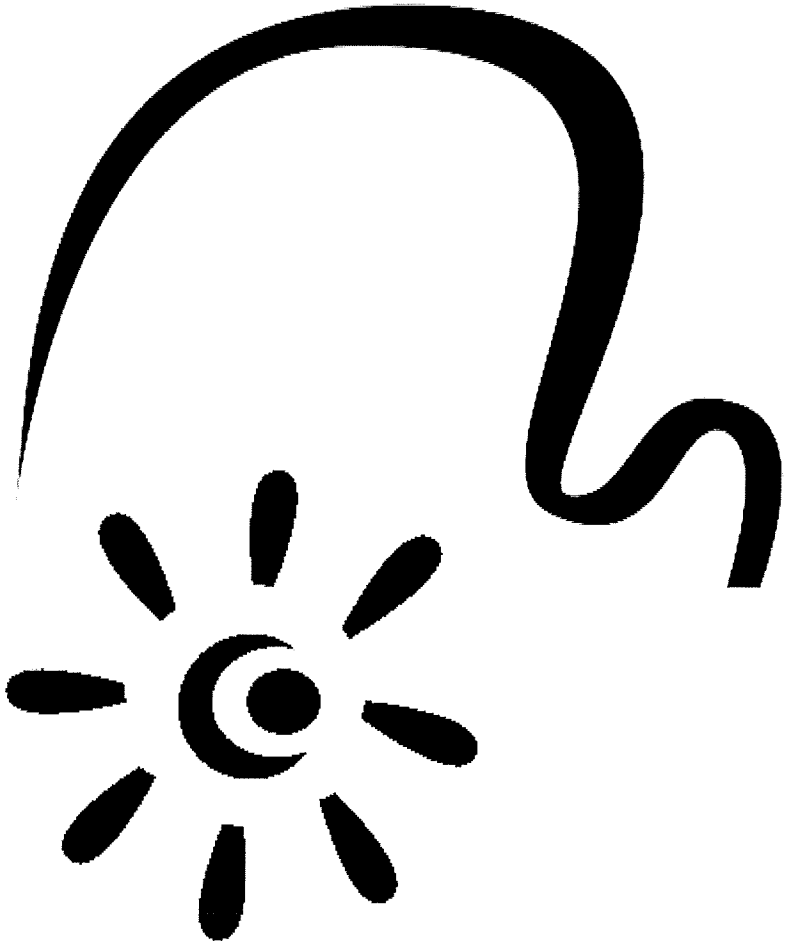
Southwest Michigan
BEHAVIORAL HEALTH



Board Meeting

Budget Hearing

KVCC The Groves Center

7107 Elm Valley Drive, Kalamazoo, MI

September 14, 2018

Principal Office: 5250 Lovers Lane, Suite 200, Portage, MI, 49002
www.SWMBH.org
P: 800-676-0423 F: 269-488-8270

The meeting will be held in compliance with the Open Meetings Act, 1976 PA 267, MCL 15.261 to 15.275

Southwest Michigan

BEHAVIORAL HEALTH

Southwest Michigan Behavioral Health Board Meeting
Kalamazoo Valley Community College Groves Center
7107 Elm Valley Drive, Room B1100
Kalamazoo, MI 49009

September 14, 2018
9:30 am to 11:30 am

1. **Welcome Guests/Public Comment**
2. **Agenda Review and Adoption (d) (pg.1)**
3. **Recess Board Meeting**
4. **Fiscal Year 2019 Budget Public Hearing**
5. **Reconvene Board Meeting**
6. **Consent Agenda**
   a. August 10, 2018 SWMBH Board Meeting Minutes (d) (pg.3)
   b. Customer Advisory Committee Appointment (d) (pg.7)
7. **Operations Committee**
   - Operations Committee Minutes July 27, 2018 (d) (pg.10)
8. **Ends Metrics Updates (*motions required)**
   Is the Data Relevant and Compelling? Is the Executive Officer in Compliance? Does the Ends need Revision?
   a. MDHHS Home and Community Based Service Reporting (d) (M. Kean) (pg.13)
   b. *Fiscal Year 2018 Performance Improvement Project – Health Services Advisory Group (HSAG) Review (d) (M. Kean) (pg.14)
   c. Performance Bonus Incentive Program (d) (J. Gardner) (pg.28)
9. **Board Actions to be Considered**
   - Fiscal Year 2019 Budget Draft (attachment) (T. Dawson)
10. **Board Policy Review**
    Is the Board in Compliance? Does the Policy Need Revision?
    - EO-001 Executive Role & Job Description (d) (pg.30)
11. **Executive Limitations Review**
    Is the Executive Officer in Compliance with this Policy? Does the Policy Need Revision?
    - BEL-009 Global Executive Constraints (d) (A. Heiser) (pg.31)
12. **Board Education**
    a. Utilization Management Statewide Comparison (d) (M. Kean) (pg.33)
    b. Technology RFP Update (R. Moerland)

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

    a. Consolidated Fiscal year 2018 Year to Date Financial Statements (d) (T. Dawson) (pg.38)
    b. Michigan Department of Corrections Substance Use Disorder Community Based Benefits Management Contract (B. Casemore)
    c. 298 Unenrolled Initiative (d) (B. Casemore) (pg.46)
    d. New Michigan Medicaid Office of Inspector General Post-Payment Audits Coming (d) (pg.48)
    e. Board Member Attendance Roster (d) (pg.49)

14. **Public Comment**

15. **Adjournment**

Next SWMBH Board Meeting
10/12/18
9:30 am - 11:00 am
5250 Lovers Lane, Portage, MI 49002

DRAFT

Southwest Michigan
BEHAVIORAL HEALTH

Draft Board Meeting Minutes
August 10, 2018
9:30 am-11:00 am
5250 Lovers Lane, Suite 200, Portage, MI 49002
Draft: 8/13/18

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

Absent: Edward Meny, Anthony Heiser

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

Welcome Guests

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

Public Comment

None

Agenda Review and Adoption

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

Consent Agenda

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

Operations Committee

Operations Committee Minutes June 27, 2018

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

Ends Metrics

Michigan Mission Based Performance Indicator System (MMBPIS)

Jonathan Gardner reported as documented.

Board Actions to be Considered

Utilization Management Solution via Michigan Consortium for Healthcare Excellence

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

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

Second — Patrick Garrett

Motion Carried

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

Second — Susan Barnes

Motion Carried

Board Policy Review

BG-002 Management Delegation

Tom Schmelzer reviewed the policy.

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

Second — Mary Myers

Motion Carried

Executive Limitations Review

EO-003 Emergency Executive Officer Succession

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

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

Second — Robert Nelson

Motion Carried

Board Education

Fiscal Year 2019 Budget Preview

Tracy Dawson reported as documented.

Utilization Management Modernization Status

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

Substance Abuse Disorder Treatment and Prevention Update

Joel Smith reported as presented.

Substance Use Disorder Oversight Policy Board (SUDOPB)

Randall Hazelbaker presented highlights from the last quarter's SUDOPB meetings.

Communication and Counsel to the Board

Consolidated Fiscal Year 2018 Year to Date Financial Statements 6/30/18

Tracy Dawson reported as documented.

Agency Vehicle

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

Michigan Department of Corrections Community Based Substance Used Disorder Services Benefits Management Contract

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

St. Joe Community Mental Health and Substance Abuse Services Freedom of Information Act

Mila Todd reported that SWMBH has responded to a subpoena and FOIA requests regarding the O'dell vs. St Joe CMH litigation. If the case goes to trial and SWMBH staff are called to testify, or are deposed, the SWMBH attorney would be present.

Erv Brinker Update

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

Lakeshore Regional Entity

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

Annual Formal Fiduciary Retirement Reviews

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

Board Member Attendance Roster

Brad Casemore reported as documented.

Public Comment

None

Adjournment

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

Southwest Michigan
BEHAVIORAL HEALTH

Principal Office: 5250 Lovers Lane, Portage, MI 49002
Phone: 800-676-0423

September 5, 2018

Agenda Item

Southwest Michigan Behavioral Health Customer Advisory Committee

Recommendation for Membership

It is the recommendation of the Southwest Michigan Behavioral Health Executive Officer that the following individuals be appointed to a one year term ending September 30, 2019

Jennifer Leigh	Kalamazoo County

Southwest Michigan
BEHAVIORAL HEALTH

Principal Office: 5250 Lovers Lane, Portage, MI 49002
Phone: 800-676-0423

September 5, 2018

Agenda Item

Southwest Michigan Behavioral Health Customer Advisory Committee

Recommendation for Membership

It is the recommendation of the Southwest Michigan Behavioral Health Executive Officer that the following individuals be appointed to a one year term ending September 30, 2019

DeVonna Allison	St. Joseph County

Southwest Michigan
BEHAVIORAL HEALTH

Principal Office: 5250 Lovers Lane, Portage, MI 49002
Phone: 800-676-0423

September 5, 2018

Agenda Item

Southwest Michigan Behavioral Health Customer Advisory Committee

Recommendation for Membership

It is the recommendation of the Southwest Michigan Behavioral Health Executive Officer that the following individuals be appointed to a one year term ending September 30, 2019

Raymond Daniels	Cass County

Southwest Michigan
BEHAVIORAL HEALTH

Operations Committee Meeting Minutes
Meeting: July 25, 2018
9:00am-2:30pm

Members Present -- Debbie Hess - Chair, Richard Thiemkey, Sue Germann, Jeff Patton, Jane Konyndyk, Ric Compton, Jeannie Goodrich, Kathy Sheffield and Bradley Casemore

Members via phone conference – Kris Kirsch

Guests – Tracy Dawson, Chief Financial Officer, SWMBH; Mila Todd, Chief Compliance and Privacy Officer, SWMBH; Rob Moerland, Chief Information Officer, SWMBH; Moira Kean, Director of Clinical Improvement, SWMBH; Jonathan Gardner, Director of QAPI, SWMBH; Joel Smith, Manager of SUD Services, SWMBH; Michelle Jorgboyan, Sr. Operations Specialist, SWMBH; and Brad Sysol, Summit Pointe Counsel.

