SWMBH Holiday Schedule

In observance of the holidays SWMBH will be closed the following days.

November 26th November 27th December 24th December 25th December 31st January 1st

The week of Thanksgiving SWMBH will be processing payment on Tuesday November 24th. All claims must be in Smartcare by 8 AM Tuesday morning for payment that day or they will be adjudicated and paid the following week.

The week of December 25th SWMBH will not be processing payment this week due to it being a short week. We will be processing checks the week of New Year's on Tuesday December 29th. All claims must be in Smartcare by 8 AM Tuesday morning for payment that day.

From all of us here at Southwest Michigan Behavioral Health we wish you and your families a safe and happy holiday!

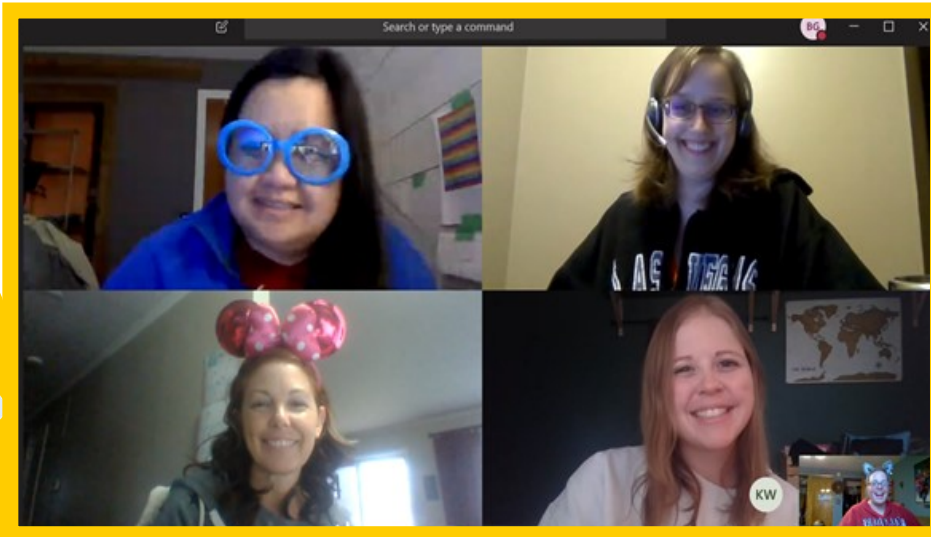## Bradley Casemore, CEO of SWMBH, Appointed to the Mental Health Diversion Council by Governor Gretchen Whitmer

Inside this issue:

SWMBH Call Center News

The SWMBH Call Center is diligently working to help people improve their quality of life one day at a time.

SWMBH Call Center staff in their home office environments.

Customer Service Forms Online

Heather Woods, Member Services Specialist

Providers, you can help customers file a complaint or appeal in writing right on the SWMBH website! We are offering this option now using Docusign. You can also help customers name a representative to act for them on a complaint or appeal. These forms are available under the Complaints and Reporting tab of our Member section (https://www.swmbh.org/members/complaints-reporting/)

Grievances and Appeals

If you have a concern about your services, staff, or provider agency, you can call Customer Services to file a complaint (grievance). If your services have changed and you disagree with the decision, you can file an appeal to have the decision reviewed. You can file grievances and appeals directly with Customer Services.

You can call your county mental health agency and ask for Customer Services. If you are not sure who your customer service staff is, please call us at 1-800-890-3712. We can connect your call directly to your local Customer Service office. MI Health Link members can reach member services staff at 1-800-676-5814. To file an appeal in writing, please complete our Grievance or Appeal form. To name someone to act for you in a Grievance or Appeal, please complete an Authorized Representative form.

Once the forms are completed and signed, they are automatically emailed to our customer service office at SWMBH for follow up. If you have questions when helping customers complete these forms, please call the SWMBH customer service office at the information listed above.

My Strength

Brian Walters, Clinical Operations Specialist

A person can't turn around today without dealing with racism. It's in the news, all-over social media and spilling into our city streets with daily protests. If this does not feel normal to you right now, you're not alone. There is a lot going on. Racism is not new. But some of us are talking about it in a new way, and many for the first time. So, if you're feeling stressed it makes sense. We're having uncomfortable conversations at work, social gatherings and in our living rooms. This is on top of COVID-19 pandemic and a major economic crisis.

