684
Substance Use- Tobacco – Vape	$4,000
Total SUD Block Grants	$10,629,960
Mental Health Block Grants	
Transportation to Crisis Residential	$80,000
Regional PMTO Training Support	$68,000
Clubhouse Engagement	$120,000
Veterans Navigator	$88,000
Total Mental Health Block Grant	$356,000

Quality Assurance and Key Performance Metrics:

- Updated all Quality policies and procedures to meet current NCQA accreditation standards, as well as State and Federal contractual obligations.
- Organized, distributed, and completed analysis on Regional Survey projects, such as; The annual consumer satisfaction survey, the Person in Recovery Survey, Utilization Management Access Survey, and the Physical Health/Behavioral Health Communications Survey.
- Collected information for the annual Performance Bonus Incentive Project (PBIP) Narrative Report, which represents a collection of Regional achievement in the areas of: Comprehensive Care, Patient-Centered Medical Homes, Coordination of Care, Accessibility to Services and Quality and Safety of Care.
- Achieved 100% Compliance Score on the 2019-2020 Performance Bonus Incentive Program (PBIP) Narrative report, translating into $1,765,032.62 in achieved bonus award from MDHHS.
- Maintained (Full) National Committee for Quality Assurance (NCQA) Managed Behavioral Health Care Organization Accreditation for the Medicare Business Line.
- Development of (4) New Educational Trainings for providers, internal and external staff available for access via the SWMBH portal on:
    - Critical Incident Reporting
    - Performance Indicator Reporting
    - Jail Diversion Reporting
    - SWMBH SharePoint and Tableau Navigation
- Represented the Region on the MDHHS sponsored Performance Indicator Workgroup and helped to reformulate the logic for (3) new Performance Indicators.
- Achieved 100% of possible Meridian Health Plan Performance Measure Quality Withhold measures, which allowed SWMBH to capture/retain all bonus dollars.
- Met 100% of MI Health Link contractual obligations and completed 11 monthly core reports, 4 quarterly reports, and many Adhoc reports reflecting access measures and analysis.
- Improved MI Health Link Level II Assessment follow-up rates: (follow-up with patients released from an inpatient facility with 15 days or less).
    - 2016 – 98.83% 2017 – 99.73% 2018 – 99.75% 2019 – 99.11% 2020 - 99.44%
- (+2.76% combined) Overall improvement on 2019-2020 Customer Satisfaction Survey Scores over the previous year's results:
    - Mental Health Static Improvement Project (MHSIP) (adult survey) + 2.46%
    - Youth Satisfaction Survey (YSS) (youth survey) +.30%
- (+0.14 point) Overall improvement in 2019-2020 Self Recovery (SUD) Survey Scores over the previous year's results:
    - 2014/2015 – 4.18 2016/2017 – 4.13 2018/2019 – 4.22 2019-2020 – 4.36
- (+1.74%) Improvement in 2019-2020 MI Health Link Member Satisfaction Scores over the previous year's results:
    - 2016/2017 – 82.46% 2017/2018 – 80.07% 2018/2019 – 88.14% 2019-2020 – 89.88%
- Improved analysis and reports developed in Tableau Data Analytics tool around Functional Assessment tools, including Level of Care Utilization System; Supports Intensity Scale, American Society of Addiction Medicine, and Child and Adolescent Functional Assessments Scale.
- Helped to organize and facilitate 11 annual audits/reviews by various oversight agencies, including (HSAG, MDHHS, NCQA, Aetna, and Meridian).

- Led and facilitated the formulation of the 2020-2021 Board Ends Metrics in collaboration with all SWMBH functional areas and Regional Committees.
- Helped to facilitate Regional response efforts regarding the MDHHS 2021-2022 Strategic Pillars.
- Helped to re-design the annual CMHSP site review process and results/analysis presentation.
- Formulated monthly MHL analysis reports on key metric areas, which allowed SWMBH to identify areas of improvement.
- Facilitated and led 3 Performance Improvement Projects through the Quality Management Committee.

Board Ends Metrics Achieved during FY 2020 (October 1, 2019 – September 30, 2020)

Board Ends Metric	Metric Result	Board Approved Date	Points Earned
• 95% of MH reportable encounters will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. • 95% of SUD reportable encounters will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report.	**Metric Achieved** MDHHS Report Date: 12/3/19 Reported the following status: • Mental Health TEDS: 96.79% • Substance Abuse TEDS: 97.47%	1/10/2020	1 point earned
At least 18% of parents and/or caregivers of youth and young adults who are receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Treatment Guidance at least once per quarter. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.	**Metric Achieved** SWMBH Achieved a rate of 57% per Michigan Department of Health and Human Services (MDHHS) Metric Status Report on 10/29/2020	11/8/2019	1 point earned
PBIP Narrative Report Achieve 95% of Performance-Based Incentive Program monetary award based on MDHHS specifications.	**Metric Achieved** Report Submitted to MDHHS on 11/15/19 MDHHS confirmed on 2/1/2020 that SWMBH achieved 100% of possible bonus earnings ($1,313,811)	3/13/2020	1 point earned
PBIP Metrics Reports Achieve the following Joint expectations for the MHP's and SWMBH. There are 100 points possible for this bonus metric	**Metric Achieved** SWMBH submitted required reports for Joint Care Management, Follow-up after Hospitalization, Plan All-Cause Readmissions, and Emergency Department Visit for Alcohol and drug dependence MDHHS notified SWMBH on 1/13/2020 that it achieved 98.2% of possible bonus award earnings ($485,930)	3/13/2020	1 point earned

2019-2020 Customer Satisfaction Surveys collected by SWMBH are at or above the SWMBH previous year's results for the following categories: Mental Health Statistic Improvement Project Survey (MHSIP) tool. *(Improved Functioning)* Youth Satisfaction Survey (YSS) tools. *(Improved Outcomes)*	**Metric Achieved** SWMBH Achieved the following improvements for each survey tool: • MHSIP (adult): +3.9% • YSS (youth): +2.0%	3/13/2020	1 point earned
95% of the Functional Assessment tool, detailed sub-element scores (LOCUS, ASAM, CAFAS, SIS) are received electronically by SWMBH from CMHSPs by (4/15/20).	**Partial Metric Achieved** Significant Improvements Were Made in the following Assessment tools: • LOCUS: 97.4% • CAFAS: 98.2% • SIS: 95.6% • ASAM: 94.1%	4/10/2020	.75 point earned
2019 Health Service Advisory Group (HSAG) External Quality Compliance Review (90% of Sections evaluated receiving a score of "Met").	**Metric Achieved** 74/82 or 90.24% of total elements evaluated achieved (full compliance) *SWMBH ranked highest amongst all 10 Michigan PIHP's	6/12/2020	1 point earned
SWMBH will achieve 95% of quality withhold performance measures identified in the Integrated Care Organization (ICO) contracts. (2 points possible) +1 Meridian - +1 Aetna	**Metric Achieved** **Meridian** Quality Withhold Achievement DY 1-3 (100%) **Metric Missed** **Aetna** Quality Withhold Achievement DY 3 (66%)	10/9/2020	1 point earned
2020 HSAG Performance Measure Validation Passed (95% of Critical Measures receiving a score of "Met")	**Metric Achieved** 47/47 or 100% of Standards Evaluated received a designation of "Met," "Accepted," or "Reportable."	9/11/2020	1 point earned
A. 97% of applicable MH served clients with an accepted encounter will have a matching and accepted BH TEDS record confirmed by MDHHS monthly status report. B. 97% of applicable SUD served clients with an accepted encounter will have a matching and accepted BH TEDS record confirmed by MDHHS monthly status report.	**Metric Achieved** The MDHHS June report showed SWMBH at MH=98.53% and SUD=97.21%. SWMBH dropped back on the August report: MH= and SUD=. We suspect the values for each will exceed 97% for our final MDHHS September report. Measurement Period: 1/1/20 – 7/1/20	10/9/2020	1 point earned

Regional Habilitation Supports (HSW) Waiver slots are full at 99% throughout the year. (October 2019-September 2020)	**Metric Achieved** 99.86% of HSW slots have been filed in FY 20, per the MDHHS status report. *SWMBH has been the best performing PIHP in the State for 3 consecutive years.	10/9/2020	1 point earned

Information Technology:

- Changes made at Aetna's request to Mi Health Link Encounter File Structure.
- Provided Extract of workers showing non-exempt for Healthy Michigan Plan.
- Worked with MDHHS on Recoupment of capitated payments for deceased clients.
- Purchased and installed new Cisco conference phones in all meeting rooms.
- Supplied risk stratification data to determine eligibility for the Kalamazoo Health Connections program and provided Apple iPhones with mobile device management to participants.
- Assisted with MHEF grant data use agreement submission.
- Converted Anti-spam software from Email Defender to Microsoft Advanced Threat Protection.
- Identified zones and completed updates to the Telnet database for compliance with E-911 law.
- Updated service bus Applications to .Net 4.8.
- Completed and submitted the 2019 Medicaid Utilization and Net Cost report.
- Wrote Inpatient Length of Stay and Hospital Follow-up Reports to match HEDIS logic.
- Created IT Incident Response Plan.
- Completed MDHHS audit of members paid on the 820, but not on the 834.
- Facilitated process for staff to work-from-home due to the Covid-19 pandemic.
- Made website changes to comply with Executive Order-48.
- Assisted with loading the new Gambling Prevention page on the SWMBH website.
- Converted Cobblestone license to Adobe Sign and archived Cobblestone contracts.
- Contributed to the HSAG Performance Measure Verification audit.
- Completed FY2019 Encounter Data Quality Report.
- Contracted with Zoom for SIS Assessors.
- Assisted with the selection and implementation of Go-to-meeting Webinar and Producer for 5th Annual Regional Healthcare Policy Forum and other high visibility meetings.
- Setup SUD Consent to Share Behavioral Health Information fillable form on the SWMBH website.
- Provided Phishing simulations and education to all SWMBH staff. Achieved 100% compliance.
- Assisted with Meridian rate settlement for 2015-2018.
- Completed 2019 Aetna security audit and corrective action plan.
- Copied Expressway Edge Call manager server to Aunalytics Data Center.
- Converted Anti-virus software to Sophos, which has Ransomware protection functionality.
- Completed the 2020 network penetration test with no high or critical vulnerability on endpoints.
- Isolated the guest network from the production environment network and enabled content filtering on all networks on the SWMBH firewall.

- Updated Windows 10 to version 1909 on all endpoints.
- Worked with Relias to install and test the new Population Performance tool.
- Created a new Provider Network tracking application.
- Recreated Milliman Member Level Risk Data Reports and Prevalence Reports for CMHs.
- Upgraded Tableau server and provided Tableau Overview training to 35 PHIP and CMH participants.
- Transitioned to in-house security administration, reducing turnaround time for employees who need to reset passwords and request system folders access.
- Upgraded conference room Audio Visual equipment, improving connectivity and sound quality.
- Replaced 50 laptops reducing downtime and increasing efficiency.

Michigan Health Link and Integrated Care Programs:

- Improved MHL Consumer Satisfaction rates by nearly 2% over the previous year's results.
- Produced and delivered 132 Core Reports, 4 quarterly reports, and 31 Adhoc reports to our ICO partners.
- Participated in 75 Integrated Care Team meetings with MHPs to coordinate care, follow up on care post-hospitalization, and work toward providing resources and support to encourage appropriate utilization of health services.
- Coordinated and facilitated ongoing SWMBH Integrated Care Team monthly meetings with each of the seven Medicaid Health Plans in the region with goals to reduce ED utilization and inpatient admissions for individuals opened to Integrated Care Teams during FY20. There was a 67.9 % reduction in ER claims and 78.4% reduction in inpatient days, for the six months prior to ICT involvement versus six months post ICT involvement.
- Participated in 84 Integrated Care Team meetings with MHPs to coordinate care, follow up on care post- hospitalization, and work toward providing resources and support to encourage appropriate utilization of health services.
- Developed and Implemented Kalamazoo Health Connections Program, a Michigan Health Endowment Fund grant project. We collaborated with Integrated Services of Kalamazoo, WMed, Kalamazoo county programs, resources and providers to provide care coordination for members with increased risk for hospitalization, emergency room visits and complex medical needs. We served 14 members, provided food and resource relief during COVID19 pandemic response, and improved quality of life as well as education level and ability to manage disease processes for individual members.
- Worked in collaboration with 3 other PIHPs and 3 MHPs to create a Plan All-Cause Recidivism (PCR) protocol. Along with the protocol, we advocated for changes to CC360 to help assist with risk stratification, including race. These changes were implemented based on agreement within the PIHP-MHP Workgroup. Unfortunately, and unexpectedly, PCR is no longer a measurement for FY21 as of July 2020. However, the CC360 changes will be beneficial for risk stratification in the future.
- Implemented Performance Improvement Plan (PIP) targeting diabetes screening measure for individuals meeting criteria who are mutually served by PIHP and MHP not engaged with CMH services. Initiatives encompassed outreach to Medicaid Health Plan (MHP) regarding performance outcome goals and objectives and seeking opportunities to leverage MHP provider and member notification to encourage members to get diabetes screening to improve performance measurements.

