



## **Overview of Programs and Services 2019**









# The Big Picture



- ❖ **General Overview:** Southwest Michigan Behavioral Health (SWMBH) is the Prepaid Inpatient Health Plan (PIHP) for eight Michigan counties, and is in partnership with the Community Mental Health (CMH) agencies of these counties. SWMBH, in partnership with the CMH's and local providers, provides mental health services to adults with severe and persistent mental illness, children with severe emotional disturbance, individuals with developmental disabilities, and individuals with substance use disorders. As the manager of services, SWMBH will make sure that services are provided to you based on your needs and goals and are within the guidelines set by the state of Michigan. SWMBH Strives to ensure that you and your family members are treated with dignity and respect.
- ❖ **Philosophy:** "Quality and Excellence through Partnerships"
- ❖ **Mission:** "SWMBH strives to be Michigan's preeminent benefits manager and integrative healthcare partner, assuring regional health status improvements, quality, value, trust, and CMHSP participant success."
- ❖ **Vision:** "An optimal quality of life in the community for everyone."

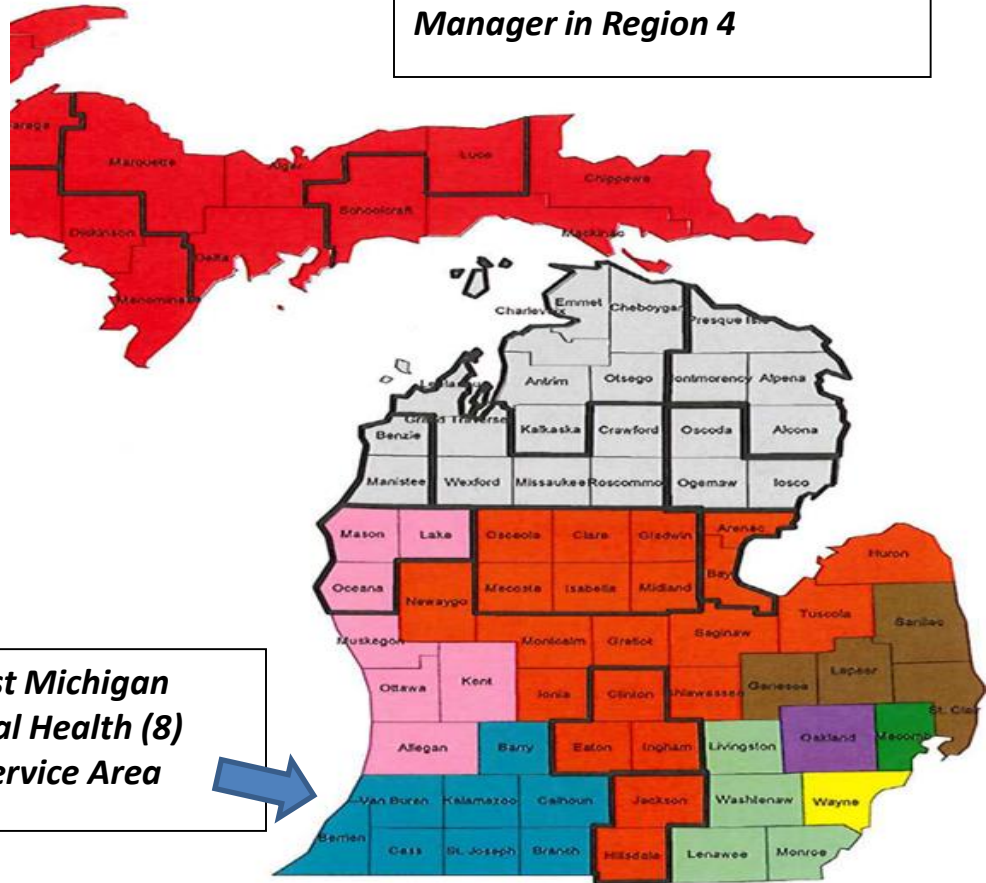
# Our Service Area and Partners

## Service Areas:

-  Barry County
-  Berrien County
-  Branch County
-  Calhoun County
-  Cass County
-  Kalamazoo County
-  St. Joseph County
-  Van Buren County

***Southwest Michigan Behavioral Health is the PIHP and Benefits Manager in Region 4***

**Southwest Michigan  
Behavioral Health (8)  
County Service Area**



# Our Values



- ✓ Customer Driven
- ✓ Person-Centered
- ✓ Recovery Oriented
- ✓ Evidenced-Based
- ✓ Integrated Care System
- ✓ Trust
- ✓ Integrity
- ✓ Transparency
- ✓ Inclusive
- ✓ Accessibility
- ✓ Acceptability
- ✓ Impact
- ✓ Value
- ✓ Culturally Competent & Diverse Workforce
- ✓ High Quality Services
- ✓ Risk Management

# SWMBH Assures



- ✓ Access to needed care of the eligible plan members
- ✓ Acceptability of purchased services by consumers
- ✓ Impact of the care delivered
- ✓ Value for taxpayers
- ✓ Managed minimal risks for taxpayers
- ✓ Access to needed care of the eligible plan members
- ✓ Acceptability of purchased services by consumers
- ✓ Impact of the care delivered
- ✓ Managed minimal risks for taxpayers
- ✓ Value for taxpayers

# What We Do.....



## What we do, is in the details:

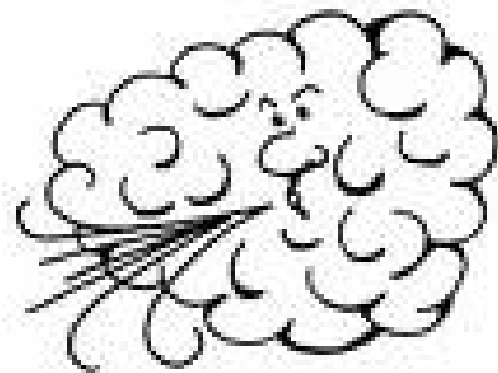
- Apply for, receive, and administer contracts, grants, gifts, bequests, or assistance funds
- Assure compliance to all legal and contractual requirements
- Construct, acquire, manage, own, use, operate, maintain, lease or sell real or personal property
- Dispose, divide or distribute any property acquired
- Manage all mental health, substance use disorders and intellectual disabilities funds provided to the Organization

## How we do it and our values:

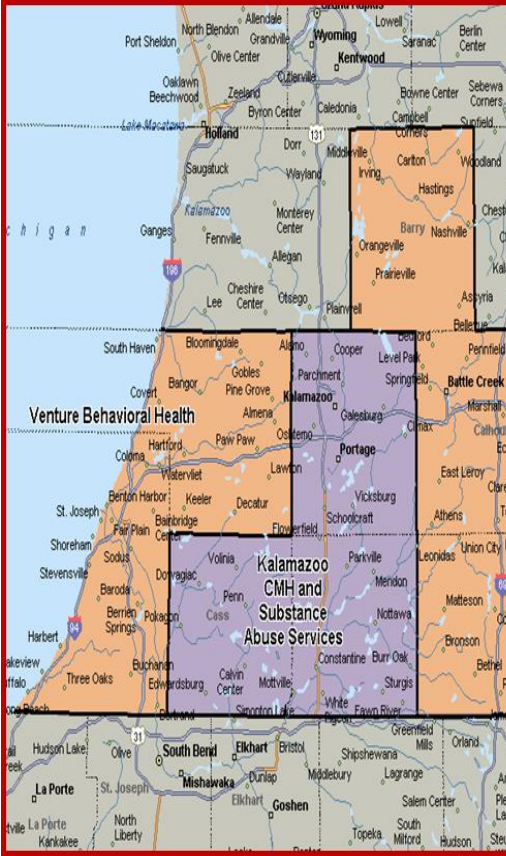
- Improve Population Health
- Improve the Plan Member Experience with Care
- Reduce the per person cost of care
- Promote integration/coordination of physical and behavioral health care
- Assure Plan Member access and service satisfaction
- Assure value for taxpayer and all purchasers

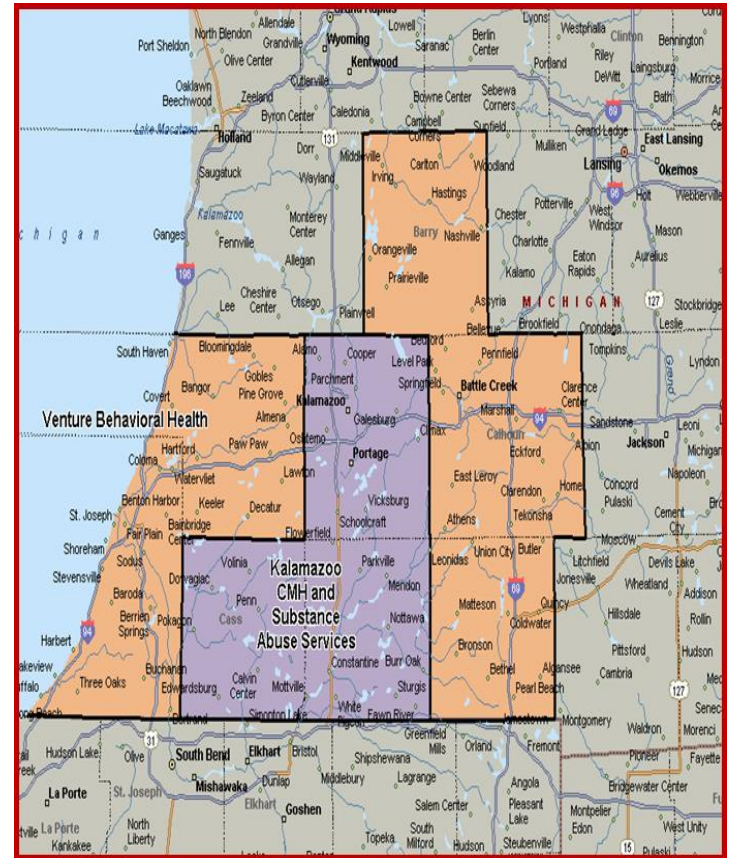
# In an environment of rapid change

- Affordable Care Act implementation
- Expanded Healthy Michigan
- New autism benefits
- Use of Medicare health plans to administer Behavioral Health benefits
- Implementation of Health Homes
- State Innovation Model
- Duals Demonstration
- Changes in Substance Use contracting...and, oh by the way...
- After ten years- how we organize to do Medicaid and other types of Behavioral Health ***must change***....