It can be hard for any of us to feel calm in such stormy times. People of all races are reacting with fear, sadness, or anger. African-Americans and other people of color may experience these feelings even more intensely.

It is also normal to feel helpless when you can't control the events around you. But there are ways to manage your reactions to them. Doing so will help you cope better and feel less overwhelmed.

My Strength Access Codes

My Strength Service Area	Access Code
General Community Members or Staff Friends & Family	SWMcommunity
SWMBH Call Center and any ancillary SUD providers	SWMBH
Barry County Community Mental Health Authority	SWMBarry
Berrien CMH, DBA Riverwood Center	SWMBerrien
Branch CMH, DBA Pines Behavioral Health Network	SWMBranch
Calhoun CMH, DBA Summit Pointe	SWMCalhoun
Cass CMH, DBA Woodlands Behavioral Healthcare Network	SWMCass
Kalamazoo CMH, DBA Integrated Services of Kalamazoo	SWMKalamazoo
St. Joseph CMH, DBA CMH and SA Services of St. Joseph County	SWMStJoe
Van Buren Community Mental Health Authority	SWMVanBuren

Talking to your Kids About Racism, Violence, and Protests
A Difficult But Necessary Conversation
Racism-Related Stress and Mental Wellness

All a client (or you) need to do is log into myStrength and check out "Facing Racism and Discrimination" under Life Topics. For new members, signing up is three easy steps applying the Code below based on the service area and/or program.

Client Sign---up Process
1. Go to www.mystrength.com, and click the Sign-up button.
2. When asked for an Access Code, enter the appropriate code.
3. Complete the sign---up process with a brief Wellness Assessment and personal profile.

myStrength offers support and practical strategies in their new resources section "Facing Racism and Discrimination."

These resources include activities on:
Racism, Grief, and Loss
A Thousand Cuts

	Description of service area / program	Consumer Access Code
1	Barry County Community Mental Health Authority	SWMBarry
2	DBA as Riverwood Center	SWMBerrien
3	DBA - Pines Behavioral Health Network	SWMBranch
4	DBA - Summit Pointe	SWMCalhoun
5	Woodlands Behavioral Health	SWMCass
6	Kalamazoo Mental Health and Substance Abuse Services	SWMKalamazoo
7	Community Mental Health and Substance Abuse Services of St. Joseph County	SWMStJoe
8	Van Buren Community Mental Health	SWMVanBuren
9	SWMBH call center and any ancillary SUD providers	SWMBH
To share myStrength with general community members or agency friends & family, please use the code below:		
	General Community Members or Staff Friends&Family	SWMcommunity

Clinical Practice Guidelines

Sarah Green, Senior Integrated Healthcare Specialist

In recent years, the process of developing clinical practice guidelines has undergone significant re-imagining by national organizations to increase rigor and improve transparency. The American Psychiatric Association (APA) and other professional medical associations have been updating their practice guidelines to meet these new quality standards. Southwest Michigan Behavioral Health adopts Clinical Practice Guidelines that are objective, evidence-based, and based on nationally recognized standards of care. With that in mind, Southwest Michigan Behavioral Health has adopted the new clinical practice guidelines developed by the American Psychiatric Association. The guidelines are posted in our online Provider Manual at this link: https://www.swmbh.org/providers/provider-documents-from-swmbh/

The newly adopted guidelines include:
Alcohol Use Disorder APA Clinical Practice Guideline
Alcohol Use Disorder APA Guideline Training
Psychiatric Evaluation APA Clinical Practice Guideline
Psychiatric Evaluation APA Guideline Summary
Schizophrenia APA Clinical Practice Guideline
Schizophrenia APA Guideline Summary

"Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances." (Institute of Medicine, 1990) They contain recommendations based on evidence from the published medical literature. They are intended to assist in clinical decision making, but they are not requirements or fixed protocols. They are not intended as a substitute for the advice of a physician or other knowledgeable health care professional or provider.

Southwest Michigan Behavioral Health, in accordance with NCQA-MBHO accreditation standards, uses clinical practice guidelines to help practitioners and members make decisions about appropriate healthcare for specific clinical circumstances. Guidelines have been updated with the practitioners, members and best practices in mind. We recommend that all providers become familiar with these guidelines and make treatment decisions supported by the guidelines whenever possible.

