



**Southwest Michigan Behavioral Health Board Meeting**  
**Air Zoo Aerospace & Science Museum**  
**6151 Portage Rd, Portage, MI 49002**  
**November 8, 2024**  
**9:30 am to 11:30 am**  
(d) means document provided  
**Draft: 10/30/24**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.1**
3. **Financial Interest Disclosure Handling (M. Todd)**
  - None Scheduled
4. **Consent Agenda (2 minutes)**
  - a. October 11, 2024 SWMBH Board Meeting Minutes (d) pg.3
  - b. September 25, 2024 Operations Committee Meeting Minutes (d) pg.8
5. **Required Approvals (0 minutes)**
  - None scheduled
6. **Ends Metrics Updates (\*Requires motion) (0 minutes)**
7. *Proposed Motion: Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Do the Ends need Revision?*
  - None scheduled
8. **Board Actions to be Considered (25 minutes)**
  - a. Calendar Year 2025 Board Policy Calendar (d) pg.14
  - b. Executive Officer Evaluation (S. Sherban)
  - c. Holiday Luncheon
9. **Board Policy Review (5 minutes)**

*Proposed Motion: Is the Board in Compliance? Does the Policy Need Revision?*

  - EO-002 Monitoring Executive Officer Performance (E. Meny) (d) pg.15
10. **Executive Limitations Review (0 minutes)**

*Proposed Motion: Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?*

  - None

**11. Board Education (25 minutes)**

- a. Fiscal Year 2024 Year to Date Financial Statements (G. Guidry) (d) pg.17
- b. Board Education Planning 2025 (B. Casemore)
- c. Fiscal Year 2024 Community Mental Health Services Program Site Review Results (M. Todd) (d) pg.24
- d. Debrief 10/4 9<sup>th</sup> Annual Regional Healthcare Policy Forum (B. Casemore)

**12. Communication and Counsel to the Board (5 minutes)**

- a. Board Finance Committee (T. Schmelzer)
- b. Board Regulatory Compliance Committee (d) pg.42
- c. SWMBH Counsel and County Cost Sharing (B. Casemore)
- d. December Draft Board Agenda (d) pg.43
- e. December Board Policy Direct Inspection – BEL-003 Asset Protection (E. Krogh)

**13. Public Comment**

**14. 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 Board Meeting  
December 13, 2024  
9:30 am - 11:30 am**



**Board Meeting Minutes**

**October 11, 2024**

**Air Zoo Aerospace & Science Museum, 6151 Portage Rd, Portage, MI 49002**

**9:30 am-11:30 am**

**Draft: 10/11/24**

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**Members Present:** Sherii Sherban, Tom Schmelzer, Louie Csokasy, Edward Meny, Erik Krogh, Carol Naccarato, Lorraine Lindsey, Tina Leary

**Members Absent:** None

**Guests Present:** Brad Casemore, Chief Executive Officer, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Michelle Jacobs, Senior Operations Specialist & Rights Advisor, SWMBH; Ella Philander, Executive Projects Manager, SWMBH; Cameron Bullock, Pivotal; Jeannie Goodrich, Summit Pointe; John Ruddell, Woodlands; Sue Germann, Pines BH; Debbie Hess, Van Buren County CMH; Richard Thiemkey, Barry County CMH; Ric Compton, Riverwood; Jeff Patton, ISK; Susan Radwan, Leading Edge Mentoring

**Welcome Guests**

Tom Schmelzer called the meeting to order at 9:33 am and introductions were made.

**Public Comment**

None

**Agenda Review and Adoption**

- Motion Edward Meny moved to approve the agenda with revision 10a. Fiscal Year 2024 Financials and Fiscal Year 2025 Budget being presented consecutively. Also additions of Community Mental Health Association of Michigan voting delegates, update from Brad Casemore and Fiscal Year 2025 Contract update.
- Second Louie Csokasy
- Motion Carried

**Financial Interest Disclosure (FID) Handling**

None

**Consent Agenda**

- Motion Edward Meny moved to approve the September 13, 2024 Board minutes, August 28, and September 11, 2024 Operations Committee Meeting Minutes as presented.
- Second Lorraine Lindsey
- Motion Carried

**Required Approvals**

**Fiscal Year 2025 Program Integrity Compliance Plan**

Mila Todd reported as documented noting revisions. Discussion followed.

Motion Edward Meny moved to approve the Fiscal Year 2025 Program Integrity Compliance Plan as presented.

Second Erik Krogh

Motion Carried

**Credentialing of Behavioral Health Practitioners**

Mila Todd reported as documented noting that Board approval is a contractual requirement.

Motion Lorraine Lindsey moved to approve the Credentialing of Behavioral Health Practitioners Policy as presented.

Second Carol Naccarato

Motion Carried

**Credentialing of Organizational Providers**

Mila Todd reported as documented noting that Board approval is a contractual requirement.

Motion Edward Meny moved to approve the Credentialing of Organizational Providers Policy as presented.

Second Carol Naccarato

Motion Carried

**Ends Metrics Updates**

**Health Services Advisory Group Performance Measure Validation Audit**

Natalie Spivak reported as documented.

Motion Tom Schmelzer moved that the Board accepts the interpretation of Ends Metrics as meeting the test of any reasonable interpretation and the data shows compliance with the interpretation.

Second Lorraine Lindsey

Motion Carried

**Board Actions to be Considered**

**Fiscal Year 2025 Budget**

Garyl Guidry reported as documented. Discussion followed.

Motion Edward Meny moved to approve the SWMBH Fiscal Year 2025 balanced budget Column J as presented.

Second Erik Krogh

Roll Call Vote

Sherii Sherban yes

Tom Schmelzer yes

Carol Naccarato yes

Edward Meny yes

Erik Krogh yes

Louie Csokasy            yes  
Lorraine Lindsey        yes  
Tina Leary                yes  
Motion Carried

Motion            Carol Naccarato moved hearing from the owners on a monthly basis  
Second            Tom Schmelzer  
Motion failed to Pass

**SWMBH Board Ends**

Susan Radwan reported as documented noting a proposed draft of 5 Board Ends. Discussion followed.

Motion            Erik Krogh moved to adopt the revised SWMBH Board Ends as presented.  
Seconded        Lorraine Lindsey  
Motion Carried

**Michigan Consortium for Healthcare Excellence (MCHE) Membership**

Brad Casemore reviewed history of MCHE membership.

Motion            Erik Krogh moved to approve the SWMBH membership in MCHE.  
Seconded        Edward Meny  
Motion Carried

**Charge Executive Officer Evaluation Committee**

Brad Casemore noted per policy, the Executive Officer’s evaluation is scheduled for November and the Executive committee of Sherii Sherban, Tom Schmelzer and Carol Naccarato have hard copy materials to take with them to review. Michelle Jacobs will contact the Executive Committee to schedule a meeting to review and discuss the materials prior to the November Board meeting.

**Board Policy Review**

**BG-001 Committee Structure**

Brad Casemore reported as documented.

Motion            Edward Meny moved that the Board is in compliance with BG-001 Committee Structure and the policy does not need revision.  
Second            Lorraine Lindsey  
Motion Carried

**Executive Limitations Review**

**BEL-002 Financial Conditions**

Louie Csokasy reported Discussion followed.

Motion            Louie Csokasy moved that the Executive Officer is in compliance and Policy BEL-002 Financials Conditions does not need revision.  
Second            Lorraine Lindsey  
Motion Carried

**EO-003 Emergency Executive Officer Succession**

Brad Casmore reported as documented.

Motion Tom Schmelzer moved that the Executive Officer is in compliance and Policy EO-003 Emergency Executive Officer Succession does not need revision.

Second Carol Naccarato

Motion Carried

**BEL-010 RE 501 (c) (3)**

Sherii Sherban reported as documented.

Motion Sherii Sherban moved that the Executive Officer is in compliance and Policy BEL-010 RE 501 (c) (3) does not need revision.

Second Louie Csokasy

Motion Carried

**Board Education**

**Fiscal Year 2024 Year to Date Financial Statements**

Garyl Guidry reported as documented noting revenue, expenses and projected deficits. Garyl noted that the Region, for period 11, has a \$24 million dollar deficit and is projected to use all of its Internal Service Funds and enter the State’s risk corridor for five million dollars. The period 11 financials reflect a 5-million-dollar rate adjust from the State. Discussion followed.

**Michigan Consortium for Healthcare Excellence**

Brad Casmore noted the report in the packet for the Board review.

**Communication and Counsel to the Board**

**Board Regulatory Compliance Committee**

Brad Casmore noted the report in the packet for the Board’s review.

**Board Education Planning**

Brad Casmore stated that this topic will be moved to a future Board meeting.

**Debrief October 4, 2024 9<sup>th</sup> Annual Regional Healthcare Policy Forum**

Brad Casmore stated that this topic will be moved to November’s Board meeting.

**Draft November Board Agenda**

Brad Casmore noted the draft agenda in the packet for the Board’s review.

**Community Mental Health Association of Michigan (CMHAM) PIHP voting delegates**

Brad Casmore noted the October 21 and 22<sup>nd</sup> CMHAM meeting in Traverse City and inquired if any Board member is planning to attend. Tom Schmelzer stated that he plans to attend.

Motion Louie Csokasy moved to appoint Tom Schmelzer as voting delegate.

Seconded Erik Krogh

Motion Carried

**Health Update**

Brad Casemore updated the Board on health issues concerning a family member.

**Fiscal Year 2025 PIHP Contract update**

Brad Casemore reviewed MDHHS responses to PIHPs that did not sign their Fiscal Year 2025 contract.

**Public Comment**

None

**Adjournment**

Motion Erik Krogh moved to adjourn at 11:47 am.

Second Lorraine Lindsey

Motion Carried

Date:	09/25/2024
Time:	9:00am-11:00am
Facilitator:	Jeannie
Minute Taker:	Cameron
Meeting Location:	SWMBH Moses L. Walker Room <a href="#">Click here to join the meeting</a>

- Present:**  Rich Thiemkey (Barry)       John Ruddell (Woodlands)       Brad Casemore (SWMBH)  
 Ric Compton (Riverwood)       Jeff Patton (ISK)       Mila Todd (SWMBH)  
 Sue Germann (Pines BHS)       Cameron Bullock (Pivotal)       Garyl Guidry (SWMBH)  
 Jeannie Goodrich (Summit)       Debbie Hess (Van Buren)  
 Guest(s):Tina Boyer

Version: 9/24/24 annotated from conversation with Jeannie

Agenda Topics:	Discussion Points:	Minutes:
<b>1. Agenda Review &amp; Adoption (All) (d)</b>		<ul style="list-style-type: none"> <li>• CMH Drive tool data for comparison</li> <li>• Ops Comm Meetings Schedule</li> </ul>
<b>2. Prior Minutes (All) (d) Redline proposal available</b>		<ul style="list-style-type: none"> <li>• Brad presented red lines, Garyl confirmed accuracy.</li> <li>• Ops comm agreed with redline changes-meeting mins approved</li> </ul>
<b>3. FY25 Budget and Medicaid rates (Garyl) No Medicaid Rates as of 9/24 11 am</b>	Top priority for 10/9.	<ul style="list-style-type: none"> <li>• Information was given to SWMBH, too soon to say. Garyl is reaching out to CFO's regarding CCBHC PPS-1 rates and expectations</li> <li>• Very fluid and lots of changes as things are being dissected.</li> <li>• Still nothing regarding rate adjustments for FY 24. At this point, we are still at risk sharing with State</li> </ul>
<b>4. YTD Financials (Garyl) no new version</b>	Top priority for 10/9.	<ul style="list-style-type: none"> <li>• PY 11 closed Monday, working on consolidating. Still missing one CMH financials.</li> </ul>
<b>5. FY 2025 BHTEDS Specs (d) Informational only important for FY 2025</b>		<ul style="list-style-type: none"> <li>• New BHTEDs specifications, going to RITC. Info for CEO's.</li> </ul>



<p><b>6 Eleos Health follow up (Mila) moving topic to October 9 meeting for Eleos Health presentation</b></p>		<ul style="list-style-type: none"> <li>• Need a time to schedule for Mila</li> </ul>
<p><b>7. Facilitator meeting prep role (Brad) discuss and clarify role of facilitator in OC meeting planning</b></p>	<p>Proposed Process:          *Publish draft agenda to all (MJ) with call for agenda items. Send added agenda items to MJ.          *MJ attaches documents to calendar invite.          *MJ publishes final agenda via email and attaches to calendar invite.          *Upon request BC meets with OC meeting facilitator a day or two before OC.</p>	<ul style="list-style-type: none"> <li>• Brad presented a workflow for consideration</li> <li>• Jeannie – Presented that would like to have that ability to collect and propose additional changes, then sent to Michelle.</li> <li>• Widely what we are doing, but this solidifies and documents the workflow for future meetings.</li> </ul> <p>Proposed Process:          *Publish draft agenda to all (MJ) with call for agenda items. Send added agenda items to MJ.          *MJ attaches documents to calendar invite.          *MJ publishes final agenda via email and attaches to calendar invite.          *Upon request BC meets with OC meeting facilitator a day or two before OC.</p>
<p><b>8. OC Alternates and update on Conflict of Interest from last meeting.</b></p>		<ul style="list-style-type: none"> <li>• CEO's at Ops Comm represent CMH's</li> <li>• Reviewing what Roz opinion letter states and may look at if a new opinion should or will be needed.</li> <li>• Ric presented an alternative legal opinion back in 2017. – Mila and Ric to connect to get that additional legal opinion.</li> <li>• Mila stated there needs to be a formal designated alternative</li> <li>• OPS COMM: Alternatives and CEO's – do we need COI forms and where did those come from, and can it be undone. If changes are necessary, and Operating Agreement may require things to be changed, which requires board opinion.</li> <li>• Board Level COI: There are questions/issues/concerns regarding board level COI's – Can be discussed at SWMBH board meeting by SWMBH board designees. Refer board member back to Mila and or Brad.</li> </ul>