Guests via phone conference – Pat Davis, KCMHSAS; Tina Boyer, VBCMH; Michele DeSmet, Summit Pointe; Heather Garcia, KCMHSAS; Robbin Wilber, Pines BH; Kelly Jenkins, BCCMHA; and Mike Reed, RWC.

Call to Order – Debbie Hess began the meeting at 9:00 am

Review and approve agenda – Committee agreed to follow the agenda as presented with additions of Autism, ROI letter, and 2019 Rate Setting.

Review and approve minutes from 06/27/18 Operations Committee Meeting – Minutes were approved by the Committee.

FY2018 YTD Financials – Tracy Dawson reviewed the financials as presented with the Committee and Community Mental Health Finance staff who joined the meeting via conference call in. Tracy noted that the region is into its Internal Services Fund (ISF) in the amount of about seven million dollars. Tracy updated the group on a Block Grant adjustment that is coming from the State and the additional dollars that will be coming in July. Group discussed.

Revenue Maximization Committee – Tracy Dawson noted that the meeting minutes are included in the packet for the group's review and highlighted areas of discussion.

Encounters – Rob Moerland reported that encounter number gaps are starting to get filled and numbers are looking good. Rob Moerland reminded group that the due date for 10/1/17 through 3/31/18 encounter reporting is 8/31/18.

County of Financial Responsibility (COFR) Follow-up – Tracy Dawson stated that the Regional Finance Group is meeting on 8/6/18 and will focus in part on COFRs.

Mobile Intensive Crisis Stabilization for Children (ICS) – Brad Casemore reviewed the history and work involved with ICS and the Region's contractual obligations. Mila Todd reviewed a gap analysis on current CMHSP ICS services currently being provided. CMHSPs need to submit ICS plans to SWMBH by 8/24/18.

Autism – Group discussed Autism questions presented by Sue Germann. Moira Kean discussed State requirements and topics are being referred to Regional Clinical Practices and Regional Provider Network Committees for follow up and research. SIS is not a SWMBH PIHP endorsed assessment tool for level of care determination for the Individuals with Intellectual Developmental Disabilities (IDD) population.

ROI Letter – Brad Casemore presented a letter from the President of the Board of Directors of ROI. Group discussed and determined a coordinated response letter would be sent to ROI.

DHHS 298 Pilots and Unenrolled – Brad Casemore reviewed 298 unenrolled progress.

Turning Leaf-Bronson – Brad Casemore reviewed document as presented. Group discussed.

The Provider Alliance-Lynda Zeller – Brad Casemore reviewed document as presented. Group discussed.

PIHP Notification of Children and Youth at Hawthorn – Brad Casemore reviewed document as presented. Group discussed.

UM Managed Care Functional Review (MCFR) – Anne Wickham distributed a revised MCFR work plan highlighting the topics, timelines, and details. Group discussed.

Public Policy/Legislative Initiative Task Force Update – Brad Casemore reviewed document as presented. Group discussed.

FY19 Budget Development, Status and Timeline – Tracy Dawson stated that a draft budget should be completed by the second week of August. The SWMBH Board will review draft budget in September and approve a final budget in October.

FY19 Rate Setting – Tracy Dawson, Ric Compton and Pat Davis reviewed the last rate setting meeting with MDHHS. Group discussed.

Assessment Tools and Scores Analysis – Moira Kean reviewed 2018 LOCUS, ASAM, CAFAS and SIS reports via Tableau. Group discussed.

FY19 Contracts Update/Status – Mila Todd stated that the fiscal year 2019 contract is completed and amendment #1 negotiations are underway.

Direct Care Wage (DCW) Tool – Mila Todd distributed a handout and highlighted MDHHS requirements regarding DCW. Group discussed.

Behavioral Health and Developmental Disabilities Administration (BHDDA) Electronic Visit Verification (EVV) – Rob Moerland shared that the State has a January 1, 2019 implementation date. Group discussed.

Managed Care Information Systems (MCIS) – Rob Moerland stated that submission data is looking good and that 278 development is ongoing with a target of completion in August.

Behavioral Health Treatment Episode Data Set (BH TEDS) Double Entry Progress – Rob Moerland stated that he is working with Streamline on solutions, options, and costs. Group discussed.

Health Services Advisory Group (HSAG) Provider Directory Requirement – Jonathan Gardner reviewed the provider directory requirements with group. All CMHSPs should use the SWMBH provider directory or a link to that on their websites. Group discussed.

Health Services Advisory Group (HSAG) Performance Measure (PMV) – Jonathan Gardner reviewed July 18, 2018 HSAG PMV with group.

Gambling Prevention – Joel Smith reviewed the document as presented.

PA2 FY19 Budget Planning – Joel Smith stated that SWMBH is reviewing the PA2 budgets that were submitted and explained funding flow of PA2 dollars to group.

August SWMBH Board agenda – Draft SWMBH Board agenda was included in the packet for the group's review.

Michigan Department of Corrections (MDOC) Substance Use Disorder (SUD) Contract – Brad Casemore shared status and updates regarding PIHPs benefits management of MDOC SUD Community Based Services.

Aetna Mild to Moderate – Brad Casemore shared progress of SWMBH and Aetna working together to provide more clinical pathways for clients to receive behavioral health screenings and services.

Robert Sheehan email – Brad Casemore shared recent email from Robert Sheehan of MDHHS. Group discussed and agreed to invite Robert Sheehan to an Operations Committee meeting as his schedule allows.

Dr. Robert Hill – Brad Casemore reviewed document as presented and highlighted Dr. Hill's contract objectives.

Adjourned – Meeting adjourned at 2:35 pm

Home and Community Based Services Corrective Action Plan Completion

Metric: SWMBH will complete the indicated MDHHS Home and Community Based Service (HCBS) reporting obligations with a 95% success rate.

A. 95% of required Home and Community Based Service (HCBS) Provider corrective action plans for the Habilitation Supports Waiver (HSW) will be requested and approved by SWMBH (By June, 302018.) Goal Complete.

B. SMWBH will validate and verify that 95% of the Habilitation Supports Waiver (HSW) corrective action plans have been completed and implemented. (By: December 31, 2018) Goal Complete

Region	Month	Type of setting	# of CAPs required	# of CAPs not started	# of CAPs in progress	# of CAPs completed	% of CAPs completed
1	AUG	Residential	80	0	29	51	64%
		Non-Residential	30	0	8	22	73%
2	AUG	Residential	111	10	33	73	66%
		Non-Residential	90	0	20	65	72%
3	AUG	Residential	150	0	52	97	65%
		Non-Residential	3	0	0	3	100%
4	**AUG**	**Residential**	**225**	**0**	**11**	**214**	**95%**
		Non-Residential	**37**	**0**	**0**	**37**	**100%**
5	AUG	Residential	262	0	222	40	15%
		Non-Residential	186	0	120	66	35%
6	AUG	Residential	92	0	25	67	73%
		Non-Residential	171	0	121	50	29%
7	AUG	Residential	246	161	57	28	11%
		Non-Residential	394	142	204	48	12%
8	AUG	Residential	222	18	178	26	12%
		Non-Residential	432	0	383	49	11%
9	AUG	Residential	193	154	76	0	0%
		Non-Residential	242	2	10	226	93%
10	AUG	Residential	173	0	173	7	<1%
		Non-Residential	298	0	298	144	48%
Statewide Total	AUG	Residential					**34%**
		Non-Residential					**38%**

Appendix A: Michigan 2017-2018 PIP Validation Tool: Improving Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using An Antipsychotic Medication for Region 4 - Southwest Michigan Behavioral Health

Demographic Information			
Plan Name:	Region 4 - Southwest Michigan Behavioral Health		
Project Leader Name:	Moira Kean	Title:	Director of Clinical Quality
Telephone Number:	(800) 676-0423	E-mail Address:	moira.kean@swmbh.org
Name of Project:	***Improving Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using An Antipsychotic Medication***		
Submission Date:	7/9/2018	Type of Delivery System:	PIHP

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Evaluation Elements		Scoring	Comments
I.	**Select the Study Topic(s): The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of healthcare. The topic may also be specified by the State. The study topic:**		
C*	1. Was selected following collection and analysis of data. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	Selection of the PIP topic followed the collection and analysis of plan-specific data.
	2. Has the potential to affect consumer health, functional status, or satisfaction. The score for this element will be Met or Not Met.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The PIP has the potential to affect member health, functional status, or satisfaction.

Results for Step I

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
2	2	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	1	0	0	0

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this review step.
*** This is the total number of critical evaluation elements for this review step.

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	Evaluation Elements	Scoring	Comments
II.	**Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question:**		
C*	1. Was stated in simple terms and in the recommended X/Y format. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The study question was stated in simple terms using the recommended X/Y format.

Results for Step II

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	1	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	1	0	0	0

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Evaluation Elements		Scoring	Comments
III.	**Define the Study Population: The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding consumers with special healthcare needs. The study population:**		
C*	1. Was accurately and completely defined and captured all consumers to whom the study question(s) applied. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan accurately and completely defined the study population.