- Reviewed 5 Private Duty Nursing (PDN) members and determined they met eligibility for extension of authorizations without an annual assessment due to COVID19 pandemic standards. Completed 1 redetermination assessment review to ensure medical necessity was documented and supported for care. Provided PDN authorizations for this member.
- Participated in monthly joint coordination meetings with a Medicaid Health Plan (MHP) (Aetna) and FQHC reviewing members who are high Emergency Department (ED)/Inpatient (IP) utilizers. The goal of coordination is to address barriers to care, social determinants of health and other issues that would lead to a decrease of unnecessary utilization of services.
- Participated in monthly joint coordination meetings with hospital system (Lakeland Health Network) to further enhance integrated care services in the patient population of high ED utilizers. Collaborative goal is to improve patient outcomes and reduce barriers to proper healthcare by improving outpatient utilization management and social support infrastructure. Meetings result in increased collaboration, members being connected to needed community resources, and emergency department staff being notified of behavioral health services upon admission to the emergency department which helps to guide their treatment plan.
- Followed workflow process for Complex Case Management. We outreached members who met the eligibility of having complex medical needs and frequent IP or ED visits. We also received referrals from SWMBH Customer Service for 3 members who were high risk. One of those members was admitted to the program and then closed with no additional needs. The other 2 referrals were reviewed and found to not be appropriate for the program. We managed 12 members. Outreach was extremely challenging during COVID19 pandemic. One member improved very significantly after we found an in-home psychiatric provider and in-home therapist. He has not had an ED visit or IP stay in 19 months. Population analysis was completed and will affect the eligibility requirements for next year.
- Expanded and documented the process for ensuring support and resources during care transitions for MI Health Link members in collaboration with ICOs.
- Established guidelines to coordinate on members through discharge, until follow up is complete 30 days post-discharge. This process has resulted in members receiving after care, being educated about the importance of after care and resolution of access issues.
- Provided continuous collaborative member oversight and clinical reviews for CMHs and providers toensure quality care.
- Implemented CMH communication regarding ICT members to improve preventative medical and behavioral health measures, addressing barriers in access to care, patient education regarding appropriate care utilization based on acuity, reduction of Emergency Department (ED) utilization, and reduction of inpatient (IP) admissions.
- Participated in monthly Statewide PIHPs and MHPs collaborative process improvement workgroup meetings to improve systems effectiveness and health outcomes for the beneficiaries mutually served. A key strategic area of process development and implementation is the creation of the Statewide follow-up after hospitalization (FUH) reporting structure. Through this initiative we provide weekly data extractions and uploads to the Michigan Department of Health and Human Services (MDHHS) computer information system for PIHP, MHPs and CMH's access to improve the beneficiary post-discharge process. The Integrated Care team collaborated with IT to develop a report to automate the process and utilize the EHR at a higher functionality.
- Actively participated in program development of Kalamazoo Defenders serving on 4 committees of a Kalamazoo County non-profit organization that serves adults who allegedly have committed a crime and are struggling with underlying causes and conditions.

- Ongoing assessment of health disparities related to FUA and FUH. Integrated Care is working to identify gaps and possible resolutions to closing disparate gaps in care and access to care.
- Organized and facilitated monthly internal MHL Committee Meetings. Identified community providers to invite and include in the meetings. Collaborated with other departments within SWMBH to effectively meeting NCQA and other requirements.
- Organized and facilitated Meridian ICO operations meetings with a goal of collaborating and discussing all joint issues and joint metrics. Separate workgroups were established to work toward FUH joint metric education and improvement.
- Reviewed treatment plans of one CMH with focus on level of care. This resulted in increased appropriateness of services related to level of care.
- Participated with 3 other PIHPs in development of a proposal for MDHHS for care management of members unenrolled in a health plan who have complex medical needs.

Clinical Quality:

- Clinical Trainings:
    - Provided clinical training at 9 events, training 334 attendees on the following topics: Ethical Considerations for Coaches, Medical Necessity Guidelines for Applied Behavior Analysis, LGBTQ+ Diversity, Clinical Supervision, and Charting the Life Course tools for Person-Centered Planning.
    - 99 individuals took part in the Living Works Start a suicide prevention training
    - 53 individuals registered for ASAM Criteria training.
- Levels of Care:
    - Developed Level of Care monitoring reports for adults with serious mental illness and youth with severe emotional disturbance.
    - Developed and implemented the SWMBH Level of Care Core Service Menus for adults with I/DD and persons with substance use disorders.
    - Assisted CMHs with transitions of care, case consultation, and follow up regarding challenging cases.
- Home and Community-Based Services (HCBS) Rule:
    - Partnered with local Community Mental Health Services Providers attending relevant meetings for education and technical assistance for Home and Community-Based Services.
    - Participated in monthly state meetings and quarterly Implementation Advisory Group meetings to enhance communications and coordination of consumer care.
    - Ensured that 322 corrective action plans for HCBS compliance for those receiving Michigan's Medicaid Specialty Supports and Services Plan (aka - B3 services include: Skill building, Supported Employment, and Community Living Supports) were fully implemented.
    - Approved 45 new provider sites through the provisional approval process.
    - Ensured individual CMHSP partners were in line with service provision, medical necessity criteria and reduce waste.
    - Implemented a Board-Certified Behavior Analyst (BCBA) consultation process to assist CMHSPs when making authorization decisions where service requests did not align with utilization management review standards.
    - Assisted with MDHHS driven guidance and coordination to assist families receiving ABA

services or working to begin services during COVID-19 pandemic without delays or interruptions to services.
    - Completed first-year audits and provided feedback for improvement to 4 new ABA providers within our region.
- Clinical Data Analytics:
    - Developed the MHL population report stratifying ED/IP utilization trends by age, race/ethnicity, ICO, chronic conditions, and other factors.
    - Calculated HEDIS metrics SSD, IET, and SAA for the MHL population for CYs 2018 and 2019.
    - Calculated CY 2019 performance for SSD PIP; submitted 2020 PIP update documentation.
    - Devised tool for evaluating service recipient over/underutilization per level of care (determined by LOCUS, CAFAS, SIS) and core service menu.
    - Stratified Region 4 metric performance by race/ethnicity for HEDIS measures FUH-A, FUH-C, and PCR; evaluated for the presence of racial disparities in measure performance.
    - Developed utilization reports and cost estimates for persons enrolled in the Kalamazoo Health Connections program.
- Clinical Quality Reviews
    - Clinical and SUD Quality teams completed reviews for 42 different service providers across 5 different service lines (General CMHSP Clinical and SUD Quality, Psychiatric Inpatient, Applied Behavior Analysis, and Crisis Residential).
    - Reviewed 345 individual case files and provided feedback on ways to meet higher clinical standards.
    - Managed, reviewed, and accepted 268 unique Corrective Action Plans implemented as a result of audit results.

Supports Intensity Scale (SIS) Assessments:

- Recognized by the Michigan Quality Summary published by Macomb, Oakland Regional Center (MORC) for consistently having case manager/support coordinator presence at SIS assessments.
- Seamlessly shifted to virtual SIS assessments while also offering safe options for assessments within the community.
- Participated in the SIS steering committee.

Habilitation Support Waiver (HSW):

- SWMBH has filled 99.84% (710) of Habilitation Service Waiver (HSW) slots provided by the State from October 1, 2019, through September 30, 2020.
- Over the past three years, SWMBH continues to have the best HSW slot utilization state-wide.
- Met goals of compliance of HSW recertification for ten consecutive quarters.
- Facilitated an annual residential living arrangement project to revise supporting documentation and Behavioral Health Treatment Episode Data Set for 80 individuals to ensure proper payment rates.

Applied Behavior Analysis (ABA) – Autism Benefits/Services:

- Continued implementation of our monthly performance monitoring system, which significantly decreased the total number of out of compliance cases (for time to ABA treatment, Individual Plan of Service (IPOS) completion, and evaluation updates) across the region.
- Improved the percentage of parents and families receiving support and training for ABA interventions from 57.8% in FY19 to 68.7% in FY20.
- Maintained 527 Autism Client Cases and worked with CMHSP partners to close out cases that had been left open unnecessarily to reflect proper enrollment numbers within the region.
- Completed ABA audits for 16 providers within the region, totaling 116 clinical case files and managing 67 corrective action plans.
- Developed and implemented new utilization management review processes alongside individual CMHSP partners to ensure service provision is in line with medical necessity and reduce waste.
- Implemented BCBA consultation process to assist CMHSPs when making authorization decisions where service requests did not align with utilization management review standards.
- Assisted with MDHHS driven guidance and coordination to assist families receiving ABA services or working to begin services during COVID-19 pandemic without delays or interruptions to services.
- Completed first-year audits and provided feedback for improvement to 4 new ABA providers within our region.

Executive Officer Memberships, Engagements, and Accomplishments

- Great Lakes Chapter of the American College of Healthcare Executives (GLACHE) --Served as Committee Chair of Educational Event – Behavioral Health: Approaches to Increase Value for the Organization and Meet Community Needs.
- Executive Officer serves as Board Member of the Michigan Consortium of Healthcare Excellence (MCHE)
- Executive Officer is a Voting Delegate/SWMBH representative for the Community Mental Health Association of Michigan (CMHAM).
- Continued to develop Public Policy/Legislative Initiatives committee as a shared structure and process to improve SWMBH's & CMHSP's interaction, relations with, and value to state and federal elected officials and their senior staff.
- Organized the largest Annual Regional Healthcare Policy Forum on October 16, 2020, comprised of national, state, and local presenters.
- Testified at Senate Appropriations Committee regarding Transformation Plan of Michigan Behavioral Health.
- Governor's appointment as member of the Mental Health Diversion Council.
- Coordinated on-site meeting with Dr. Khaldun, Chief Medical Executive, and Nicole Hudson, Chief Deputy Director for Health from MDHHS, as an introduction to the SWMBH Senior Leader Staff, our role, and our systems.