# Populations Served

- SWMBH has served: roughly **29,796** consumers from October 1, 2017 to September 30, 2018.
  - Persons served include:
    - Adults with SPMI (severe persistent mental illness)
    - Adults with Developmental Disabilities
    - Adults with Substance Use Disorders
    - Children with SED (severe emotional disturbance)
    - Children with Developmental Disabilities
  - Medicaid Eligibles in region (FY '18): **234,000**
- 







## *-How we're organized...*

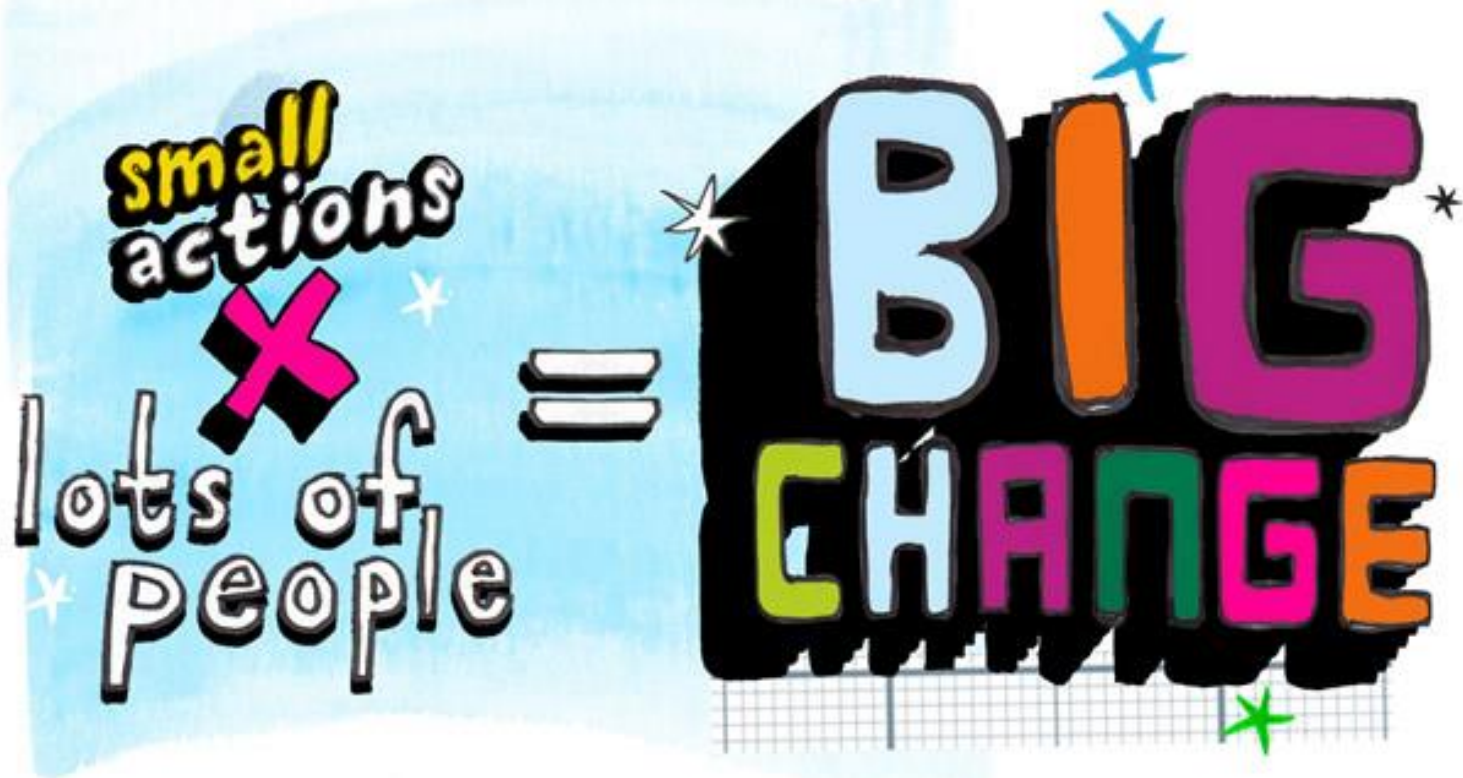
- An independent Board of Directors with one representative from each CMH administers the Governance Policies and directs the Executive Officer
- An Executive Officer organizes and oversees the operations.
- An Operations Committee composed of the CEOs of the involved eight community mental health organizations provides counsel to the CEO and Board.
- Other Committees with representatives from the participant CMH organizations are created to maximize involvement and efficacy;
  - Finance, Quality Management, Utilization Management Clinical Practices, Provider Network Management, Information Technology, Customer Services, Compliance.
- The Board and CEO are further aided by the Substance Use Disorder Oversight Policy Board, the Consumer Advisory Committee.

# SWMBH

## *-How we do it, our structure...*



- SWMBH is a Michigan governmental entity known as a **Regional Entity**, one of 10 in the state
  - We're separate from each of the 8 CMHSPs which established it.
    - *Source statute: Michigan Mental Health Code 330.1204b.*
  - SWMBH has its own **Governing Board**, with a representative appointed by each Participant CMHSP.
  - Each CMHSP Board has approved SWMBH Bylaws.
  - The SWMBH Board approved the **Operating Agreement** and signed **Conflict of Interest** forms.
- SWMBH is also the **Coordinating Agency** for the 8 county region, and..
- SWMBH is one of 4 **Medicare-Medicaid Dual Eligibility Demonstration regions** in the state.



# 2018-2021 Strategic Imperatives



## Southwest Michigan Behavioral Health 2018-2021 Strategic Plan – Strategic Imperatives

**Our Mission:** “SWMBH strives to be Michigan’s preeminent benefits manager and integrative health partner, assuring regional health status improvements, quality, trust, and CMHSP participant success”

**Our Vision:** “An optimal quality of life in the community for everyone”

### Improved Data Models, Analytics and Managed Information Business Intelligence Systems to Assure Proof of Performance

- Improve Information Exchange systems
- Access to cutting edge data resources/tools
- Access and ability to act on real-time information

### Cost Reductions in Medical Loss Ratio and Administrative Loss Ratio

#### Revenue Maximization

- Performance Bonus Pools
- Grants & other alternative funding streams
- Cost sharing
- Contract Services

### Population Health Management with CMHSPs and physical health stakeholders

- Collaborative relationships with our Integrated Healthcare partners
- Shared Performance Improvement Projects
- Improve communication between Physical & Mental Health providers
- Improved relations with Medicaid Health Plans
- Address mild to moderate

### Consistent Use of Assessment Tools – LOCUS/CAFAS/PECFAS/SIS/ASAM

- Scores submissions, detail, discrete data
- Analytics and reporting
- Identification of outliers and trends



- Assurance Program Integrity (service planning, qualified providers, medical necessity, documentation, coding, claims edits, etc.)
- Southwest Michigan Behavioral Health to implement and lead a multi-year, collaborative, systemic and systematic *Regional Values Outcome Project*, which primary objective will be to “*Improve Lives and Prove It*”

### Parity & Utilization Management Normalization to Assure Uniform Benefit

- Automated whenever possible
- CMHSP Peer Case Reviews & Site Visits
- Ensuring consumers are receiving fair and consistent services across all service determinations (including use of LOCG – attached to Assessment Tool scores & embedded in EMR & MCIS)
- Will use to modify business processes, LOCG Tables and FY 2019 budgets to state-wide approach

**Our Triple Aim:**

Improving Patient Experience of Care | Improving Population Health | Reducing Per Capita Cost

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# SWMBH

## *-Moving Forward, FY18-19 Board Objectives*

- Enhancing Organizational Effectiveness
- Talent Management
- Building our Brand
- Network Expansion
- Optimizing Our Assets
- Managed Information Business Intelligence
- Consumer Satisfaction
- Population Health Management





# Oversight and Monitoring

# SWMBH Audit & Monitoring



## Program Integrity & Compliance

- Medicaid Services Verification Audit
  - Quarterly review of services paid for by Medicaid, provided by CMHSPs, subcontractors, SUD providers, top 3 external providers, and top 3 hospitals
- Medicare Claims Audit (Duals)
  - Monthly review of a minimum of 100 MHL claims
- Inpatient Audit
  - Annual review of 100 inpatient psychiatric stays paid for by Medicaid
  - Includes a code audit of 50 physician codes
- HCBS provided in the consumer's home
  - Annual review based on past and continued OIG focus
- FY18 implementation
  - Block Grant Fee-For-Service claims review
  - Oversight of Block Grant Financial Status Reports and SA Data Templates for Net Cost Contracts
- Annual Audit & Monitoring Plan and Calendar are vetted through the Regional Compliance Coordinating Committee



# SWMBH Audit & Monitoring

## Provider Network

- Administrative Site Reviews
  - Region-wide review of all CMH subcontractors and SUD providers
  - Coordinated between SWMBH and CMHSPs
- SUD Clinical Quality Review
  - Annual review of 5% or minimum 8 records for each SUD provider
- CMHSP Clinical Quality Review
  - Annual review of minimum of 30 consumer records
  - Focuses on entire scope of care
  - Samples stratified to pre-determined focus areas (ex. Autism)
- Delegated Functions Reviews
  - Annual review of Medicaid functions delegated to CMHSPs
  - Combination desk audit and on-site review
  - Required by PIHP contract with DHHS, SWMBH-CMHSP Delegation Agreements, and Federal Medicaid Managed Care Rules – 42 CFR 438
  - Assesses the CMHSPs' business practices around Delegated Managed Care Functions in the areas of:
    - Utilization Management, Customer Services, Grievance and Appeals, Quality Management/Information Technology, Claims Management, and Provider Network.
  - Failure to meet PIHP, DHHS, and/or federal requirements could eventually result in revocation of a delegated function.