<p><b>9. Ends Update and CMH CEO Planning Inputs review (d) (Brad) see document attached to OC calendar invite</b></p>	<p>Top priority</p>	<ul style="list-style-type: none"> <li>● Ends Update: <ul style="list-style-type: none"> <li>○ Jeff asked what is happening with Susan R. and the update to the Ends development. Final Version consideration has been delayed waiting for Van Buren. Draft ends went to boards, and boards returned back. Susan has compiled based on feed back, and will present at the October board the Ends redeveloped based on feedback. Depending on what is done at board, will determine changes, acceptance, other processes.</li> <li>○ Brad, once he receives, will send out to Ops Comm.</li> <li>○ When ends are finalized, Brad will present to the board his interpretation on how to meet those ends to the board in December. Hope is to bring the interpretation of the ends to Ops Comm, at least once, twice if possible prior to the December meeting.</li> </ul> </li> <li>● CEO Planning Inputs: <ul style="list-style-type: none"> <li>○ Document presented based on 7/8 CMHs CEO's input.</li> <li>○ Document to be utilized in help forming and creating ends interpretations. Such as priorities, timelines, board interpretations etc. Also meant to be a group consensus as much as feasible.</li> <li>○ Pivotal was only CMH to not participate, doesn't know how this document drives the Ends metrics for the boards.</li> <li>○ Rich stated that there are things that could change based on the Ends metrics and could be tied in together.</li> <li>○ How the questions were asked may have also driven the responses to this document.</li> </ul> </li> <li>● Process on how to move forward</li> </ul>
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		<ul style="list-style-type: none"> <li>○ Start with ends document for Ops Comm review</li> <li>○ Have a facilitated conversation with Ops Comm on what takes priority and drive the forward momentum for how to measure the metrics.</li> <li>○ Live meeting – dedicated meeting set. CEO's only- Facilitator: TBD</li> </ul>
<b>10. Ops Comm Self-Evaluation (d) Discussion</b>	Top priority	<ul style="list-style-type: none"> <li>● Revise the survey – Add to January Agenda's so we can reprocess and determine new appropriate questions</li> <li>● Discussions were had on how to improve the Self Eval scores and move forward.</li> </ul>
<b>11. Delegated Function update (Mila)</b>		<ul style="list-style-type: none"> <li>● SWMBH provided responses to three CMH's</li> <li>● Mechanism for appeal? <ul style="list-style-type: none"> <li>○ Mila doesn't believe there is a process for Delegated Function</li> <li>○ Jeannie stated that its in our operations agreement, and will follow</li> <li>○ Brad requests it in writing from all involved that want to do it simultaneously</li> </ul> </li> </ul>
<b>12. FY25 PIHP Contract update (Brad)</b>		<ul style="list-style-type: none"> <li>● Brad is going to sign contract <ul style="list-style-type: none"> <li>○ Waskul settlement language has been changed to Brads satisfaction. <ul style="list-style-type: none"> <li>▪ Pivotal states that Milliman has been proven unreliable and it is a detriment to sign the contract with the thoughts that milliman will fix and make SMWBH whole for those expenses.</li> </ul> </li> <li>○ Brad states that post contract options that could be used are still available</li> <li>○ Ric inquired if other PIHP's have signed or will not sign. Region 10 will be doing a strikethrough.</li> </ul> </li> </ul>

		<p>PIHP has gone on record, but not public will sign as is. Remainder are unknown.</p> <ul style="list-style-type: none"> <li>○ Brad states consequences of not signing are worse.</li> </ul>
<b>13. Operating Agreement (relative to recent Board discussion)</b>		<ul style="list-style-type: none"> <li>● 2.4.1 – Ric presented concerns from the Financial Risk Management plan, that was revised in September.</li> <li>● Excessive costs needs to be defined</li> </ul>
<b>14. Provider Network/Inpatient contracts</b>		<ul style="list-style-type: none"> <li>● Psych Group for Kalamazoo has been approved and moving forward.</li> <li>● MDHHS approved workaround from LARA, provisionally approved at this point</li> <li>● Capped at 3%</li> <li>● Ric has concerns with SWMBH moving to single case agreements with Indiana hospitals <ul style="list-style-type: none"> <li>○ Mila stated it was a conversation with Nueropsych, and sunseting the beyond borderline contract, Nueropsych requested that rates are frozen and then the beyond borderline contracts in place. They have a centralized intake line.</li> <li>○ Per Mila, discussion had at Regional PNM Committee and decision not to sunset beyond borderland inpatient agreements in favor of better contract vs. SCA rates and not increasing the administrative burden.</li> </ul> </li> </ul>
<b>15. CMH CEO only time. Place into agenda for 11-12 for future meetings. Lunches can be made available.</b>		<ul style="list-style-type: none"> <li>● Separate Calendar invite – agenda held without the invite.</li> <li>● Let Michelle know if lunches are needed</li> <li>● Cameron to send out CEO Only meetings via teams</li> <li>● Ongoing time frame</li> </ul>
<b>16. Confirm Next Meeting Review Revised 2024 OC Meeting dates and absences</b>	<p><b>October 9, 2024</b> <b>9a-11a</b> <b>Facilitator: Jeff</b> <b>11a-12p CMH CEOs only</b></p>	<ul style="list-style-type: none"> <li>● Facilitator for Ends Metric Discussion - CEO's</li> <li>● Delegated functions Dispute resolutions – place holder – Jeannie/Mila</li> <li>● Financial Risk Management Plan – Brad/Garyl</li> </ul>

		<ul style="list-style-type: none"><li>• 9<sup>th</sup> Street Neurospsych Update- Jeff</li><li>• 2025 Meeting Dates</li></ul>
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# Southwest Michigan Behavioral Health Board Policy Review Calendar Year 2025

Policy Number	Policy Name	Board Review	Reviewer
<b>Board Governance (Policy Review)</b>			
BG001	Committee Structure	October	Board
BG002	Management Delegation	July	Board
BG003	Unity of Control	August	Board
BG004	Board Ends and Accomplishments	February	Board
BG005	Chairperson's Role	December	Board
BG006	Annual Board Planning	April	Board
BG007	Code of Conduct	February	Board
BG008	Board Member Job Description	September	Board
BG010	Board Committee Principles	April	Board
BG011	Governing Style	May	Board
<b>Direct Inspection (Reports)</b>			
BEL001	Budgeting	April	Board Finance Committee
BEL002	Financial Conditions	October	Board Finance Committee
BEL003	Asset Protection	December	Board Finance Committee
BEL004	Treatment of Staff	August	Lorraine Lindsey
BEL005	Treatment of Plan Members	September	Tina Leary
BEL006	Investments	April	Board Finance Committee
BEL007	Compensation and Benefits	August	Erik Krogh
BEL008	Communication and Counsel	September	Sherii Sherban
BEL009	Global Executive Constraints	July	Carol Naccarato
BEL010	RE 501 ( c ) (3) Representation	October	Ed Meny
<b>Board-Staff Relationship (Policy Review)</b>			
EO001	Executive Role & Job Description	September	Board
EO002	Monitoring Executive Officer Performance	November	Board
EO003	Emergency Executive Officer Succession	October	Board
V 10.15.24			
<b>Board Approved</b>			

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# *Southwest Michigan*

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## BEHAVIORAL HEALTH

<b>Section:</b> Board Policy – Executive Limitations		<b>Policy Number:</b> EO-002	<b>Pages:</b> 2
<b>Subject:</b> Monitoring of Executive Officer Performance		<b>Required By:</b> Policy Governance	<b>Accountability:</b> SWMBH Board
<b>Application:</b> <input type="checkbox"/> SWMBH Governance Board <input checked="" type="checkbox"/> SWMBH EO			<b>Required Reviewer:</b> SWMBH Board
<b>Effective Date:</b> 03.14.14	<b>Last Review Date:</b> 11.10.23	<b>Past Review Dates:</b> 07.11.2014, 03.13.15, 05.13.16 11.11.16, 11.10.17, 11.9.18, 10.11.19, 11.13.20, 11.12.21, 11.11.22	

**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



	E	F	I	J	K
1	<b>Southwest Michigan Behavioral Health</b>				
2	For the Fiscal YTD Period Ended 9/30/2024		<b>FY24 Projection Medicaid and Healthy Michigan</b>		
3	<i>(For Internal Management Purposes Only)</i>		<i>Revised - FY24 Rate Amendment</i>		
4					
4					
6	<b>REVENUE</b>				
7	<b>Contract Revenue</b>				
8	Medicaid Capitation	211,146,980	227,179,229	227,179,229	
9	Healthy Michigan Plan Capitation	48,606,904	29,798,672	29,798,672	
10	Autism Services Capitation	19,546,840	20,393,132	20,393,132	
14	Medicaid Hospital Rate Adjustments	5,963,797	8,967,996	8,967,996	
19	DHHS Incentive Payments	501,957	310,811	310,811	
25					
26	<b>TOTAL REVENUE</b>	<b>285,766,479</b>	<b>286,649,840</b>	<b>286,649,840</b>	
27					
28	<b>EXPENSE</b>				
29	<b>Healthcare Cost</b>				
30	Provider Claims Cost	15,193,598	13,312,835	13,312,835	
31	CMHP Subcontracts, net of 1st & 3rd party	232,978,523	258,462,472	258,462,472	
32	Insurance Provider Assessment Withhold (IPA)	3,790,852	3,707,984	3,707,984	
33	Medicaid Hospital Rate Adjustments	5,963,797	8,967,996	8,967,996	
35					
36	<b>Total Healthcare Cost</b>	<b>257,926,770</b>	<b>284,451,287</b>	<b>284,451,287</b>	
37	Medical Loss Ratio (HCC % of Revenue)	90.4%	99.3%	99.3%	
38					
39	<b>Administrative Cost</b>				
41	Administrative and Other Cost	11,033,143	7,096,250	7,096,250	
46	Delegated Managed Care Admin	22,429,220	25,944,965	25,944,965	
47	Apportioned Central Mgd Care Admin	(0)	-	-	
48					
49	<b>Total Administrative Cost</b>	<b>33,462,363</b>	<b>33,041,215</b>	<b>33,041,215</b>	
50	Admin Cost Ratio (MCA % of Total Cost)	11.5%	10.4%	10.4%	
54					
55	<b>TOTAL COST after apportionment</b>	<b>291,389,134</b>	<b>317,492,502</b>	<b>317,492,502</b>	
56					
57	<b>NET SURPLUS before settlement</b>	<b>(5,622,655)</b>	<b>(30,842,662)</b>	<b>(30,842,662)</b>	
58	Net Surplus (Deficit) % of Revenue	-2.0%	-10.8%	-10.8%	
59					
60	Prior Year Savings Utilization	9,769,410	-	-	
63	ISF Risk Reserve Utilization	-	22,890,463	22,890,463	
64	MDHHS Shared Risk Utilization	-	7,952,199	7,952,199	
67	<b>NET SURPLUS (DEFICIT)</b>	<b>4,146,755</b>	<b>(0)</b>	<b>0</b>	
68	<i>HMP &amp; Autism is settled with Medicaid</i>				

	A	B	C	D	E	F	G	H	I	J	K	L
1	<b>Southwest Michigan Behavioral Health</b>											
2	<b>MEDICAID Summary Income Statement</b>											
3	For the Fiscal YTD Period Ended 9/30/2024											
4		<b>Total Region</b>	<b>SWMBH Central</b>	<b>CMH Participants</b>	<b>Barry CMHA</b>	<b>Berrien CMHA</b>	<b>Pines Behavioral</b>	<b>Summit Pointe</b>	<b>Woodlands Behavioral</b>	<b>Integrated Services of Kalamazoo</b>	<b>Pivotal of St. Joseph</b>	<b>Van Buren MHA</b>
5												
6	<b>Medicaid Specialty Services</b>											
7	Contract Revenue	\$ 253,102,996	\$ 22,309,190	\$ 230,793,806	\$ 9,834,329	\$ 44,451,865	\$ 12,848,543	\$ 42,513,306	\$ 15,217,781	\$ 66,380,146	\$ 15,174,660	\$ 24,373,178
8	Budget v Actual	\$ 15,943,422	\$ (4,768,691)	\$ 20,712,112	\$ 1,254,184	\$ 3,359,813	\$ 2,383,242	\$ 4,902,008	\$ 1,020,878	\$ 5,267,703	\$ 2,331,934	\$ 192,349
9	% Variance - Fav / (Unfav)	6.7%	-17.6%	9.9%	14.6%	8.2%	22.8%	13.0%	7.2%	8.6%	18.2%	0.8%
10												
11	Healthcare Cost	\$ 248,267,799	\$ 12,165,577	\$ 236,102,222	\$ 6,776,813	\$ 43,777,230	\$ 12,114,395	\$ 41,569,834	\$ 17,786,095	\$ 70,445,435	\$ 17,273,013	\$ 26,359,407
12	Budget v Actual	\$ (25,192,452)	\$ (1,035,260)	\$ (24,157,191)	\$ (329,285)	\$ (2,111,697)	\$ (1,889,605)	\$ (9,889,485)	\$ (756,120)	\$ (2,252,002)	\$ (4,683,825)	\$ (2,245,173)
13	% Variance - Fav / (Unfav)	-11.3%	-9.3%	-11.4%	-5.1%	-5.1%	-18.5%	-31.2%	-4.4%	-3.3%	-37.2%	-9.3%
14	<b>MLR</b>	98.1%	54.5%	102.3%	68.9%	98.5%	94.3%	97.8%	116.9%	106.1%	113.8%	108.1%
15												
16	Managed Care Administration	\$ 29,308,261	\$ 6,279,150	\$ 23,029,111	\$ 1,885,378	\$ 4,417,421	\$ 811,142	\$ 4,661,372	\$ 1,396,924	\$ 5,995,707	\$ 1,596,202	\$ 2,264,966
17	Budget v Actual	\$ (2,379,828)	\$ 478,509	\$ (2,858,337)	\$ (625,612)	\$ (1,005,151)	\$ 358,761	\$ 180,400	\$ (26,791)	\$ (1,339,648)	\$ (685,639)	\$ 285,343
18	% Variance - Fav / (Unfav)	-8.8%	7.1%	-14.2%	-49.7%	-29.5%	30.7%	3.7%	-2.0%	-28.8%	-75.3%	11.2%
19	<b>ACR</b>	10.6%	2.3%	8.3%	21.8%	9.2%	6.3%	10.1%	7.3%	7.8%	8.5%	7.9%
20												
21	Total Contract Cost	\$ 277,576,060	\$ 18,444,727	\$ 259,131,333	\$ 8,662,191	\$ 48,194,651	\$ 12,925,537	\$ 46,231,206	\$ 19,183,018	\$ 76,441,142	\$ 18,869,215	\$ 28,624,372
22	Budget v Actual	\$ (27,572,280)	\$ (556,752)	\$ (27,015,528)	\$ (954,897)	\$ (3,116,848)	\$ (1,530,844)	\$ (9,709,085)	\$ (782,910)	\$ (3,591,650)	\$ (5,369,464)	\$ (1,959,829)
23	Variance - Favorable / (Unfavorable)	-11.0%	-3.1%	-11.6%	-12.4%	-6.9%	-13.4%	-26.6%	-4.3%	-4.9%	-39.8%	-7.3%
24												
25												
26	Net before Settlement	\$ (24,473,064)	\$ 3,864,463	\$ (28,337,527)	\$ 1,172,138	\$ (3,742,786)	\$ (76,994)	\$ (3,717,900)	\$ (3,965,238)	\$ (10,060,997)	\$ (3,694,555)	\$ (4,251,195)
27	Budget v Actual	\$ (11,628,858)	\$ (5,325,442)	\$ (6,303,416)	\$ 299,287	\$ 242,965	\$ 852,398	\$ (4,807,076)	\$ 237,968	\$ 1,676,052	\$ (3,037,530)	\$ (1,767,480)
28	Variance - Favorable / (Unfavorable)	-90.5%	-57.9%	-28.6%	34.3%	6.1%	91.7%	-441.3%	5.7%	14.3%	-462.3%	-71.2%
29	Note: HMP Savings can be applied to Medicaid cost savings or ISF											within +/- 2%
30	Date: 10/30/2024											>2% favorable
31												between -2&-4%
32												>4% unfavorable

	A	B	C	D	E	F	G	H	I	J	K	L
33	<b>Southwest Michigan Behavioral Health</b>											
34	<b>HEALTHY MICHIGAN Summary Income Statement</b>											
35	For the Fiscal YTD Period Ended 9/30/2024											
												