FY 2020 Public Policy and Legislative Initiatives:

Date	Event Name	Attendees
10/12/2019	Breakfast on Blueberry Farm for Aric Nesbitt	Aric Nesbitt and constituents
10/17/2019	Card to Aaron Miller -- Thank you for work on LPC Bills and invitation to visit SWMBH	Representative Aaron Miller
10/23/2019	Senate Appropriations Presentation-Former Arizona Medicaid Director	Senate Committee Members, Public
10/30/2019	Senate Appropriations Presentation-Public	Senate Committee Members, Public
11/6/2019	Senate Appropriations Testimony Preparation	Joseph Sedlock
11/6/2019	Senate Appropriations Testimony Joseph Sedlock/Brad Casemore	Senate Committee Members, Public
11/7/2019	Email from MDHHS - PIHP CEO Meeting Follow UP	Sarah Esty response and report from Robert Gordon's CMHAM Conference
11/14/2019	Governor Whitmer Announcement Opioid Task Force Plan	Governor Whitmer, Dr. Joneigh Khaldun, Robert Gordon/MDHHS, Dr. Cara Poland/Spectrum Health, Mari Kay Sherry/MDOC, Steve Alsum/The Red Project
11/15/2019	Kalamazoo Legislative Breakfast	Senator McCann, Legislative Aide from Rep. Hoadley's office, Public
11/19/2019	Michigan Health Policy Forum-Michigan's Aging Population	MAHP Dominick Pallone, Advocacy Group Representatives, Jim Haveman
12/4/2019	Phone Conference-Plan Governance & MDHHS Clarity, BH CMH/PIHP Value, DHHS Review of MHL Mild Mod Services and Outcomes	Sarah Esty/MDHHS, Erin Emerson/MDHHS, Dave Schneider/HMA
12/4/2019	Senate Appropriations Presentation-Robert Gordon	Robert Gordon, Senate Committee Members, Public
12/10/2019	Study Results to Improve Administrative Efficiencies, Shared Services, and Consolidations	Publication to Sarah Esty
12/11/2019	Meeting	Colleen Allen, Autism Alliance of Michigan
12/19/2019	Medicaid Recoupment	Email to Robert Sheehan, CMHAM
1/6/2020	Fund Raising Luncheon	Representative Haadsma and Governor Whitmer
1/9/2020	Meeting	Margaret O'Brien
1/9/2020	MDHHS Public Forum: Future of Behavioral Health	MDHHS Staff and Public
1/10/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
1/16/2020	Public Policy Committee Meeting	Ric Compton, Scott Schrum, Alan Bolter, Mary Bowers, Jennifer Leigh
1/17/2020	Kalamazoo Legislative Breakfast	Sen. McCann & Representative from Jon Hoadley's office
1/21/2020	Webinar-What to Expect Meeting Congress & Staff	National Council
1/23/2020	Beyond Appearances BH Funding Point of Care	Publication to Sarah Esty
2/5/2020	Transformation Plan of MI BH	Sarah Esty
2/5/2020	298 Lessons Learned	MDHHS Staff, PIHP CEOs, CMH CEOs
2/6/2020	Governor's FY 20-21 Budget Presentation	PIHP Advocates Meeting

2/7/2020	Governor's Appointment - Bradley Casemore to Mental Health Diversion Council	Publication
2/10/2020	Current topics and Administration's Policy Agenda	Joneigh Khaldun, MD & Nicole Hudson --Chief Medical Executive & Chief Deputy Director for Health-MDHHS Meeting with SWMBH Senior Leaders
2/27/2020	Elizabeth Hertel-MDHHS email	Confirmation of Panelist for Legislative Event
2/28/2020	NAMI Michigan Update	Kevin Fisher, Executive Direction
2/28/2020	Industry Update	Centene Meridian Complete Care -- Dawn Siggett, Director Government Relations
3/4/2020	Representative Mary Whiteford Meeting	Review of Legislative Event
3/13/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
3/24/2020	State Guidance Stakeholders Discussions	Denis Richards/MDHHS
4/14/2020	Mental Health Diversion Council Meeting	Committee Membership
4/23/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
4/28/2020	Town Hall	Sen. McCann, Rep. Hoadley, Lt. Gov. Gilchrist
4/29/2020	Webinar-Life Returns to Normal/Legal and HR Considerations for Employers	Dykema Attorneys
4/30/2020	Email contact	HSAG Report to Senator Bizon
5/1/2020	Capitoline Legislative Update	Capitoline Report from PIHP EO meetings
5/2/2020	Town Hall	Representative Jim Haadsma
5/8/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
5/11/2020	Zoom Town Hall Meeting	Attorney General Dana Nessel, Senator McCann, Jon Hoadley
6/3/2020	Public Policy Meeting	Ric Compton, Scott Schrum, Alan Bolter, Mary Bowers, Jennifer Leigh, Richard Godfrey
6/5/2020	Government Affairs Update	Elizabeth Weihl & Christin Nohner -- RWC Advocacy
6/19/2020	BHDDA Presentation Services Impacted by Covid-19	Sarah Esty/MDHHS and Belinda Hawks/BHDDA
7/10/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
7/17/2020	Kalamazoo Legislative Breakfast	Community Members
8/11/2020	Mental Health Diversion Council Meeting	Committee Membership
8/14/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
8/18/2020	Public Policy Meeting	Ric Compton, Scott Schrum, Alan Bolter, Mary Bowers, Jennifer Leigh, Richard Godfrey
9/8/2020	Mental Health Diversion Council Meeting	Committee Membership
9/11/2020	Capitoline Legislative Update	Brian Thiel & Judith Zink
9/14/2020	Sen. Shirkey Golf Outing	Alan Bolter, Jon Houtz, Ric Compton
9/21/2020	Fee Schedule Stakeholder Engagement-Supports	Milliman Webinar
9/23/2020	BHDDA Update Presentation to Senior Leaders	Lisa Grost/BHDDA

INVOICE

MICHIGAN CONSORTIUM FOR HEALTHCARE EXCELLENCE
C/O CMHPSM
3005 Boardwalk Suite 200
Ann Arbor, MI 48108

Invoice No : 2033
Date : 9/21/2020
Customer ID : SWMBH

Bradley
Casemore,
Southwest MI Behavioral Health - Region 4
5250 Lovers Lane
Portage, MI 49002
269-202-6398

Project	Payment Terms	Due Date
MCG Year 3	Due upon receipt	

Quantity	Description	Unit Price	Line Total
1	MCG Year 3	$54,737.69	$ 54,737.69

Subtotal	$	54,737.69
	$	-
TOTAL	$	54,737.69

Make all checks payable to MICHIGAN CONSORTIUM FOR HEALTHCARE EXCELLENCE.

Attn: Finance Department: Dana Darrow

Southwest Michigan
BEHAVIORAL HEALTH

Draft Board Meeting Minutes
August 10, 2018
9:30 am-11:00 am
5250 Lovers Lane, Suite 200, Portage, MI 49002

Members Present: Susan Barnes, Nancy Johnson, Tom Schmelzer, Robert Nelson, Mary Myers, Patrick Garrett, Moses Walker, Tim Carmichael

Absent: Edward Meny, Anthony Heiser

Guests: Bradley Casemore, Executive Officer, SWMBH; Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Anne Wickham, Director of Operations, SWMBH; Jonathan Gardner, Director of QAPI, SWMBH; Joel Smith, Manager of SUD Treatment and Prevention Services, SWMBH; Michelle Jorgboyan, Senior Operations Specialist, SWMBH; Gale Hackworth, SWMBH; Jon Houtz, Pines Behavioral Health Alternate; Karen Lehman, Woodlands Board Alternate; Randall Hazelbaker, Branch County Commissioner; Susan Germann, Pines Behavioral Health; Ric Compton, Riverwood; Brad Sysol, Summit Pointe; Jeff Patton, Kalamazoo CMHSP; Kris Kirsch-St. Joseph CMHSP; Jeannie Goodrich, Summit Pointe.

Welcome Guests

Tom Schmelzer called the meeting to order at 9:30 AM and welcomed the group.

Public Comment

None

Agenda Review and Adoption

Motion	Tim Carmichael moved to accept the agenda with the movement of the Utilization Management Statewide Comparison topic to the September Board agenda.
Second	Patrick Garrett
Motion Carried	

Consent Agenda

Motion	Patrick Garrett moved to approve the 7-13-18 SWMBH Board Meeting Minutes.
Second	Mary Myers
Motion Carried	

Operations Committee

Operations Committee Minutes June 27, 2018

Tom Schmelzer asked for comments or questions. Questions were presented and answers were given. Minutes accepted.

Ends Metrics

Michigan Mission Based Performance Indicator System (MMBPIS)

Jonathan Gardner reported as documented.

Board Actions to be Considered

Utilization Management Solution via Michigan Consortium for Healthcare Excellence

Brad Casemore reviewed history, context, and Federal and State requirements regarding Utilization Management parity.

Motion Moses Walker moved that the EO may commit the objectively determined SWMBH share of MCG utilization management solution, subject to a contract satisfactory to him which is consistent with Board Executive Limitations. This approval shall apply to the duration of the MCG contract.

Second Patrick Garrett

Motion Carried

Motion Robert Nelson moved to amend the previous motion stating that the EO may commit the objectively determined SWMBH share of MCG utilization management solution, subject to a contract satisfactory to him which is consistent with Board Executive Limitations. This approval shall apply to the duration of the MCG contract and will be reviewed by the Board annually.

Second Susan Barnes

Motion Carried

Board Policy Review

BG-002 Management Delegation

Tom Schmelzer reviewed the policy.

Motion Susan Barnes moved that the Board is in compliance and the policy does not need any revision.

Second Mary Myers

Motion Carried

Executive Limitations Review

EO-003 Emergency Executive Officer Succession

Brad Casemore asked the Board for a 60 day extension to name additional emergency executive officer successors.

Motion Tim Carmichael moved that the Board grant Brad Casemore a 60 day extension to name additional emergency officer successors.

Second Robert Nelson

Motion Carried

Board Education

Fiscal Year 2019 Budget Preview

Tracy Dawson reported as documented.

Utilization Management Modernization Status
Anne Wickham reported status of the Implementation Workgroup and sub-workgroups regarding eligibility, access, processes, and level of care guidelines. Timelines and revisions are being determined.

Substance Abuse Disorder Treatment and Prevention Update
Joel Smith reported as presented.

Substance Use Disorder Oversight Policy Board (SUDOPB)
Randall Hazelbaker presented highlights from the last quarter's SUDOPB meetings.

Communication and Counsel to the Board

Consolidated Fiscal Year 2018 Year to Date Financial Statements 6/30/18
Tracy Dawson reported as documented.

Agency Vehicle
Tracy Dawson stated that the SWMBH company vehicle hit 93,200 miles and was at a point and best, most cost effective time, to trade in for a new vehicle.

Michigan Department of Corrections Community Based Substance Used Disorder Services Benefits Management Contract
Brad Casemore reported that the Michigan Department of Corrections Community Based Substance Used Disorder Services Benefits Management Contract is in negotiations with the final contract negotiation scheduled for September 20, 2018.

St. Joe Community Mental Health and Substance Abuse Services Freedom of Information Act
Mila Todd reported that SWMBH has responded to a subpoena and FOIA requests regarding the O'dell vs. St Joe CMH litigation. If the case goes to trial and SWMBH staff are called to testify, or are deposed, the SWMBH attorney would be present.

Erv Brinker Update
Brad Casemore stated that Erv Brinker is scheduled to be released from State prison on September 11, 2018. If the media attempts contact/inquiries with anyone regarding this please refer the media to Brad Casemore.

Lakeshore Regional Entity

Brad Casemore shared that Lakeshore Regional Entity issued a RFP for Managed Care Functions and Beacon Health Systems was awarded the RFP; they are in contract negotiations.

Annual Formal Fiduciary Retirement Reviews

Brad Casemore shared that SWMBH staff and Rose Street Advisors completed the annual fiduciary review of retirement plans and that Rose Street Advisors will attend and present at an upcoming Board meeting.

Board Member Attendance Roster

Brad Casemore reported as documented.

Public Comment

None

Adjournment

Motion Susan Barnes moved to adjourn at 11:00 AM.
Second Patrick Garrett
Motion Carried

aetna

CLAIM and CALL DELEGATED AUDIT and OVERSIGHT
CLAIM AUDIT - FINAL REPORT

Contract Name: **Southwest Michigan Behavioral Health**
Management Company: **NA**
Audit Date: **9/15/2020**
Report Date: **9/16/2020**
On-Site: **Yes**

Lead Auditor: **Cynthia Arzich**
Phone Number: **904-272-0465**
E-Mail: **arzichcu@aetna.com**
Department Manager: **Nancy Price**

OVERSIGHT DETAILS:

Audit Type: **Annual**

Universe Begin Date: **4/1/2020**
Universe End Date: **6/30/2020**

Contract Participants: **Audit conduct as virtual desk review audit-Jonathan Gardner-Director of Quality Assurance**

CONTRACT/DELEGATION DETAILS:

Oversight Type: **Standard Claim Delegation**

Third Party Administrator: **No**

	Commercial		Medicare Advantage	Medicaid / CHIP	Dual		Medicare Supplement	ASA	ACO	Aetna International
	HMO	Non-HMO			Medicare	Medicaid				
Products Audited:					X					

CONTRACT / DELEGATION OVERSIGHT:

Contract / Delegation Agreement Oversight Description / Requirements:

SMWBH is part of the Medicare/Medicaid duals demonstration project in the State of Michigan in a three way contract between CMS, MDHHS and Aetna/Coventry as the ICO. SWMBH is sub-contracted by Aetna/Coventry to serve as the benefits manager for the behavioral health specialty populations of mental health, intellectual and developmental disabilities and substance use services for those MI Health Link (duals demonstration) enrollees within their region. SMWBH has a shared risk contract with Aetna/Coventry and they perform all managed care functions for this population of the demonstration.

SECTION I - CLAIM DEPARTMENT STAFFING / STRUCTURE AND LOCATION(S):

Membership:

Current Aetna membership is 4038.