Clinical Practice Guideline Information for MHL

Sarah Green, Senior Integrated Healthcare Specialist

It Starts Before Discharge!

Improving Follow-Up After Hospitalization for Mental Illness

Proper follow-up care with a mental health practitioner after a hospitalization helps patients:

- Increase medication adherence
- Reduce risks of readmission
- Get their needs met for everyday activities

The Follow-Up After Hospitalization for Mental Illness (FUH) Healthcare Effectiveness Data and Information Set (HEDIS®) measure looks at the number of discharged patients following hospitalization for treatment of selected mental illness diagnoses or intentional self-harm who had a follow-up visit with a mental health practitioner. It is split into two rates: 7-day follow-up and 30-day follow-up.

The Michigan Department of Health and Human Services (MDHHS) instituted a statewide Quality Improvement Project focused around improving FUH. MeridianComplete and Southwest Michigan Behavioral Health (SWMBH) are implementing interventions to improve members' quality of care through the post-discharge care transition.

A recent study found that patients who do not receive early interventions, such as discharge planning and connection to community-based services after discharge, were **2.83 times more likely to be readmitted to the hospital** within 30 days of an inpatient discharge for mental illness.[1]

Engaging patients in appropriate follow-up care starts before discharge. You can help support this project by engaging in the following best practices:

Notifying SWMBH of an inpatient admission while member is still inpatient and also upon discharge

- SWMBH helps coordinate behavioral healthcare services for patients and works with MeridianComplete to help align with necessary medical healthcare services

- Please share the patient's phone number and address with SWMBH for ongoing contact with the patient after discharge

- For any behavioral health inpatient admission after business hours, contact SWMBH at **800-676-0423** the morning of the next business day

- Provide discharge documentation to SWMBH **via fax at 269-441-1234 within** *24 hours* **of patient's discharge**

[1]Shaffer, S.L., Hutchison, S.L., Ayers, A.M., Goldberg, R.W., Herman, D., Duch, D.A., . . . Terhost, L. (2015). Brief critical time intervention to reduce psychiatric rehospitalization. Psychiatric Services: A Journal of the American Psychiatric Association, 66 (11), 1155-1161. https://doi.org/10.1176/appi.ps.201400362

Clinical Practice Guideline Information for MHL Continued...

Sarah Green, Senior Integrate Healthcare Specialist

Communicate with the SWMBH utilization case manager during the discharge planning process to develop the most appropriate plan

- Integrated Healthcare Specialists are on staff to assist with discharge planning for complex cases and to provide support as needed

Schedule follow-up outpatient appointments to occur within seven days before the patient leaves the hospital

- There is a greater likelihood that patients will attend appointments if they are already scheduled
- It can be difficult to reach patients for appointment scheduling after they leave the hospital
- The appropriate provider type for Follow-Up After Hospitalization for Mental Illness is Mental Health Practitioner
- If unable to schedule a follow-up outpatient appointment within seven days, focus on helping the member make and keep a follow-up outpatient appointment before 30 days post-discharge
- Be sure to include the appointment provider, date and time in the discharge instructions
- SWMBH has a utilization case manager for discharge planning questions, available at **800-676-0423**

Assess for social determinants of health needs, such as transportation and housing

- Patients may not know how to access resources that will help support them after discharge and assist them in getting to future appointments and needed care
- Help connect the patient with any needed community supports and notify SWMBH of needs to help continue to support

SWMBH PROUD TO SPONSOR THESE LATESTET EVENTS

⇒ **NAMI MI Walk a Mile**

⇒ **ACES Conference**

⇒ **Holiday Tree Walk**—SWMBH is decorating a tree for the Holiday Tree Walk at the Celery Flats in Portage, MI.

Tips to Ensure a Successful Remote SIS Assessment

Elizabeth Chester, SIS Assessor

Prior to a meeting when using equipment or locations not regularly used, test your meeting connections in advance. When possible, establish online video conferencing connections several minutes before the meeting start time.

Try to connect via a wired Ethernet jack if possible. This prevents WiFi dropouts and speed issues.

If connecting from a laptop, plug in the laptop wall power. Battery use can adversely affect video quality.

Print the SIS rating tool to reference prior to the SIS.

 Test the connection before the call.