36		<b>Total Region</b>	<b>SWMBH Central</b>	<b>CMH Participants</b>	<b>Barry CMHA</b>	<b>Berrien CMHA</b>	<b>Pines Behavioral</b>	<b>Summit Pointe</b>	<b>Woodlands Behavioral</b>	<b>Integrated Services of Kalamazoo</b>	<b>Pivotal of St. Joseph</b>	<b>Van Buren MHA</b>
37												
38	<b>Healthy Michigan Plan (HMP)</b>											
39	Contract Revenue	\$ 33,546,844	\$ 12,267,760	\$ 21,279,084	\$ 906,944	\$ 4,030,032	\$ 915,575	\$ 4,475,361	\$ 1,660,491	\$ 5,005,316	\$ 1,627,190	\$ 2,658,174
40	Budget v Actual	\$ (15,060,061)	\$ 8,451,347	\$ (23,511,408)	\$ (1,206,055)	\$ (5,122,939)	\$ (906,003)	\$ (3,883,985)	\$ (1,617,109)	\$ (7,777,139)	\$ (1,289,942)	\$ (1,708,237)
41	% Variance - Fav / (Unfav)	-31.0%	221.4%	-52.5%	-57.1%	-56.0%	-49.7%	-46.5%	-49.3%	-60.8%	-44.2%	-39.1%
42												
43	Healthcare Cost	\$ 36,183,487	\$ 13,823,238	\$ 22,360,250	\$ 794,329	\$ 3,477,876	\$ 1,082,973	\$ 5,612,422	\$ 2,221,322	\$ 4,668,141	\$ 1,689,944	\$ 2,813,241
44	Budget v Actual	\$ (1,332,064)	\$ (5,307)	\$ (1,326,757)	\$ 234,494	\$ (761,402)	\$ (225,585)	\$ (47,112)	\$ (1,165,602)	\$ (666,282)	\$ 1,074,599	\$ 230,134
45	% Variance - Fav / (Unfav)	-3.8%	0.0%	-6.3%	22.8%	-28.0%	-26.3%	-0.8%	-110.4%	-16.6%	38.9%	7.6%
46	<b>MLR</b>	107.9%	112.7%	105.1%	87.6%	86.3%	118.3%	125.4%	133.8%	93.3%	103.9%	105.8%
47												
48	Managed Care Administration	\$ 3,732,954	\$ 817,100	\$ 2,915,854	\$ 446,409	\$ 534,944	\$ 121,981	\$ 771,561	\$ 160,927	\$ 397,294	\$ 215,871	\$ 266,868
49	Budget v Actual	\$ (502,643)	\$ 154,766	\$ (657,409)	\$ (230,129)	\$ (380,353)	\$ 64,812	\$ (4,594)	\$ 39	\$ (124,058)	\$ (56,204)	\$ 73,077
50	% Variance - Fav / (Unfav)	-15.6%	15.9%	-29.1%	-106.4%	-246.0%	34.7%	-0.6%	0.0%	-45.4%	-35.2%	21.5%
51	<b>ACR</b>	9.4%	2.0%	7.3%	36.0%	13.3%	10.1%	12.1%	6.8%	7.8%	11.3%	8.7%
52												
53	Total Contract Cost	\$ 39,916,441	\$ 14,640,337	\$ 25,276,104	\$ 1,240,738	\$ 4,012,820	\$ 1,204,954	\$ 6,383,983	\$ 2,382,249	\$ 5,065,435	\$ 1,905,815	\$ 3,080,108
54	Budget v Actual	\$ 38,081,734	\$ 14,789,796	\$ 23,291,938	\$ 1,245,103	\$ 2,871,065	\$ 1,044,182	\$ 6,332,277	\$ 1,216,686	\$ 4,275,095	\$ 2,924,210	\$ 3,383,320
55	% Variance - Fav / (Unfav)	-4.8%	1.0%	-8.5%	0.4%	-39.8%	-15.4%	-0.8%	-95.8%	-18.5%	34.8%	9.0%
56												
57												
58	Net before Settlement	\$ (6,369,598)	\$ (2,372,578)	\$ (3,997,020)	\$ (333,795)	\$ 17,212	\$ (289,379)	\$ (1,908,622)	\$ (721,759)	\$ (60,119)	\$ (278,625)	\$ (421,934)
59	Budget v Actual	\$ (16,894,768)	\$ 8,600,806	\$ (25,495,574)	\$ (1,201,690)	\$ (6,264,694)	\$ (1,066,775)	\$ (3,935,691)	\$ (2,782,672)	\$ (8,567,479)	\$ (271,546)	\$ (1,405,025)
60	% Variance - Fav / (Unfav)	-160.5%	78.4%	-118.6%	-138.5%	-99.7%	-137.2%	-194.2%	-135.0%	-100.7%	-3836.3%	-142.9%
61	Note: HMP Savings can be applied to Medicaid cost savings or ISF											within +/- 2%
62												>2% favorable
63	Date: 10/30/2024											between -2&-4%
												>4% unfavorable

	E	F	H	J	K	M	N	P	Q	R	S	
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>								
2	For the Fiscal YTD Period Ended 9/30/2024			P12FYTD24		12						
3	<i>(For Internal Management Purposes Only)</i>											
4	<b><u>INCOME STATEMENT</u></b>			TOTAL	Medicaid Contract	Healthy Michigan Contract	Opioid Health Home Contract	CCBHC	MH Block Grant Contracts	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central
5	<b>REVENUE</b>											
6	<b>REVENUE</b>											
18	Contract Revenue	368,622,676	252,792,185	33,546,844	1,567,628	69,053,305	770,658	8,781,125	2,110,931	-	-	
19	DHHS Incentive Payments	310,811	310,811	-	-	-	-	-	-	-	-	
21	Interest Income - Working Capital	1,231,044	-	-	-	-	-	-	-	-	1,231,044	
22	Interest Income - ISF Risk Reserve	305,667	-	-	-	-	-	-	-	-	305,667	
23	Local Funds Contributions	852,520	-	-	-	-	-	-	-	-	852,520	
24	Other Local Income	-	-	-	-	-	-	-	-	-	-	
25												
26	<b>TOTAL REVENUE</b>	<b>371,322,719</b>	<b>253,102,996</b>	<b>33,546,844</b>	<b>1,567,628</b>	<b>69,053,305</b>	<b>770,658</b>	<b>8,781,125</b>	<b>2,110,931</b>	<b>2,389,232</b>		
27												
28	<b>EXPENSE</b>											
29	<b>Healthcare Cost</b>											
30	Provider Claims Cost	24,420,322	4,429,283	8,883,552	1,214,445	-	274,556	7,891,071	1,726,148	-	-	
31	CMHP Subcontracts, net of 1st & 3rd party	326,530,712	236,102,222	22,360,250	-	67,556,786	-	511,454	-	-	-	
32	Insurance Provider Assessment Withhold (IPA)	3,707,984	2,516,471	1,191,514	-	-	-	-	-	-	-	
33	Medicaid Hospital Rate Adjustments	8,967,996	5,219,824	3,748,172	-	-	-	-	-	-	-	
34	MHL Cost in Excess of Medicare FFS Cost	-	1,301	-	-	-	-	-	-	-	-	
35												
36	<b>Total Healthcare Cost</b>	<b>363,627,014</b>	<b>248,269,100</b>	<b>36,183,487</b>	<b>1,214,445</b>	<b>67,556,786</b>	<b>274,556</b>	<b>8,402,525</b>	<b>1,726,148</b>	<b>-</b>		
37	Medical Loss Ratio (HCC % of Revenue)	98.6%	98.1%	107.9%	77.5%	97.8%	-	95.7%	81.8%	-	-	
38												
40	Purchased Professional Services	319,728	-	-	-	-	-	-	-	-	319,728	
41	Administrative and Other Cost	9,597,868	-	-	-	-	496,102	143,773	-	-	8,960,488	
43	Depreciation	7,263	-	-	-	-	-	-	-	-	7,263	
44	Functional Cost Reclassification	-	-	-	-	-	-	-	-	-	-	
45	Allocated Indirect Pooled Cost	(0)	-	-	-	-	-	-	-	-	(2,495)	
46	Delegated Managed Care Admin	25,944,965	23,029,111	2,915,854	-	-	-	-	-	-	-	
47	Apportioned Central Mgd Care Admin	(0)	6,279,150	817,100	31,761	1,766,771	20,155	234,827	-	-	(9,149,796)	
48												
49	<b>Total Administrative Cost</b>	<b>35,869,825</b>	<b>29,308,261</b>	<b>3,732,954</b>	<b>31,761</b>	<b>1,766,771</b>	<b>516,257</b>	<b>378,599.80</b>	<b>-</b>	<b>135,188</b>		
50	Admin Cost Ratio (MCA % of Total Cost)	9.0%	10.6%	9.4%	2.5%	2.5%	-	4.3%	0.0%	2.3%		
51												
52	Local Funds Contribution	852,520	-	-	-	-	-	-	-	-	852,520	
53												
54												
55	<b>TOTAL COST after apportionment</b>	<b>400,349,359</b>	<b>277,577,361</b>	<b>39,916,441</b>	<b>1,246,206</b>	<b>69,323,557</b>	<b>790,813</b>	<b>8,781,125</b>	<b>1,726,148</b>	<b>987,708</b>		
56												
57	<b>NET SURPLUS before settlement</b>	<b>(29,026,640)</b>	<b>(24,474,365)</b>	<b>(6,369,598)</b>	<b>321,423</b>	<b>(270,252)</b>	<b>(20,155)</b>	<b>-</b>	<b>384,783</b>	<b>1,401,523</b>		
58	Net Surplus (Deficit) % of Revenue	-7.8%	-9.7%	-19.0%	20.5%	-0.4%	-2.6%	0.0%	18.2%	58.7%		
60	Prior Year Savings	-	-	-	-	-	-	-	-	-		
61	Change in PA2 Fund Balance	(384,783)	-	-	-	-	-	-	(384,783)	-		
62												
63	ISF Risk Reserve Abatement (Funding)	(305,667)	-	-	-	-	-	-	-	(305,667)		
64	ISF Risk Reserve Deficit (Funding)	22,384,372	22,384,372	-	-	-	-	-	-	-		
65	CCBHC Supplemental Receivable (Payable)	4,145,440	-	-	-	4,145,440	-	-	-	-		
66	Settlement Receivable / (Payable)	8,459,590	6,286,603	6,369,598	(321,423)	(3,875,188)	-	-	-	-		
67	<b>NET SURPLUS (DEFICIT)</b>	<b>5,272,312</b>	<b>4,196,610</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(20,155)</b>	<b>-</b>	<b>-</b>	<b>1,095,856</b>		
68	<i>HMP &amp; Autism is settled with Medicaid</i>											
69												
70	<b>SUMMARY OF NET SURPLUS (DEFICIT)</b>											
71	Prior Year Unspent Savings	-	-	-	-	-	-	-	-	-	-	
72	Current Year Savings	-	-	-	-	-	-	-	-	-	-	
73	Current Year Public Act 2 Fund Balance	-	-	-	-	-	-	-	-	-	-	
74	Local and Other Funds Surplus/(Deficit)	5,272,312	4,196,610	-	-	-	(20,155)	-	-	-	1,095,856	
75												
76	<b>NET SURPLUS (DEFICIT)</b>	<b>5,272,312</b>	<b>4,196,610</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(20,155)</b>	<b>-</b>	<b>-</b>	<b>1,095,856</b>		