# SWMBH Audit & Monitoring



## SUD & Prevention

- Prevention Reviews
  - Annual review of each Prevention contractor to monitor if contractual outcomes are met
  - Monitors prevention activities entered in to State database
- P.A. 2 Work Plans and Block Grant Net-Cost Contracts
  - Contractually prescribed goals and outcomes
  - P.A. 2 providers report outcomes measures twice per year



# We Value Consumer Satisfaction and Feedback

# Consumer Satisfaction Surveys

## How Did We Do?



### MHSIP Results

☐ 2018 Aggregate Score: 90.63%

☐ 2017 Aggregate Score: 86.28%

**+4.43%** Percent Improvement over 2017 Scores

### YSS Results

☐ 2018 Aggregate Score: 91.28%

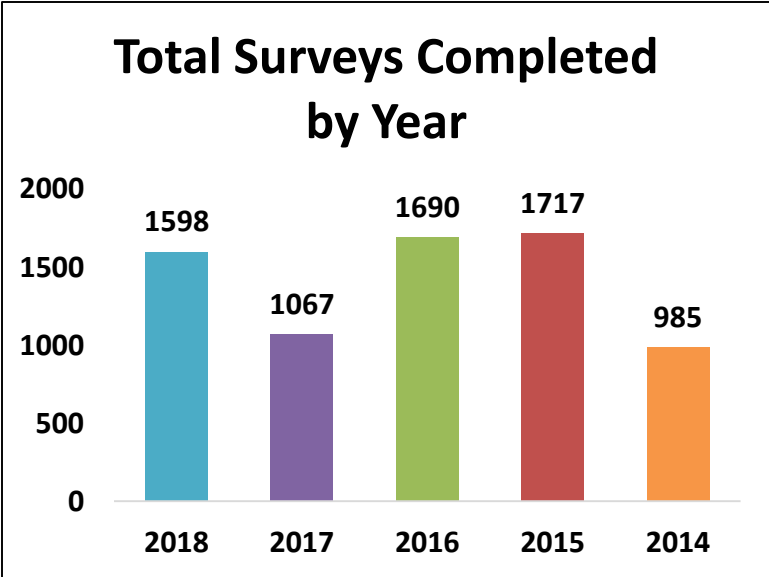
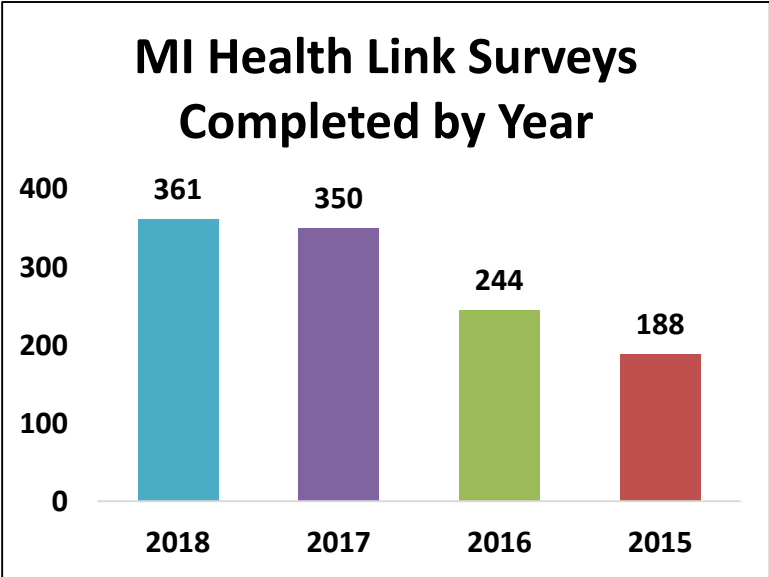
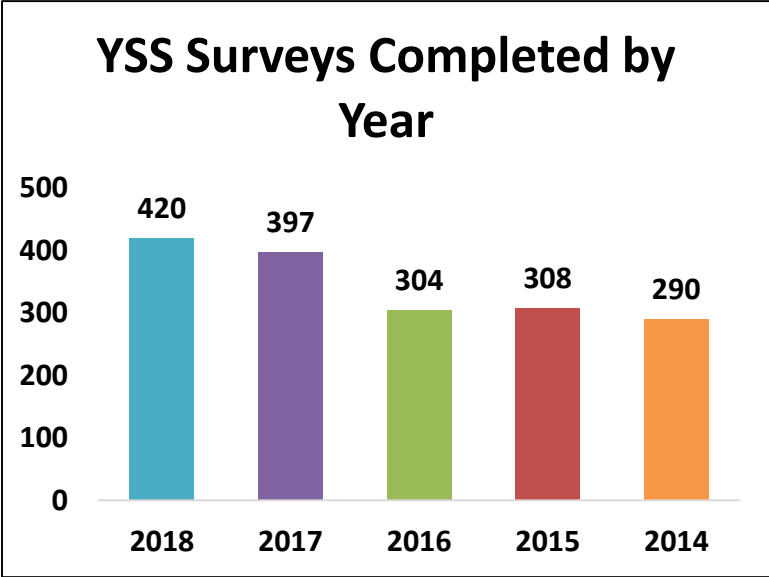
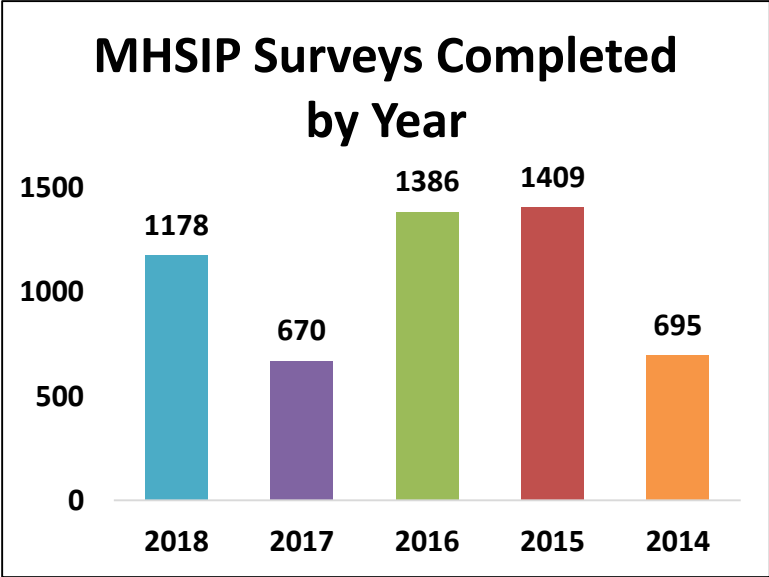
☐ 2017 Aggregate Score: 88.90%