If you use Zoom: Go to the Zoom site to test your audio connection or test your video connection. Ensure that you have a camera, microphone, and headphones or speakers available. Earbuds or headphones are preferable to avoid audio feedback and echo. Call from a quiet location with no background noise.

Follow all instructions in the video conferencing invitation and note important supplemental information, such as a backup phone number in case you are disconnected and guidelines.

Create a backup communication plan in case you have trouble connecting with remote participants. A backup plan can include asking onsite participants to connect to the meeting through their laptops, using a mobile or speakerphone, and/or collaborating through an online collaboration tool.
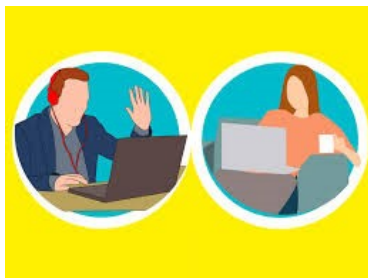
During a SIS meeting: Have all participants share their video and audio capacities. Ensure all participants can see and hear all other participants, as appropriate. Ensure location lighting does not limit a participant's visibility by avoiding backlighting from windows or lamps. All participants will take turns using the rating tool to verbally answer SIS questions during the interview. Have all participant phone numbers available to communicate if audio is not working properly during the SIS assessment. Use the chat box and raising hand feature as appropriate or suggested by the SIS assessor during the SIS interview.

Telehealth—Telemedicine

Shelley Cizio, Compliance Specialist III

Changes due to the Covid – 19 Pandemic

What is Telehealth? Telehealth is defined as the following in the Public Health Code -Act 368 of 1978. "Telehealth" means the use of electronic information and telecommunication technologies to support or promote long-distance clinical health care, patient and professional health-related education, public health, or health administration. Telehealth may include, but is not limited to, telemedicine. As used in this subdivision, "telemedicine" means that term as defined in section 3476 of the insurance code of 1956, 1956 PA 218, MCL 500.3476. (d) "Telehealth service" means a health care service that is provided through telehealth."

Due to the Covid -19 Pandemic MDHHS has issued guidance which provides for flexibility related to the delivery of telemedicine. This is to help protect the health of both beneficiaries and providers while ensuring vital services remain available during the Covid – 19 pandemic. The changes are effective beginning March 1, 2020 and remain effective for 30 days following the termination of the Governor's State of Emergency Order.

The MDHHS Bulletin Number MSA 20-13 can be found at the following web address: https://www.michigan.gov/documents/mdhhs/MSA_20-13_684352_7.pdf . In that document you will find the listing of codes that are able to be provided by telehealth. The bulletin also provides for use of telephonic (audio only) provided services during the Pandemic. Generally, the telemedicine policy has required both an audio and visual means of service delivery.

When reporting services delivery via telephone or telehealth providers will need to report the appropriate CPT/HCPCS code. In addition, the provider must include the place of service as 02 -Telehealth and include the GT modifier with the CPT/HCPCS code. It is also required that "services provided via telephone" must be included in the remarks section.

Remember that this is a temporary change to the policy, and it will be discontinued 30 days following the discontinuation of the state of emergency or the first of the following month, whichever is later.
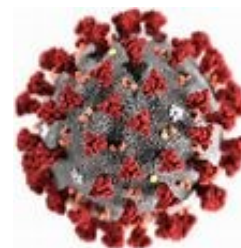
Board End Metrics Achieved during FY 2020
October 1,2019—September 30, 2020