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 9/30/2024			12									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
6	<b>Medicaid Specialty Services</b>		HCC%		47.4%	72.7%	60.6%	64.4%	82.9%	85.1%	81.7%	83.3%	
7	Subcontract Revenue	252,792,185	22,184,529	230,607,656	9,834,329	44,451,865	12,662,392	42,513,306	15,217,781	66,380,146	15,174,660	24,373,178	
8	Incentive Payment Revenue	310,811	124,661	186,150	-	-	186,150	-	-	-	-	-	
9	<b>Contract Revenue</b>	<b>253,102,996</b>	<b>22,309,190</b>	<b>230,793,806</b>	<b>9,834,329</b>	<b>44,451,865</b>	<b>12,848,543</b>	<b>42,513,306</b>	<b>15,217,781</b>	<b>66,380,146</b>	<b>15,174,660</b>	<b>24,373,178</b>	
10													
11	External Provider Cost	218,275,626	4,429,283	213,846,343	6,159,485	41,678,897	11,631,580	38,290,380	13,107,150	68,366,958	16,502,640	18,109,252	
12	Internal Program Cost	22,913,882	-	22,913,882	617,327	2,495,839	482,815	3,428,008	4,678,945	2,085,004	770,373	8,355,571	
13	SSI Reimb. 1st/3rd Party Cost Offset	(658,004)	-	(658,004)	-	(397,506)	-	(148,554)	-	(6,527)	-	(105,417)	
14	Insurance Provider Assessment Withhold (IPA)	7,736,295	7,736,295	-	-	-	-	-	-	-	-	-	
16	<b>Total Healthcare Cost</b>	<b>248,267,799</b>	<b>12,165,577</b>	<b>236,102,222</b>	<b>6,776,813</b>	<b>43,777,230</b>	<b>12,114,395</b>	<b>41,569,834</b>	<b>17,786,095</b>	<b>70,445,435</b>	<b>17,273,013</b>	<b>26,359,407</b>	
17	Medical Loss Ratio (HCC % of Revenue)	98.1%	54.5%	102.3%	68.9%	98.5%	94.3%	97.8%	116.9%	106.1%	113.8%	108.1%	
18													
19	<b>Managed Care Administration</b>	<b>29,308,261</b>	<b>6,279,150</b>	<b>23,029,111</b>	<b>1,885,378</b>	<b>4,417,421</b>	<b>811,142</b>	<b>4,661,372</b>	<b>1,396,924</b>	<b>5,995,707</b>	<b>1,596,202</b>	<b>2,264,966</b>	
20	Admin Cost Ratio (MCA % of Total Cost)	10.6%	2.3%	8.3%	21.8%	9.2%	6.3%	10.1%	7.3%	7.8%	8.5%	7.9%	
21													
22	<b>Contract Cost</b>	<b>277,576,060</b>	<b>18,444,727</b>	<b>259,131,333</b>	<b>8,662,191</b>	<b>48,194,651</b>	<b>12,925,537</b>	<b>46,231,206</b>	<b>19,183,018</b>	<b>76,441,142</b>	<b>18,869,215</b>	<b>28,624,372</b>	
23	<b>Net before Settlement</b>	<b>(24,473,064)</b>	<b>3,864,463</b>	<b>(28,337,527)</b>	<b>1,172,138</b>	<b>(3,742,786)</b>	<b>(76,994)</b>	<b>(3,717,900)</b>	<b>(3,965,238)</b>	<b>(10,060,997)</b>	<b>(3,694,555)</b>	<b>(4,251,195)</b>	
24													
25	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
26	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
27	Contract Settlement / Redistribution	6,286,603	(22,050,924)	28,337,527	(1,172,138)	3,742,786	76,994	3,717,900	3,965,238	10,060,997	3,694,555	4,251,195	
28	<b>Net after Settlement</b>	<b>(18,186,461)</b>	<b>(18,186,461)</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
29													
30	<b>Eligibles and PMPM</b>												
31	Average Eligibles	159,674	159,674	159,674	8,588	30,108	9,416	31,182	9,271	42,279	12,879	15,951	
32	Revenue PMPM	\$ 132.09	\$ 11.64	\$ 120.45	\$ 95.43	\$ 123.03	\$ 113.71	\$ 113.62	\$ 136.79	\$ 130.84	\$ 98.19	\$ 127.33	
33	Expense PMPM	\$ 144.87	\$ 9.63	\$ 135.24	\$ 84.05	\$ 133.39	\$ 123.55	\$ 172.43	\$ 150.67	\$ 149.50	\$ 114.59	\$ 149.54	
34	Margin PMPM	\$ (12.77)	\$ 2.02	\$ (14.79)	\$ 11.37	\$ (10.36)	\$ (0.68)	\$ (9.94)	\$ (35.64)	\$ (19.83)	\$ (23.91)	\$ (22.21)	
35													
36	<b>Medicaid Specialty Services</b>												
37	<b>Budget v Actual</b>												
38													
39	<b>Eligible Lives (Average Eligibles)</b>												
40	Actual	159,674	159,674	159,674	8,588	30,108	9,416	31,182	9,271	42,279	12,879	15,951	
41	Budget	182,355	182,355	182,355	10,091	34,298	10,758	35,395	10,670	47,729	15,030	18,384	
42	Variance - Favorable / (Unfavorable)	(22,681)	(22,681)	(22,681)	(1,503)	(4,190)	(1,342)	(4,213)	(1,399)	(5,450)	(2,151)	(2,433)	
43	% Variance - Fav / (Unfav)	-12.4%	-12.4%	-12.4%	-14.9%	-12.2%	-12.5%	-11.9%	-13.1%	-11.4%	-14.3%	-13.2%	
44													
45	<b>Contract Revenue before settlement</b>												
46	Actual	253,102,996	22,309,190	230,793,806	9,834,329	44,451,865	12,848,543	42,513,306	15,217,781	66,380,146	15,174,660	24,373,178	
47	Budget	237,159,575	27,077,881	210,081,694	8,580,145	41,092,052	10,465,300	37,611,297	14,196,903	61,112,443	12,842,726	24,180,829	
48	Variance - Favorable / (Unfavorable)	15,943,422	(4,768,691)	20,712,112	1,254,184	3,359,813	2,383,242	4,902,008	1,020,878	5,267,703	2,331,934	192,349	
49	% Variance - Fav / (Unfav)	6.7%	-17.6%	9.9%	14.6%	8.2%	22.8%	13.0%	7.2%	8.6%	18.2%	0.8%	
50													
51	<b>Healthcare Cost</b>												
52	Actual	248,267,799	12,165,577	236,102,222	6,776,813	43,777,230	12,114,395	41,569,834	17,786,095	70,445,435	17,273,013	26,359,407	
53	Budget	223,075,347	11,130,317	211,945,030	6,447,528	41,665,533	10,224,790	31,680,349	17,029,975	68,193,433	12,589,188	24,114,234	
54	Variance - Favorable / (Unfavorable)	(25,192,452)	(1,035,260)	(24,157,191)	(329,285)	(2,111,697)	(1,889,605)	(9,889,485)	(756,120)	(2,252,002)	(4,683,825)	(2,245,173)	
55	% Variance - Fav / (Unfav)	-11.3%	-9.3%	-11.4%	-5.1%	-5.1%	-18.5%	-31.2%	-4.4%	-3.3%	-37.2%	-9.3%	
56													
57	<b>Managed Care Administration</b>												
58	Actual	29,308,261	6,279,150	23,029,111	1,885,378	4,417,421	811,142	4,661,372	1,396,924	5,995,707	1,596,202	2,264,966	
59	Budget	26,928,434	6,757,659	20,170,775	1,259,766	3,412,270	1,169,903	4,841,772	1,370,133	4,656,059	910,563	2,550,309	
60	Variance - Favorable / (Unfavorable)	(2,379,828)	(478,509)	(2,858,337)	(625,612)	(1,005,151)	358,761	180,400	(26,791)	(1,339,648)	(685,639)	285,343	
61	% Variance - Fav / (Unfav)	-8.8%	7.1%	-14.2%	-49.7%	-29.5%	30.7%	3.7%	-2.0%	-28.8%	-75.3%	11.2%	
62													
63													
64	<b>Total Contract Cost</b>												
65	Actual	277,576,060	18,444,727	259,131,333	8,662,191	48,194,651	12,925,537	46,231,206	19,183,018	76,441,142	18,869,215	28,624,372	
66	Budget	250,003,781	17,887,976	232,115,805	7,707,294	45,077,803	11,394,693	36,522,121	18,400,108	72,849,492	13,499,751	26,664,543	
67	Variance - Favorable / (Unfavorable)	(27,572,280)	(556,752)	(27,015,528)	(954,897)	(3,116,848)	(1,530,844)	(9,709,085)	(782,910)	(3,591,650)	(5,369,464)	(1,959,829)	
68	% Variance - Fav / (Unfav)	-11.0%	-3.1%	-11.6%	-12.4%	-6.9%	-13.4%	-26.6%	-4.3%	-4.9%	-39.8%	-7.3%	
69													
70	<b>Net before Settlement</b>												
71	Actual	(24,473,064)	3,864,463	(28,337,527)	1,172,138	(3,742,786)	(76,994)	(3,717,900)	(3,965,238)	(10,060,997)	(3,694,555)	(4,251,195)	
72	Budget	(12,844,206)	9,189,905	(22,034,111)	872,851	(3,985,751)	(929,393)	1,089,176	(4,203,205)	(11,737,049)	(657,025)	(2,483,714)	
73	Variance - Favorable / (Unfavorable)	(11,628,858)	(5,325,442)	(6,303,416)	299,287	242,965	852,398	(4,807,076)	237,968	1,676,052	(3,037,530)	(1,767,480)	
74	% Variance - Fav / (Unfav)	-90.5%	-57.9%	-28.6%	34.3%	6.1%	91.7%	-441.3%	5.7%	14.3%	-462.3%	-71.2%	
75													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 9/30/2024			12									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
6	<b>Healthy Michigan Plan</b>												
77	Contract Revenue	33,546,844	12,267,760	21,279,084	906,944	4,030,032	915,575	4,475,361	1,660,491	5,005,316	1,627,190	2,658,174	
78	External Provider Cost	27,039,693	8,883,552	18,156,141	785,952	2,952,725	1,003,913	5,189,500	628,088	4,651,163	1,617,835	1,326,965	
80	Internal Program Cost	4,204,329	-	4,204,329	8,377	525,151	79,060	422,923	1,593,234	17,198	72,109	1,486,276	
81	SSI Reimb, 1st/3rd Party Cost Offset	(220)	-	(220)	-	-	-	-	-	(220)	-	-	
82	Insurance Provider Assessment Withhold (IPA)	4,939,686	4,939,686	-	-	-	-	-	-	-	-	-	
83	<b>Total Healthcare Cost</b>	<b>36,183,487</b>	<b>13,823,238</b>	<b>22,360,250</b>	<b>794,329</b>	<b>3,477,876</b>	<b>1,082,973</b>	<b>5,612,422</b>	<b>2,221,322</b>	<b>4,668,141</b>	<b>1,689,944</b>	<b>2,813,241</b>	
84	Medical Loss Ratio (HCC % of Revenue)	107.9%	112.7%	105.1%	87.6%	86.3%	118.3%	125.4%	133.8%	93.3%	103.9%	105.8%	
85	<b>Managed Care Administration</b>	<b>3,732,954</b>	<b>817,100</b>	<b>2,915,854</b>	<b>446,409</b>	<b>534,944</b>	<b>121,981</b>	<b>771,561</b>	<b>160,927</b>	<b>397,294</b>	<b>215,871</b>	<b>266,868</b>	
87	Admin Cost Ratio (MCA % of Total Cost)	9.4%	2.0%	7.3%	36.0%	13.3%	10.1%	12.1%	6.8%	7.8%	11.3%	8.7%	
88	<b>Contract Cost</b>	<b>39,916,441</b>	<b>14,640,337</b>	<b>25,276,104</b>	<b>1,240,738</b>	<b>4,012,820</b>	<b>1,204,954</b>	<b>6,383,983</b>	<b>2,382,249</b>	<b>5,065,435</b>	<b>1,905,815</b>	<b>3,080,108</b>	
90	<b>Net before Settlement</b>	<b>(6,369,598)</b>	<b>(2,372,578)</b>	<b>(3,997,020)</b>	<b>(333,795)</b>	<b>17,212</b>	<b>(289,379)</b>	<b>(1,908,622)</b>	<b>(721,759)</b>	<b>(60,119)</b>	<b>(278,625)</b>	<b>(421,934)</b>	
91	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	
93	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	
94	Contract Settlement / Redistribution	6,369,598	2,372,578	3,997,020	333,795	(17,212)	289,379	1,908,622	721,759	60,119	278,625	421,934	
95	<b>Net after Settlement</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
96	<b>Eligibles and PMPM</b>												
98	Average Eligibles	63,228	63,228	63,228	3,209	12,783	3,068	11,711	3,685	18,063	4,807	5,903	
99	Revenue PMPM	\$ 44.21	\$ 16.17	\$ 28.05	\$ 23.55	\$ 26.27	\$ 24.87	\$ 31.85	\$ 37.55	\$ 23.09	\$ 28.21	\$ 37.53	
100	Expense PMPM	52.61	19.30	33.31	32.22	26.16	32.73	45.43	53.88	23.37	33.04	43.48	
101	Margin PMPM	\$ (8.40)	\$ (3.13)	\$ (5.27)	\$ (8.67)	\$ 0.11	\$ (7.86)	\$ (13.58)	\$ (16.32)	\$ (0.28)	\$ (4.83)	\$ (5.96)	
102													
103	<b>Healthy Michigan Plan Budget v Actual</b>												
104	<b>Eligible Lives (Average Eligibles)</b>												
106	Actual	63,228	63,228	63,228	3,209	12,783	3,068	11,711	3,685	18,063	4,807	5,903	
108	Budget	80,899	80,899	80,899	4,135	15,777	3,853	14,800	4,923	23,446	6,225	7,740	
109	Variance - Favorable / (Unfavorable)	(17,672)	(17,672)	(17,672)	(925)	(2,994)	(785)	(3,090)	(1,238)	(5,384)	(1,418)	(1,837)	
110	% Variance - Fav / (Unfav)	-21.8%	-21.8%	-21.8%	-22.4%	-19.0%	-20.4%	-20.9%	-25.1%	-23.0%	-22.8%	-23.7%	
111													
112	<b>Contract Revenue before settlement</b>												
113	Actual	33,546,844	12,267,760	21,279,084	906,944	4,030,032	915,575	4,475,361	1,660,491	5,005,316	1,627,190	2,658,174	
114	Budget	48,606,904	3,816,412	44,790,492	2,112,999	9,152,971	1,821,578	8,359,346	3,277,600	12,782,455	2,917,132	4,366,411	
115	Variance - Favorable / (Unfavorable)	(15,060,061)	8,451,347	(23,511,408)	(1,206,055)	(5,122,939)	(906,003)	(3,883,985)	(1,617,109)	(7,777,139)	(1,289,942)	(1,708,237)	
116	% Variance - Fav / (Unfav)	-31.0%	221.4%	-52.5%	-57.1%	-56.0%	-49.7%	-46.5%	-49.3%	-60.8%	-44.2%	-39.1%	
117													
118	<b>Healthcare Cost</b>												
119	Actual	36,183,487	13,823,238	22,360,250	794,329	3,477,876	1,082,973	5,612,422	2,221,322	4,668,141	1,689,944	2,813,241	
120	Budget	34,851,423	13,817,930	21,033,493	1,028,823	2,716,474	857,389	5,565,310	1,055,720	4,001,859	2,764,543	3,043,375	
121	Variance - Favorable / (Unfavorable)	(1,332,064)	(5,307)	(1,326,757)	234,494	(761,402)	(225,585)	(47,112)	(1,165,602)	(666,282)	1,074,599	230,134	
122	% Variance - Fav / (Unfav)	-3.8%	0.0%	-6.3%	22.8%	-28.0%	-26.3%	-0.8%	-110.4%	-16.6%	38.9%	7.6%	
123													
124	<b>Managed Care Administration</b>												
125	Actual	3,732,954	817,100	2,915,854	446,409	534,944	121,981	771,561	160,927	397,294	215,871	266,868	
126	Budget	3,230,311	971,866	2,258,446	216,280	154,591	186,793	766,967	160,966	273,236	159,667	339,945	
127	Variance - Favorable / (Unfavorable)	(502,643)	154,766	(657,409)	(230,129)	(380,353)	64,812	(4,594)	39	(124,058)	(43,796)	(73,077)	
128	% Variance - Fav / (Unfav)	-15.6%	15.9%	-29.1%	-106.4%	-246.0%	34.7%	-0.6%	0.0%	-45.4%	-35.2%	21.5%	
129													
130	<b>Total Contract Cost</b>												
131	Actual	39,916,441	14,640,337	25,276,104	1,240,738	4,012,820	1,204,954	6,383,983	2,382,249	5,065,435	1,905,815	3,080,108	
132	Budget	38,081,734	14,789,796	23,291,938	1,245,103	2,871,065	1,044,182	6,332,277	1,216,686	4,275,095	2,924,210	3,383,320	
133	Variance - Favorable / (Unfavorable)	(1,834,707)	149,458	(1,984,166)	4,365	(1,141,755)	(160,772)	(51,706)	(1,165,563)	(790,340)	1,018,395	303,212	
134	% Variance - Fav / (Unfav)	-4.8%	1.0%	-8.5%	0.4%	-39.8%	-15.4%	-0.8%	-95.8%	-18.5%	34.8%	9.0%	
135													
136	<b>Net before Settlement</b>												
137	Actual	(6,369,598)	(2,372,578)	(3,997,020)	(333,795)	17,212	(289,379)	(1,908,622)	(721,759)	(60,119)	(278,625)	(421,934)	
138	Budget	10,525,170	(10,973,384)	21,498,553	867,896	6,281,906	777,396	2,027,069	2,060,914	8,507,360	(7,078)	983,091	
139	Variance - Favorable / (Unfavorable)	(16,894,768)	8,600,806	(25,495,574)	(1,201,690)	(6,264,694)	(1,066,775)	(3,935,691)	(2,782,672)	(8,567,479)	(271,546)	(1,405,025)	
140	% Variance - Fav / (Unfav)	-160.5%	78.4%	-118.6%	-138.5%	-99.7%	-137.2%	-194.2%	-135.0%	-100.7%	-383.6%	-142.9%	