**+2.38%** Percent Improvement over 2017 Scores

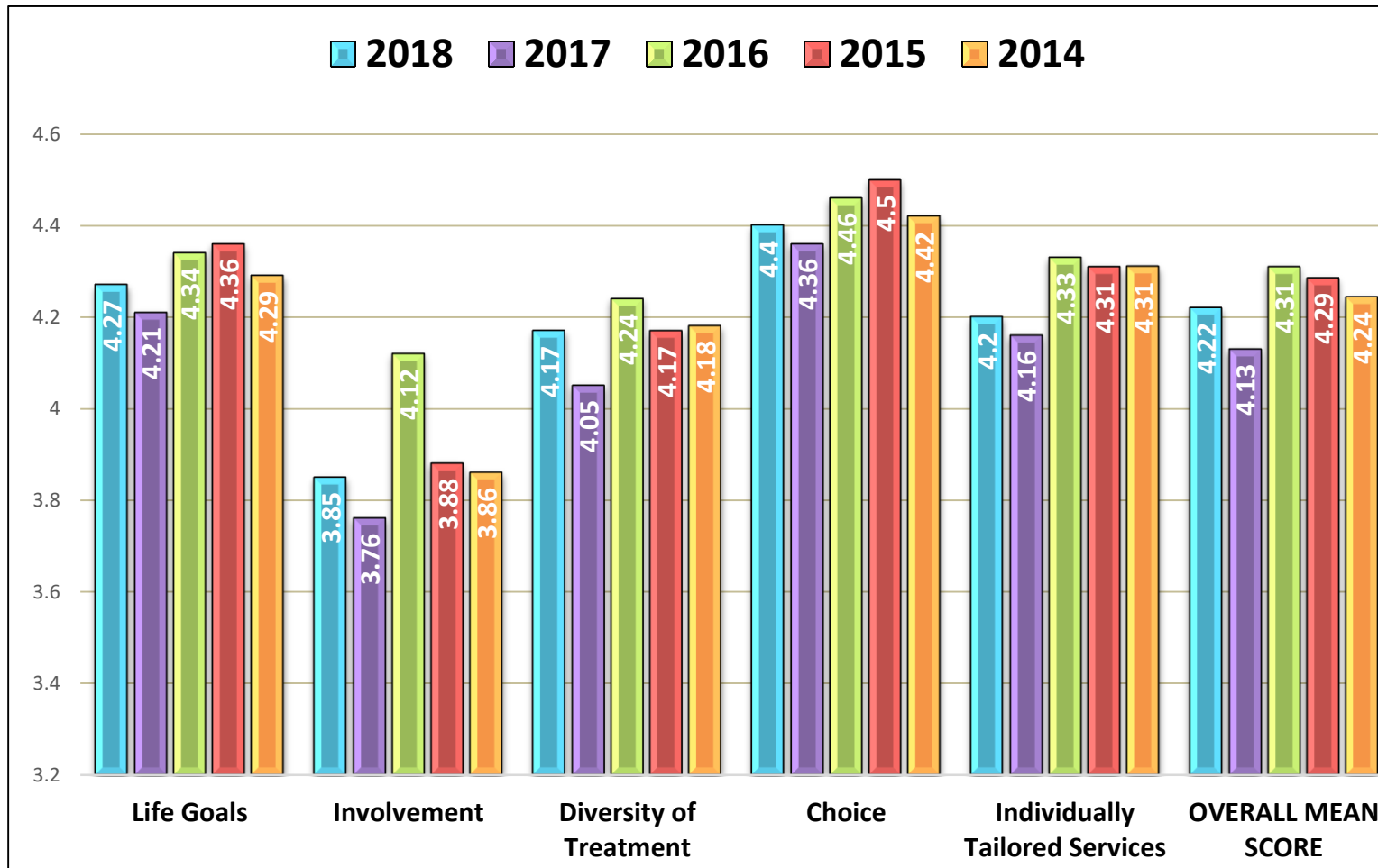
### Overall Result

**+6.81%** Percent Improvement

# How Many Surveys Were Completed

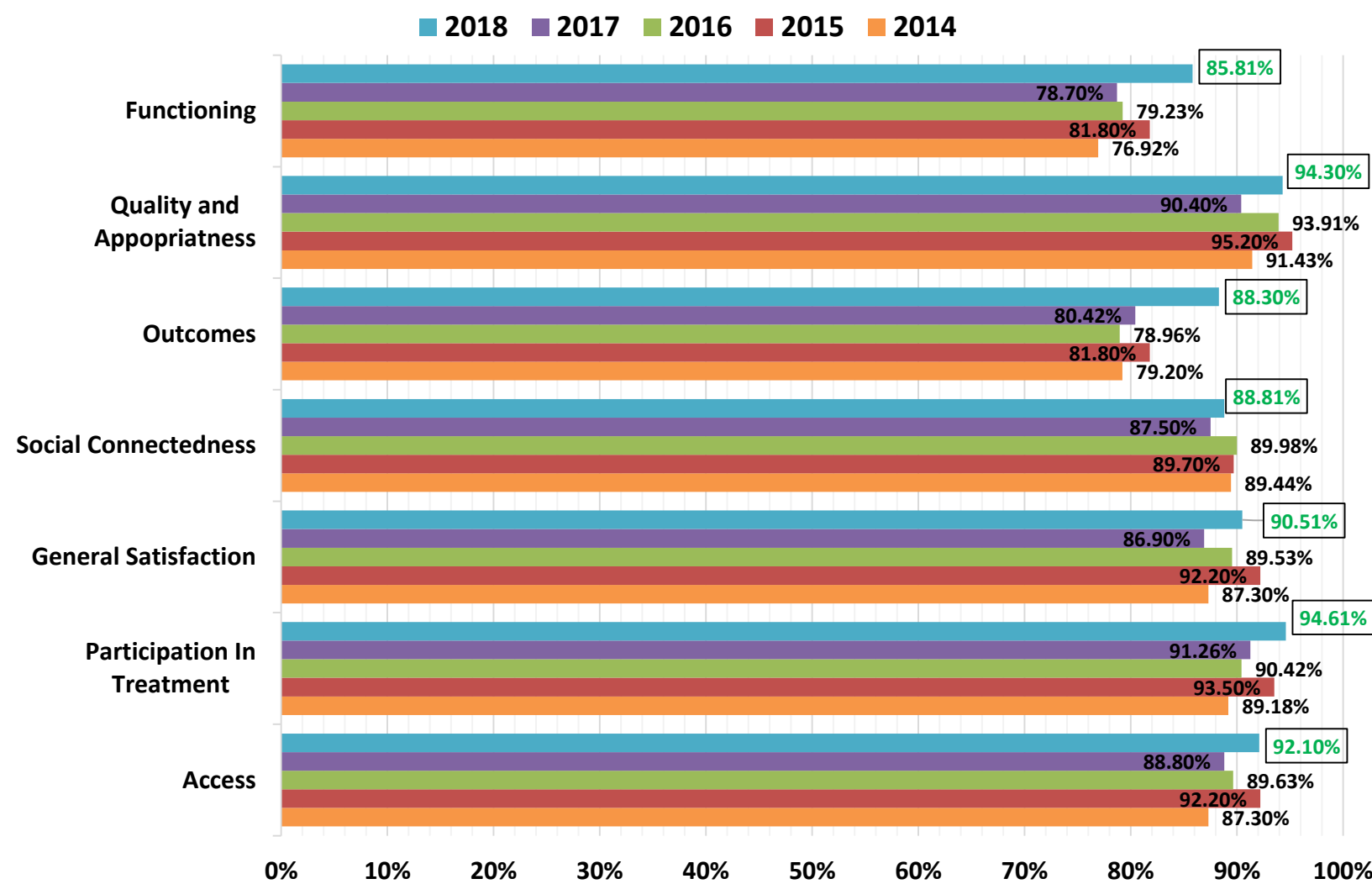


# Recovery Self Assessment Survey (RSA-r)



- The 2018 RSA-r survey process took place from 9/24/2018 to 11/02/2018.
- For the 2018 process; SWMBH received (1087) total surveys back, which was a decrease from the 2017 response of (1140) total surveys returned.
- (22) different provider organizations participated in the 2018 survey process.
- SWMBH's analysis of the overall mean score, represented a net improvement of .09 over the previous years score.
- Consumers of substance abuse services complete the surveys, which were administered through their provider.

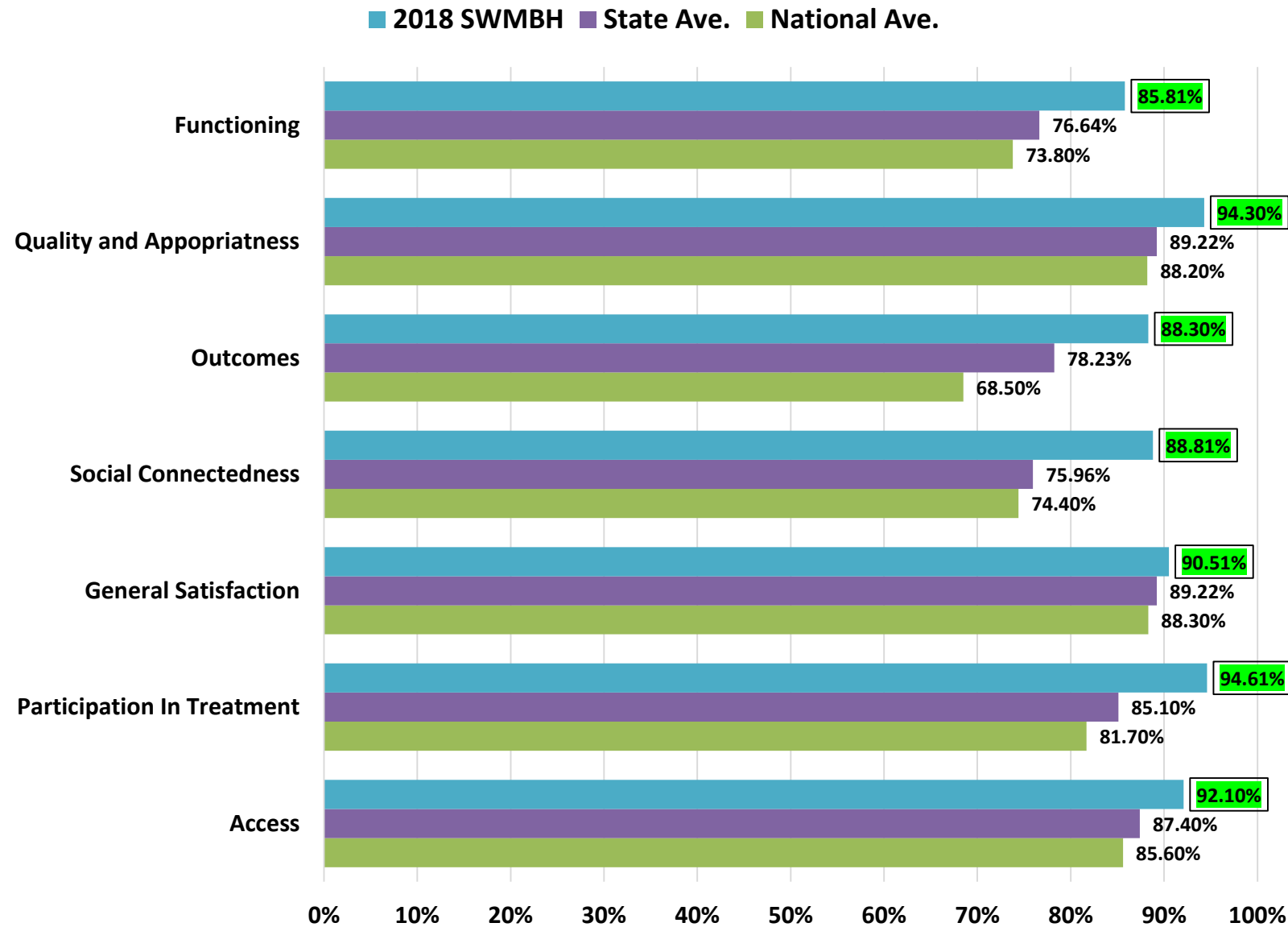
# MHSIP Score Comparison by Year



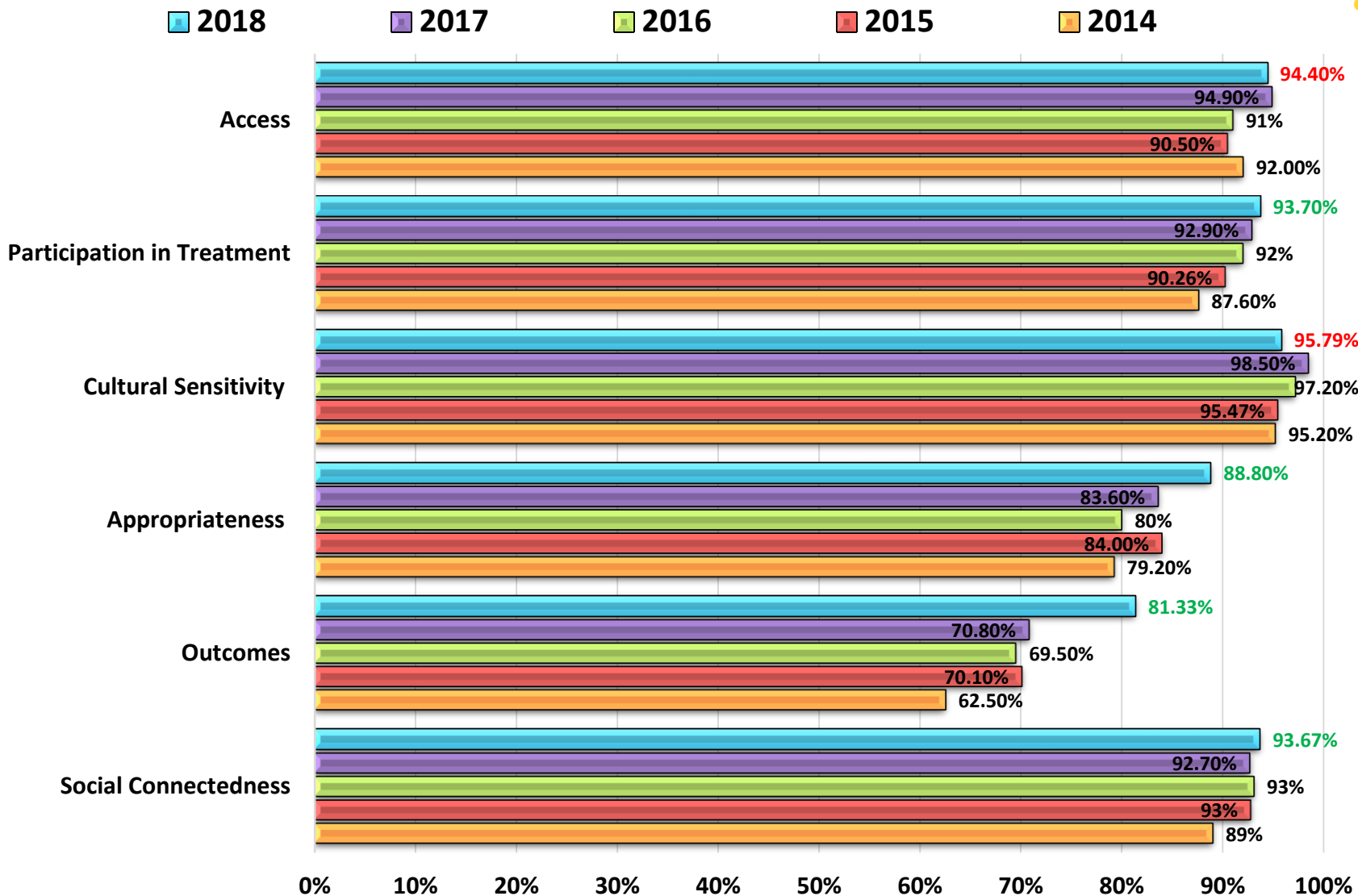
\*Green Highlighted Values Represent an Improvement Over the Previous Year's Results\*