Results for Step III

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	1	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	1	0	0	0

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	Evaluation Elements	Scoring	Comments
IV.	**Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):**		
C*	1. Were well-defined, objective, and measured changes in health or functional status, consumer satisfaction, or valid process alternatives.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The study indicator was well-defined and objective, and measured changes in health or functional status, member satisfaction, or processes.
	2. Included the basis on which the indicator(s) was adopted, if internally developed.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	The health plan based the study indicator on HEDIS technical specifications.

Results for Step IV

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
2	1	0	0	1

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	1	0	0	0

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	Evaluation Elements	Scoring	Comments
V.	**Use Sound Sampling Techniques: (If sampling is not used, each evaluation element will be scored Not Applicable [NA]). If sampling is used to select consumers in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:**		
	1. Included the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1).	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.
	2. Included the title of the applicable study indicator(s).	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.
	3. Included the population size.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.
C*	4. Included the sample size.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.
	5. Included the margin of error and confidence level.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.
	6. Described in detail the method used to select the sample.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.
C*	7. Allowed for the generalization of results to the study population.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	Sampling will not be used.

Results for Step V

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
7	0	0	0	7

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
2	0	0	0	2

* "C" in this column denotes a critical evaluation element.
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	Evaluation Elements	Scoring	Comments
VI.	**Reliably Collect Data: The data collection process must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:**		
	1. Clearly defined sources of data and data elements to be collected. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan clearly and accurately defined the data elements and data sources. Point of Clarification: It appears that the health plan should also select "Pharmacy Data" as a data source on page 22 of the PIP Submission Form.
C*	2. A clearly defined and systematic process for collecting data that included how baseline and remeasurement data were collected. NA is not applicable to this element for scoring.	☑ Met ☐ Partially Met ☐ Not Met ☐ NA	The health plan clearly and accurately defined the systematic process for collecting baseline and remeasurement data.
C*	3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	The health plan will not use manual data collection.
	4. An estimated degree of administrative data completeness percentage. Met = 80 - 100 percent complete Partially Met = 50 - 79 percent complete Not Met = <50 percent complete or not provided	☐ Met ☐ Partially Met ☐ Not Met ☑ NA	For this submission, data were not reported. In future submissions when data are reported, the health plan must provide the estimated degree of administrative data completeness and the process used by the health plan to calculate this percentage.

Results for Step VI

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
4	2	0	0	2

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
2	1	0	0	1

* "C" in this column denotes a critical evaluation element.
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*** This is the total number of critical evaluation elements for this review step.

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	Evaluation Elements	Scoring	Comments
VII.	**Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the results. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:**		
C*	1. Included accurate, clear, consistent, and easily understood information in the data table.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of data analysis and interpretation.
	2. Include a narrative interpretation that addresses all required components of data analytis and statistical testing.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of data analysis and interpretation.
	3. Identified factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of data analysis and interpretation.

Results for Step VII

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
3	0	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	0	0	0	0

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this review step.
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	Evaluation Elements	Scoring	Comments
VIII.	**Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies are developed from an ongoing quality improvement process that included:**		
C*	1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The health plan had not progressed to the point of developing and implementing improvement strategies. To impact the Remeasurement 1 study indicator rates, the health plan should complete a causal/barrier analysis to identify barriers to study outcomes and implement interventions to address those barriers timely. Interventions implemented late in the Remeasurement 1 study period will not have enough time to impact study indicator rates.
	2. Barriers that were identified and prioritized based on results of data analysis and/or other quality improvement processes.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The health plan had not progressed to the point of developing and implementing improvement strategies.
C*	3. Interventions that were logically linked to identified barriers and will directly impact study indicator outcomes.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The health plan had not progressed to the point of developing and implementing improvement strategies.
	4. Intervention that were implemented in a timely manner to allow for impact of study indicator outcomes.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The health plan had not progressed to the point of developing and implementing improvement strategies.
C*	5. Evauation of individual interventions for effectiveness.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The health plan had not progressed to the point of developing the implementing improvement strategies.

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this review step.
*** This is the total number of critical evaluation elements for this review step.

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Evaluation Elements	Scoring	Comments
VIII. **Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies are developed from an ongoing quality improvement process that included:**		
6. Interventions that were continued, revised, or discontinued based on evaluation results.	☐ Met ☒ Partially Met ☒ Not Met ☒ NA	Not assessed. The health plan had not progressed to the point of developing and implementing improvement strategies.

Results for Step VIII

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
6	0	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
3	0	0	0	0

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this review step.
*** This is the total number of critical evaluation elements for this review step.

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	Evaluation Elements	Scoring	Comments
IX.	**Assess for Real Improvement: Real improvement or meaningful change in performance is evaluated based on study indicator(s) results.**		
	1. The remeasurement methodology was the same as the baseline methodology.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
	2. The documented improvement meets the State- or plan-specific goal.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	3. There was statistically significant improvement over the baseline across all study indicators.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.

Results for Step IX

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
3	0	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	0	0	0	0

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this review step.
*** This is the total number of critical evaluation elements for this review step.

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	Evaluation Elements	Scoring	Comments
X.	**Assess for Sustained Improvement: Sustained improvement is demonstrated through repeated measurements over comparable time periods.**		
C*	1. Repeated measurements over comparable time periods demonstrated sustained improvement over the baseline.	☐ Met ☐ Partially Met ☐ Not Met ☐ NA	Not assessed. Sustained improvement cannot be assessed until the study indicator has achieved statistically significant improvement over baseline and results for a subsequent mesurement period have been reported.

Results for Step X

Total Evaluation Elements

Total Evaluation Elements**	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	0	0	0	0

Critical Elements

Critical Elements***	*Met*	*Partially Met*	*Not Met*	*Not Applicable*
1	0	0	0	0

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this review step.
*** This is the total number of critical evaluation elements for this review step.

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Table A-1—2017-2018 PIP Validation Tool Scores:
Improving Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using An Antipsychotic Medication for Region 4 - Southwest Michigan Behavioral Health

	Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA
I.	Select the Study Topic(s)	2	2	0	0	0	1	1	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0
III.	Define the Study Population	1	1	0	0	0	1	1	0	0	0
IV.	Select the Study Indicator(s)	2	1	0	0	1	1	1	0	0	0
V.	Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2
VI.	Reliably Collect Data	4	2	0	0	2	2	1	0	0	1
VII.	Analyze Data and Interpret Study Results	3		Not Assessed			1	Not Assessed			
VIII	Improvement Strategies	6		Not Assessed			3	Not Assessed			
IX.	Assess for Real Improvement	3		Not Assessed			1	Not Assessed			
X.	Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed			
	Totals for All Steps	**30**	**7**	**0**	**0**	**10**	**14**	**5**	**0**	**0**	**3**

Table A-2—2017-2018 PIP Validation Tool Overall Score:
Improving Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using An Antipsychotic Medication for Region 4 - Southwest Michigan Behavioral Health

Percentage Score of Evaluation Elements Met*	**100%**
Percentage Score of Critical Elements Met**	**100%**
Validation Status***	***Met***

* The percentage score for all evaluation elements Met is calculated by dividing the total Met by the sum of all evaluation elements Met, Partially Met, and Not Met. The Not Assessed and Not Applicable scores have been removed from the scoring calculations.

** The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.

** Met equals high confidence/confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.

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EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS
HSAG assessed the validity and reliability of the results based on CMS validation protocols and determined whether the State and key stakeholders can have confidence in the reported PIP findings. Based on the validation of this PIP, HSAG's assessment determined the following:
Met: **High confidence/confidence in reported PIP results. All critical evaluation elements were Met, and 80 to 100 percent of all evaluation elements were Met across all activities.** ***Partially Met:*** **Low confidence in reported PIP results. All critical evaluation elements were Met, and 60 to 79 percent of all evaluation elements were Met across all activities; or one or more critical evaluation elements were Partially Met.** ***Not Met:*** **All critical evaluation elements were Met, and less than 60 percent of all evaluation elements were Met across all activities; or one or more critical evaluation elements were Not Met.**

Summary of Aggregate Validation Findings

[X] *Met* [ ] *Partially Met* [ ] *Not Met*

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Board Ends Metrics Status Update

September 14, 2018

Performance Bonus Incentive Program (PBIP)

In an effort to ensure collaboration and integration between the Medicaid Health Plans and Pre-paid Inpatient Health Plan, the Department of Health and Human Services has developed the following joint expectations for the MHP and the PIHP to respond to. There are 100 points possible for this bonus metric in FY2018:

1. Quarterly, each MHP and PIHP will demonstrate that joint care plans exist for members with appropriate severity/risk that have been identified as receiving services from both entities.
   a. The MHPs and PIHPs will work
      Jointly to develop at least two standard of care protocols for care coordination as identified collaboratively with MDHHS.
   b. MDHHS will select beneficiaries
      Randomly and review their care plans within CC360.
2. Quarterly, each MHP and PIHP will participate, via the MHP-PIHP workgroup in reviewing and validating MDHHS reports that would include:
   a. Number of care coordination plans.
   b. Reasons for closing care coordination plans.
   c. Average length of time for active care coordination plans.
3. Follow-up after Hospitalization for Mental Illness within 30 days is calculated by MDHHS and verified by SWMBH annually.
   a. 70% ages (6-20)
   b. 58% ages (21 and older)

On Target

MDHHS PBIP Metrics
8.4.2.1
Amend #2

Very important for FY 18, the bonus will be awarded as a true bonus and not as a take back.

Bonus potential of 0.75% on top of FY 18 negotiated contract.

FUH Current SWMBH Values:

Children
SWMBH
74.38%
State
74.54%

Adults
SWMBH
72.26%
State
65.69%

Possible 100pts.

Standards
1&2 – 50pts.

Standard
3 - 50pts.