Staffing / Structure:

Organization / Department structure, Staffing Ratio and Experience

CMS (Medicare and Medicaid) OIG/GSA Compliant: Yes

An organization chart was provided and there are no concerns at this time with the staffing.
Separation of duties is in place. Permissions within the system are not allowed to have a conflict of interest role. i.e. those who authorize services cannot approve a claim or cut a check. Those who can approve a claim or cut a check cannot enter authorization or a contract.
OIG checks are conducted at the time of hire and then monthly thereafter. There are no work at home employee's and all of the employee's at SWMBH resided within the United States.

Staffing #'s:

Mail Clerks - 0 ***Data Entry -*** 0 ***Claim Processors -*** 1 ***Auditors -*** 3 ***Supervisors/Managers -*** 1

Claim Volume:

Average receipts per month, average number of claims processed per month, current % of claims received electronically, and current auto-adjudication rate.

Average number of claims received and processed monthly for Aetna Members was 240.
The Auto Adjudication is currently at 100% and 98% of the claims submitted from Providers are received electronically.

Training Program - Production and Quality Standards:

A copy of SWMBH's training curriculum was provided and there are no issues with the training program.
At the time of hire the employee attends an orientation. They then are provided with a staff training manual, formal screening tools, medical necessity training and compliance with phone standards, compliance/HIPPA policy along with Medicare and Medicaid covered behavioral health and ASUD services training. The initial training is conducted one on one and is completed in approx. 4 weeks.

Confidentiality Statements and HIPAA Compliance:

Confidentiality Statement Verification: Yes

Confidentiality and HIPPA Compliance forms are obtained at the initial time of hire and then repeated on a yearly basis. The forms are then retained in the employee's personnel file.

Fraud and Abuse Training:

Compliance with Aetna Fraud and Abuse or Entities Approved Fraud and Abuse and/or CMS FWA, Medicaid FWA, including Sub-Delegates.

Current Fraud, Waste and Abuse Sign-In Sheet and/or Attestation Received: No

SWMBH completes the Fraud Waste and Abuse training off the CMS Website.

Audit Program - Production and Quality Standards:

The claims auditors are employed by SWMBH as part of the compliance department and report to the Chief Compliance Officer.
Audits are planned based on risks identified through organizational risk assessments and will focus on Southwest Michigan Behavioral Health's programs and managed care functions including external relationships with third-party contractors. In particular, the audits will focus on the risk areas known to affect Southwest Michigan Behavioral Health, especially the data and information that affect payments by Medicaid and Medicare as well as all other payer sources.
Compliance audit and monitoring efforts will also focus on any areas of specific concern identified within the environment and within the Office of Inspector General annual work plans.
Internal staff or external sources involved in any audits will:
Possess the qualifications and experience necessary to adequately identify potential issues with the subject matter to be reviewed;
Be independent of the specific functional area examined;
Have access to existing audit resources, relevant personnel and all relevant areas of operation;
Specifically identify areas where corrective actions are needed;
The Chief Compliance Officer will provide and present written evaluative reports on compliance activities to the Chief Executive Officer, Code of Conduct, and Board of Directors on a periodic basis but not less than annually.

Customer Service:

Forwarding Process for Appeals and Grievances.

Providers can file complaints with the Provider Network department at any time. If formal resolution is required, the Manager of Provider Network Development will contact the provider with follow up within 30 days of the complaint. SWMBH has a two-level appeal process for handling appeals of contractual actions, adverse credentialing decisions, terminations, and sanctions.
Member appeals are referred back to the Health Plan for handling.

SECTION I - Compliance Level:

X	*Full Compliance (5)*		*Significant Compliance (4)*		*Partial Compliance (3)*		*Minimal Compliance (2)*		*NonCompliant Results (1)*

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SECTION II - CLAIM PROCESSING:

Claim Inventory and Controls:

DROH, tracking, sorting, logging, and batching controls for all incoming claims, EDI and Hard Copy. Workflow charts for claims processing, including Pending, Priority Claim Handling, thru full adjudication and payment.

Paper Claims:
SWPHIP has a limited number of paper claims and when a paper claim is received it is date stamped with the received date on the claim. The Claim is then entered into the Streamline Smartcare Claim System along with all required claims fields which vary dependent on whether the claim is institutional or professional in nature. Claim is then scanned and archived in private electronic folder. The paper claim is filed and retained within a locked file cabinet.
Electronic Claims:
Claims are entered into the Streamline Smartcare Claim System by providers either manually or through 837 upload process. Once the provider has completed the entry process the claim receives the status "Entry Complete". This status signifies the claim is clean and ready to adjudicate from the provider's perspective. The claims processor sorts the claims list page by "Entry complete" filter a minimum of once per week, but generally daily.
Once a claim has been entered a claim into the system either by scanned or electronic and is marked "Entry Complete" the claim is ready for adjudications.
All claims that are waiting to be processed are included on the claim examiner's dashboard. The claims examiners access the dashboard report on a daily basis and process any claims that are ready for adjudication.
Management has the capability of reviewing the dashboard on a daily basis to ensure claims are being processed in a timely manner.
Payment shall be made to all providers within 30 days of receipt of a clean claim within 30 days and at least 99% of all clean claims shall be paid within 90 days.
Claims that pend during initial adjudication will be reviewed by claims adjudication staff. The "Clean Claim Date" in the MCIS will be corrected to reflect the date on which the information needed to make the claim "clean" is provided. Claims with a pending status 31 days post adjudication shall be denied as a matter of course if the claim cannot be approved due to missing information or authorization.

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Sub Delegation / Outsourcing:

If applicable, what function(s) are outsourced or sub-delegated and who they are outsourced or sub-delegated too. Exemple, Mailroom functions, imaging, checkwriting, etc.....

Are any functions outsourced or sub-delegated?	No
If Yes, is the outsourcing or sub-delegation Offshore?	No
Offshore Attestation Received?	NA

N/A

Misdirected Claim Handling Process:

Mis-Directed claims are denied on the claim system.

Claim Acknowledgement Compliance:

All Provider Contracts are entered into SWMBH's Care Management System. The providers have access to the system to check on claim status, pended or denied claim reasons. In addition the provider can obtain a check number and the date of a check.

Claim Payment Policies, Procedures and/or Process:

Claim payment procedures and/or practices to support accurate claim processing. Including turn around time, clean and unclean claim handling, check and mailing processes, CPT/HCPCS annual updates and Healthcare Reform compliance.

CPT / HCPCS Annual Updates: Yes

HCR Compliance: Yes

Once a claim has been entered into the system either by scanned or electronic methods and is marked "Entry Complete" the claim is ready for adjudication.

All claims that are waiting to be processed are included on the claim examiner's dashboard. The claims examiners access the dashboard report on a daily basis and process any claims that are ready for adjudication.

Management has the capability of reviewing the dashboard on a daily basis to ensure claims are being processed in a timely manner.

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Claims that pend during initial adjudication will be reviewed by claims adjudication staff. The "Clean Claim Date" in the MCIS will be corrected to reflect the date on which the information needed to make the claim "clean" is provided. Claims with a pending status 31 days post adjudication shall be denied as a matter of course if the claim cannot be approved due to missing information or authorization.

Checks:

The system selects the starting check number for the batch run based upon ending check number of previous check run. If the check number is inaccurate the starting check number can be changed, however a reason for the skipped check number must be entered into the system to account for any missing check numbers. Only those with permissions within the system to expressly cut checks are permitted to do so.

Check runs are conducted on a weekly basis.

The CFO is authorized to sign checks up to $20,000; anything above that amount must be authorized and signed by the CEO.

Check stock is kept in a locked safe with only a key staff knowing the combination.

Bank reconciliations occur monthly.

Payment Methodology:

Include Non-Contracted payment methodology for Commercial and/or CMS, and/or Re-Pricing, as applicable.

Payments are based on the Provider's contract or CMS rates which ever is greater.

SWMBH will reimburse Non-Par providers according to the Non-Par fee schedule found in the annual CMS Medicare Physician Fee Schedule.

Providers who submit claims for MI Health Link enrollees will be given the option to become participating providers and to receive on-going referrals.

Providers who do not wish to become participating providers will be advised to transition the member to another participating provider.

Coordination of Benefits / Subrogation / TPL / Overpayment / Off-set Process:

Include compliance with Regulatory requirements.

SWMBH provided their COB/TPL and Overpayment Policy and Procedures during the visit. There are no concerns or issues noted.

Medical Review Process / Request:

Not to exceed 3% Professional Provider Medical Records and 20% ER services over a 12 month period.

All services must be prior authorized for medical necessity and system edits will not allow for payment of a claim that has not been authorized by the UM department.
The system searches for authorization for each claim line based upon date of service, billing code and existence of a contract.
Authorizations can be made as specific as a specified rate, for a specified consumer at a specific site.
Providers have a right to appeal of a denial for medical necessity reasons retrospectively and at that time a Medical Review may be conducted.

Claim Denial Policies, Procedures and/or Process:

Product specific denial letter language and denial codes/reasons. Include identification and handling of ERISA Member Claims, and other applicable regulatory requirements.

All providers have log-in access to the managed care information system which allows them to view any denied claim at any time. The denied claim shows the reason why the claim was denied.
Providers have the opportunity to correct claims within the system or to request missing authorizations and to set the claim back to be re-adjudicated. Providers can also download their own remittance advices for their use.

Explanation of Benefits (EOB) and Explanation of Payment (EOP) Compliance:

Adjustment codes, field requirements and compliance with Member and/or Provider Appeal language and Healthcare Reform regulatory requirements.

SWMBH currently sends Remittance Advice (RA) to the Provider and they are do not send any EOB's or IDN's to Medicare Members.

Regulatory Compliance:

Compliance with applicable state and/or federal regulatory requirements.

Provider Term - Member Letter Compliance:	NA
State Regulatory Compliance:	Yes
Medicaid Regulatory Compliance:	Yes
Medicare Regulatory Compliance:	Yes

SWMBH follows all compliance with state and federal requirements.
In addition SWMBH's Compliance department monitors multiple sites including HCCA, OIG etc....for changes or additions to regulatory requirements. Policies are amended as necessary and reviewed at least annually. Staff are notified of any additions or changes to regulatory policies and compliance trainings are held during staff meetings at least annually or more frequently if necessary.
If Late Claim Interest AKA LCI due on a claim it is calculated manually and a separate check would be issued. However, SWMBH has never had to pay any LCI payment.

Provider Dispute Resolution Process:

Compliance with CA Commercial and/or CMS PDR process requirements.

N/A

SECTION II - Compliance Level:

X	*Full Compliance (5)*		*Significant Compliance (4)*	*Partial Compliance (3)*		*Minimal Compliance (2)*	*NonCompliant Results (1)*

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SECTION III - SYSTEMS / REPORTING CAPABILITIES / BUSINESS CONTINGENCY:

System Capabilities:

ICD-10 Compliance: Yes

SWMBH uses Streamline Smartcare 4.0.
834 eligibility is loaded into system on a daily basis from the eligibility files received from the State of Michigan.
The claim system is compliant with ICD-10.

System Security:

All SWMBH employee's are required to sign onto the claim systems utilizing a password.
Access to the system is Role-based.
It should be noted that claims examiner can deleted claims, however, there is a audit trail recorded in the Care Management software.

Reporting Capabilities:

Monthly reporting submitted in compliance with contractual/delegation agreement: Yes

SWMBH's claim system has many reporting capabilities including but not limited to, number of claims received, number of claims processed, turn around times, etc.
SWMBH is currently submitting Self Reporting to their Aetna Network Account Manager.

Claim History Retention:

SWMBH stores claims and documentation for a 10 year period

Disaster Recovery:

Disaster Recovery Policy and Procedure: Yes

SECTION III - Compliance Level:

X	*Full Compliance (5)*	*Significant Compliance (4)*		*Partial Compliance (3)*	*Minimal Compliance (2)*		*NonCompliant Results (1)*

SECTION IV - SUMMARY CLAIM AUDIT RESULTS:

If multiple states/products audited, state/product specific detail available upon request.