2018 Ave. Score = 90.63%  
2017 Ave. Score = 86.20%  
2018 = +4.43%

# MHSIP State and National Comparisons



# YSS Score Comparison by Year

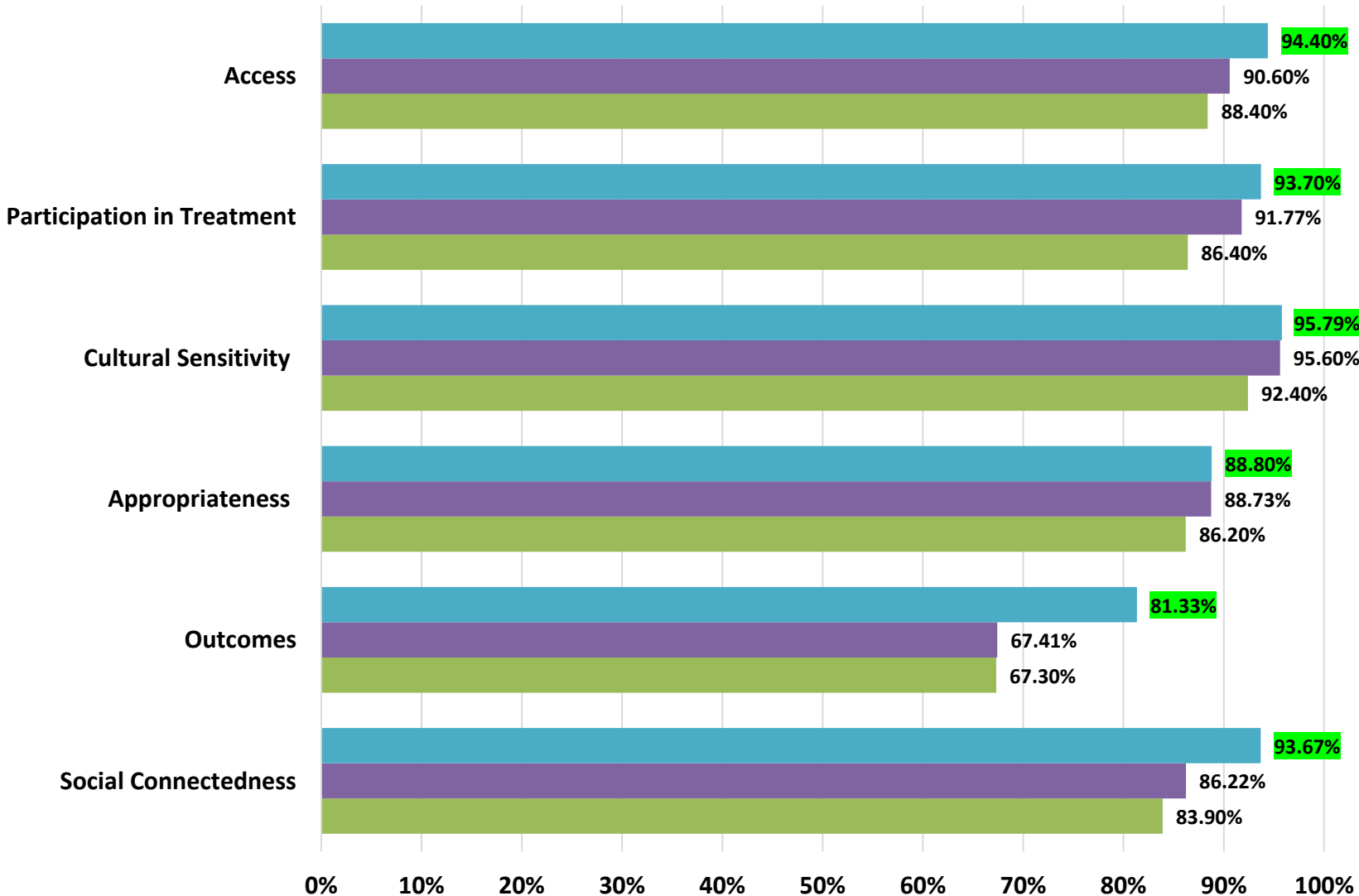




# YSS State and National Comparisons



■ SWMBH Scores ■ Michigan Ave. Scores ■ National Ave. Scores





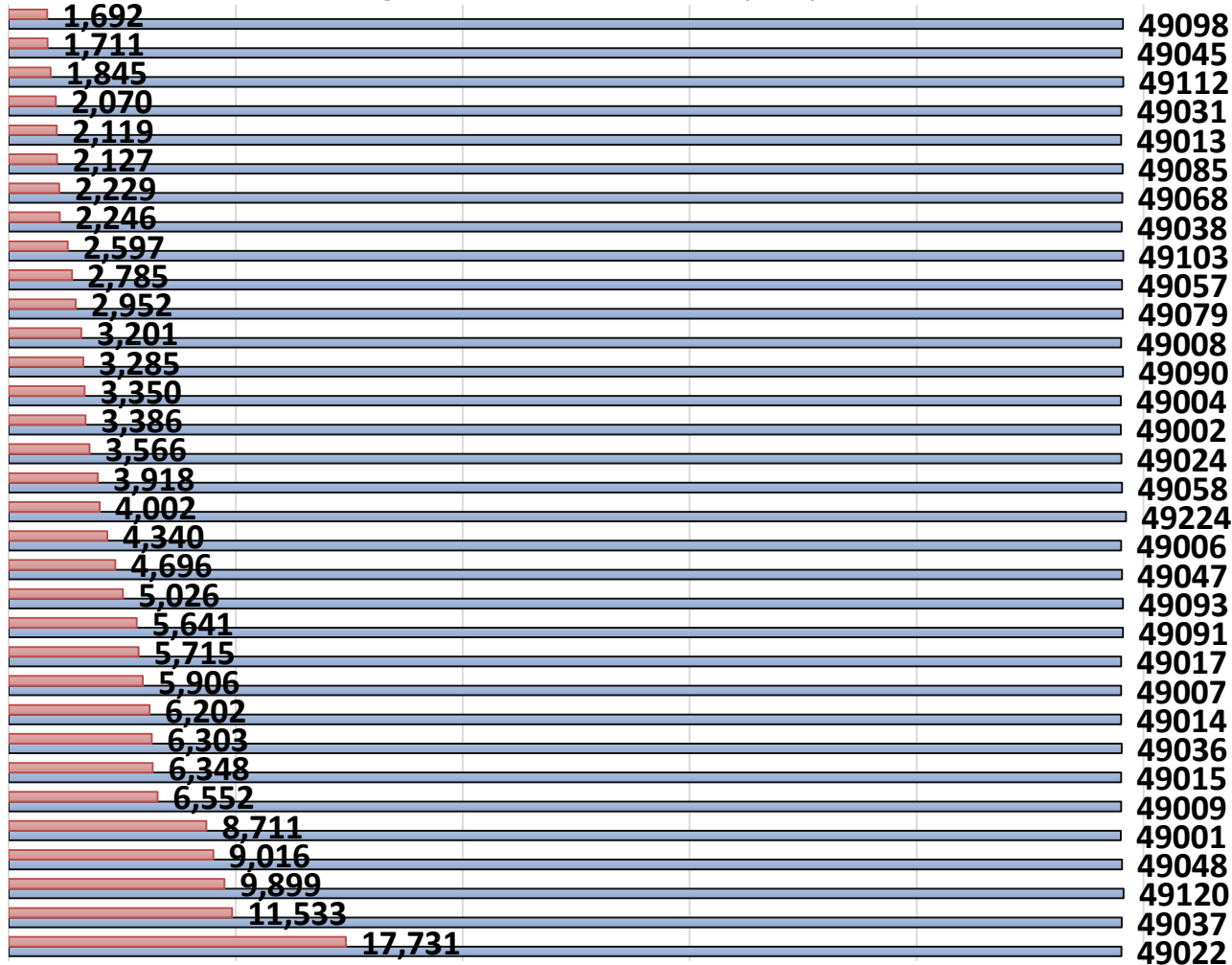
# Environmental Scan

# SWMBH Service Utilization by Zip Code



Service Snapshot Taken on: 1/23/2019

## Eligible Consumers By Zip Code



■ Eligible Consumers ■ County Zip Codes

# Medicaid

## Covered and Served by County (FY 2018)



County Name	# Consumers Covered	# Consumers Served	# of Encounters
Kalamazoo	70,158	7,268	703,000
Berrien	49,854	4,244	218,000
Calhoun	47,931	5,883	159,000
Van Buren	27,256	1,455	29,000
St. Joseph	21,029	1,966	73,000
Cass	14,711	1,209	44,200
Branch	14,481	2,022	62,000
Barry	13,700	1,331	33,700
<b>Total:</b>	<b>259,120</b>	<b>25,378</b>	<b>689,200</b>