*2018 MDHHS Contract Withhold: 8.4.2
*Report Dates: October 1, 2017 through September 30, 2018
*Each CMHSP has designated representatives who are responsible for assembling and sending requested information to SWMBH.

Report Formulation Schedule:

Dates	Action Item
October 18, 2018	Information/requested data received from identified CMHSP Representatives.
October 22-23, 2018	Game plan formulation meeting and strategic review of materials. (Michelle, Alona, Gina and Jonathan)
November 1, 2018	1st draft PBIP report to SWMBH SL's and CMHSP identified representatives for review.
November 8, 2018	2nd draft PBIP for review by SWMBH SL's. CMHSP reps and relevant Regional Committees.
November 15, 2018	Submit final report to State by 2pm MDHHS-BHDDA-Contracts-MGMT@michigan.gov
January 10, 2018	MDHHS to provide consultative draft/comments back for review.
January 25, 2018	SWMBH to provide responses back to consultative draft.

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board Policy – Executive Limitations	Policy Number: EO-001	Pages: 1
Subject: Executive Role and Job Description	Required By: Policy Governance	Accountability: SWMBH Board
Application: ☒ SWMBH Governance Board ☒ SWMBH EO		Required Reviewer: SWMBH Board

Effective Date:	Last Review Date:	Past Review Dates:
03.14.2014	10.14.16	10.12.14, 10.9.15

I. **PURPOSE:**
To define the executive role and job description.

II. **POLICY:**
The EO is accountable to the board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

III. **STANDARDS:**
Accordingly:
1. The Board will not give instructions to persons who report directly or indirectly to the EO.

2. The Board will not evaluate, either formally or informally, any staff other than the EO.

Southwest Michigan
BEHAVIORAL HEALTH

Executive Limitations
Monitoring to Assure Executive Performance
Board Date September 14, 2018

Policy Number: BEL-009
Policy Name: Global Executive Constraint
Assigned Reviewer: Anthony Heiser

Policy

1) The Executive Officer (EO) shall not cause or allow any practice, activity, decision, or organizational circumstance which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

2) The EO is accountable to the board acting as a body. The board will instruct the EO through written policies or directives consistent with board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

Executive Officer Response

1) The EO has not caused or allowed any practice, activity, decision, or organizational circumstance which is either illegal, imprudent, in violation of commonly accepted business and professional ethics, or in violation of contractual obligations. This is evidenced by the total absence of evidence or even insinuation of any of the above to the Board via Executive Officer self-report or by internal or external reviewers, staff, auditors or authorities. Ongoing monitoring and surveillance of SWMBH and Contractor performance by the EO, SWMBH staff and SWMBH contractors exists, with frequent cross-agency and cross-functional assignments and reports. This strengthens the avoidance and early detection of anything that is or could go amiss.

2) The board has instructed the EO clearly and diligently through written policies or directives consistent with board policies. The EO interpretation and implementation of those policies and Ends has relied on ongoing monitoring and reporting to the Board, periodic formal consideration of the Environmental Scan, Strategic Plan, Board Ends, Ends Interpretations and Metrics status. This is evidenced by ongoing Board review of specific Executive Limitations Board Polices, regular reports to the Board, and frequent interactions with the Board by other Senior Leaders.

-END-

Southwest Michigan
BEHAVIORAL HEALTH

Section: Board- Policy Executive Limitations	Policy Number: BEL-009	Pages: 1
Subject: Global Executive Constraint	Required By: Policy Governance	Accountability: SWMBH Board
Application: ☐ SWMBH Governance Board ☒ SWMBH EO		Required Reviewer: SWMBH Board
Effective Date: 11.18.2013	Last Review Date: 09-9-2016	Past Review Dates: 9.12.14, 9.11.15

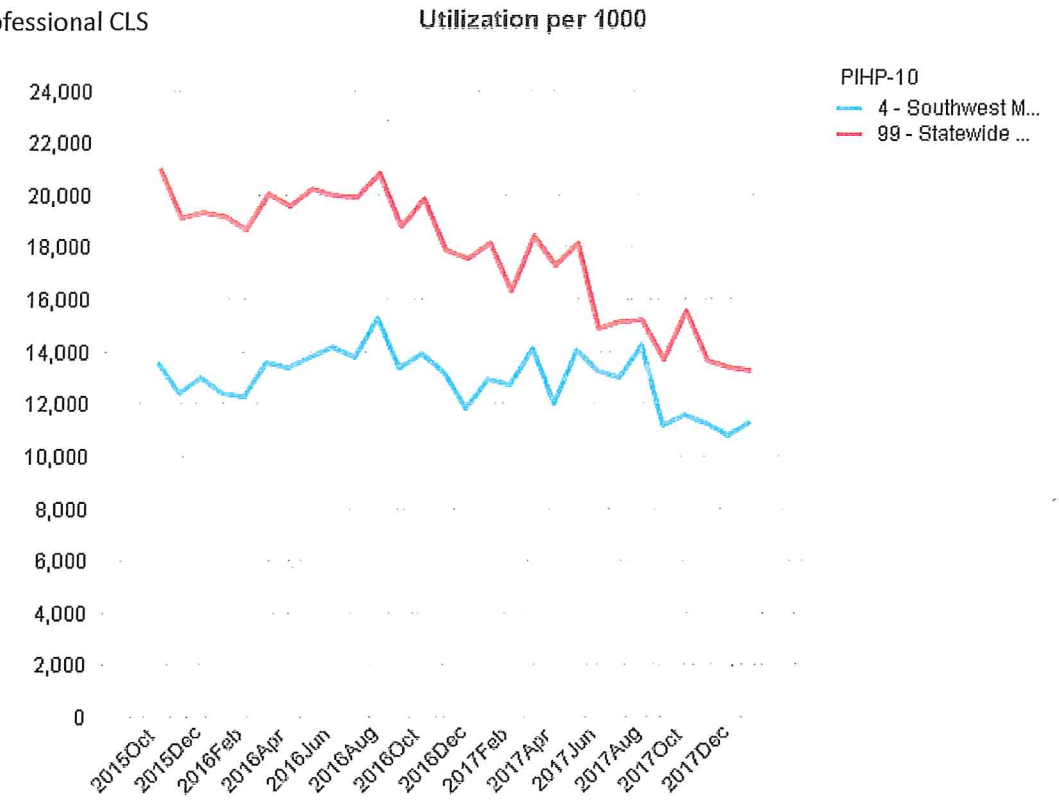
I. **POLICY:**

The Executive Officer (EO) shall not cause or allow any practice, activity, decision, or organizational circumstance which is either illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

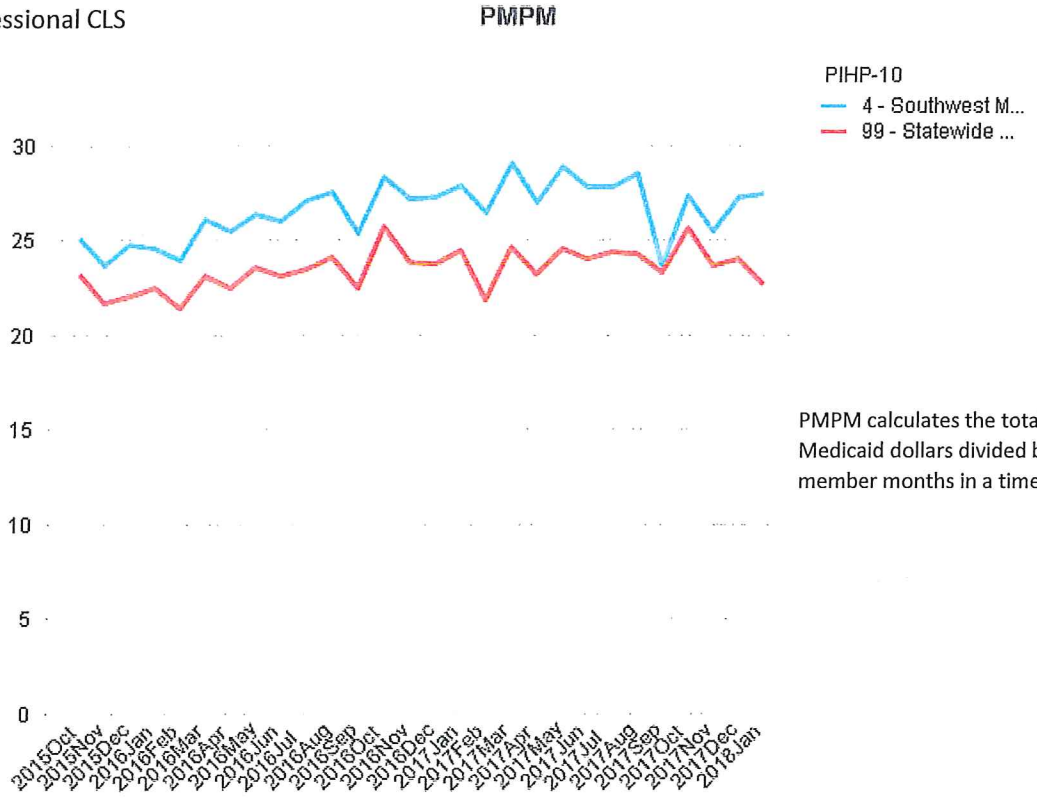
III. **STANDARDS:**

1. The EO is accountable to the Board acting as a body. The Board will instruct the EO through written policies or directives consistent with Board policies, delegating to the EO the interpretation and implementation of those policies and Ends.