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	<b>Southwest Michigan Behavioral Health</b>			<i>Mos in Period</i>									
2	For the Fiscal YTD Period Ended 9/30/2024			12									
3	(For Internal Management Purposes Only)			ok									
4	<b>INCOME STATEMENT</b>												
5		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Services of Kalamazoo	St Joseph CMHA	Van Buren MHA	
160	<b>Certified Community Behavioral Health Clin</b>												
161	Contract Revenue	69,053,305	(2,680,458)	71,733,763	6,674,068	13,371,215	4,024,102	12,668,414	-	27,748,635	7,247,329	-	-
162	External Provider Cost	6,064,096	-	6,064,096	-	-	-	-	-	6,064,096	-	-	-
163	Internal Program Cost	61,237,018	-	61,237,018	5,497,242	10,071,997	5,391,576	12,649,324	-	21,849,884	5,776,995	-	-
164	CCBHC General Fund Pass-through	984,369	984,369	-	-	-	-	-	-	-	-	-	-
165	SSI Reimb, 1st/3rd Party Cost Offset	(728,697)	-	(728,697)	-	-	(137,538)	-	-	(456,980)	(134,179)	-	-
166	<b>Total Healthcare Cost</b>	<b>67,556,786</b>	<b>984,369</b>	<b>66,572,417</b>	<b>5,497,242</b>	<b>10,071,997</b>	<b>5,254,038</b>	<b>12,649,324</b>	<b>-</b>	<b>27,457,000</b>	<b>5,642,817</b>	<b>-</b>	<b>-</b>
167	Medical Loss Ratio (HCC % of Revenue)	97.8%	-36.7%	92.8%	82.4%	75.3%	130.6%	99.8%	0.0%	98.9%	77.9%	0.0%	0.0%
170	<b>Managed Care Administration</b>	<b>1,766,771</b>	<b>1,766,771</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
171	Admin Cost Ratio (MCA % of Total Cost)	2.5%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
173	<b>Contract Cost</b>	<b>69,323,557</b>	<b>2,751,140</b>	<b>66,572,417</b>	<b>5,497,242</b>	<b>10,071,997</b>	<b>5,254,038</b>	<b>12,649,324</b>	<b>-</b>	<b>27,457,000</b>	<b>5,642,817</b>	<b>-</b>	<b>-</b>
174	<b>Net before Settlement</b>	<b>(270,252)</b>	<b>(5,431,598)</b>	<b>5,161,346</b>	<b>1,176,825</b>	<b>3,299,218</b>	<b>(1,229,936)</b>	<b>19,090</b>	<b>-</b>	<b>291,635</b>	<b>1,604,513</b>	<b>-</b>	<b>-</b>
175	PPS-1 Supplemental Payment Difference	-	4,145,440	(4,145,440)	892,435	(1,798,191)	(1,756,959)	(1,524,796)	-	586,970	(544,898)	-	-
176	Contract Settlement / Redistribution	-	(9,306,785)	9,306,785	284,391	5,097,410	527,023	1,543,886	-	(295,335)	2,149,411	-	-
177	<b>Net after Settlement</b>	<b>-</b>	<b>(9,306,785)</b>	<b>9,306,785</b>	<b>284,391</b>	<b>5,097,410</b>	<b>527,023</b>	<b>1,543,886</b>	<b>-</b>	<b>(295,335)</b>	<b>2,149,411</b>	<b>-</b>	<b>-</b>
180	<b>SWMBH CMHP Subcontracts</b>												
181	Subcontract Revenue	355,392,334	31,771,831	323,620,503	17,415,341	61,853,113	17,602,069	59,657,081	16,878,272	99,134,097	24,049,179	27,031,352	-
182	Incentive Payment Revenue	310,811	124,661	186,150	-	-	186,150	-	-	-	-	-	-
183	<b>Contract Revenue</b>	<b>355,703,145</b>	<b>31,896,492</b>	<b>323,806,653</b>	<b>17,415,341</b>	<b>61,853,113</b>	<b>17,788,220</b>	<b>59,657,081</b>	<b>16,878,272</b>	<b>99,134,097</b>	<b>24,049,179</b>	<b>27,031,352</b>	<b>-</b>
184	External Provider Cost	251,379,415	13,312,835	238,066,580	6,945,437	44,631,622	12,635,493	43,479,880	13,735,238	79,082,217	18,120,475	19,436,217	-
185	Internal Program Cost	88,355,229	-	88,355,229	6,122,947	13,092,987	5,953,451	16,500,254	6,272,179	23,952,086	6,619,478	9,841,847	-
186	CCBHC General Fund Pass-through	984,369	-	-	-	-	-	-	-	-	-	-	-
187	SSI Reimb, 1st/3rd Party Cost Offset	(1,386,920)	-	(658,004)	-	(397,506)	(137,538)	(148,554)	-	(463,507)	(134,179)	(105,417)	-
188	Insurance Provider Assessment Withhold (IPA)	12,675,980	12,675,980	-	-	-	-	-	-	-	-	-	-
189	<b>Total Healthcare Cost</b>	<b>352,008,073</b>	<b>25,988,815</b>	<b>325,763,806</b>	<b>13,068,384</b>	<b>57,327,103</b>	<b>18,451,406</b>	<b>59,831,580</b>	<b>20,007,417</b>	<b>102,570,797</b>	<b>24,605,774</b>	<b>29,172,647</b>	<b>-</b>
190	Medical Loss Ratio (HCC % of Revenue)	99.0%	81.5%	100.6%	75.0%	92.7%	103.7%	100.3%	118.5%	103.5%	102.3%	107.9%	-
191	<b>Managed Care Administration</b>	<b>34,807,986</b>	<b>8,863,020</b>	<b>25,944,965</b>	<b>2,331,788</b>	<b>4,952,365</b>	<b>933,123</b>	<b>5,432,933</b>	<b>1,557,851</b>	<b>6,393,001</b>	<b>1,812,072</b>	<b>2,531,833</b>	<b>-</b>
192	Admin Cost Ratio (MCA % of Total Cost)	9.0%	2.3%	6.7%	15.1%	8.0%	4.8%	8.3%	7.2%	5.9%	6.9%	8.0%	-
193	<b>Contract Cost</b>	<b>386,816,059</b>	<b>34,851,835</b>	<b>351,708,771</b>	<b>15,400,172</b>	<b>62,279,468</b>	<b>19,384,529</b>	<b>65,264,513</b>	<b>21,565,268</b>	<b>108,963,798</b>	<b>26,417,847</b>	<b>31,704,481</b>	<b>-</b>
194	<b>Net before Settlement</b>	<b>(31,112,914)</b>	<b>(2,955,344)</b>	<b>(27,902,118)</b>	<b>2,015,169</b>	<b>(426,355)</b>	<b>(1,596,309)</b>	<b>(5,607,432)</b>	<b>(4,686,996)</b>	<b>(9,829,701)</b>	<b>(2,368,667)</b>	<b>(4,673,129)</b>	<b>-</b>
195	Prior Year Savings	-	-	-	-	-	-	-	-	-	-	-	-
196	Internal Service Fund Risk Reserve	-	-	-	-	-	-	-	-	-	-	-	-
197	Contract Settlement	12,656,201	(23,823,786)	36,479,986	(1,730,778)	5,523,765	2,123,332	7,151,318	4,686,996	9,534,146	4,518,078	4,673,129	-
198	<b>Net after Settlement</b>	<b>(18,456,713)</b>	<b>(26,779,129)</b>	<b>8,577,869</b>	<b>284,391</b>	<b>5,097,410</b>	<b>527,023</b>	<b>1,543,886</b>	<b>-</b>	<b>(295,555)</b>	<b>2,149,411</b>	<b>-</b>	<b>-</b>



Fiscal Year 2024(October 1, 2023- September 30, 2024)  
SWMBH Participant Community Mental Health Site  
Review Summary Results



# Upstream Requirements

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- **Managed Care Rules require the following (42 CFR §438.230):**

- PIHPs remain ultimately responsible for adhering to and complying with the terms of their contract with the State;
- All contracts between the PIHP and a subcontractor must be in writing and specify:
  - Any delegated activities or obligations, and related reporting responsibilities;
  - That the subcontractor agrees to perform the delegated activities in compliance with the PIHP's contract obligations;
  - A method for revocation of the delegation of activities or obligations, or specify other remedies in instances where the PIHP determines that the subcontractor has not performed satisfactorily;
  - That the subcontractor agrees to comply with all applicable Medicaid laws, regulations, including applicable subregulatory guidance, and contract provisions.

- **MDHHS-PIHP Contract**

- SWMBH is held “fully liable” and retains “full responsibility” for the performance and completion of all Contract requirements, regardless of whether SWMBH performs the work or subcontracts.
- SWMBH must “monitor the performance of subcontractors on an ongoing basis” including conducting formal reviews.

- MDHHS contracts with Health Services Advisory Group (HSAG) to perform an External Quality Review (EQR) of the PIHPs annually, to assess compliance with contractual and managed care responsibilities.



# Upstream Requirements

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- **Enhanced Oversight & Monitoring**

- HSAG EQR has become increasingly more robust and rigid.
  - Includes file reviews in delegated managed care functional areas.
  - Results in Corrective Action Plans that are monitored by HSAG and reported to MDHHS
- MDHHS-PIHP contract requires PIHPs to submit all Delegation Agreements to MDHHS for approval. Any proposed changes/new delegation arrangements must be submitted to MDHHS for approval at least 90 calendar days prior to the effective date of the change.
- MDHHS-PIHP contract has had language added increasingly PIHP reporting obligations to MDHHS when a PIHP issues a Notice of Revocation of Delegated Functions or is otherwise monitoring corrective action of a CMH as it relates to delegated managed care functions.
  - PIHPs must notify MDHHS ten (10) days in advance of issuing a Notice to Revoke a delegated function or imposing other sanctions for inadequate or deficient performance.
  - PIHPs must submit quarterly reports to MDHHS of all subcontractor (CMH) noncompliance or deficiencies as it relates to delegated functions, a brief description of the deficiency, what action the PIHP took and is taking to resolve the issue including specific monitoring, and status updates on those efforts.



# Subcontractual Relationships & Delegation

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## **PIHP-CMHSP Monitoring**

- Upstream requirements and enhanced oversight and monitoring necessarily flow downstream.
- Documentation in place to satisfy managed care and MDHHS-PIHP contract requirements for written agreements:
  - Written Delegation Memorandum Of Understanding with each participant CMHSP, which include specifics around delegated functions, reporting responsibilities, and corrective action and revocation steps.
  - Written contracts that further define requirements and monitoring.
- Annual Participant CMHSP Site Reviews
  - Monitor delegated managed care functions and contractual obligations.
  - Require Corrective Action Plans for identified deficiencies.
  - Monitoring schedule provided to CMH and used to monitor the implementation and effectiveness of CMH corrective action plans.
  - Annual Site Reviews are relied on heavily to show HSAG that SWMBH is meeting its contractual obligations by ensuring they are performed through its subcontractors.



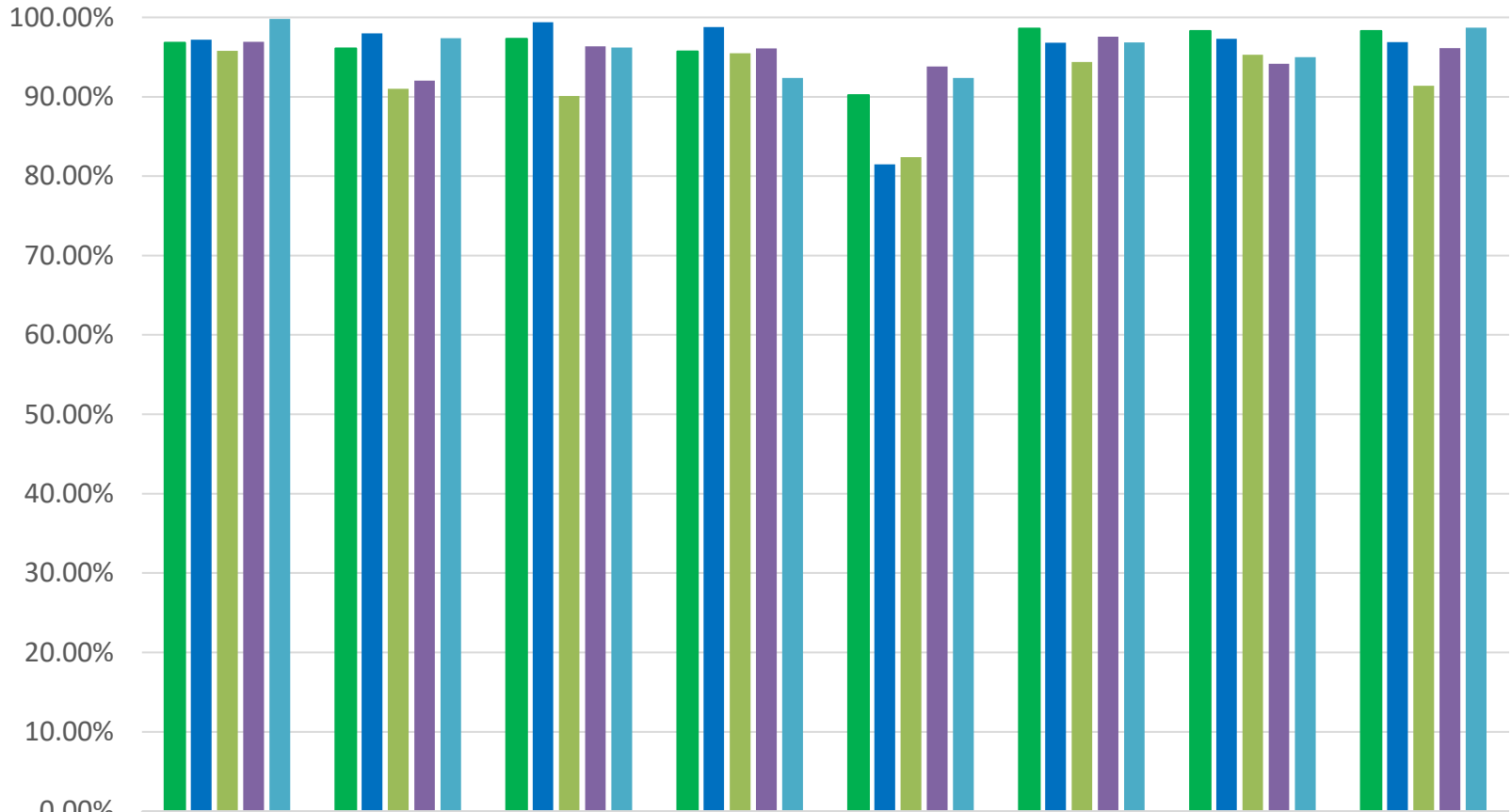
# CMHSP Site Review Process

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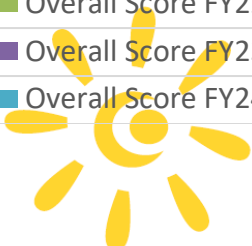
- Reviews delegated functions and contractual requirements
  - Any functions that are not in full compliance with MDHHS, 42 CFR § 438 (Managed Care), and SWMBH requirements require corrective action plans to be submitted by the participant CMHSP and approved by SWMBH
- SWMBH monitors select clinical programs each year for program and staffing fidelity, and adherence to MDHHS contractual requirements for specialty services
  - Clinical requirements not meeting 90% compliance require corrective action plans
- SWMBH monitors corrective action plan implementation at designated intervals to ensure it is occurring and assess CAP effectiveness at resolving identified deficiencies.
  - Moving to quarterly monitoring & oversight in certain functional areas (ABDs, Grievances & Appeals, etc.).