# MI Health Link

## Covered and Served by County (FY 2018)



County Name	# Consumers Covered	# Consumers Served	# of Encounters
Kalamazoo	2,413	348	35,900
Berrien	2,097	166	14,000
Calhoun	1,932	282	9,031
Van Buren	1,053	135	7,700
St. Joseph	696	81	4,086
Cass	532	92	5,400
Branch	456	90	4,200
Barry	407	70	1,300
<b>Total:</b>	<b>9,586</b>	<b>1,264</b>	<b>81,617</b>

- Data snapshot taken on 1/23/2019
- Data includes MI Health Link Business Line for both Aetna and Meridian ICO Partners



# Population Health and Integrated Care



# What is Population Health?

## POPULATION HEALTH

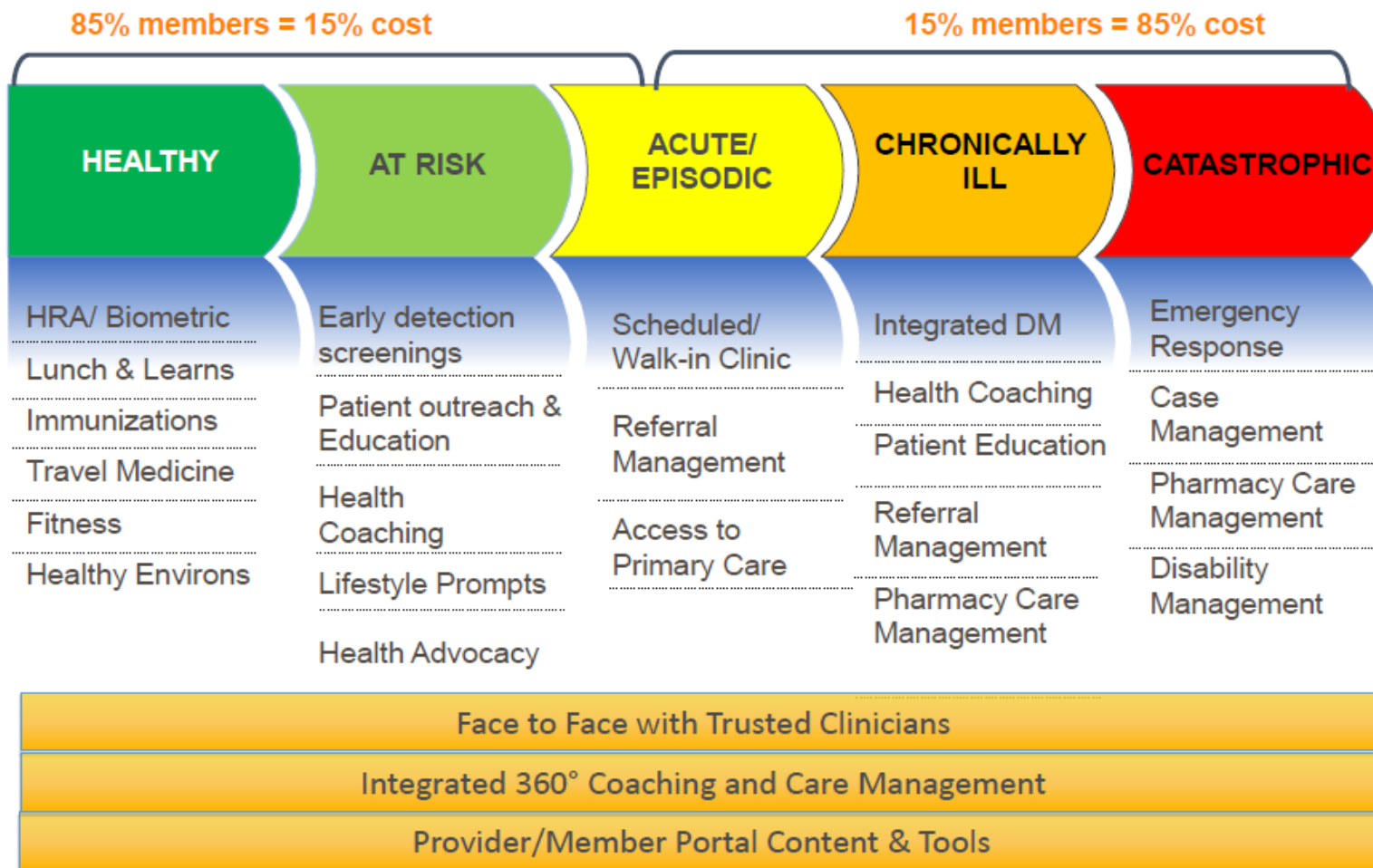
**Population health** is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It represents a change from individual-level focus of most mainstream medicine, and seeks to complement traditional efforts of public health agencies by addressing a broader range of factors shown to impact the health of different populations.

From a population health perspective, health has been defined not simply as a state free from disease but as "the capacity of people to adapt to, respond to, or control life's challenges and changes." The [World Health Organization](#) (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, and social [well-being](#) and not merely the absence of disease or infirmity."



## POPULATION HEALTH MANAGEMENT – COMPREHENSIVE APPROACH

The graphic below identifies the spectrum of population, from the healthy to catastrophic with recommended initiatives for each sub-population with particular emphasis on the 15% of members driving 85% of costs.





# Where are we today?

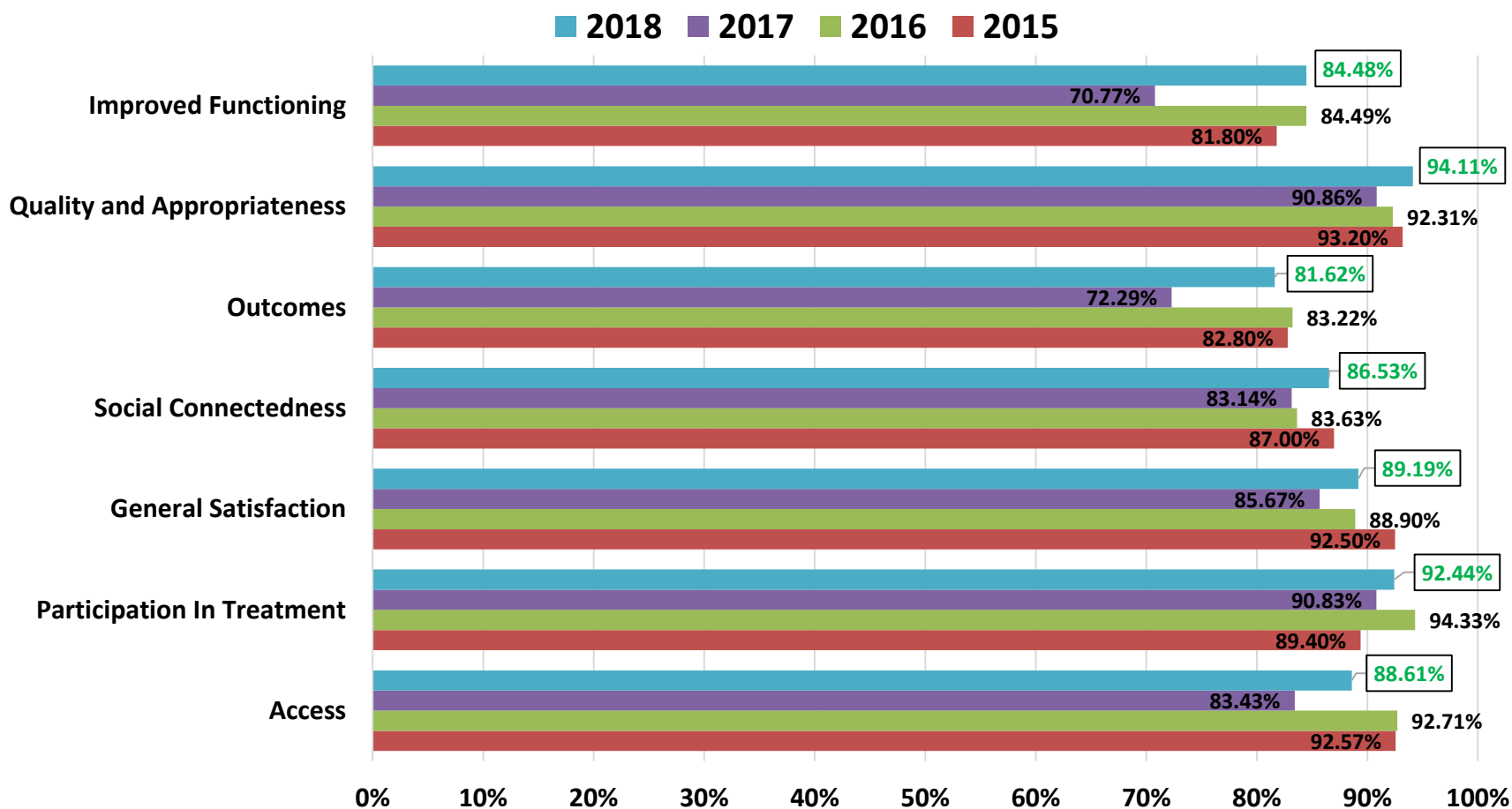


Start Dates	Strategic Plan Elements
2 of 7 Counties	<ul style="list-style-type: none"><li>• Recovery Coaches in Emergency Rooms</li></ul>
Aug -16	<ul style="list-style-type: none"><li>• Emergency Room High Utilizer Pilot programs</li></ul>
Aug -16	<ul style="list-style-type: none"><li>• Integrated Care Teams launched with all 7 Medicaid Health Plans</li></ul>
Aug -16	<ul style="list-style-type: none"><li>• Marketing of My Strength and Health wise as online tools for health promotion</li></ul>
Feb - 17	<ul style="list-style-type: none"><li>• Prescription Opioid Misuse Prevention Campaigns.</li></ul>
Aug -16	<ul style="list-style-type: none"><li>• Health Condition Trainings for Behavioral Health staff targeted towards prevalence data per county</li></ul>
Spring 17	<ul style="list-style-type: none"><li>• Screening and Brief Referral for Treatment Training being planned for Emergency Room Staff</li></ul>
Apr - 17	<ul style="list-style-type: none"><li>• Follow up within 30 days after hospitalization, plan implementation pending start date of PA 559</li></ul>