Medicare Advantage / Standard Delegation - Claim Audit Results										
OVERALL RESULTS				30	30	100%	30	100%	30	100%
Product Line	Product Description	Deal Type	Universe / Unit Description	Total Claims Audited	Turn-Around Time Compliance		Payment / Denial Accuracy		Coding Accuracy	
					#	%	#	%	#	%
Medicare	MMP	BH Clm	Member Denials	NR	NR	NR	NR	NR	NR	NR
Medicare	MMP	BH Clm	Paid Claims - Contracted	30	30	100%	30	100%	30	100%
Medicare	MMP	BH Clm	Paid Claims - Non-Contracted	NR	NR	NR	NR	NR	NR	NR
Medicare	MMP	BH Clm	Provider Denials	NR	NR	NR	NR	NR	NR	NR
Medicare	MMP	BH Clm	Provider Disputes	NR	NR	NR	NR	NR	NR	NR

SECTION IV - SUMMARY CLAIM AUDIT DETAILS:

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Paid Claim Accuracy:

A total of 30 Paid Contract Claims were reviewed and SWMBH scored 100% on both payment and coding accuracy. There were no Non-Contracted Paid claims included in the requested Universe Period.

Denial Appropriateness:

There were no Provider or Member Denials for the requested Universe Period.

Turn Around Time "TAT" Compliance:

The turn around time was 100% for all claims reviewed in this audit.

Provider Dispute Resolution:

CA Commercial HMO and/or CMS Provider Dispute results

N/A

SECTION IV - PERFORMANCE COMPLIANCE:

X	*Pass*		*Fail*	*NA*

SECTION V - OPERATIONAL and PERFORMANCE COMPLIANCE SUMMARY:

Operational Compliance By Section:	Compliance Level	Compliance Score
Section I - Claim Department Management:	Full	5
Section II - Claim Processing:	Full	5
Section III - Claim System Capabilities:	Full	5
Overall Operational Compliance:	**Full**	**15**
Performance Compliance - Section IV:	**Pass**	

Legend:
Operational Compliance
Full Compliance - Score 15
Significant Compliance - Score 11 - 14
Partial Compliance - Score 8 - 10
Minimal Compliance - Score 5 - 7
Non Compliance - Score Under 5
Performance Compliance
PASS / FAIL - Benchmark = 95%

SECTION VI - RECOMMENDATIONS / AUDIT NEXT STEPS / CORRECTIVE ACTION PLANS:

SECTION VII - PERFORMANCE RE-AUDIT REQUIREMENTS:

Product	*Agreement Impacted:*	*Contract #:*
NA	All Agreements included in this report.	All

Code:	RA.00	*Product Impact:*	NA	*Timeframe:*	Next Annual

Re-Audit Description: *Auditor Details / Comments:*

Re-Audit/Re-Assessment Not Required

SECTION VIII - AUDITOR COMMENTS:

A annual desk review audit was conducted on 09/15/2020.
All of the claim documentation for the claim samples selected were sent to our FTP Website.
There was a staff member from SWMBH available at all times to answer any questions that might arise for this audit.
There are were no issues or concerns noted during this review.
Next Annual Audit will be conducted sometime in the 3rd quarter of 2021.

Medicare Delegation Oversight
Compliance Program Effectiveness
Final Report

Date: 10/13/2020

To: Southwest Michigan Behavioral Health (MI) MMP/Mila Todd, Chief Compliance and Privacy Officer

CC: Shaniya Jarrett, Network Manager
Carole A. Mroue, Director Network Management

From: Ulyssia Brimley, Sr. Audit Consultant

Scope and Results

The scope of this CPE survey focused on your organization's compliance with the Compliance Program Effectiveness (CPE) requirements for the Centers for Medicare and Medicaid Services (CMS) as Aetna's First Tier, Downstream and Related Entities (FDR). The review covers the 2020 calendar year.

These requirements were covered:

CPE

Compliance P&P's and Standards of Conduct	• Distribution of compliance policies within 90 days to new hires • Annual distribution of compliance policies to existing employees
OIG/GSA Exclusion Screening	• Pre-hire OIG/GSA screening of new hires • Monthly OIG/GSA screening of existing employees
Communication & Reporting Mechanisms	• Reporting mechanisms in place for FDR to Employees • Reporting mechanisms in place for FDR to Aetna
Monitoring & Auditing Downstream Entities	• FDR oversight of downstream entities • FDR pre-contract OIG and GSA screening of downstream entities • FDR monthly OIG and GSA screening of downstream entities

Conclusion

Quality Management Program Operations performed a review to evaluate the policies, processes, and controls in place to ensure compliance with CMS CPE requirements.

Your organization passed all elements of this CPE Survey. No corrective action is required at this time.

Thank you,

QM Program Operations –Medicare Delegation Oversight

Medicare Delegation Oversight
Business Continuity Plan
Final Report

Date: 10/08/2020

To: Southwest Michigan Behavioral Health (MI) MMP / Anne Wickham – Chief Administrative Officer

CC: Shaniya Jarrett – Contract Negotiator
Carol Mroue – Director, Network Management

From: Debora Collins, Sr. Audit Consultant, QM Operations

Scope and Results

The scope of this survey focused on your organization's compliance with the Business Continuity Plan requirements for the Centers for Medicare and Medicaid Services (CMS) as Aetna's First Tier, Downstream and Related Entities (FDR). The review covers the 2020 calendar year.

These BCP requirements were covered:

Risk Assessment & Mitigation Strategies	• Risk assessment identifies threats / vulnerabilities that may affect operations • Strategies are in place to mitigate hazards
Business Disruptions	• A list of specific events (including a pandemic public health emergency) is built into the Business Continuity Plan to activate the plan • A contingency plan exists to maintain the availability and confidentiality of communication systems and essential records
Communication & Reporting Mechanisms	• A chain of command exists • Communication plan includes emergency capabilities and procedures to communicate with all relevant parties
Transition to Normal Operations	• Employee and facility management plans ensure that essential operations and job responsibilities can be assumed by others or moved to alternate sites • Restoration plan includes procedures to transition back to normal operations
Compliance	• BCP complies with all applicable Federal, State, and local laws.
Training and Testing	• BCP is tested and revised at least annually • Appropriate employees are educated on the BCP and their own roles annually
Records and Restoration	• Records are developed and maintained to document the elements of the BCP • Timely restoration of essential and non-essential functions

Conclusion

Quality Management Operations performed a review to evaluate the annual BCP testing, testing results and your survey response to ensure compliance with CMS BCP requirements.

No corrective action is required at this time.

Thank you,

QM Program Operations – Medicare Delegation Oversight

County	Letters mailed July 2020	Signed Contract received
Barry	X	9/22/2020
Berrien	X	9/24/2020
Branch	X	7/13/2020
Calhoun	X	8/6/2020
Cass	X	
Kalamazoo	X	
St. Joesph	X	
Van Buren	X	8/11/2020

as of 11/6/20

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Southwest Michigan
Behavioral Health

Fifth Annual Regional Healthcare Policy Forum

A Federal Perspective

Judith Zink
& Brian Thiel

October 16, 2020

SWMBH Healthcare Policy Forum
A Federal Perspective

- Race for the White House
  - Healthcare
  - Pandemic Response
- Election Outlook
  - Senate
  - House
  - Michigan
- Supreme Court Vacancy
- After the Elections
  - Lame Duck Session
  - 117th Congress Leadership

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SWMBH Healthcare Policy Forum
2020 Race for the White House

- **Dynamic Situation**
- **Election Day**
- **Next Administration – Presidential Platforms**
  - **Healthcare**
  - **Pandemic Response**

Resource: Henry J Kaiser Family Foundation (KFF) –

***"Health Care and the 2020 Presidential Elections"* October 2020**

http://files.kff.org/attachment/Slideshow-Health-Care-and-the-2020-Presidential-Election.pdf

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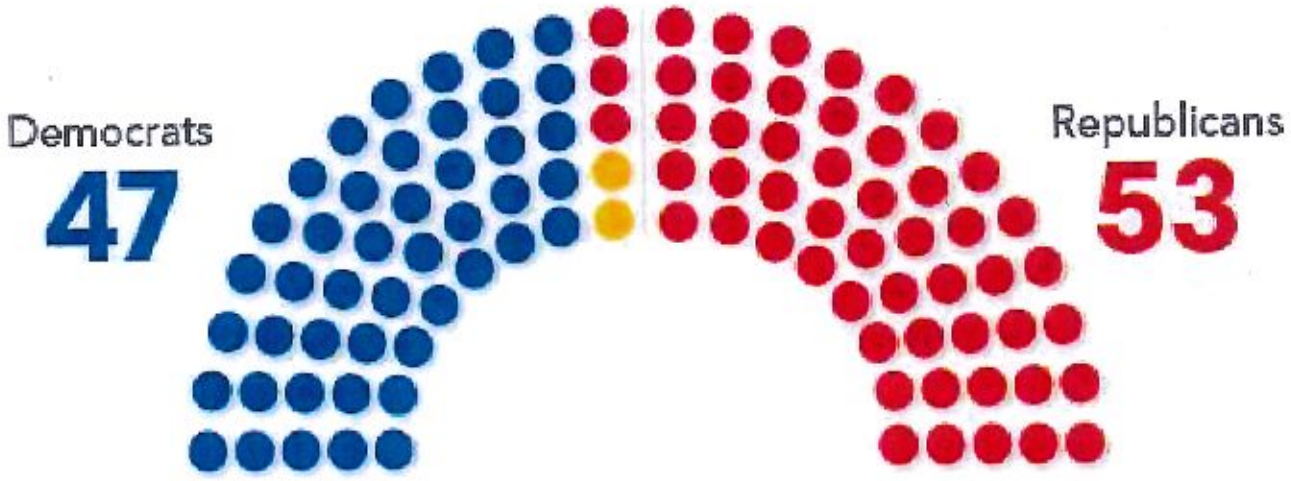
SWMBH Healthcare Policy Forum
2020 Election Outlook - Senate

- If Democrats net four seats, they will take control of the Senate.
- Netting three seats would result in a tie and any tie would be broken by the Vice President.
- 35 Senate seats up for 2020 elections. Republicans hold 23 of the seats and Democrats hold 12.



Source: Bloomberg Government
Note: Yellow reflects independents who caucus with Democrats

Known Changes

Resigned

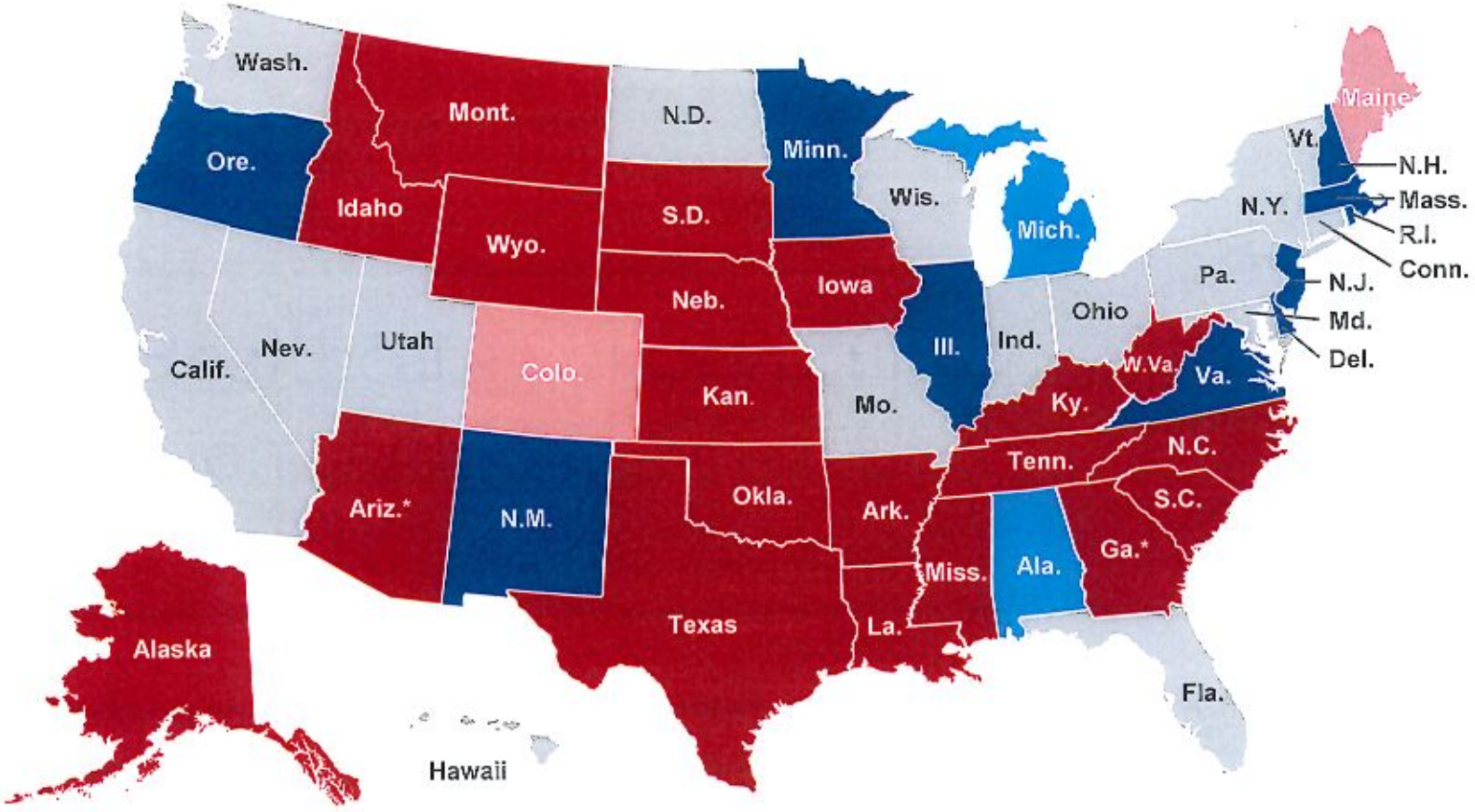
- Johnny Isakson (R-GA) resigned Dec. 31, 2019; Kelly Loeffler (R) appointed until special election