Professional CLS

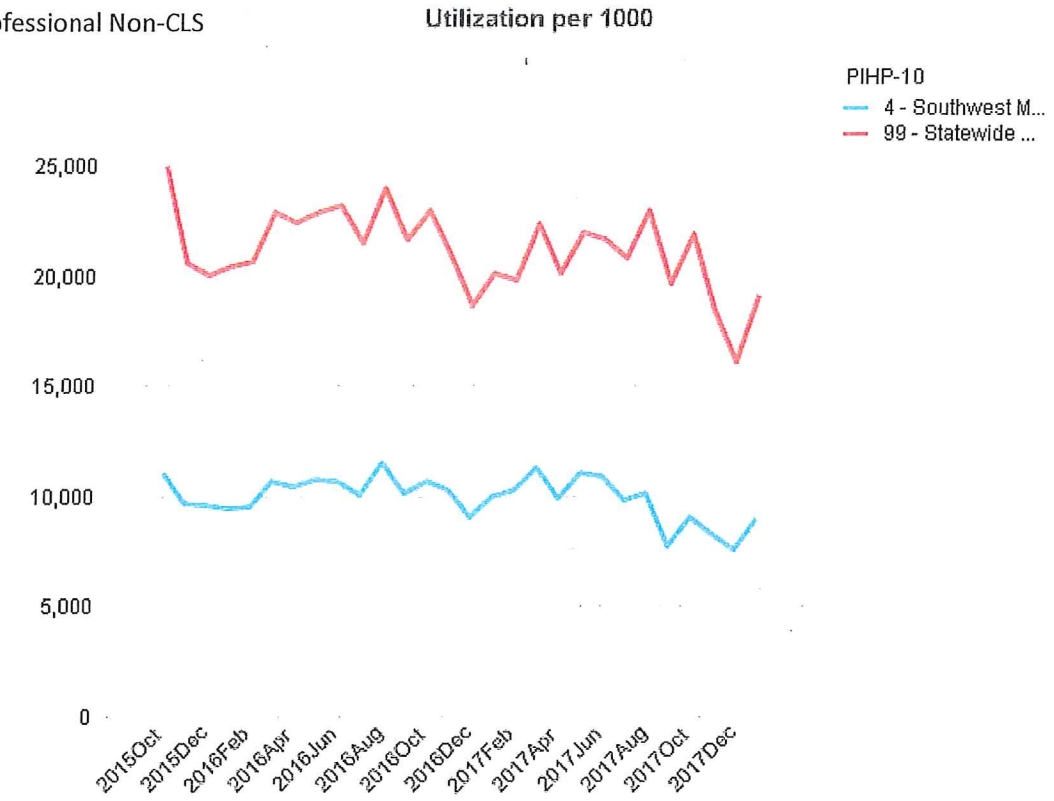


Professional CLS

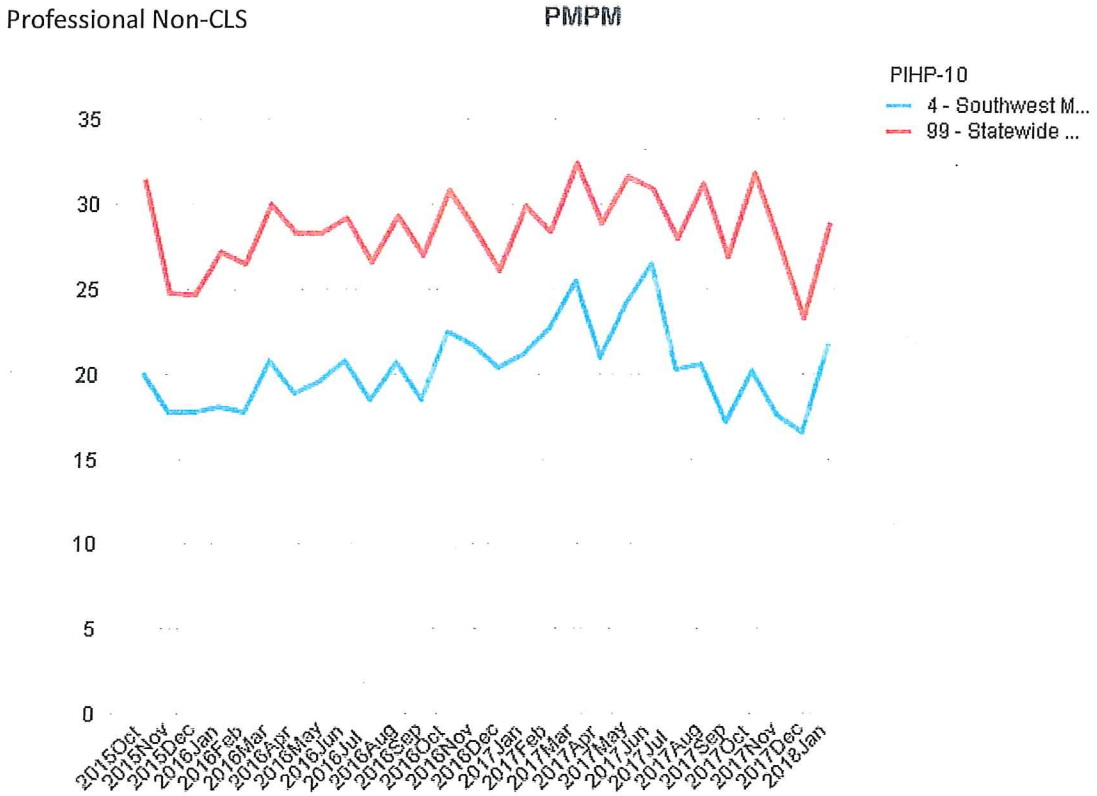


PMPM calculates the total Medicaid dollars divided by member months in a time period.

Professional Non-CLS



Professional Non-CLS



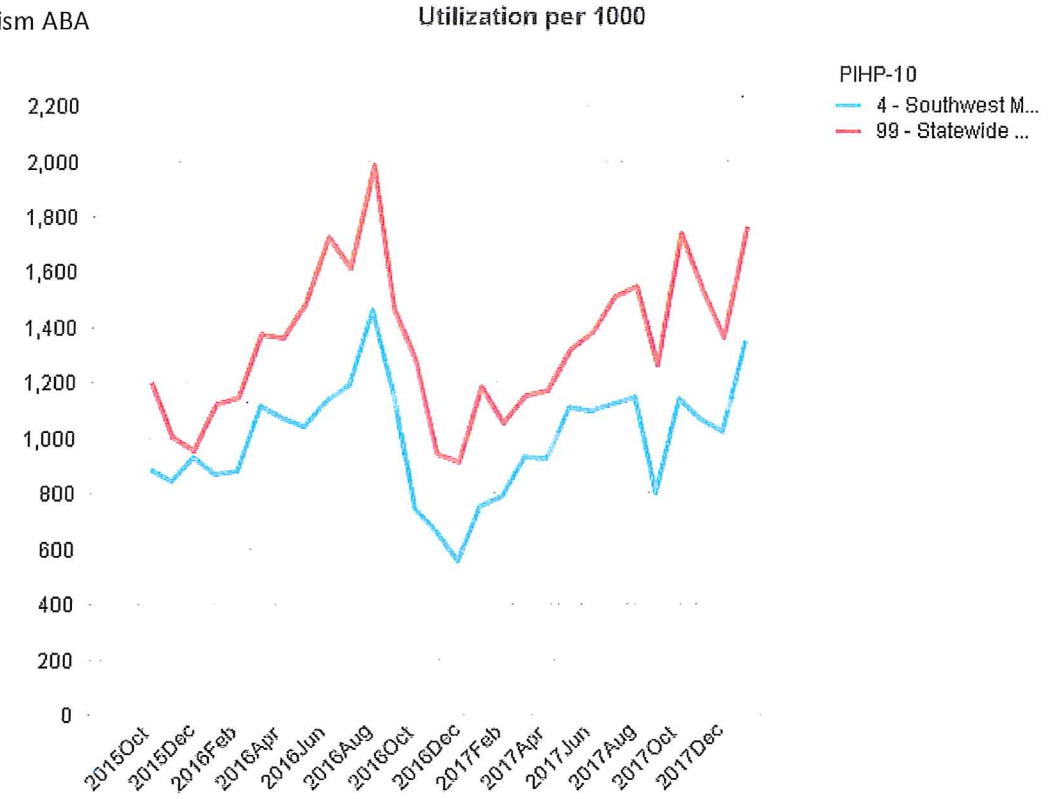
Professional Non-CLS Top Cost Contributors with SWMBH PMPM:

- Targeted Case Management (T1017) $3.66
- Supports Coordination (T1016) $2.40
- Homebased (H0036) $1.72
- Assertive Community Treatment (H0039) $1.52
- Skills Training and Development (H2014) $1.07
- Psychotherapy 45 minutes (90834) $0.86
- Supported Employment (H2023) $0.71
- Mental Health Services, not otherwise specified (H0046) $0.69
- Mental Health Clubhouse (H2030) $0.68
- Peer Services (H0039) $0.61
- Psychotherapy 60 minutes (90837) $0.60
- Outpatient / Office Visit (99213) $0.51
- Mental Health Assessment by Non-Physician (H0031) $0.46
- Respite Care Services (T1005) $0.45
- Behavioral Health Short-Term Residential (H0018) $0.43
- Program Intake Assessment (T1023) $0.38
- Wraparound Services (H2021) $0.22
- Mental Health Treatment Plan (H0032) $0.21
- Outpatient / Office Visit (99214) $0.20
- Psychiatric Diagnostic Evaluation with Medical Services (90792) $0.17
- Group Psychotherapy (90853) $0.17
- Multisystemic Therapy (H2033) $0.17
- Family Psychotherapy (90847) $0.15