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

Board Ends Metric	Metric Result
• 95% of MH reportable encounters will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report. • 95% of SUD reportable encounters will have a matching and accepted BH TEDS record, as confirmed by the MDHHS quarterly status report.	**Metric Achieved** MDHHS Report Date: 12/3/19 Reported the following status: • Mental Health TEDS: 96.79% • Substance Abuse TEDS: 97.47%
At least 18% of parents and/or caregivers of youth and young adults who are receiving Applied Behavior Analysis (ABA) for Autism will receive Family Behavior Treatment Guidance at least once per quarter. This service supports families in implementing procedures to teach new skills and reduce challenging behaviors.	**Metric Achieved** SWMBH Achieved a rate of 57% per Michigan Department of Health and Human Services (MDHHS) Metric Status Report on 10/29/2020
PBIP Narrative Report Achieve 95% of Performance-Based Incentive Program monetary award based on MDHHS specifications.	**Metric Achieved** Report Submitted to MDHHS on 11/15/19 MDHHS confirmed on 2/1/2020 that SWMBH achieved 100% of possible bonus earnings ($1,313,811)
PBIP Metrics Reports Achieve the following Joint expectations for the MHP's and SWMBH. There are 100 points possible for this bonus metric	**Metric Achieved** SWMBH submitted required reports for Joint Care Management, Follow-up after Hospitalization, Plan All-Cause Readmissions, and Emergency Department Visit for Alcohol and drug dependence MDHHS notified SWMBH on 1/13/2020 that it achieved 98.2% of possible bonus award earnings ($485,930)
2019-2020 Customer Satisfaction Surveys collected by SWMBH are at or above the SWMBH previous year's results for the following categories: Mental Health Statistic Improvement Project Survey (MHSIP) tool. *(Improved Functioning)* Youth Satisfaction Survey (YSS) tools. *(Improved Outcomes)*	**Metric Achieved** SWMBH Achieved the following improvements for each survey tool: • MHSIP (adult): +3.9% • YSS (youth): +2.0%
95% of the Functional Assessment tool, detailed sub-element scores (LOCUS, ASAM, CAFAS, SIS) are received electronically by SWMBH from CMHSPs by (4/15/20).	**Partial Metric Achieved** Significant Improvements Were Made in the following Assessment tools: LOCUS: 97.4%, CAFAS: 98.2%, SIS: 95.6%, ASAM: 94.1%
2019 Health Service Advisory Group (HSAG) External Quality Compliance Review (90% of Sections evaluated receiving a score of "Met").	**Metric Achieved** 74/82 or 90.24% of total elements evaluated achieved (full compliance) *SWMBH ranked highest amongst all 10 Michigan PIHP's
SWMBH will achieve 95% of quality withhold performance measures identified in the Integrated Care Organization (ICO) contracts. (2 points possible) +1 Meridian - +1 Aetna	**Metric Achieved** Meridian - Quality Withhold Achievement DY 1-3 (100%) **Metric Missed** Aetna - Quality Withhold Achievement DY 3 (66%)
2020 HSAG Performance Measure Validation Passed (95% of Critical Measures receiving a score of "Met")	**Metric Achieved** 47/47 or 100% of Standards Evaluated received a designation of "Met," "Accepted," or "Reportable."
A. 97% of applicable MH served clients with an accepted encounter will have a matching and accepted BH TEDS record confirmed by MDHHS monthly status report. B. 97% of applicable SUD served clients with an accepted encounter will have a matching and accepted BH TEDS record confirmed by MDHHS monthly status report.	**Metric Achieved** The MDHHS June report showed SWMBH at MH=98.53% and SUD=97.21%. SWMBH dropped back on the August report: MH= and SUD=. We suspect the values for each will exceed 97% for our final MDHHS September report. Measurement Period: 1/1/20 – 7/1/20
Regional Habilitation Supports (HSW) Waiver slots are full at 99% throughout the year. (October 2019-September 2020)	**Metric Achieved** 99.86% of HSW slots have been filed in FY 20, per the MDHHS status report. *SWMBH has been the best performing PIHP in the State for 3 consecutive years.

Protect Yourself and Your Network Against Phishing

Natalie Spivak, CIO

SWMBH recently began a campaign against phishing. We're not against going out to the lake with rod and reel. We are raising awareness of the e-mail scam that tries to induce individuals to reveal personal information such as user ids and passwords to cyber criminals.

Why is it called phishing? The word phishing was coined around 1996 by hackers stealing America Online accounts and passwords. By analogy with the sport of angling, these Internet scammers were using e-mail lures, setting out hooks to "fish" for passwords and financial data from the "sea" of Internet users.