Not Seeking Re-election

- Lamar Alexander (R-TN)
- Mike Enzi (R-WY)
- Pat Roberts (R-KS)
- Tom Udall (D-NM)

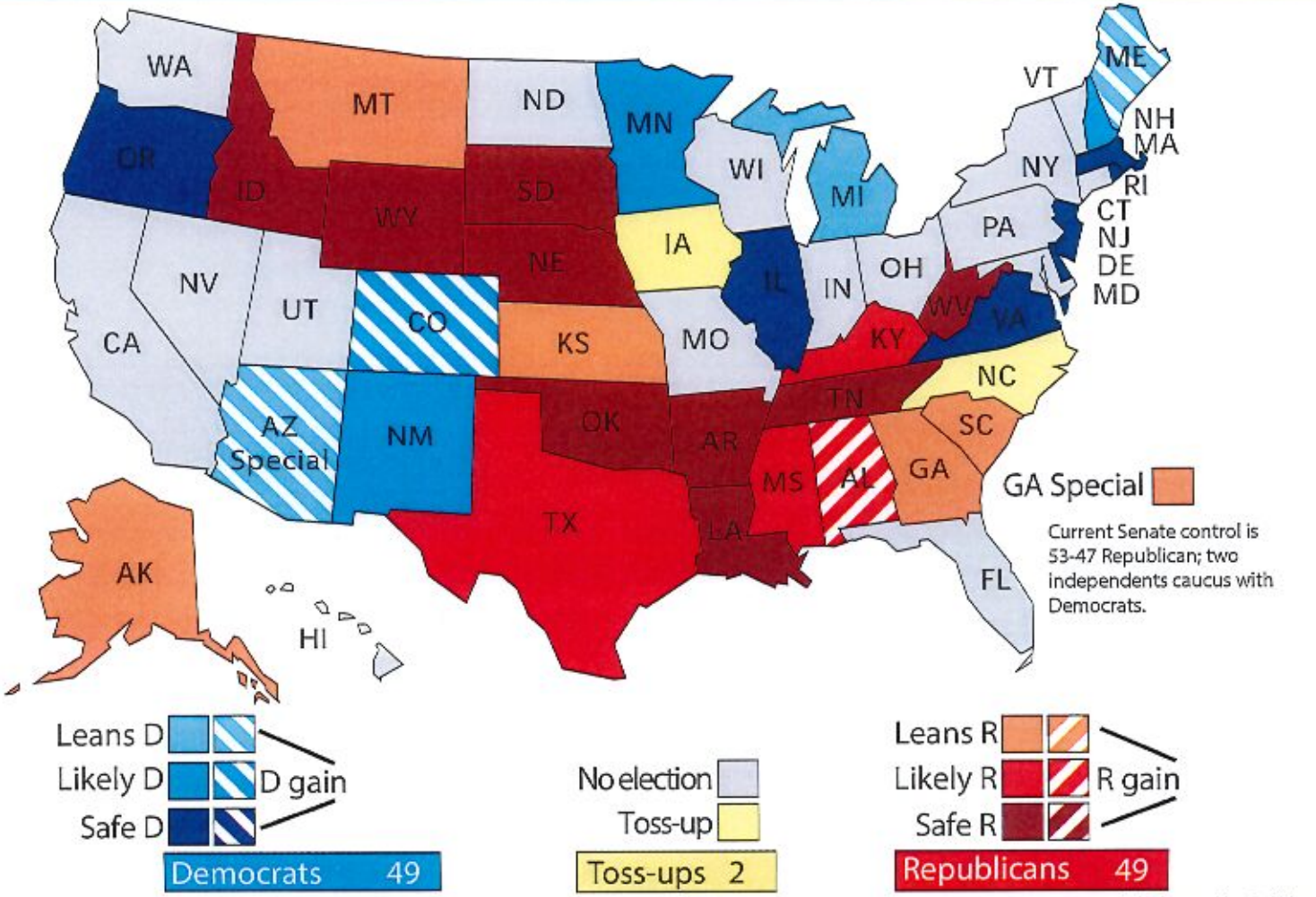
SWMBH Healthcare Policy Forum
2020 Election Outlook - Senate

Democratic-held seat
Democratic-held seat – state won by Trump in 2016
Republican-held seat
Republican-held seat – state won by Clinton in 2016



Source: U.S. Senate; Bloomberg Government
Note: Georgia has one regularly scheduled election and one special election; Arizona has a special election

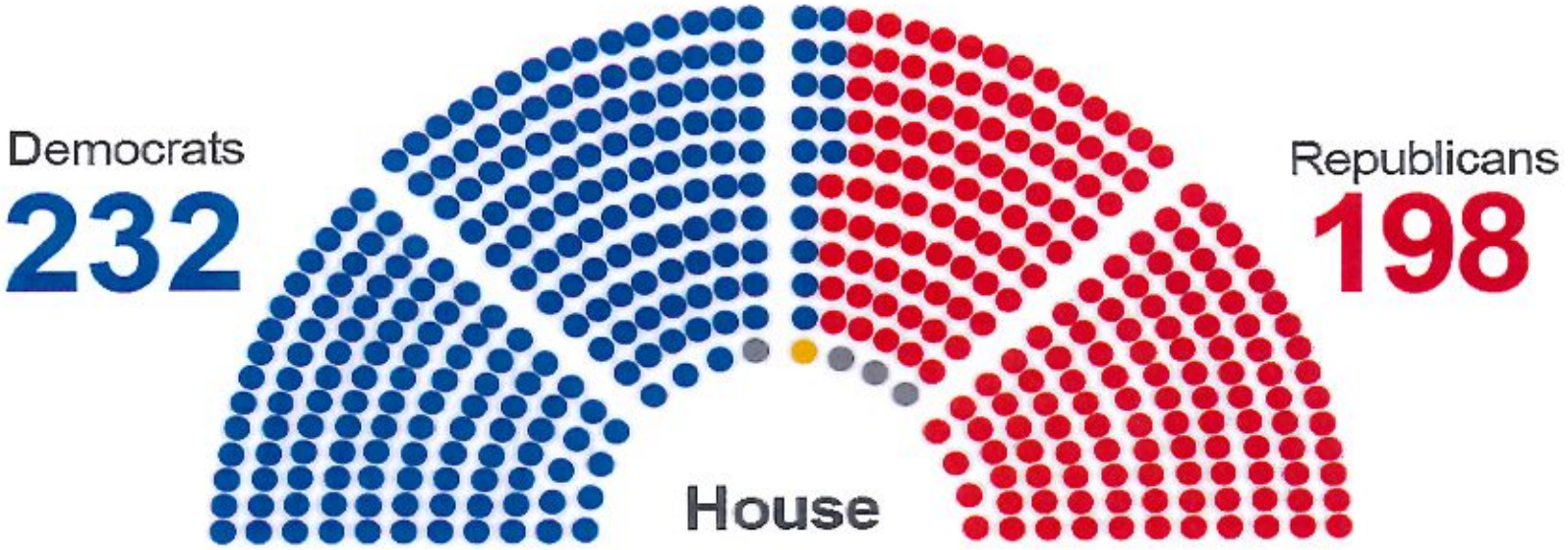
SWMBH Healthcare Policy Forum
2020 Election Outlook - Senate



©2020 UVA Center for Politics

Source: UVA Center for Politics https://centerforpolitics.org/crystalball/2020-senate/
Updated: Oct. 8, 2020

SWMBH Healthcare Policy Forum
2020 Election Outlook - House



Libertarian

The four vacancies are in CA-50, due to the resignation of Duncan Hunter (R); GA-05, due to the death of John Lewis (D); NC-11, due to the resignation of Mark Meadows (R); and TX-04, due to the resignation of John Ratcliffe (R).

Source: Bloomberg Government

SWMBH Healthcare Policy Forum
2020 Election Outlook - House

Not Seeking Re-Election

AL-02 – Martha Roby (R)
CA-53 – Susan Davis (D)
FL-03 – Ted Yoho (R)
FL-19 – Francis Rooney (R)
GA-07 – Rob Woodall (R)
GA-14 – Tom Graves (R)
HI-02 – Tulsi Gabbard (D)
IA-02 – Dave Loebsack (D)
IL-15 – John Shimkus (R)
IN-01 – Pete Visclosky (D)
IN-05 – Susan Brooks (R)
LA-05 – Ralph Abraham (R)
MI-03 – Justin Amash (I)
MI-10 – Paul Mitchell (R)
NC-02 – George Holding (R)
NC-06 – Mark Walker (R)
NY-02 – Peter King (R)
NY-15 – José Serrano (D)
NY-17 – Nita Lowey (D)
OR-02 – Greg Walden (R)
TN-01 – Phil Roe (R)
TX-11 – Michael Conaway (R)
TX-13 – Mac Thornberry (R)
TX-17 – Bill Flores (R)
TX-22 – Pete Olson (R)
TX-23 – Will Hurd (R)
TX-24 – Kenny Marchant (R)
WI-05 – Jim Sensenbrenner (R)

Seeking Other Office

AL-01 – Bradley Byrne (R), lost Senate primary
CA-08 – Paul Cook (R), 0320 elected to CA county office
GA-09 – Doug Collins (R), seeking Senate seat
KS-01 – Roger Marshall (R), won Senate primary
MA-04 – Joe Kennedy (D), lost Senate primary
MT-AL – Greg Gianforte (R), won governor primary
NM-03 – Ben Ray Luján (D), won Senate primary
UT-01 – Rob Bishop (R), lost primary for Lt. Governor
WA-10 – Denny Heck (D), running for Lt. Governor

Resignations, Deaths & Special Elections

CA-25 – Katie Hill (D) resigned 11/03/19; Mike Garcia (R) elected 05/12/20
CA-50 – Duncan Hunter (R) resigned 01/13/20; no special election
GA-05 – John Lewis (D) died 07/17/20; special election 09/29/20
MD-07 – Elijah Cummings (D) died 10/17/19; Kweisi Mfume (D) 04/28/20
NC-03 – Walter Jones (R) 02/10/19; Greg Murphy (R) elected 09/10/19
NC-09 – Dan Bishop (R) elected 09/10/19 after seat wasn't filled in 2018 election
NC-11 – Mark Meadows (R) resigned 03/30/20; no special election scheduled
NY-27 – Chris Collins (R) resigned 09/30/19; Chris Jacobs (R) elected 06/23/20
PA-12 – Tom Marino (R) resigned 01/23/19; Fred Keller (R) elected 05/21/19
TX-04 – John Ratcliffe (R) resigned 05/22/20; no special election scheduled
WI-07 – Sean Duffy (R) resigned 09/23/19; Tom Tiffany (R) elected 05/12/20

Defeated in Primary

CO-03 – Scott Tipton (R)
FL-15 – Ross Spano (R)
IA-04 – Steve King (R)
IL-03 – Dan Lipinski (D)
KS-02 – Steve Watkins (R)
MO-01 – Lacy Clay (D)
NY-16 – Eliot Engel (D)
VA-05 – Denve Riggleman (R)