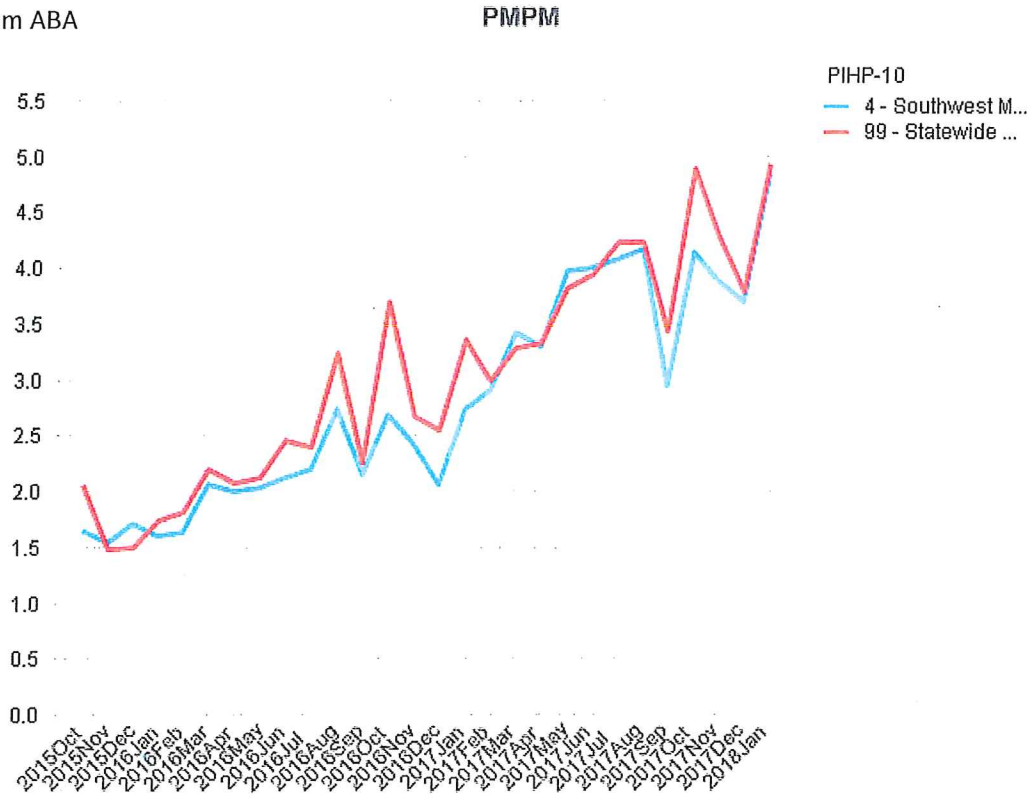
Professional CLS Cost Contributors with SWMBH PMPM:

- Comprehensive Community Living Supports Services, per diem (H2016) $9.63
- Personal Care Services, per diem (T1020) $9.07
- Supported Housing, per diem (H0043) $4.01
- Comprehensive Community Living Supports Services, per 15 minutes (H2015) $3.83