Once these criminals have your credentials, they can do all kinds of damage to your personal information and your computer networks such as:

- Hijack your usernames and passwords

- Steal your money and open credit card and bank accounts in your name

- Request new account Personal Identification Numbers (PINs) or additional credit cards

- Make purchases

- Add themselves or an alias that they control as an authorized user so it's easier to use your credit

- Obtain cash advances

- Use and abuse your Social Security number

- Sell your information to other parties who will use it for illicit or illegal purposes
Burrow into your network and steal or corrupt patient and financial information
Phishers often pretend to be legitimate companies. Their messages may sound genuine and their sites can look remarkably like the real thing. It can be hard to tell the difference, but you may be dealing with a phishing scam if you see the following:

- Requests for confidential information via email or instant message

- Emotional language using scare tactics or urgent requests to respond

- Misspelled URLs, spelling mistakes or the use of sub-domains

- Links within the body of a message

- Lack of a personal greeting or customized information within a message. Legitimate emails from banks and credit card companies will often include partial account numbers, username or password. Signature lines that come from a department such as

HR or IT instead of a person's name and corporate signature.
To protect yourself from phishing always question the legitimacy of an unsolicited, e-mail, text message or voice mail.

- Do not provide personal information to any unsolicited requests for information

- Only provide personal information on sites that have "https" in the web address or have a lock icon at bottom of the browser

- If you suspect you've received phishing bait, contact the company that is the subject of the email by phone to check that the message is legitimate. Don't use the phone number provided in the phishing e-mail.

- Type in a trusted URL for a company's site into the address bar of your browser to bypass the link in a suspected phishing message

- Use varied and complex passwords for all your accounts

- Continually check the accuracy of personal accounts and deal with any discrepancies right away

- Avoid questionable websites

- Practice safe email protocol:

O   Don't open messages from unknown senders
Immediately delete messages you suspect to be spam
SWMBH has added a Phish Alert button to Outlook e-mail that lets us report suspected phishing attacks to our managed services provider. We take these reports seriously and follow up on them.
Don't be deceived by a scammer. Protect your user ids, password and other personal information by deleting any e-mails or text messages that look "phishy" to you.
Natalie Spivak, CIO

New SWMBH Staff

Shelley Cizio,

Compliance Specialist III

Jen Strebs,

Assessor of Supports
Intensity Scale

Jordan Huyser,

Compliance Specialist II

Not Pictured: Emily Flory, Opioid Health Home Coordinator

Salute to Excellence

Achiles Malta was honored during the 2020 Recovery Month "Salute to Excellence" Awards Program of the Substance Abuse and Mental Health Task Force Assembly.

He is honored for conducting excellent work in preventing and intervening in treatment and recovery services and for collaborating with Summit Pointe and Substance Abuse Prevention Services, Inc.
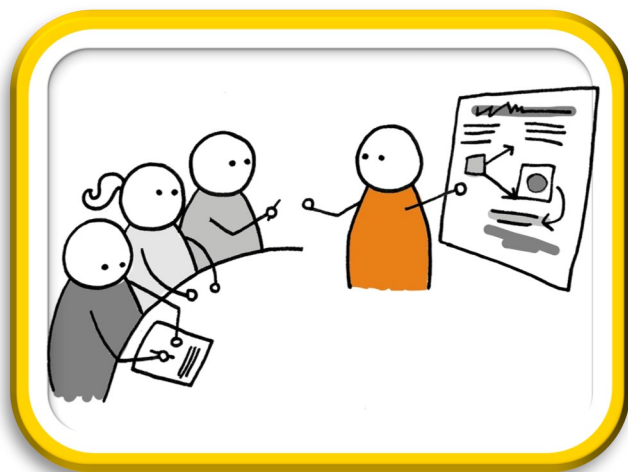
This Award is dedicated to commend and acknowledge Achiles for his outstanding commitment to the community in the area of substance abuse and mental health services.

CONGRATULATIONS ACHILES!

2020 Health Service Advisory Group (HSAG) Performance Measure Validation Audit Update

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

The audit took place via a remote audit on July 17th. Results of the audit were received by SWMBH on August 26th. SWMBH was given 2 weeks to provide comment back to HSAG.

The primary goal of the audit is to evaluate; data control, data integration, data validation, encounter submission accuracy, BH TEDs validation, data accuracy, performance indicator accuracy and other methods of data exchange.

The previous 3 years 37 elements were evaluated for compliance and this year that went up to 47 elements, due to new performance indicators the State recently added.

SWMBH has routinely been amongst the highest scoring/performing PIHP over the past 5 years on the Performance Measure Validation Audit.

The scoring designation for each of the 47 elements that were reviewed include: **Accepted, Reportable or Met**

As you can see from the Overall performance results Table; 47/47 or 100% of the Total elements evaluated received a designation score of Met, Reportable or Accepted.