# MI Health Link Program Analysis

# MI Health Link Consumer Satisfaction Survey Score Comparison by Year



## Results

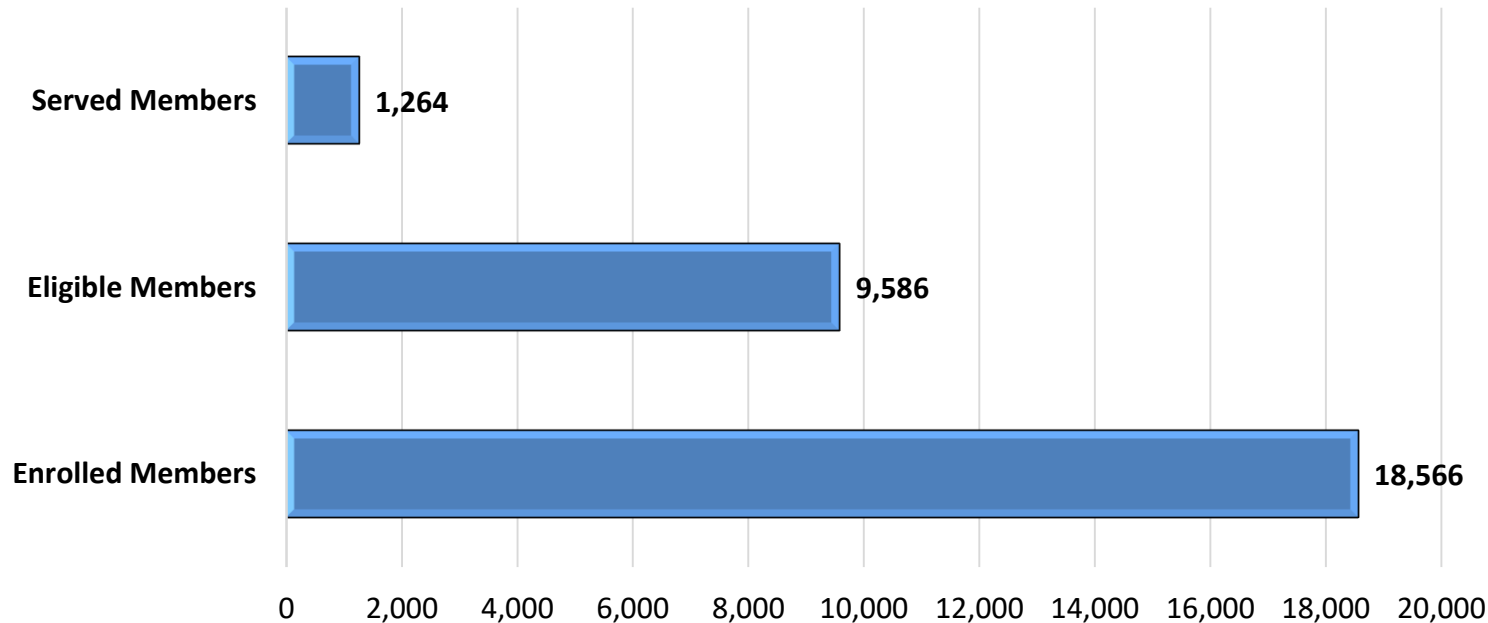
### Satisfaction Survey Details:

- The Mental Health Statistics Improvement Program (MHSIP) Survey Tool Was Utilized.
- 361 valid surveys were completed and (841) total calls were made, resulting in 42.9% response rate.
- Survey Measurement Period (November through December) for all years (2015-2018).
- 2018 Aggregate Score = 88.14%; 2017 Aggregate Score = 82.43%; 2016 Aggregate Score = 88.51%; 2015 Aggregate Score = 88.46%

# MI Health Link Total Enrollment by Region (FY 2018)



## MI Health Link Enrollment Breakdown Southwest Michigan



### MI Health Link Enrollment Breakdown in Southwest Michigan:

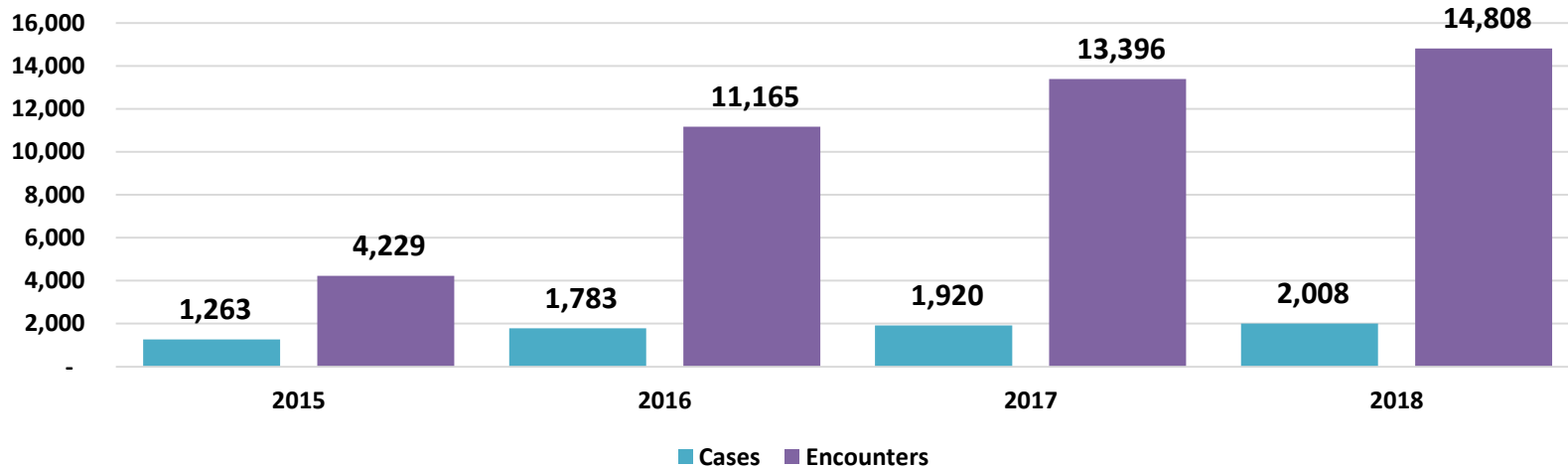
- 9,586 members are enrolled in MI Health Link Program
- 18,566 members are eligible for enrollment in the MI Health Link Program
- Data includes both Aetna and Meridian Enrollment and Eligible information

# MI Health Link (Meridian and Aetna)

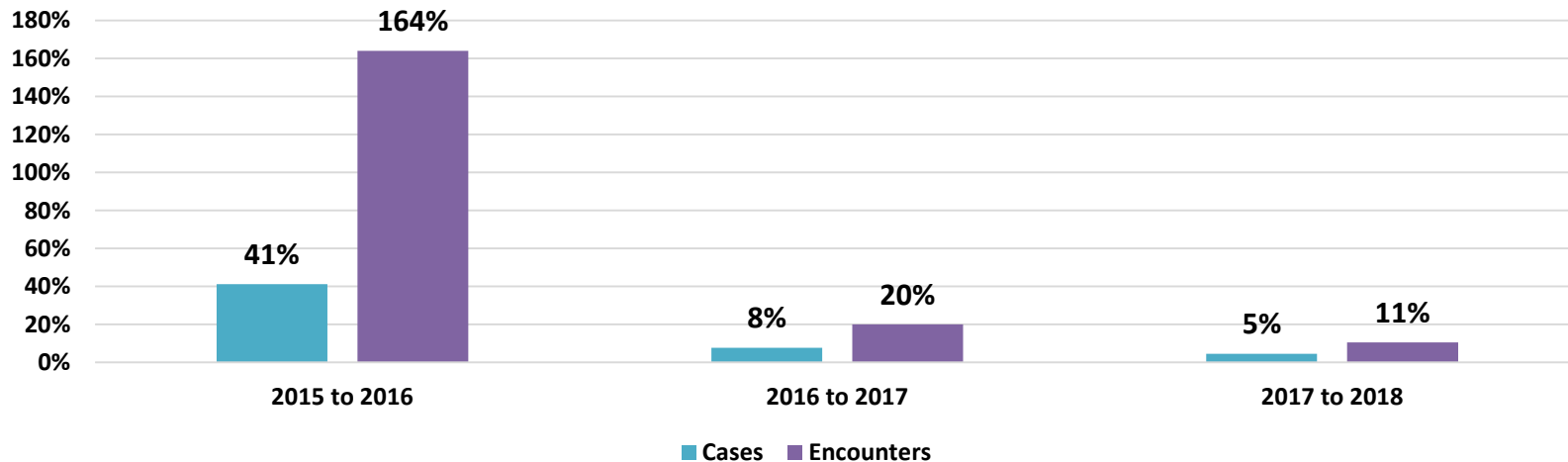
## Aggregate Cases and Encounter Summary