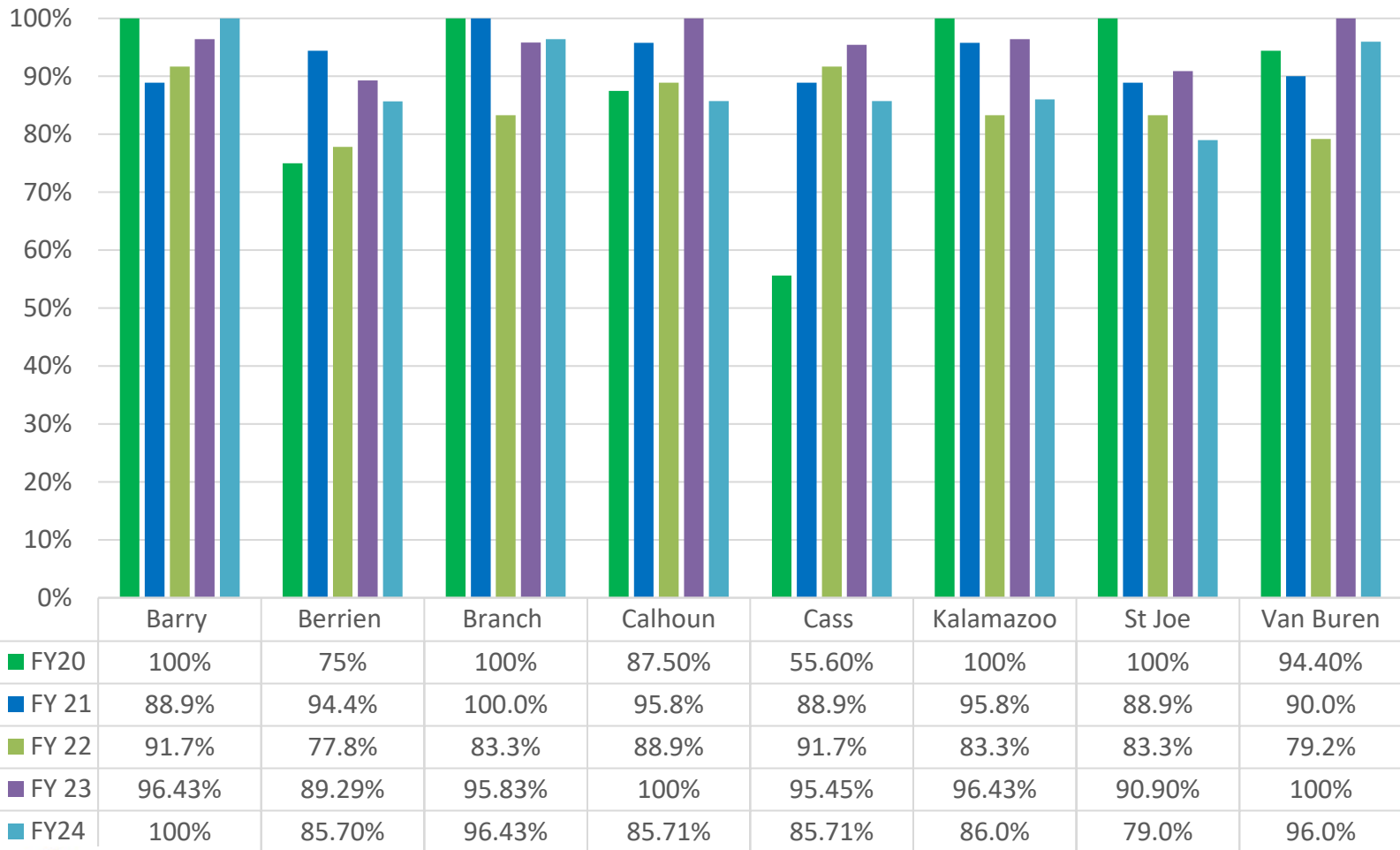
# Delegated / Administrative Function Review Overall Scores by CMHSP



	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St. Joe	Van Buren
Overall Score FY20	96.80%	96.10%	97.30%	95.70%	90.20%	98.60%	98.30%	98.30%
Overall Score FY21	97.2%	98.0%	99.4%	98.8%	81.5%	96.8%	97.3%	96.9%
Overall Score FY22	95.8%	91.0%	90.1%	95.5%	82.4%	94.4%	95.3%	91.4%
Overall Score FY23	96.91%	92.02%	96.35%	96.10%	93.83%	97.57%	94.14%	96.14%
Overall Score FY24	99.8%	97.4%	96.2%	92.4%	92.4%	96.8%	95.0%	98.7%



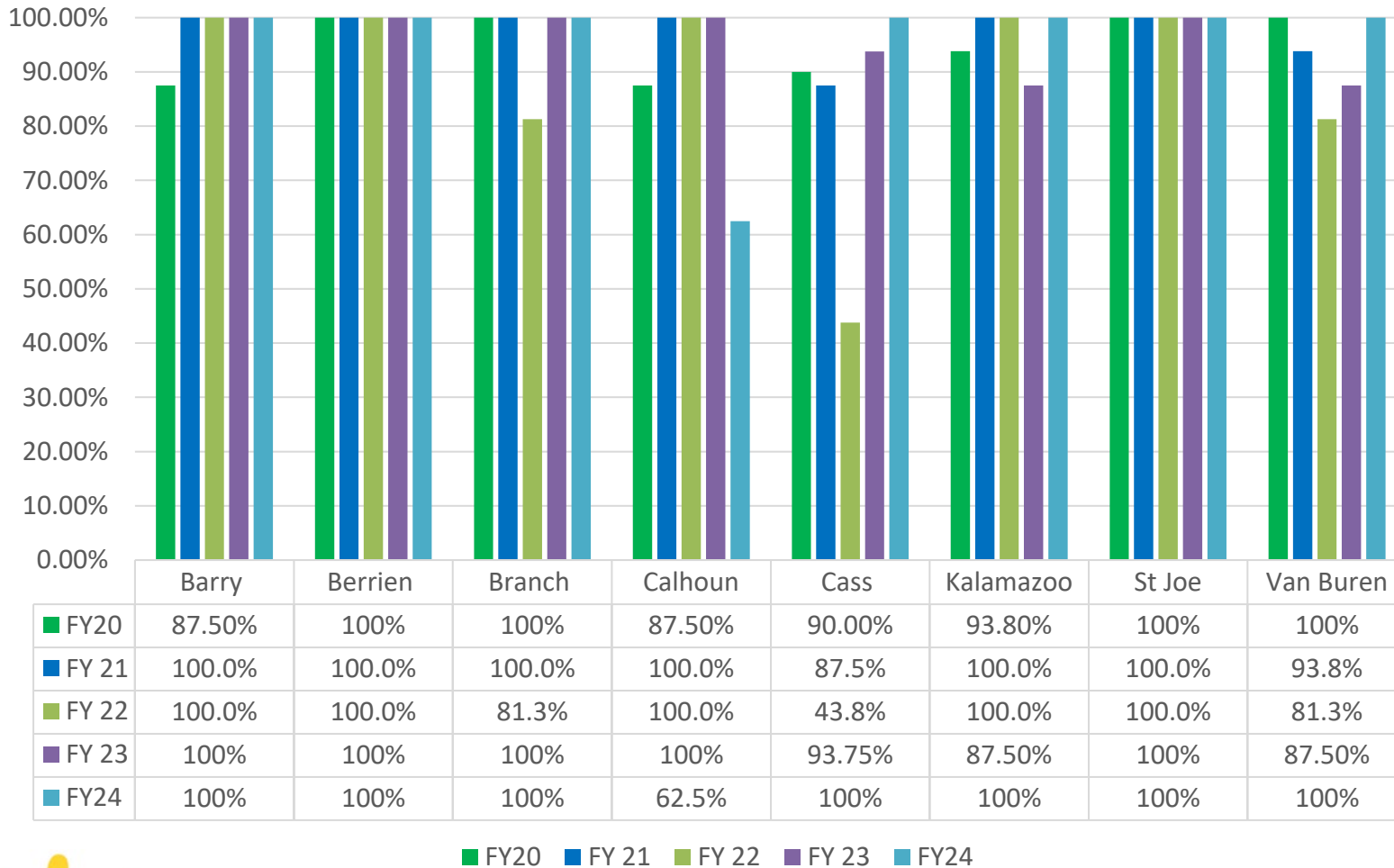
# Access and Utilization Management



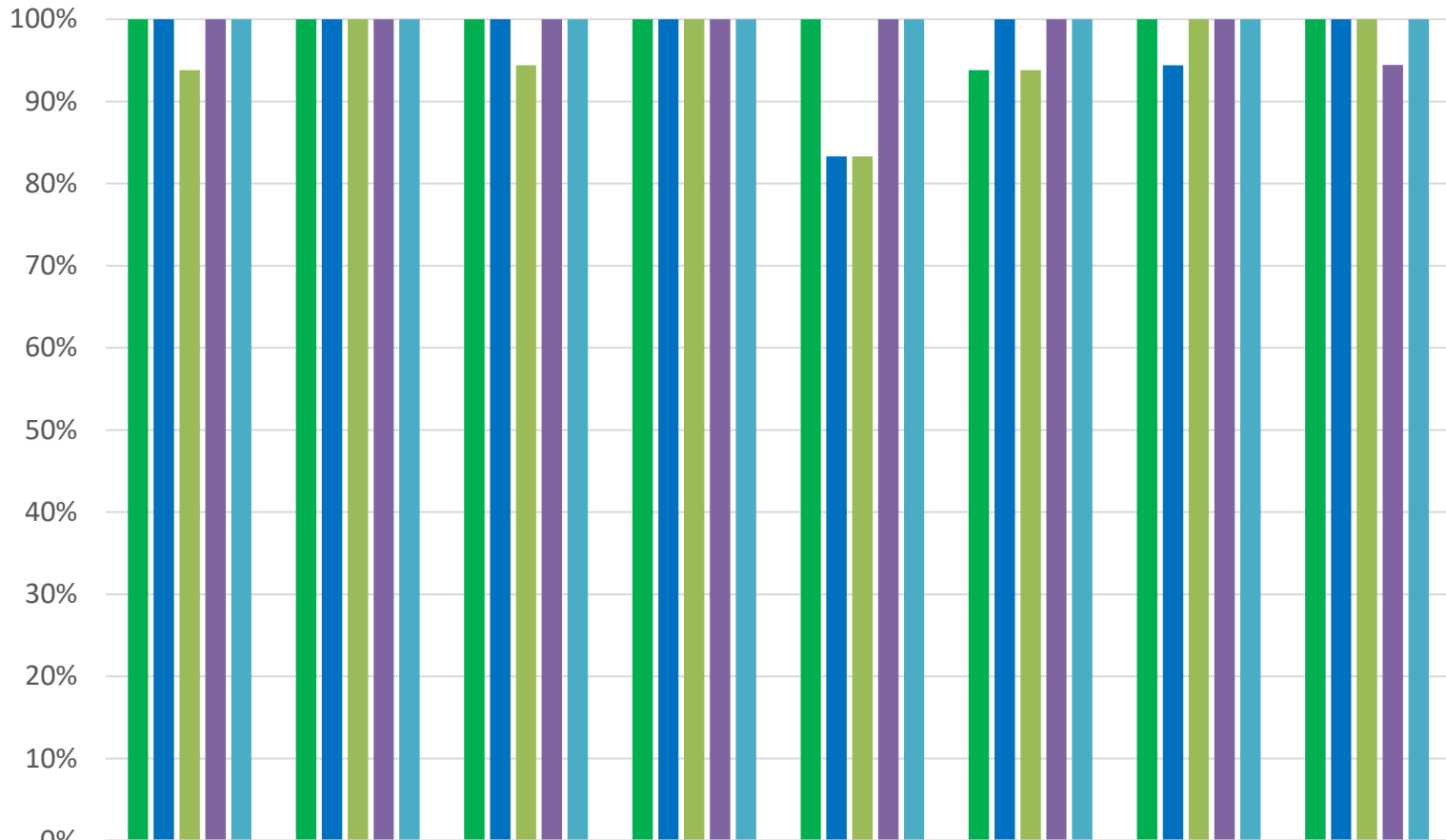
■ FY20 ■ FY 21 ■ FY 22 ■ FY 23 ■ FY24



# Claims Management



# Compliance Program



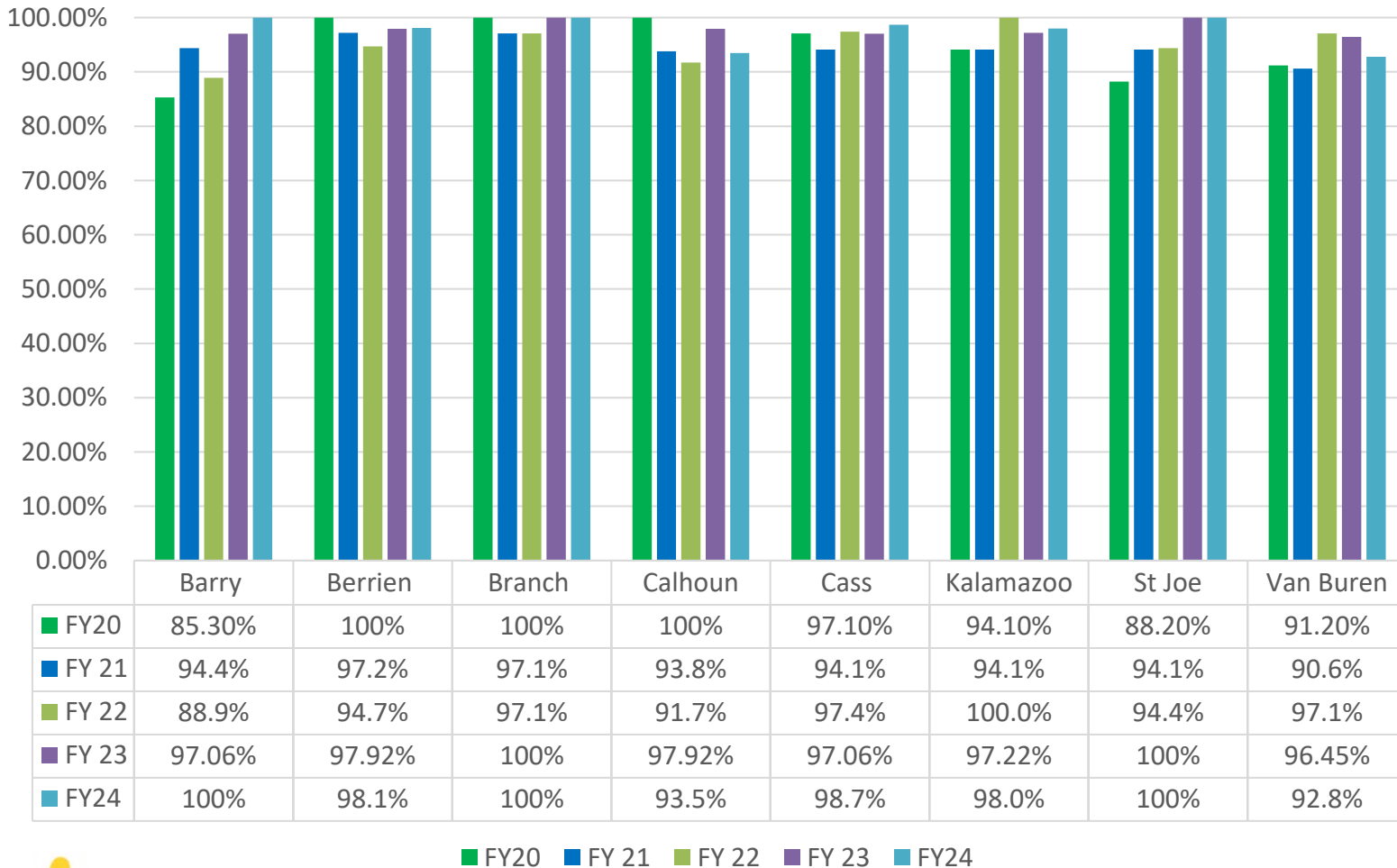
	Barry	Berrien	Branch	Calhoun	Cass	Kalamazoo	St Joe	Van Buren
FY20	100%	100%	100%	100%	100%	93.80%	100%	100%
FY 21	100.0%	100.0%	100.0%	100.0%	83.3%	100.0%	94.4%	100.0%
FY 22	93.8%	100.0%	94.4%	100.0%	83.3%	93.8%	100.0%	100.0%
FY 23	100%	100%	100%	100%	100%	100%	100%	94.4%
FY24	100%	100%	100%	100%	100%	100%	100%	100%