This meets *successful completion of our 2020 Board Ends Metric*, which indicates:

95% of Elements Evaluated/Measured, shall receive a score of "Met".

Scoring Category	Performance Results
Accepted	**3/3** – 100% Data Integration, Data Control and Performance Indicator Documentation Elements Evaluated were *"Accepted"* and met full compliance standards.
Reportable	**10/10** – 100% of Performance Indicators Evaluated were *"Reportable"* and compliant with the State's specifications and the percentage reported.
Met	**13/13** – 100% Data Integration and Control Elements Evaluated *"Met"* full compliance standards.
Met	**10/10** – 100% Numerator and Denominator Elements Evaluated **"Met"** full compliance standards.
Met *(new standard)*	**11/11** – 100% New Indicator Readiness Review Findings **"Met"** full compliance standards. (*The PIHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate*)

HSAG External Quality Review Audit Results & Comparison Update

Jonathan Gardner, Director of Quality Assurance and Performance Improvement

Standard	Total # of Applicable Elements	Number of Elements			Total Compliance Score
		Met	Not Met	NA	
Standard I—QAPIP Plan and Structure	8	8	0	0	100%
Standard II—Quality Measurement and Improvement	8	7	1	0	87%
Standard III—Practice Guidelines	4	4	0	0	100%
Standard IV—Staff Qualifications and Training	3	3	0	0	100%
Standard V—Utilization Management	16	13	3	0	81%
Standard VIII—Members' Rights and Protections	13	13	0	0	100%
Standard XI—Credentialing	9	5	4	0	56%
Standard XIII—Coordination of Care	11	11	0	0	100%
Standard XVI—Confidentiality of Health Information	10	10	0	0	100%
Total	82	74	8	0	90%

On September 17th, 2020 The Health Service Advisory Group (HSAG) conducted its annual on-site External Quality Review (EQR) on Southwest Michigan Behavioral Health's Medicaid Managed Care Delivery System standard requirements. This review focuses on the quality of, timeliness of, and access to care and services provided by each entity, as mandated by 42 Code of Federal Regulations (CFR) §438.364. To meet this requirement, the Michigan Department of Health and Human Services (MDHHS) has contracted with Health Services Advisory Group, Inc. (HSAG) to perform the assessment and produce this annual report.

Southwest Michigan Behavioral Health was evaluated in nine Medicaid Managed Care Program areas referred to as "standards." The above Table presents the total number of elements for each standard as well as the number of elements for each standard that received a score of *Met*, *Not Met*, or *Not Applicable (NA)*. The Table also presents Southwest Michigan Behavioral Health's overall compliance score for each standard, the totals across the nine standards reviewed, and the total compliance score across all standards for the 2018–2019 compliance monitoring review.

The official 2018-2019 External Quality Review Technical Report for Prepaid Inpatient Health Plans was published to the MDHHS website on

April 29th, 2020 and distributed to all Michigan PIHP's. The report highlights the breakdown of combined "standard" scores by each participant PIHP. Please see the below table for a comparison breakout for each PIHP:

As you can see by the below table, ***SWMBH continues to be the highest performing PIHP, in comparison to the other Michigan PIHP's.***

Brad Casemore would like to extend his sincere gratitude to all Regional Committees and

Region – PIHP Name:	Audit Score (Combined all Standards)
North care	82%
Northern Michigan Regional Entity	70%
Lakeshore	65%
Southwest Michigan Behavioral Health	90%
Mid-State Network	86%
Community Mental Health Partnership	77%
Detroit Wayne	79%
Oakland	82%
Macomb	78%
Region 10	82%

Workgroups, who contributed to the overall success of this audit. As you probably already know, the PIHP's have very few comparison reports, that show performance against other PIHP's. This report is a great representation of your continued hard work and dedications towards providing our consumers with the highest quality, programs and access to care possible!

SOUTHWEST MICHIGAN BEHAVIORAL HEALTH

Quality and Excellence through Partnerships

Southwest Michigan Behavioral Health
5250 Lovers Lane, Suite 200
Portage, MI 49002

Main LineMain Line: 800-676-0423
Fax: 269-441-1234
Direct Number: 269-488-8922

Southwest Michigan
BEHAVIORAL HEALTH

WE'RE ON THE WEB!

WWW.SWMBH.ORG

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.