Autism ABA

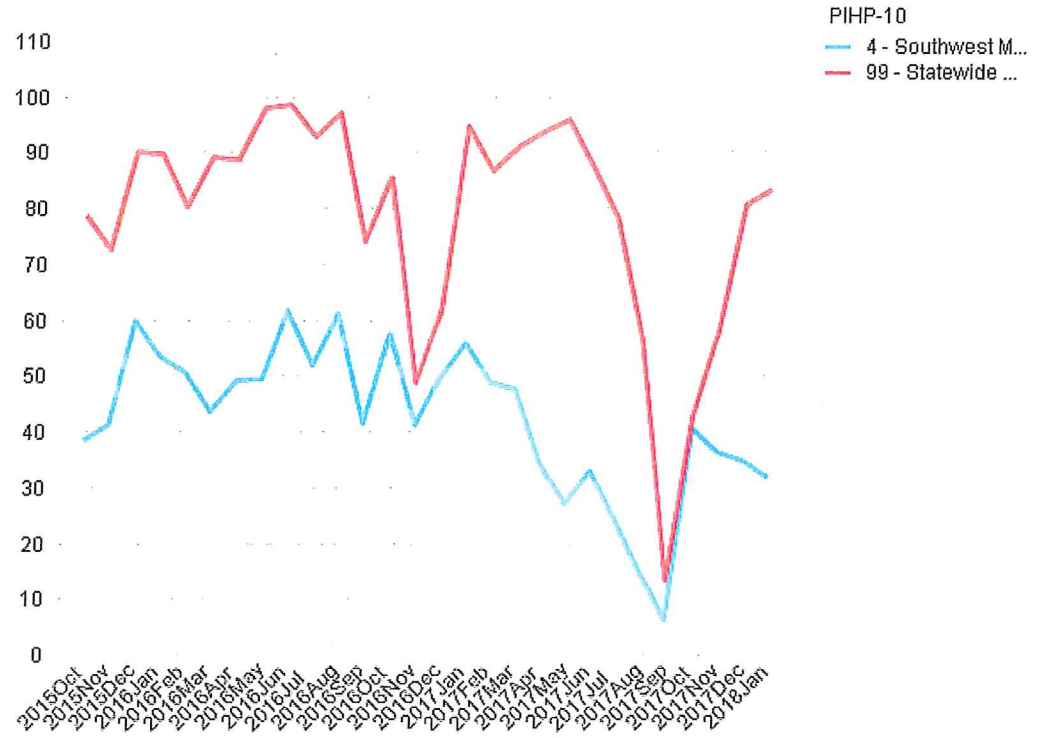


Autism ABA



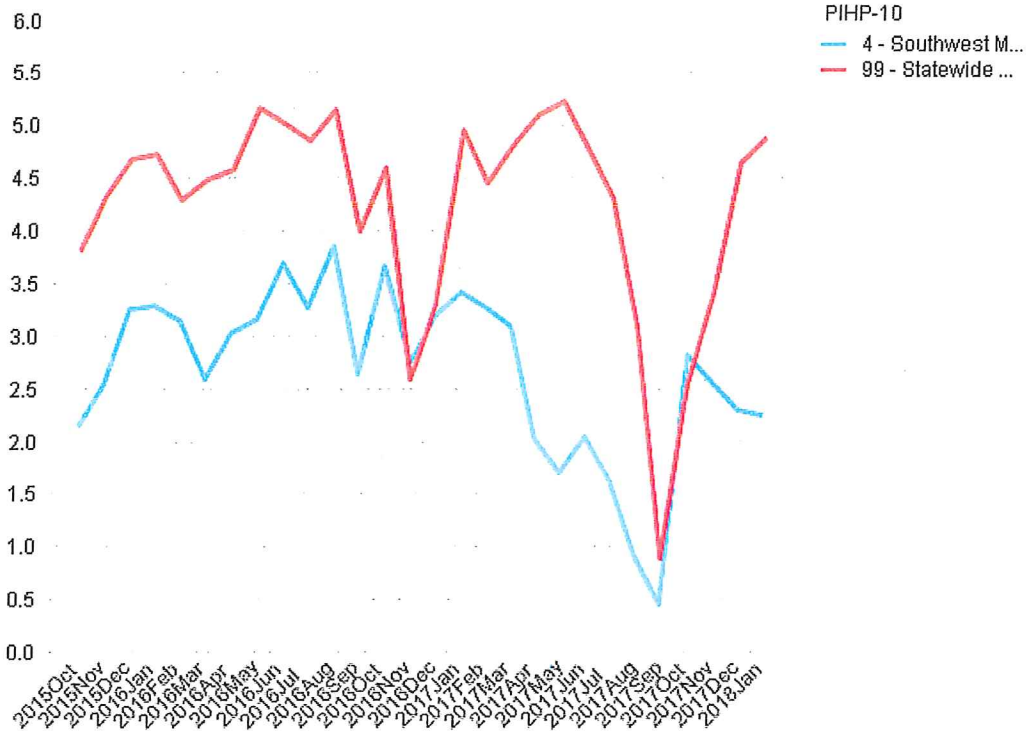
Inpatient

Utilization per 1000



Inpatient

PMPM



	E	F	G	H	I	J	K	L	M	N	O	P	R	S
1	**Southwest Michigan Behavioral Health**					*Mos in Period*								
2	For the Fiscal YTD Period Ended 7/31/2018					10								
3	*(For Internal Management Purposes Only)*													
4	**INCOME STATEMENT**			TOTAL		Medicaid Contract	Healthy Michigan Contract	Autism Contract	MI Health Link	SA Block Grant Contract	SA PA2 Funds Contract	SWMBH Central	Indirect Pooled Cost	
5														
6														
7	**REVENUE**													
16	Contract Revenue			206,016,040		161,505,846	23,898,842	9,200,920	2,874,899	6,870,956	1,664,577	-	-	
17	DHHS Incentive Payments			531,079		531,079	-	-	-	-	-	-	-	
18	Grants and Earned Contracts			100,850		-	-	-	-	51,248	-	49,602	-	
19	Interest Income - Working Capital			118,053		-	-	-	-	-	-	118,053	-	
20	Interest Income - ISF Risk Reserve			87,475		-	-	-	-	-	-	87,475	-	
21	Local Funds Contributions			1,081,510		-	-	-	-	-	-	1,081,510	-	
22	Other Local Income			66		-	-	-	-	-	-	66	-	
23														
24	**TOTAL REVENUE**			207,935,073		162,036,924	23,898,842	9,200,920	2,874,899	6,922,204	1,664,577	1,336,706	-	
25														
26	**EXPENSE**													
27	**Healthcare Cost**													
28	Provider Claims Cost			18,410,221		3,191,599	4,780,876	-	3,272,672	5,500,497	1,664,578	-	-	
29	CMHP Subcontracts, net of 1st & 3rd party			177,798,984		148,336,427	16,371,856	10,897,008	1,556,156	637,536	-	-	-	
30	HICA and Use Tax Expense			1,854,130		1,615,059	239,071	0	-	-	-	-	-	
31	Medicaid Hospital Rate Adjustments			3,110,948		3,110,948	-	-	-	-	-	-	-	
32	MHL Cost in Excess of Medicare FFS Cost			-		2,222,226	-	-	(2,222,226)	-	-	-	-	
33														
34	**Total Healthcare Cost**			201,174,283		158,476,259	21,391,804	10,897,008	2,606,601	6,138,033	1,664,578	-	-	
35	**Medical Loss Ratio (HCC % of Revenue)**			97.4%		97.8%	89.5%	118.4%	90.7%	89.3%	100.0%			
36														
37	**Administrative Cost**													
38	Purchased Professional Services			1,114,735		-	-	-	-	-	-	1,114,735	-	
39	Administrative and Other Cost			5,115,376		-	-	-	-	-	-	4,658,987	456,389	
41	Depreciation			141,490		-	-	-	-	-	-	141,490	-	
42	Functional Cost Reclassification			-		-	-	-	-	-	-	(141,490)	-	
43	Allocated Indirect Pooled Cost			0		-	-	-	-	81,669	-	(81,669)	-	
44	Delegated Managed Care Admin			12,878,830		10,784,651	1,190,308	790,002	113,869	-	-	456,389	(456,389)	
45	Apportioned Central Mgd Care Admin			(0)		4,845,957	676,477	348,493	154,429	198,910	-	-	-	
46												(6,224,266)	-	
47	**Total Administrative Cost**			19,250,430		15,630,609	1,866,785	1,138,495	268,297	280,579	-	65,665	(0)	
48	**Admin Cost Ratio (MCA % of Total Cost)**			8.7%		9.0%	8.0%	9.5%	9.3%	4.4%	0.0%	2.8%		
49														
50	Local Funds Contribution			1,081,510		-	-	-	-	-	-	1,081,510	-	
51														
52	**TOTAL COST after apportionment**			221,506,223		174,106,868	23,258,589	12,035,503	2,874,899	6,418,612	1,664,578	1,147,175	(0)	
53														
54	**NET SURPLUS before settlement**			(13,571,150)		(12,069,943)	640,253	(2,834,583)	-	503,592	(0)	189,531	0	
55	**Net Surplus (Deficit) % of Revenue**			-6.5%		-7.4%	2.7%	-30.8%	0.0%	7.3%	0.0%	14.2%		
56														
57	Prior Year Savings			6,473,810		5,102,623	1,371,188	-	-	-	-	-		
58	ISF Risk Reserve Abatement (Funding)			(87,475)		-	-	-	-	-	-	(87,475)		
59	ISF Risk Reserve Deficit Funding			7,790,463		7,790,463	-	-	-	-	-	-		
60	Settlement Receivable / (Payable)			(503,592)		(823,142)	(2,011,440)	2,834,583	-	(503,592)	-	-		
61	**NET SURPLUS (DEFICIT)**			102,055		-	-	-	-	-	(0)	102,056	0	
62	*HMP & Autism is settled with Medicaid*													
63														
64	**SUMMARY OF NET SURPLUS (DEFICIT)**													
65	Prior Year Unspent Savings			1,078,968		850,437	228,531	-	-	-	-	-		
66	Current Year Savings			(1,078,968)		(850,437)	(228,531)	-	-	-	-	-		
67	Local and Other Funds Surplus/(Deficit)			102,055		-	-	-	-	-	(0)	102,056	0	
68														
69	**NET SURPLUS (DEFICIT)**			102,055		-	-	-	-	-	(0)	102,056	0	
70														

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			*ok*									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5													
6	**Medicaid Specialty Services**			*HCC%*	80.4%	75.9%	80.9%	75.3%	75.7%	86.1%	83.2%	83.6%	79.3%
7	Subcontract Revenue		161,505,846	12,840,744	148,665,102	5,945,396	29,595,357	7,928,482	27,179,856	7,852,159	45,800,630	10,063,289	14,299,932
8	Incentive Payment Revenue		531,079	294,142	236,936	7,339	-	6,815	95,928	7,339	94,879	15,202	9,436
9	Contract Revenue		162,036,924	13,134,886	148,902,038	5,952,735	29,595,357	7,935,296	27,275,783	7,859,498	45,895,510	10,078,491	14,309,368
10													
11	External Provider Cost		111,822,493	3,191,599	108,630,894	3,530,993	21,626,764	5,478,691	17,270,288	5,243,946	40,299,436	7,176,531	8,004,246
12	Internal Program Cost		41,917,833	-	41,917,833	2,583,887	8,690,083	2,438,784	8,122,066	2,517,534	7,327,862	3,878,348	6,359,270
13	SSI Reimb, 1st/3rd Party Cost Offset		(656,145)	-	(656,145)	(48,880)	(104,931)	(55,892)	-	(81,628)	(204,015)	(34,431)	(126,367)
14	HICA & Use Tax, HRA		4,726,007	4,726,007	-	-	-	-	-	-	-	-	-
15	MHL Cost in Excess of Medicare FFS Cost		552,202	552,202	-	-	-	-	-	-	-	-	-
16	Total Healthcare Cost		158,362,390	8,469,807	149,892,583	6,066,000	30,211,916	7,861,582	25,392,354	7,679,853	47,423,283	11,020,447	14,237,149
17	Medical Loss Ratio (HCC % of Revenue)		97.7%	64.5%	100.7%	101.9%	102.1%	99.1%	93.1%	97.7%	103.3%	109.3%	99.5%
18													
19	Managed Care Administration		15,744,478	4,845,957	10,898,520	470,663	2,199,335	564,037	1,843,934	490,724	3,740,552	701,647	887,629
20	Admin Cost Ratio (MCA % of Total Cost)		9.0%	2.8%	6.3%	7.2%	6.8%	6.7%	6.8%	6.0%	7.3%	6.0%	5.9%
21													
22	Contract Cost		174,106,868	13,315,765	160,791,103	6,536,663	32,411,251	8,425,619	27,236,287	8,170,576	51,163,835	11,722,094	15,124,778
23	Net before Settlement		(12,069,943)	(180,878)	(11,889,065)	(583,928)	(2,815,893)	(490,323)	39,496	(311,079)	(5,268,325)	(1,643,603)	(815,410)
24													
25	Prior Year Savings		5,102,623	5,102,623	-	-	-	-	-	-	-	-	-
26	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
27	Contract Settlement / Redistribution		(823,142)	(12,712,207)	11,889,065	583,928	2,815,893	490,323	(39,496)	311,079	5,268,325	1,643,603	815,410
28	Net after Settlement		(7,790,463)	(7,790,463)	0	-	-	-	-	-	-	-	-
29													
30	Eligibles and PMPM												
31	Average Eligibles		148,380	148,380	148,380	7,521	28,975	8,432	27,911	8,536	39,100	12,202	15,703
32	Revenue PMPM		$ 109.20	$ 8.85	$ 100.35	$ 79.15	$ 102.14	$ 94.11	$ 97.72	$ 92.07	$ 117.38	$ 82.60	$ 91.13
33	Expense PMPM		$ 117.34	$ 8.97	$ 108.36	$ 86.91	$ 111.86	$ 99.92	$ 97.58	$ 95.72	$ 130.85	$ 96.07	$ 96.32
34	Margin PMPM		$ (8.13)	$ (0.12)	$ (8.01)	$ (7.76)	$ (9.72)	$ (5.82)	$ 0.14	$ (3.64)	$ (13.47)	$ (13.47)	$ (5.19)
35													
36	**Medicaid Specialty Services**												
37	Budget v Actual												
38													
39	Eligible Lives (Average Eligibles)												
40	Actual		148,380	148,380	148,380	7,521	28,975	8,432	27,911	8,536	39,100	12,202	15,703
41	Budget		149,940	149,940	149,940	7,309	29,119	8,559	28,032	8,523	39,920	13,012	15,466
42	Variance - Favorable / (Unfavorable)		(1,560)	(1,560)	(1,560)	212	(144)	(127)	(121)	13	(820)	(810)	237
43	% Variance - Fav / (Unfav)		-1.0%	-1.0%	-1.0%	2.9%	-0.5%	-1.5%	-0.4%	0.2%	-2.1%	-6.2%	1.5%
44													
45	Contract Revenue before settlement												
46	Actual		162,036,924	13,134,886	148,902,038	5,952,735	29,595,357	7,935,296	27,275,783	7,859,498	45,895,510	10,078,491	14,309,368
47	Budget		164,695,418	15,170,128	149,525,289	5,544,965	29,342,716	8,148,193	27,799,894	7,392,212	46,686,225	10,516,850	14,094,234
48	Variance - Favorable / (Unfavorable)		(2,658,493)	(2,035,242)	(623,251)	407,770	252,642	(212,897)	(524,111)	467,286	(790,715)	(438,359)	215,133
49	% Variance - Fav / (Unfav)		-1.6%	-13.4%	-0.4%	7.4%	0.9%	-2.6%	-1.9%	6.3%	-1.7%	-4.2%	1.5%
50													
51	Healthcare Cost												
52	Actual		158,362,390	8,469,807	149,892,583	6,066,000	30,211,916	7,861,582	25,392,354	7,679,853	47,423,283	11,020,447	14,237,149
53	Budget		158,183,900	8,546,272	149,637,629	6,244,878	28,458,120	7,938,557	26,716,717	7,646,445	47,600,818	10,912,618	14,119,476
54	Variance - Favorable / (Unfavorable)		(178,490)	76,464	(254,954)	178,879	(1,753,796)	76,975	1,324,363	(33,408)	177,535	(107,829)	(117,673)
55	% Variance - Fav / (Unfav)		-0.1%	0.9%	-0.2%	2.9%	-6.2%	1.0%	5.0%	-0.4%	0.4%	-1.0%	-0.8%
56													
57	Managed Care Administration												
58	Actual		15,744,478	4,845,957	10,898,520	470,663	2,199,335	564,037	1,843,934	490,724	3,740,552	701,647	887,629
59	Budget		17,589,896	5,935,338	11,654,558	427,336	2,548,603	595,999	1,990,987	395,168	4,062,109	748,943	885,412