■ FY20 ■ FY 21 ■ FY 22 ■ FY 23 ■ FY24

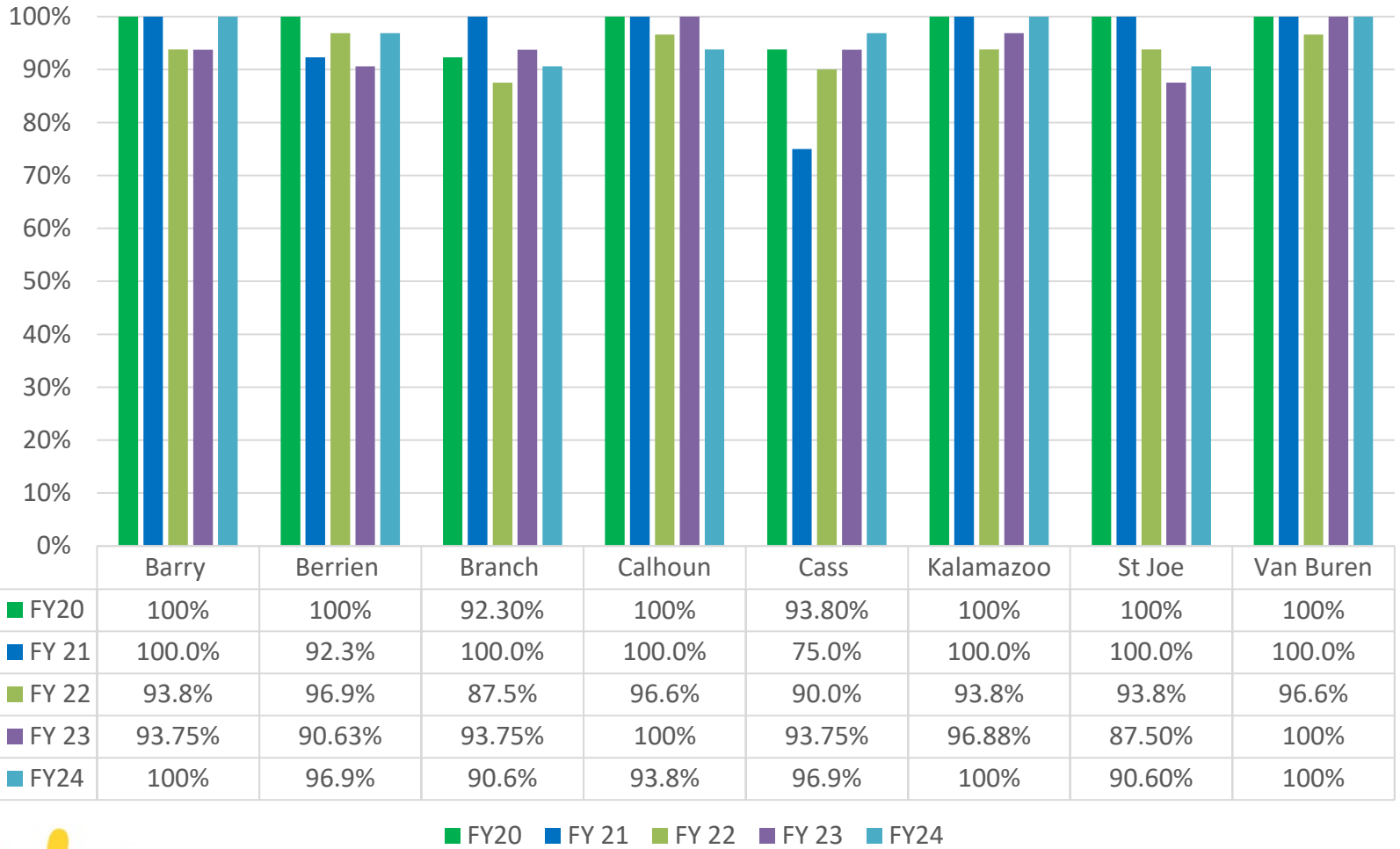




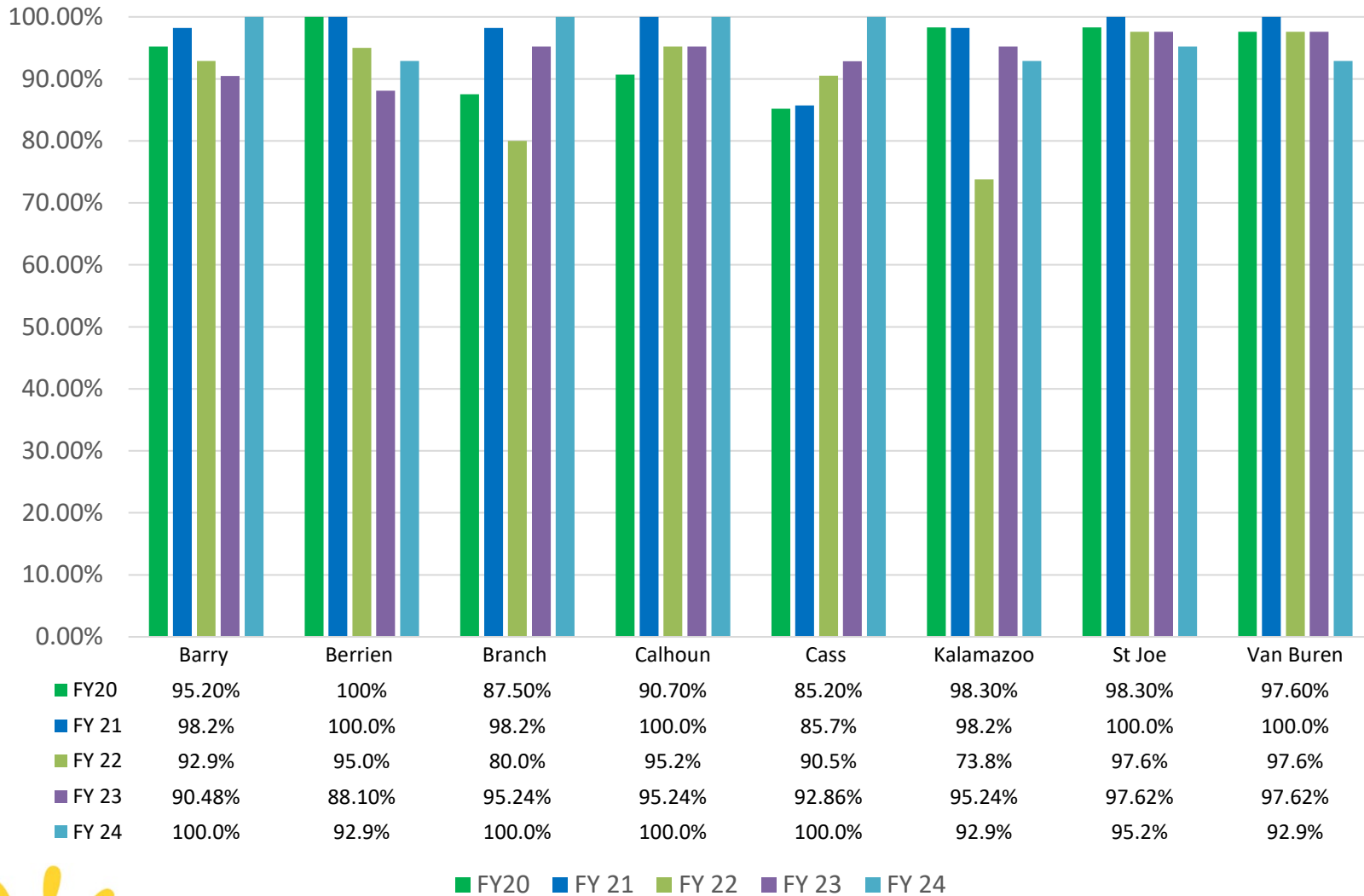
# Credentialing & Re-Credentialing



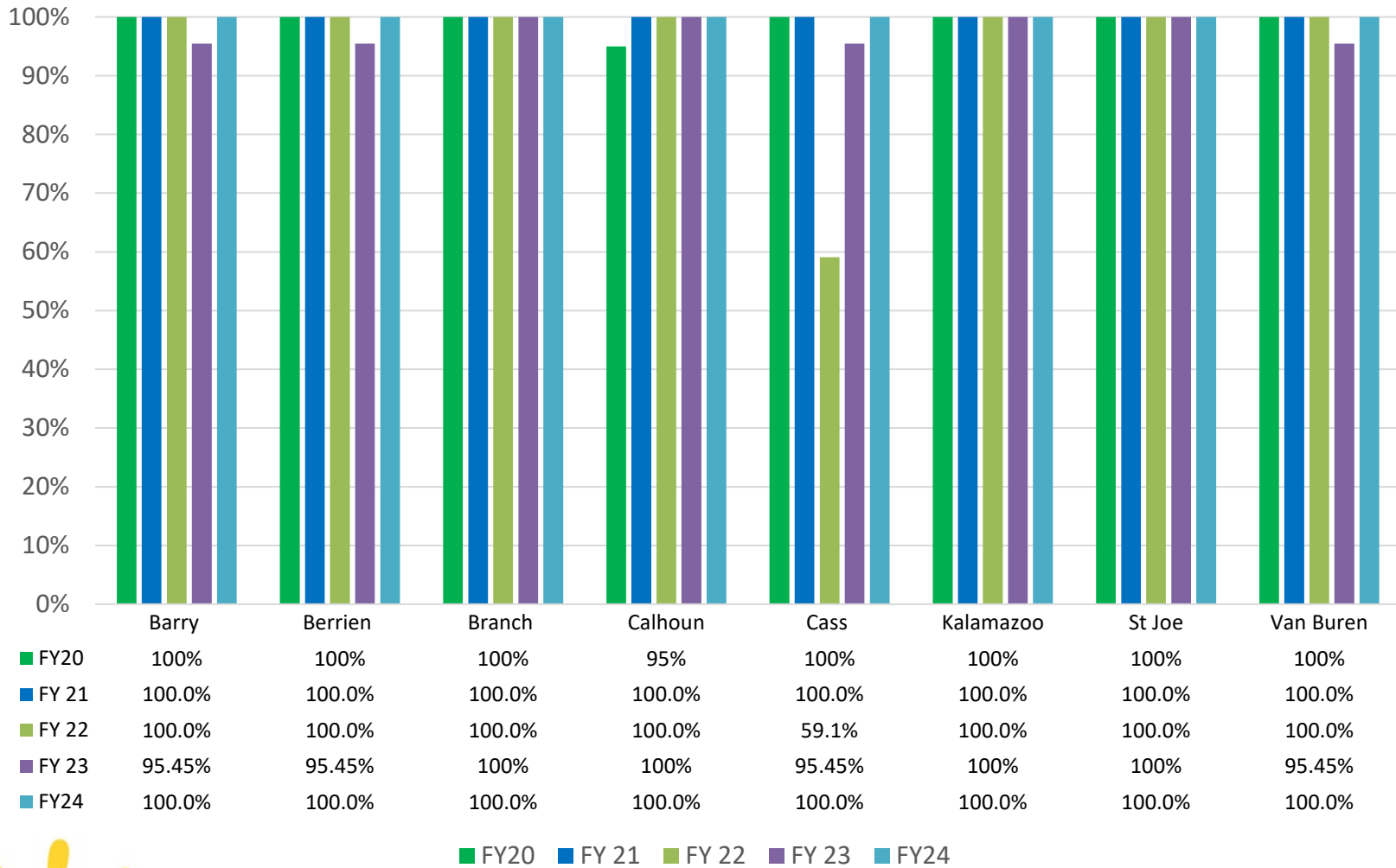
# Customer Services



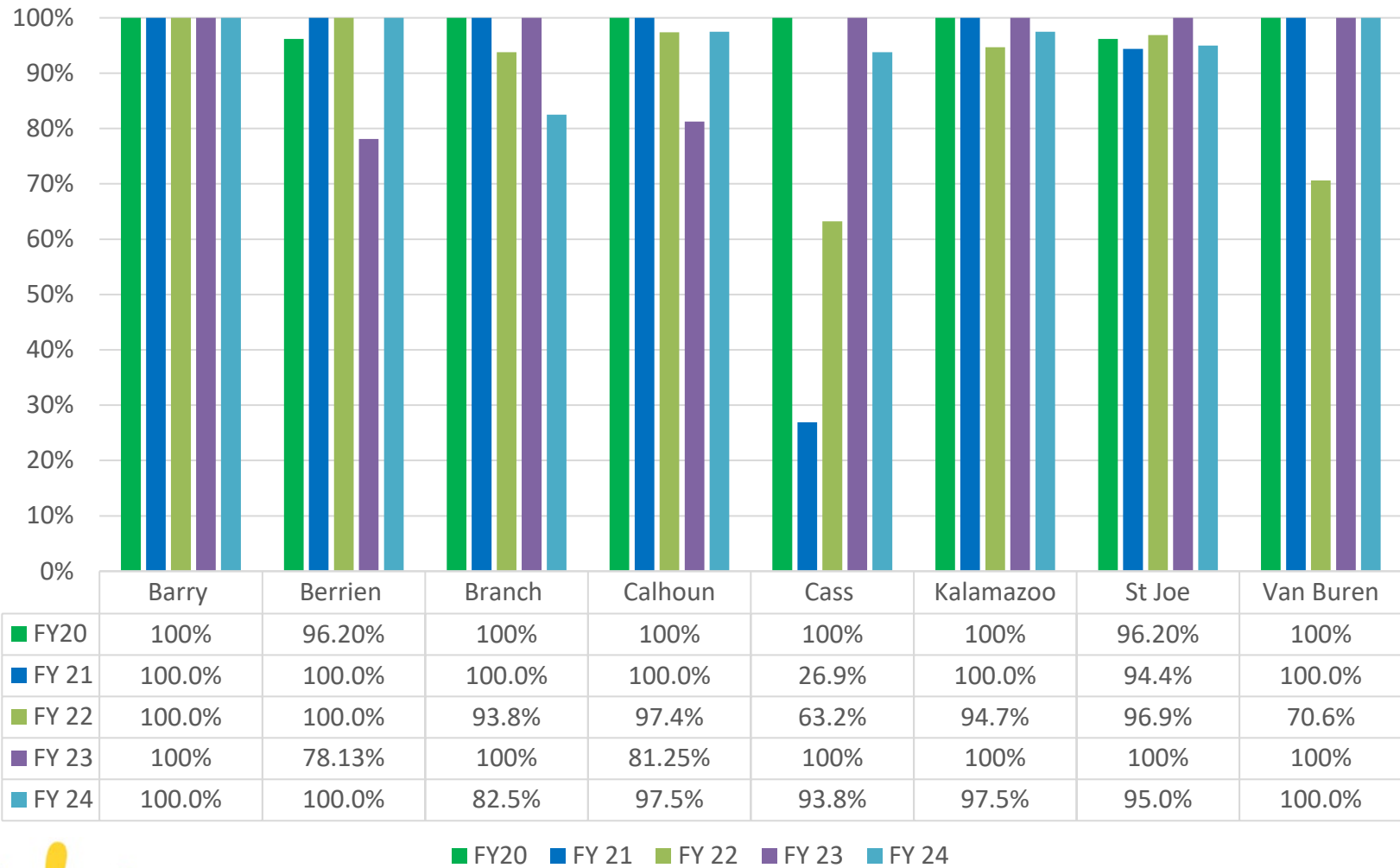
# Grievances and Appeals



# Provider Network



# Quality Improvement



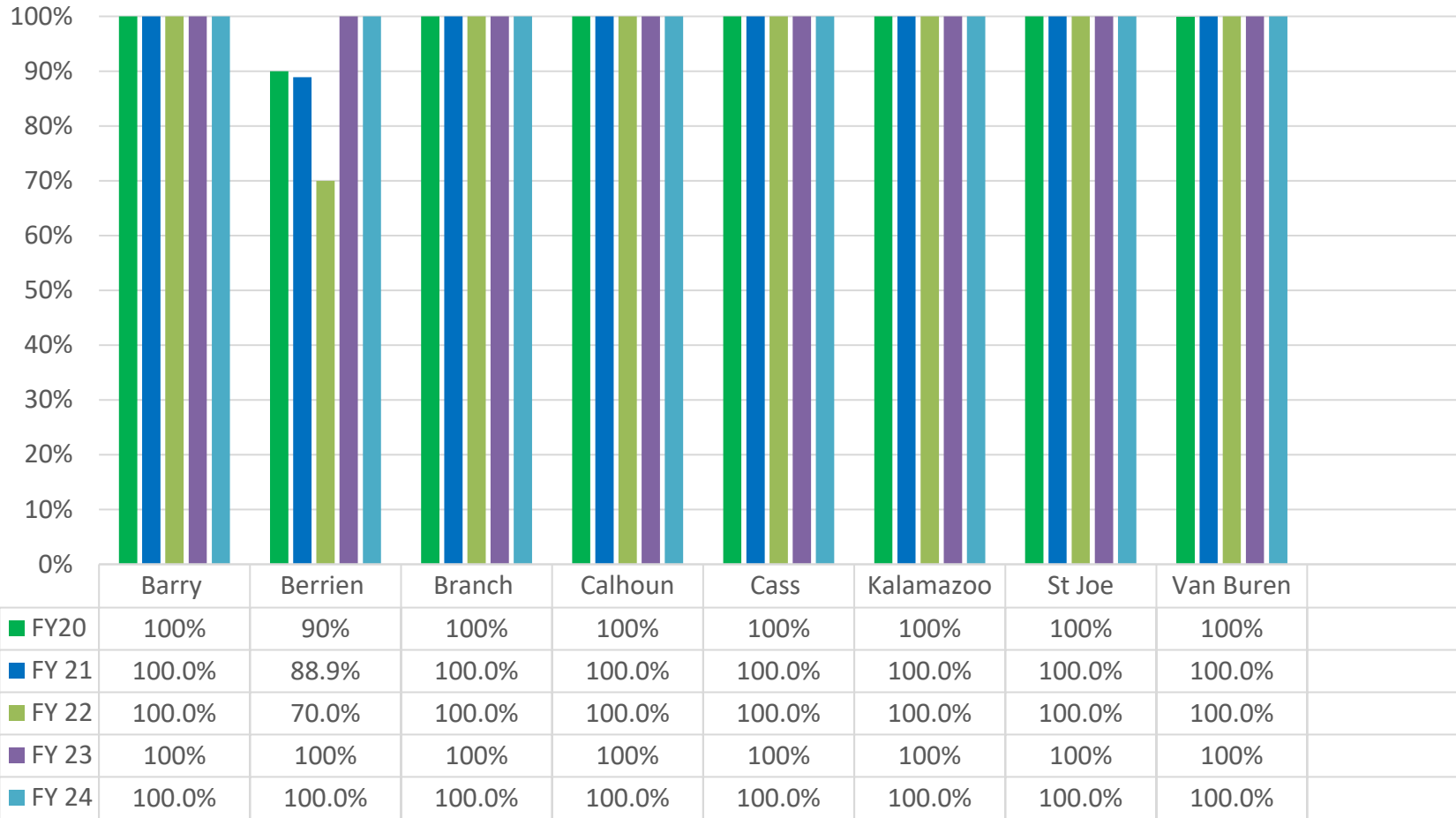
# Staff Training



■ FY20 ■ FY 21 ■ FY 22 ■ FY 23 ■ FY24



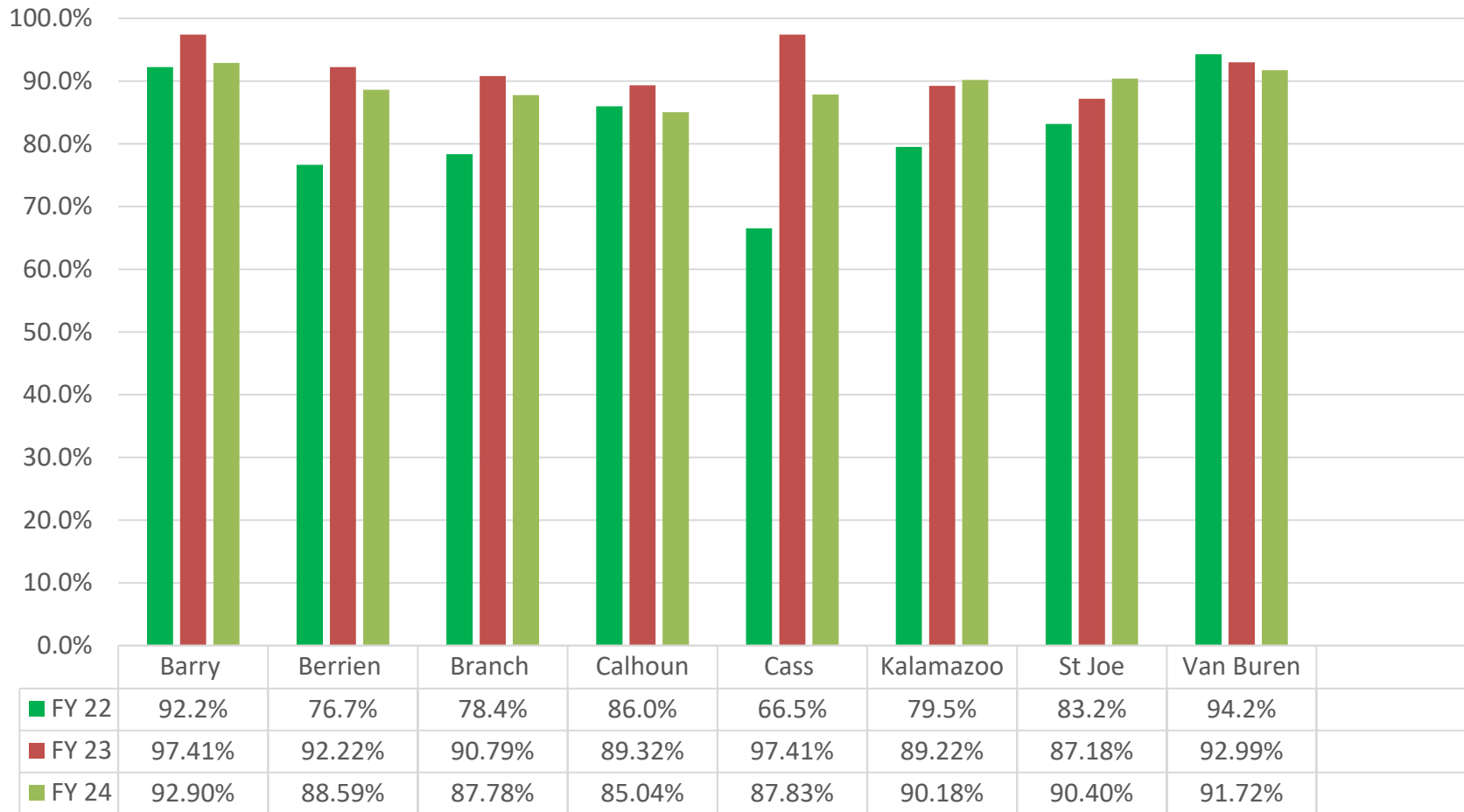
# SUD Administrative –EBP Fidelity



■ FY20 ■ FY 21 ■ FY 22 ■ FY 23 ■ FY 24



# Clinical Quality File Review

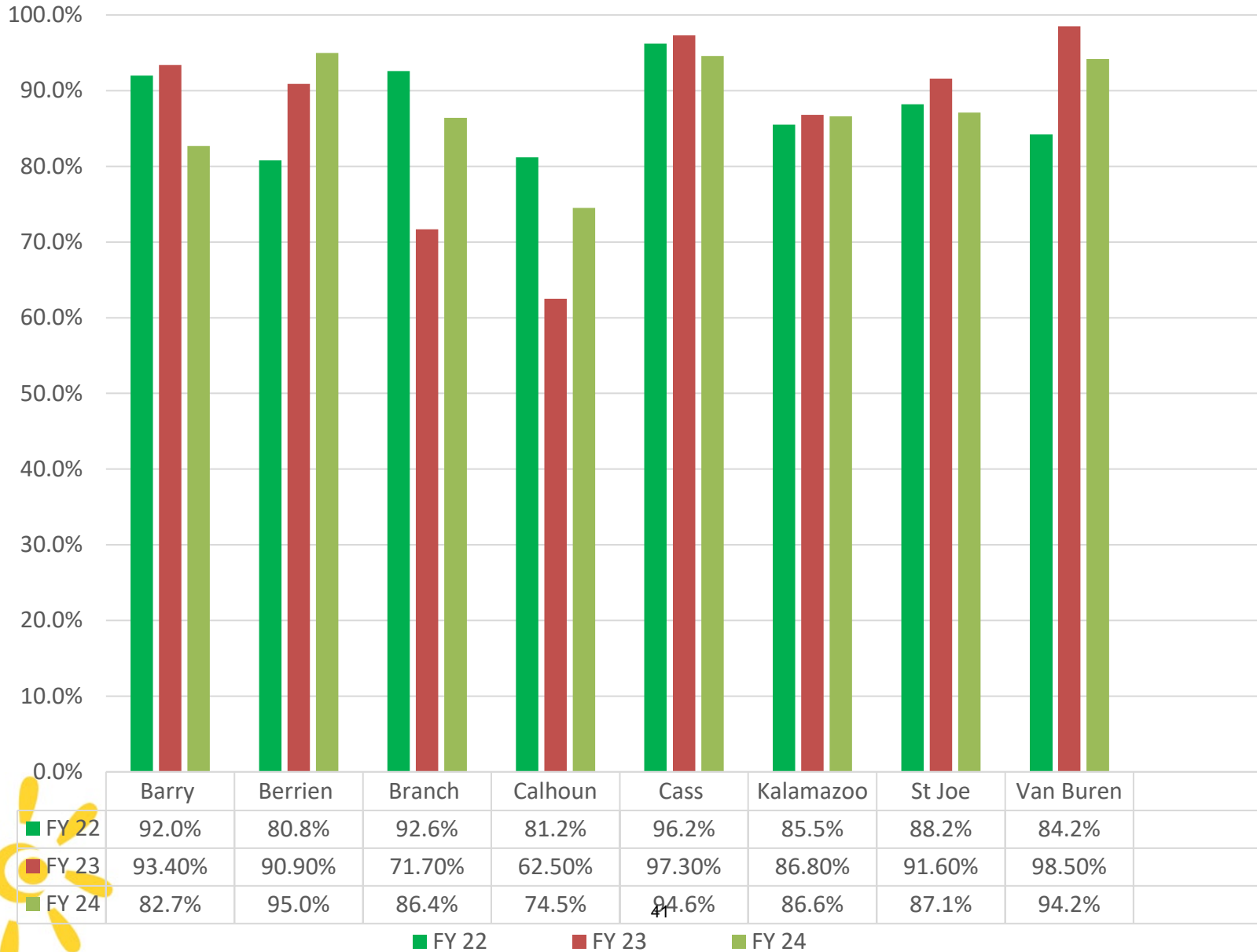


FY 22 FY 23 FY 24





# SUD Clinical File Review



# Southwest Michigan

## BEHAVIORAL HEALTH

### Board Regulatory Compliance Committee Meeting draft minutes

Members: Sherii Sherban, Louie Csokasy, Edward Meny

SWMBH Staff: Mila Todd, Michelle Jacobs

October 11, 2024

12:00 p.m. – 12:30 p.m. (or immediately following the SWMBH Board Meeting)

Air Zoo Aerospace & Science Museum

Draft: 10/14/24

#### 1. Review Agenda

Motion Louie Csokasy moved to approve the agenda as presented.

Seconded Lorraine Lindey

Motion Carried

#### 2. Minutes

Motion Louie Csokasy moved to approve the 9/13/24 minutes as presented.

Seconded Lorraine Lindey

Motion Carried

#### 3. Board Regulatory Compliance Committee Members

Committee reviewed members with Sherii Sherban as ad hoc and Mila Todd as Chair.

#### 4. Central Topics

a. Committee reviewed Fiscal Year 2025 Program Integrity Compliance and Monitoring Plan. Discussion followed.

b. Committee reviewed Fiscal Year 2025 Compliance activities. Discussion followed.

#### 5. Planning

a. Updates to SWMBH Board – as needed and include brief minutes

**Next Meeting: November 8, 2024**



**Southwest Michigan Behavioral Health Board Meeting**  
**Air Zoo Aerospace & Science Museum**  
**6151 Portage Rd, Portage, MI 49002**  
**December 13, 2024**  
**9:30 am to 11:30 am**  
(d) means document provided  