Source: Bloomberg Government

SWMBH Healthcare Policy Forum
2020 Election Outlook - House

LIKELY DEMOCRATIC 15 Dem • 2 Rep 0 Ind	LEAN DEMOCRATIC 15 Dem • 2 Rep 0 Ind	DEMOCRATIC TOSS UP 13 Dem • 0 Rep 0 Ind	REPUBLICAN TOSS UP 0 Dem • 13 Rep 0 Ind	LEAN REPUBLICAN 0 Dem • 14 Rep 1 Ind	LIKELY REPUBLICAN 0 Dem • 16 Rep 0 Ind
CA-10 Harder	AZ-01 O'Halleran	*CA-21 Cox*	AZ-06 Schweikert	AK-AL Young	CA-04 McClintock
CA-39 Cisneros	*CA-48 Rouda*	*FL-26 Mucarsel-Powell*	CA-25 Garcia	AR-02 Hill	CA-22 Nunes
FL-27 Shalala	*GA-06 McBath*	*IA-01 Finkenauer*	IN-05 Open	CO-03 Open	CA-50 Vacant
IL-14 Underwood	GA-07 Open	IA-02 Open	MO-02 Wagner	*FL-15 Spano*	FL-16 Buchanan
IL-17 Bustos	*MI-08 Slotkin*	*IA-03 Axne*	NE-02 Bacon	IL-13 Davis	FL-18 Mast
KS-03 Davids	*MI-11 Stevens*	MN-07 Peterson	*NJ-02 Van Drew*	MI-03 Open	*KS-02 Open*
ME-02 Golden	*MN-02 Craig*	*NM-02 Torres Small*	NY-02 Open	MI-06 Upton	KY-06 Barr
NC-02 Open	*NJ-03 Kim*	*NY-11 Rose*	OH-01 Chabot	*MN-01 Hagedorn*	*NC-09 Bishop*
NC-06 Open	*NJ-07 Malinowski*	*NY-22 Brindisi*	PA-10 Perry	MT-AL Open	NC-11 Vacant
NH-01 Pappas	*NV-03 Lee*	*OK-05 Horn*	*TX-21 Roy*	NC-08 Hudson	OH-10 Turner
NJ-05 Gottheimer	*PA-07 Wild*	*UT-04 McAdams*	TX-22 Open	NY-01 Zeldin	*OH-12 Balderson*
NV-04 Horsford	PA-08 Cartwright	*VA-02 Luria*	TX-24 Open	NY-24 Katko	*TX-02 Crenshaw*
NY-18 Maloney	*PA-17 Lamb*	*VA-07 Spanberger*	*VA-05 Open*	PA-01 Fitzpatrick	*TX-06 Wright*
NY-19 Delgado	*SC-01 Cunningham*			*TX-03 Taylor*	TX-25 Williams
OR-04 DeFazio	*TX-07 Fletcher*			TX-10 McCaul	TX-31 Carter
TX-32 Allred	TX-23 Open				WA-03 Herrera Beutler
WA-08 Schrier	WI-03 Kind				

Note: Italics denote freshman lawmakers
Source: Race ratings from Cook Political Report; as of Sept. 29

SWMBH Healthcare Policy Forum
2020 Election Outlook - Michigan

Michigan Senate Race

Sen. Gary Peters (D) versus John James (R)

- One of the best potentials for the Republican's to pick up a Senate seat.
- As of Oct. 8, most analysis still puts the race as "leans D" some as "toss-up."
- RealClear Politics (RCP) average: Peters +4.9 (10/11/20)
- One of the most expensive races in the country.
- Presidential election will be a factor in this race. RCP - Biden +7.0 (10/11/20)

Michigan Competitive House Races

Rep. Fred Upton (R- MI-6) – "Leans R"

MI-3 Open Seat (Rep. Amash) – "Leans R"

Rep. Elissa Slotkin (D- MI-8) – "Leans D"

Rep. Haley Stevens (D - MI-11) – "Likely D"

Known Changes

Not Seeking Re-election

- MI-03 – Justin Amash (I)
- MI-10 – Paul Mitchell (R)

SWMBH Healthcare Policy Forum
Supreme Court Vacancy

- **Amy Coney Barrett Nomination**
  - The Supreme Court is set to tackle myriad healthcare-related cases in the coming year. The nomination and likely confirmation of a conservative is poised to have far-reaching implications on the Court both now and in the years to come.
- **Confirmation Outlook/Calendar**
- **2020-2021 Term (began Oct. 5)**
  - **ACA Challenge** – The Court is slated to hear a third challenge (individual mandate penalty) to the Affordable Care Act (oral arguments scheduled on November 10)
  - **Bush v Gore Part 2?** – With the uncertainty around mail-in ballots, the President's health, and a potential unwillingness to voluntarily hand over the reins of power, the Court may be asked to make a pivotal determination around the November election.

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SWMBH Healthcare Policy Forum
After the Elections

- **Lame Duck Session of Congress**
  - **FY21 Budget, Additional Stimulus, Potential for Supreme Court Confirmation in Senate**
- **Committee Chairs/Agenda important**
- **Trump wins Presidency and Senate flips expect gridlock**
- **Democratic sweep – one party control/ Democratic priorities**

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Questions

Contact information:

Judith Zink
703-581-9507, jzink@capitolineconsulting.com

Election Resources:

The Cook Political Report
https://cookpolitical.com/

RealClear Politics
https://www.realclearpolitics.com/elections/2020/

UVA Center for Politics
https://centerforpolitics.org/

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Health Care and the 2020 Presidential Election

October 2020

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Filling the need for trusted information on national health issues.

Where do the 2020 presidential candidates stand on health care issues?

Donald Trump

Joe Biden

NOTE: The following slides reflect President Trump's record during his presidency, including as reflected on his 2020 campaign website. The Trump campaign website added Second Term Agenda information on August 23, consisting of several bullet points but no other detail. The following slides also reflect Joe Biden's proposals described on his 2020 campaign website, including the Unity Task Force Recommendations.

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Trump's Health Record: *At a Glance*

- ***Supported repeal of the Affordable Care Act (ACA) and supporting lawsuit to overturn entire law***
- ***Proposed changes to cap and limit federal funding for Medicaid and limit Medicaid eligibility***
- ***Restricted access to reproductive health services***
- ***Reduced insulin costs for some Medicare beneficiaries, effective 2021; proposed other ways to reduce drug prices (most have not been implemented)***
- ***Made changes to immigration policy to restrict entry of individuals who are likely to use Medicaid and certain other public programs***
- ***Signed federal COVID-19 emergency relief legislation; has delegated primary responsibility for COVID-19 to states***

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Biden's Health Proposals: *At a Glance*

Biden's Proposals

- ***Retain and strengthen the ACA and create a new public option, and increase the number of people eligible for subsidies and enhance subsidies***
- ***Retain ACA Medicaid expansion***
- ***Provide option to enroll in Medicare at age 60***
- ***Increase health insurance coverage options for immigrants***
- ***Reduce prescription drug costs***
- ***Enhance funding for long-term care***
- ***Restore and expand reproductive rights***
- ***Expand federal COVID-19 emergency relief; put federal government in charge of the COVID-19 response***

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COVID-19 Response

Trump's Record

- The U.S. accounts for 4% of the world's population but 25% of all COVID cases and 22% of deaths
- Delegated primarily responsibility for COVID-19 response to states, with federal government as back-up
- Signed emergency relief legislation which eliminated out-of-pocket costs for COVID-19 testing, prevention, eventual vaccine; increased Medicaid FMAP by 6.2%; expanded unemployment insurance; and provided paid sick and expanded family and medical leave during emergency
- Extended COBRA election period during emergency, without subsidies
- Declined to reopen ACA enrollment for uninsured
- Supports reopening schools in-person, and tying some federal funding relief to physical reopening
- Reduced U.S. engagement in global response, ended US funding for WHO and announced withdrawal from WHO membership

Biden's Proposals

- Put "scientists and public health leaders front and center" in communication with the American people
- Give Federal government primary responsibility for response
- Expand federal COVID relief to eliminate out-of-pocket costs for treatment (in addition to testing, prevention vaccines); increase Medicaid FMAP by at least 10%; provide additional pay and PPE to essential workers; further expand unemployment insurance and sick/family leave; reimburse employers for sick leave; and provide employer tax credit for COVID-19 health care costs
- Cover COBRA with 100% premium subsidies during emergency
- Reopen ACA enrollment for uninsured
- Reopen schools in-person *only after* achieving sufficient reductions in community transmission
- Re-embrace international engagement and reverse decision to defund/withdraw from WHO

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The ACA Marketplace

Trump's Record

- Supports ACA repeal/ lawsuit to overturn the ACA (including premium subsidies and pre-existing condition protections)
- Promoted use of short-term health plans that have lower premiums, but can exclude coverage for pre-existing conditions
- Supported Congressional proposal to
  - Replace income-related premium tax credits with smaller flat tax credits
  - Allow states to waive essential health benefits and community rating
- Eliminated cost-sharing reduction (CSR) payments to marketplace insurers
- Encouraged state waivers that promote and apply subsidies to non-ACA-compliant policies
- Cut funding for consumer enrollment assistance and outreach, shortened open enrollment, limited mid-year special enrollments
- Supported repeal of the individual mandate penalty

Biden's Proposals

- Expand eligibility for financial assistance to include people with income over 400% FPL, people with employer coverage, and adults in non-expansion states who would otherwise be eligible for Medicaid
- Make premium tax credits more generous
- Reduce out-of-pocket cost sharing for marketplace enrollees by setting the benchmark plan at the gold level
- Restore funding for consumer outreach and assistance
- Create new public option

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Public Option

Trump's Record

Biden's Proposals

- ***Does not support a public option***
- ***Does not support Medicare-for-all***

- ***Establish new federal public health insurance option, like Medicare***
  - *Available to all people eligible for marketplace coverage, people with employer coverage, and people who would otherwise be eligible for Medicaid in non-expansion states*
  - *Premium tax credits and cost-sharing subsidies apply to public option*
  - *Cover ACA essential health benefits*
  - *For low-income adults who would otherwise be Medicaid eligible in non-expansion states, coverage is premium-free and provides full scope of Medicaid benefits*
  - *Public plan negotiates prices with hospitals and other providers*
  - *Retain employer coverage, private marketplace coverage, Medicaid, and Medicare*
- ***Does not support Medicare-for-all***

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Medicaid

Trump's Record

- Supporting repeal of the ACA/ lawsuit to overturn the law (including Medicaid expansion and other provisions)
- Proposed changes to cap and limit federal funding for Medicaid and limit Medicaid eligibility
- Supported policies and approved waivers to require work as a condition of Medicaid eligibility
- Invited state waivers that would allow states to deviate from federal minimum standards related to program design and oversight in exchange for capped federal financing
- Took administrative actions to increase eligibility verification requirements and put limits on state financing mechanisms
- Signed legislation to increase Medicaid FMAP by 6.2 percentage points with eligibility protections

Biden's Proposals

- Retain ACA Medicaid expansion and other ACA Medicaid provisions
- Automatically enroll into the public option adults who would be eligible for Medicaid if their state had expanded under the ACA, with no premium and full Medicaid benefits.
- Allow states that have expanded to move Medicaid expansion enrollees into the public option, with a maintenance-of-effort payment from the states
- Increase federal Medicaid funding for home- and community-based services
- Provide federal support for state Medicaid programs during economic crisis

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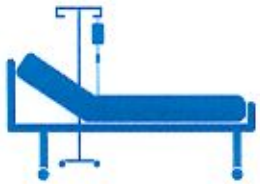
Medicare

Trump's Record

- No proposed changes to broaden Medicare eligibility
- Capped Medicare Part D insulin copays for some enrollees and introduced other proposals to lower drug costs (see Rx slide)
- Supported repeal of ACA, which includes provisions that closed the Medicare prescription drug "donut hole", added free coverage of preventive services, and reduced spending to strengthen the solvency of the Medicare Hospital Insurance Trust Fund
- Broadened Medicare coverage of telehealth during COVID-19 pandemic, and provided funds for health care providers
- Signed legislation that accelerated insolvency of the Medicare Hospital Insurance Trust Fund, including the Tax Cuts and Jobs Act of 2017 and repeal of the ACA "Cadillac Tax"
- Expanded Medicare Advantage supplemental benefits
- Proposed ~$450 billion in net Medicare spending reductions over 10 years (FY2021 budget)



Biden's Proposals

- Lower age of Medicare eligibility to 60, with an option for people ages 60-64 to keep their coverage; financed separately from the current Medicare program
- Reduce drug prices under Medicare, people with private insurance, and under the proposed public option, by giving the Secretary authority to negotiate drug prices with pharmaceutical companies (*see next slide*)
- Add vision, hearing, and dental benefits in financially sustainable manner to Medicare