Total MI Health Link Cases & Encounters By Year



MI Health Link % Increase of Cases & Encounters By FY

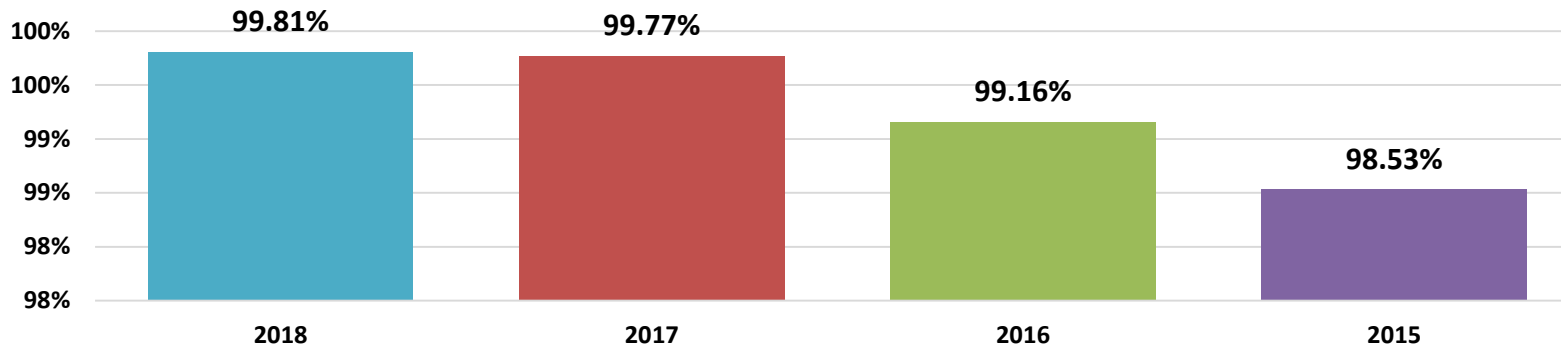


# MI Health Link (Meridian and Aetna)

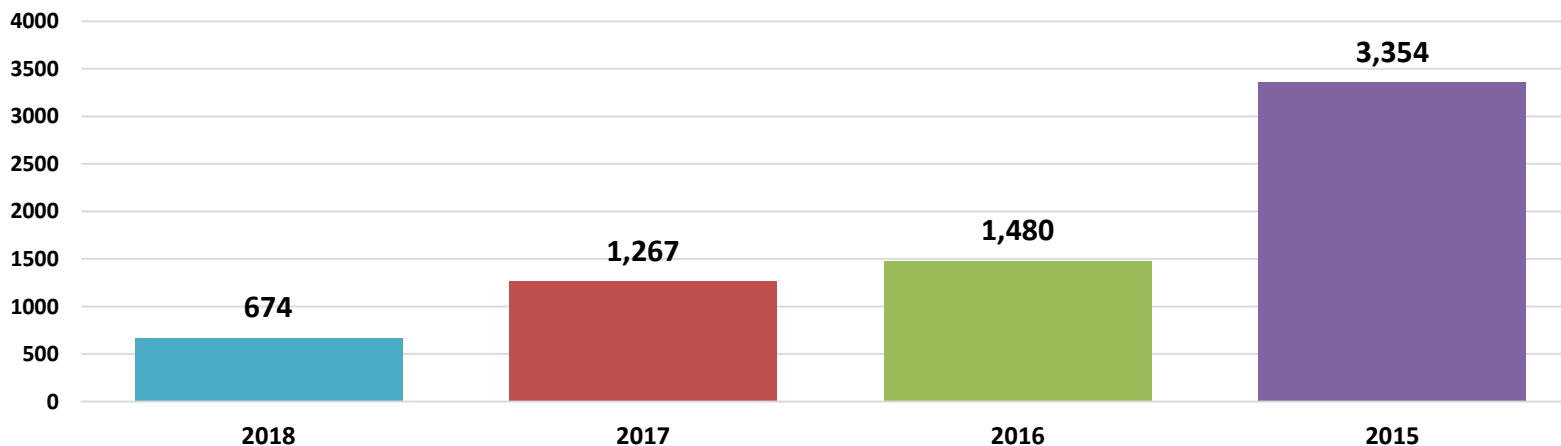
## Assessment and Timeliness Analysis



**Percentage of Initial Level II Assessments Completed within (15 days or less) of Referral By CY**



**Total Number of Initial Level II Assessments (Including Exclusions) by CY**



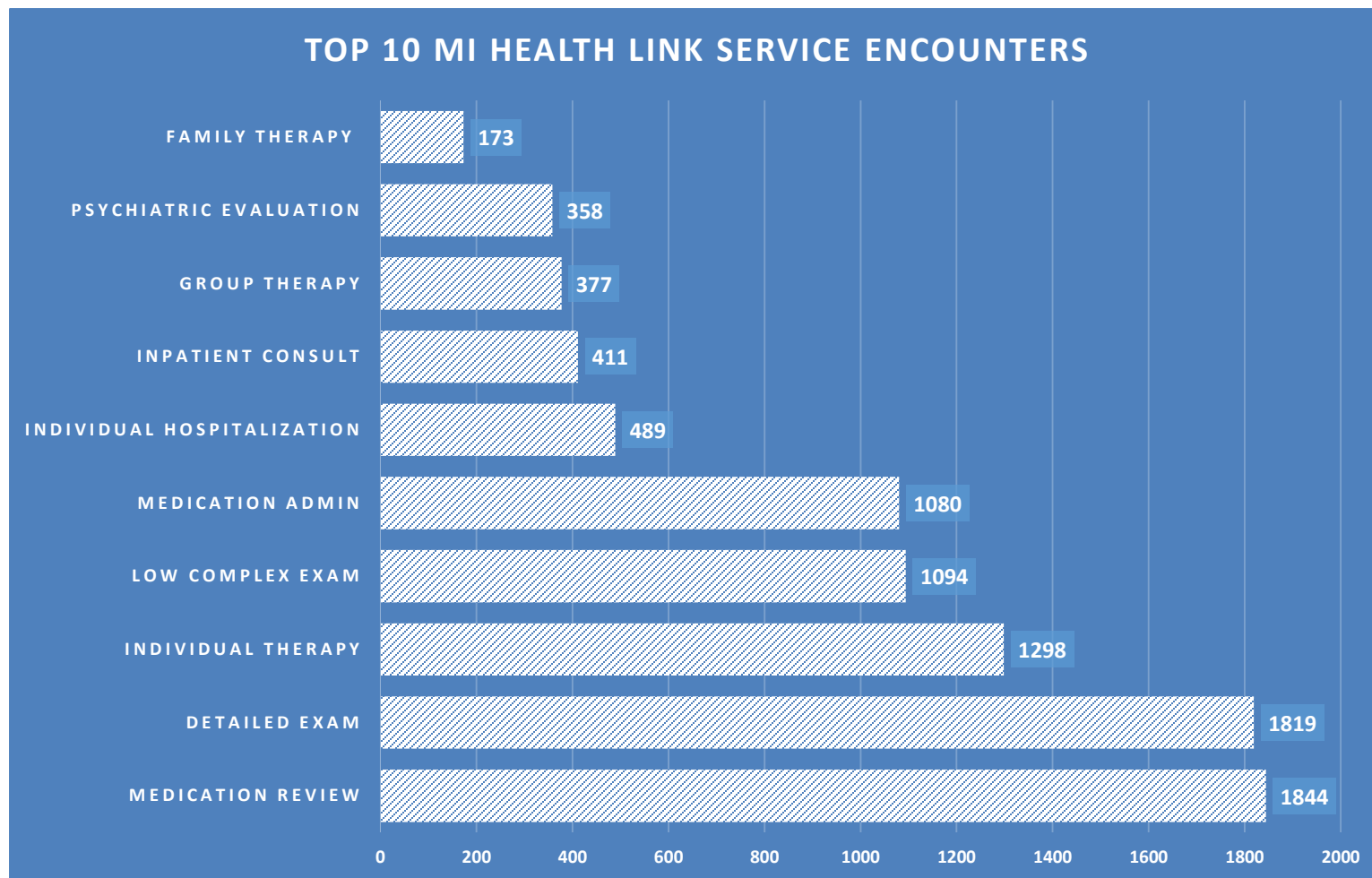
**Target/Goals:** The MI Health Link Quality Performance Benchmark for the Level II Assessment Follow-up Timeliness Metric within (15 days) is 95% or above.

- 99.81% of Level II Assessments achieved the Timeliness Standard of follow-up within (15 days).

# MI Health Link (Meridian and Aetna) by Type of Service – MH and BH



Service Dates (October 1, 2017 through September 30, 2018)



- A total of 14,808 consumer encounters occurred during FY 2018.
- Dashboard Includes Services Provided to Both Aetna and Meridian Plan Members



# Additional Quality Metric Results



# 2018 Quality Performance Results



Key Performance Indicator	Results
<b>Michigan Mission Based Performance Indicators (MMBPIS)</b>	The Region met 66/68 indicators at the State indicated benchmark of 95% or better. 98.9% average indicator score was achieved.
<b>Medicaid Compliance Verification Audit</b>	2017 = 95.3% compliance rate – 1,770 claims reviewed – 83 invalid 2018 = 96.25% compliance rate – 1,734 claims reviewed – 65 invalid
<b>Consumer Satisfaction</b>	SWMBH received 1959 total consumer responses during the 2018 survey process. There was a 6.18% improvement over the 2017 results.
<b>Recovery Self - Assessment (RSA-r)</b>	0.9 Overall Improvement Over Previous Years Results (5 point scale of in-agreement)
<b>Critical Incidents – Event Reporting</b>	Total by year: 2016 = 28.41    2017 = 25.92    2018 = 26.08
<b>Grievances and Appeals</b>	Total by year: 2016 = 586    2017 = 527    2018 = 422
<b>Jail Diversion Data</b>	Total Diversions: 2016 = 533    2017 = 330    2018 = 301
<b>Encounter Accuracy and Accepted Submissions to the State</b>	Goal: 99.8% Result: 99.8% of encounters were submitted and accepted by the State.
<b>Performance Improvement Projects</b>	Consumers who are diabetic with mental health diagnosis and treated for diabetes within 12 months: 2014 Baseline: 52.31% 2018 Result: 85.06%
<b>MI Health Link Consumer Satisfaction</b>	5.71% Improvement over 2017 survey Results

# 2018 Utilization Management Performance Results



Key Performance Indicator	Results
Fair Hearings	2017 = 19/19 total decisions upheld    2018 = 9/9 total decisions upheld
Inter-rater reliability	<p><b>Case #3 and Case #6</b> – all ten individuals determined the same level of care would be authorized for the case – 100% agreement on the Inter-rater reliability for Beacon-Value Options 2016 Medical Necessity Criteria.</p> <p><b>Case #9</b> had 80% reliability on the 8/10 case managers chose the same SUD level of care (based on ASAM) and provided the MNC for such.</p>
Adequate Timely Access to Services Call Center	<p>All required call performance metrics stayed within acceptable ranges during 2018. Please find the current breakdown of call metric averages for 2018:</p> <ul style="list-style-type: none"> <li>• Call Abandonment Rate: <b>1.98%</b></li> <li>• Call Answer Time: <b>18.01 seconds</b></li> <li>• Average Incoming Calls per Month: <b>603 calls</b></li> <li>• Total Incoming Calls: <b>7,234</b></li> </ul>
Access and Authorizations for Services Level II Assessments	<p>During 2018 a total of 428 Initial Level II Assessments were completed. 99.81% of Level II Assessments achieved the Timeliness Standard of follow-up within (15 days).</p>
Hospitalization with Behavioral Health Diagnosis Tracking and Analysis	<p>Within the SWMBH population, eligibles with Severe Mental Illness (SMI) have two times as many medical hospitalizations and ER visits as their counterparts who do not have a Severe Mental Illness (SMI) diagnosis.</p> <ul style="list-style-type: none"> <li>• SWMBH eligibles with Severe Mental Illness (SMI) are twice as likely to have a chronic health condition (61.3% vs 29.4%) compared to those without Severe Mental Illness (SMI).</li> <li>• About a quarter (34.3%) of eligibles without an IDD diagnosis had a chronic health condition while nearly three quarters (70% ) of the IDD population had at least one chronic condition.</li> </ul>



# Questions?