**Draft: 10/30/24**

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) pg.**
3. **Financial Interest Disclosure Handling**
  - None Scheduled
4. **Consent Agenda (2 minutes)**
  - a. November 8, 2024 SWMBH Board Meeting Minutes (d) pg.
  - b. October 9, 2024 Operations Committee Meeting Minutes (d) pg.
5. **Required Approvals (15 minutes)**
  - a. Financial Risk Management Plan (G. Guidry) (d) pg.
  - b. Financial Management Plan (G. Guidry) (d) pg.
  - c. Cost Allocation Plan (G. Guidry) (d) pg.
6. **Ends Metrics Updates (\*Requires motion) (0 minutes)**

*Proposed Motion: Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Do the Ends need Revision?*

  - None scheduled
7. **Board Actions to be Considered (0 minutes)**
  - 2025 Board Meeting calendar (d) pg.
8. **Board Policy Review (5 minutes)**

*Proposed Motion: Is the Board in Compliance? Does the Policy Need Revision?*

  - BG-005 Chairperson's Role (d) pg.

**9. Executive Limitations Review (0 minutes)**

*Proposed Motion: Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?*

- BEL-003 Asset Protection (E. Krogh) (d) pg.

**10. Board Education (15 minutes)**

- a. Fiscal Year 2025 Year to Date Financial Statements (G. Guidry) (d) pg.
- b. Strategic Plan (B. Casemore) (d)

**11. Communication and Counsel to the Board (5 minutes)**

- a. Board Finance Committee (d) pg.
- b. Board Regulatory Compliance Committee (d) pg.
- c. Fiscal Year 2024 Contract Vendor Summary (G. Guidry) (d) pg.
- d. Mega Ends Interpretation (B. Casemore) (d) pg.
- e. Sub End 1 Interpretation (B. Casemore) (d) pg.
- f. Quality Assurance and Performance Improvement Program Fiscal Year 2023 Evaluation (d) pg.
- g. Fiscal Year 2024 Program Integrity Compliance Report (d) pg.
- h. Fiscal Year 2024 Customer Services Report (S. Ameter) (d) pg.
- i. January Draft Board Agenda (d) pg.
- j. Board Policy Direct Inspection – none

**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 Board Meeting  
January 10, 2025  
9:30 am - 11:30 am**