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Prescription Drug Prices

Trump's Record

- No proposal to lift ban in current law prohibiting the federal government from negotiating drug prices under Medicare
- Capped monthly insulin costs for some Medicare Part D enrollees
- Signed the Bipartisan Budget Act of 2018 which accelerated the phase out of the Medicare Part D "donut hole"
- Banned "gag clauses" that prevented pharmacists from telling customers if they could save money on their prescriptions
- Finalized two pathways to allow importation of prescription drugs, subject to safeguards
- Proposed but not implemented:
  - Test models to limit prices under Medicare Part B and Part D for certain high-cost drugs, based on "most favored nation" prices (i.e., the lowest among OECD countries)
  - Cap out-of-pocket drug costs in Medicare Part D
  - Ban Medicare Part D rebates -- projected to reduce copays at pharmacy counter for some drugs, but increase Medicare spending and premiums
  - Require drug companies to disclose prices in TV ads (blocked by federal court)

Biden's Proposals

- Authorize the federal government to negotiate drug prices for Medicare and other purchasers (public and private), capped to a level associated with average OECD median prices
- Prohibit prices for all brand and some generic drugs from rising faster than inflation under Medicare and public option
- Limit launch prices for new specialty drugs for Medicare and public option; price would be based on recommendation of new independent review board, based on the average price in other countries (marketplace plans may use lower price)
- Cap out-of-pocket drug costs in Medicare Part D
- Allow importation of prescription drugs, subject to safeguards
- Eliminate tax break for pharmaceutical company advertising expenses
- No proposal to ban rebates in Medicare Part D

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Reproductive Health

Trump's Record

Biden's Proposals

- Supports the Hyde Amendment, which prohibits federal funding for abortion except in cases of rape, incest, or life endangerment
- Supports overturning Roe v. Wade, the 1973 Supreme Court decision that established a constitutional right to abortion, and appointed federal judges opposed to abortion rights
- Prohibited federal Title X family planning funds for clinics that provide or refer for abortion
- Exempted more employers from ACA's requirement to offer plans that include no-cost contraceptive coverage
- Added new payment requirements for enrollees in ACA Marketplace plans that include coverage for abortion and insurers who offer them
- Eliminated anti-discrimination protections in health care for LGBTQ patients and those who have terminated a pregnancy
- Reinstated and significantly expanded "Mexico City Policy" to apply to almost all U.S. global health assistance

- Opposes the Hyde Amendment, calling for its 'repeal' from Congressional appropriations bills
- Supports Roe v. Wade and pledges to nominate judges who will uphold abortion rights
- Reverse the Trump Administration's Title X rule and restore funds to family planning clinics that provide or refer for abortion
- Prohibit states from refusing Medicaid payments to reimburse Planned Parenthood and other providers for family planning services
- Ensure people with employer-sponsored insurance have access to no-cost contraceptive coverage regardless of their employer's beliefs
- Reverse Trump administration policies that permit discrimination of LGBTQ patients seeking health care
- Rescind Mexico City Policy

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HIV Policy

Trump's Record

- Launched "Ending the HIV Epidemic: A Plan for America" to reduce HIV incidence in U.S. by 75% by 2025 and 90% by 2030, leading to first significant increase in domestic HIV funding in several years; includes increased support for PrEP
- Supports repeal of ACA which would reduce coverage and access for people with HIV, who could be denied coverage due to HIV
- Eliminated anti-discrimination protections in health care for LGBTQ patients
- Implemented "Deploy or Get Out" DoD policy, requiring service members who are "non-deployable" for 12 months to be processed for separation, which has been used to attempt to discharge those with HIV
- Has publicly supported PEPFAR but recently requested budget cuts to PEPFAR and Global Fund of more than $2 billion

Biden's Proposals

- "Re-commit to ending the HIV/AIDS epidemic by 2025"
- Update and implement National HIV/AIDS Strategy
- Supports ACA expansion and new public option and comprehensive coverage, including for HIV treatment, gender transition services, and PrEP & PEP and related costs
- Reverse Trump administration policies that permit discrimination of LGBTQ patients seeking health care
- Rescind "Deploy or Get Out" DoD policy
- Support repeal of HIV criminalization laws, including development of federal guidance on best practices for states
- Restore U.S. standing as global leader defending LGBTQ+ rights and development including prioritizing commitment to global HIV/AIDS, through PEPFAR and Global Fund

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Mental Health and Opioids

Trump's Record

- Supported repeal of the ACA, which would reduce coverage for mental health services and substantially limit the scope of mental health parity rules
- Declared the opioid crisis a national public health emergency, created a commission on opioids, and released a five-point opioid strategy to address prevention and treatment, access to Naloxone, improve data collection and research
- Signed legislation approving additional grant funds to combat opioid epidemic, including SUPPORT Act, though proposed budget decreased overall funding to SAMHSA and Medicaid, key funders for substance use disorder services
- Created a task force to focus on suicide prevention for veterans and proposed increased VA funding for suicide prevention
- Signed federal legislation during pandemic to provide funds to SAMHSA and to support VA expansion of mental health services for isolated veterans

Biden's Proposals

- Enforce existing mental health parity laws and expand funding for mental health
- Implement suicide prevention strategies for veterans and LGBTQ youth. For veteran suicide prevention, expand and strengthen mental health programs both inside and outside the VA
- Increase mental health workforce by doubling the number of mental health professionals in schools and encouraging youth to pursue health care jobs
- Address the opioid crisis with a five-point plan that includes increased access to services, decreases in unnecessary opioid prescriptions, and holding pharmaceutical companies accountable for their role in the opioid crisis

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Immigration and Health Coverage

Trump's Record

- Supports transition to "merit-based" immigration, winding down the Deferred Action for Childhood Arrivals (DACA) program, ending illegal immigration, building a wall between US and Mexico, ending chain migration, eliminating visa lottery program, disqualifying sanctuary cities from receiving federal funds
- Issued regulatory changes to public charge policy that restrict entry or adjustment to lawful permanent resident status for individuals the federal government determines are likely to receive certain non-cash public benefits, including Medicaid for non-pregnant adults (Implementation subject to ongoing litigation)
- Issued a proclamation stating that all new immigrants could be denied entry unless they provide proof of eligible health insurance or ability to pay for foreseeable medical costs (Court order currently prevents implementation)

Biden's Proposals

- Create a roadmap to legal status and citizenship for unauthorized immigrants who register, are up-to-date on taxes, and have passed a background check; reinstate Deferred Action for Childhood Arrivals (DACA); direct federal resources from building a wall to other border enforcement efforts; reverse Trump Administration policies that separate parents and children at the border
- Reverse Trump Administration's changes to public charge policy
- Expand ACA coverage to include DACA recipients (Dreamers)
- Remove the five-year waiting period in Medicaid and CHIP for lawfully present immigrants
- Allow undocumented immigrants to purchase unsubsidized coverage in the ACA Marketplaces

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Long-term Care

Trump's Record

- Supports policies to cap federal Medicaid financing and repeal the ACA which would limit funding for long-term care and eliminate state options to expand access to Medicaid home- and community-based services
- Proposed changes to nursing home regulations, such as relaxing requirements for infection preventionist, psychotropic drug use, grievance process, staffing data retention, and quality assurance and performance improvement program
- Required nursing homes to report COVID-19 cases and deaths beginning in May 2020, and established independent commission to assess nursing home COVID-19 response

Biden's Proposals

- Increase federal funding for Medicaid home- and community-based services to eliminate wait lists, test new models of care, and expand community health workers
- Provide $5,000 in tax credits for informal caregivers
- Expand tax benefits for older Americans who purchase private long-term care insurance
- Improve nursing home staffing and quality standards

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Lowering Health Care Costs

Trump's Record

- Required hospitals to disclose "standard charges" (negotiated prices) so consumers can shop for lower prices (currently being challenged in court)
- Capped insulin costs for some Part D enrollees; issued executive orders with additional proposals to lower drug costs (See Rx slide)
- Promoted use of short-term health and association plans with lower premiums that cover fewer benefits; short-term plans permitted to deny coverage based on pre-existing conditions
- Supports development of alternative payment models
- Supports prohibitions on surprise medical bills (no details provided)

Biden's Proposals

- Enforce antitrust laws to prevent anti-competitive consolidations and other practices that increase hospital and other health care prices
- Support approaches to lowering drug costs, including government negotiations, limits on price increases, limits on launch prices (See Rx slide)
- Negotiate prices with hospitals and other health care providers under the public option
- Support development of alternative payment models for Medicare and public option
- Increase the number of people eligible for ACA marketplace subsidies and enhance subsidies
- Support prohibitions on surprise medical bills (no details provided)

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For more information related to the health policy issues and the 2020 elections, including policy analysis, polling, and journalism, see KFF.org/election-2020/

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Southwest Michigan

BEHAVIORAL HEALTH

Per PA 228 of 2020:

- For calendar year 2020 Board meetings will be held remotely due to the COVID-19 pandemic.
- Members of the public may attend electronically by https://global.gotomeeting.com/join/515345453 or by dialing 1-571-317-3116 access code: 515 345 453.
- Members of the public may contact members of the Board to provide input or ask questions on any business that will come before the Board by contacting Michelle Jacobs at michelle.jacobs@swmbh.org prior to the meeting, or by commenting during the Board meeting Public Comment section as identified by the Board Chairman.
- Members of the public with disabilities who require special accommodations should contact Anne Wickham at anne.wickham@swmbh.org well before the meeting occurs.
- Members of the public are not required register or otherwise provide their name or other information as a condition of participation, other than mechanisms to permit participation in the public comment period.
- Members of the public are to be excluded from participation in a properly convened and held closed session of the Board.

Southwest Michigan Behavioral Health Board Meeting

December 11, 2020

9:30 am to 11:00 am

Draft: 11/4/20

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d)**
3. **Financial Interest Disclosure Handling (M. Todd)**
4. **Consent Agenda**
   - November 13, 2020 SWMBH Board Meeting Minutes (d)
5. **Operations Committee**
   - Operations Committee Minutes October 28, 2020 (d)
6. **Ends Metrics Updates**
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?
   a. 2021-2022 Board Ends Metrics (J. Gardner) (d)
   b. Fiscal Year 2020 Performance Bonus Incentive Program (J. Gardner) (d)
7. **Board Actions to be Considered**
   - Financial Risk Management Plan (d) (T. Dawson)
   - Financial Management Plan (d) (T. Dawson)
   - Cost Allocation Plan (d) (T. Dawson)
   - Calendar Year 2021 Board Policy and Events Calendars (d) (M. Jacobs)
8. **Board Policy Review**
   Is the Board in Compliance? Does the Policy Need Revision?
   - BG-005 Chairperson's Role (d)
9. **Executive Limitations Review**
   Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?
   - BEL-003 Asset Protection (d) (S. Barnes)

10. **Board Education**

    a. Fiscal Year 2020 Year to Date Financial Statements (d) (T. Dawson)
    b. Fiscal Year 2020 Customer Services Report (d) (S. Ameter)
    c. Year End Accomplishments (d) (B. Casemoro)

11. **Communication and Counsel to the Board**

    a. January 8, 2021 Board Agenda (d)
    b. Board Member Attendance Roster (d)
    c. January Board Policies: TBD

12. **Public Comment**

13. **Adjournment**

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275.

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Next SWMBH Board Meeting
January 8, 2021
9:30 am - 11:00 am

2020 SWMBH Board Member & Board Alternate Attendance												
Name:	January	February	March	April	May	June	July	August	September	October	November	December
Board Members:												
Ruth Perino (Barry)												
Robert Nelson (Barry)												
Edward Meny (Berrien)												
Tom Schmelzer (Branch)												
Patrick Garrett (Calhoun)												
Michael McShane (Cass)												
Erik Krogh (Kalamazoo)												
Janet Bermingham (St. Joe)												
Susan Barnes (Van Buren)												
Alternates:												
Robert Becker (Barry)												
Randy Hyrns (Berrien)												
Jon Houtz (Branch)												
Kathy-Sue Vette (Calhoun)												
Mary Middleton (Cass)												
Patricia Guenther (Kalamazoo)												
Cathi Abbs (St. Joe)												
Angie Dickerson (Van Buren)												

as of 10/09/20

Moses Walker (Kalamazoo)												
Nancy Johnson (Berrien)												

Green = present
Red = absent
Black = not a member
Gray = meeting cancelled