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			*Mos in Period*									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			*ok*									
4	***INCOME STATEMENT***		**Total SWMBH**	**SWMBH Central**	**CMH Participants**	**Barry CMHA**	**Berrien CMHA**	**Pines Behavioral**	**Summit Pointe**	**Woodlands Behavioral**	**Kalamazoo CCMHSAS**	**St Joseph CMHA**	**Van Buren MHA**
5													
60	Variance - Favorable / (Unfavorable)		1,845,418	1,089,381	756,038	(43,327)	349,268	31,963	147,054	(95,555)	321,557	47,295	(2,218)
61	% Variance - Fav / (Unfav)		10.5%	18.4%	6.5%	-10.1%	13.7%	5.4%	7.4%	-24.2%	7.9%	6.3%	-0.3%
62													
63	Total Contract Cost												
64	Actual		174,106,868	13,315,765	160,791,103	6,536,663	32,411,251	8,425,619	27,236,287	8,170,576	51,163,835	11,722,094	15,124,778
65	Budget		175,773,796	14,481,610	161,292,186	6,672,215	31,006,722	8,534,556	28,707,705	8,041,613	51,662,927	11,661,561	15,004,887
66	Variance - Favorable / (Unfavorable)		1,666,928	1,165,845	501,083	135,552	(1,404,528)	108,938	1,471,417	(128,963)	499,092	(60,534)	(119,891)
67	% Variance - Fav / (Unfav)		0.9%	8.1%	0.3%	2.0%	-4.5%	1.3%	5.1%	-1.6%	1.0%	-0.5%	-0.8%
68													
69	Net before Settlement												
70	Actual		(12,069,943)	(180,878)	(11,889,065)	(583,928)	(2,815,893)	(490,323)	39,496	(311,079)	(5,268,325)	(1,643,603)	(815,410)
71	Budget		(11,078,378)	688,519	(11,766,897)	(1,127,250)	(1,664,007)	(386,363)	(907,811)	(649,401)	(4,976,702)	(1,144,711)	(910,653)
72	Variance - Favorable / (Unfavorable)		(991,565)	(869,397)	(122,168)	543,322	(1,151,886)	(103,960)	947,306	338,322	(291,623)	(498,892)	95,243
73													
74													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			Mos In Period									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			ok									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Contral	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5													
75	**Healthy Michigan Plan**												
76	Contract Revenue		23,898,842	HCC% 4,093,685	8.8% 19,805,157	14.0% 959,913	6.8% 4,001,076	10.6% 930,757	11.9% 3,544,828	7.7% 1,131,511	7.7% 5,797,689	8.7% 1,494,543	8.0% 1,944,840
77													
78	External Provider Cost		13,470,317	4,780,876	8,689,440	460,100	1,170,901	410,938	1,945,988	228,261	3,231,273	564,736	677,244
79	Internal Program Cost		7,682,416	-	7,682,416	656,780	1,353,752	692,450	2,035,730	462,433	1,143,691	583,141	754,438
80	HICA & Use Tax		239,071	239,071	-	-	-	-	-	-	-	-	-
81	Total Healthcare Cost		21,391,804	5,019,947	16,371,856	1,116,880	2,524,652	1,103,388	3,981,718	690,695	4,374,965	1,147,877	1,431,682
82	Medical Loss Ratio (HCC % of Revenue)		89.5%	122.6%	82.7%	116.4%	63.1%	118.5%	112.3%	61.0%	75.5%	76.8%	73.6%
83													
84	Managed Care Administration		1,866,785	676,477	1,190,308	86,659	183,787	79,164	289,143	44,134	345,079	73,083	89,260
85	Admin Cost Ratio (MCA % of Total Cost)		8.0%	2.9%	5.1%	7.2%	6.8%	6.7%	6.8%	6.0%	7.3%	6.0%	5.9%
86													
87	Contract Cost		23,258,589	5,696,425	17,562,164	1,203,539	2,708,439	1,182,552	4,270,861	734,828	4,720,044	1,220,960	1,520,941
88	Net before Settlement		640,253	(1,602,739)	2,242,992	(243,626)	1,292,637	(251,795)	(726,033)	396,682	1,077,646	273,583	423,898
89													
90	Prior Year Savings		1,371,188	1,371,188	-	-	-	-	-	-	-	-	-
91	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
92	Contract Settlement / Redistribution		(2,011,440)	231,552	(2,242,992)	243,626	(1,292,637)	251,795	726,033	(396,682)	(1,077,646)	(273,583)	(423,898)
93	Net after Settlement		(0)	(0)	-	-	-	-	-	-	-	-	-
94													
95	Eligibles and PMPM												
96	Average Eligibles		51,484	51,484	51,484	2,513	10,404	2,432	9,160	2,971	14,991	3,909	5,105
97	Revenue PMPM		$ 46.42	$ 7.95	$ 38.47	$ 38.20	$ 38.46	$ 38.28	$ 38.70	$ 38.08	$ 38.67	$ 38.23	$ 38.10
98	Expense PMPM		45.18	11.06	34.11	47.90	26.03	48.63	46.63	24.73	31.49	31.24	29.79
99	Margin PMPM		$ 1.24	$ (3.11)	$ 4.36	$ (9.70)	$ 12.42	$ (10.36)	$ (7.93)	$ 13.35	$ 7.19	$ 7.00	$ 8.30
100													
101	**Healthy Michigan Plan**												
102	Budget v Actual												
103													
104	Eligible Lives (Average Eligibles)												
105	Actual		51,484	51,484	51,484	2,513	10,404	2,432	9,160	2,971	14,991	3,909	5,105
106	Budget		57,015	57,015	57,015	2,713	11,544	2,617	10,493	3,293	16,146	4,413	5,796
107	Variance - Favorable / (Unfavorable)		(5,531)	(5,531)	(5,531)	(200)	(1,140)	(185)	(1,333)	(322)	(1,155)	(504)	(691)
108	% Variance - Fav / (Unfav)		-9.7%	-9.7%	-9.7%	-7.4%	-9.9%	-7.1%	-12.7%	-9.8%	-7.2%	-11.4%	-11.9%
109													
110	Contract Revenue before settlement												
111	Actual		23,898,842	4,093,685	19,805,157	959,913	4,001,076	930,757	3,544,828	1,131,511	5,797,689	1,494,543	1,944,840
112	Budget		23,416,667	4,714,496	18,702,170	901,852	3,787,842	867,791	3,523,161	1,078,905	5,147,575	1,462,842	1,932,202
113	Variance - Favorable / (Unfavorable)		482,175	(620,811)	1,102,986	58,061	213,235	62,966	21,666	52,606	650,114	31,700	12,638
114	% Variance - Fav / (Unfav)		2.1%	-13.2%	5.9%	6.4%	5.6%	7.3%	0.6%	4.9%	12.6%	2.2%	0.7%
115													
116	Healthcare Cost												
117	Actual		21,391,804	5,019,947	16,371,856	1,116,880	2,524,652	1,103,388	3,981,718	690,695	4,374,965	1,147,877	1,431,682
118	Budget		18,824,996	3,402,420	15,422,576	1,107,200	2,714,682	943,442	3,519,048	808,455	4,335,181	758,692	1,235,876
119	Variance - Favorable / (Unfavorable)		(2,566,807)	(1,617,527)	(949,280)	(9,680)	190,030	(159,946)	(462,670)	117,760	(39,784)	(389,184)	(195,806)
120	% Variance - Fav / (Unfav)		-13.6%	-47.5%	-6.2%	-0.9%	7.0%	-17.0%	-13.1%	14.6%	-0.9%	-51.3%	-15.8%
121													
122	Managed Care Administration												
123	Actual		1,866,785	676,477	1,190,308	86,659	183,787	79,164	289,143	44,134	345,079	73,083	89,260
124	Budget		1,960,090	732,140	1,227,950	77,463	249,765	72,894	268,547	42,802	383,862	53,377	79,240
125	Variance - Favorable / (Unfavorable)		93,305	55,662	37,642	(9,196)	65,979	(6,270)	(20,596)	(1,332)	38,783	(19,706)	(10,019)
126	% Variance - Fav / (Unfav)		4.8%	7.6%	3.1%	-11.9%	26.4%	-8.6%	-7.7%	-3.1%	10.1%	-36.9%	-12.6%
127													
128	Total Contract Cost												

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	***Southwest Michigan Behavioral Health***			*Mos in Period*									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			*ok*									
4	***INCOME STATEMENT***		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5													
129	Actual		23,258,589	5,696,425	17,562,164	1,203,539	2,708,439	1,182,552	4,270,861	734,828	4,720,044	1,220,960	1,520,941
130	Budget		20,785,086	4,134,560	16,650,527	1,184,663	2,964,448	1,016,336	3,787,595	851,257	4,719,043	812,069	1,315,116
131	Variance - Favorable / (Unfavorable)		(2,473,503)	(1,561,865)	(911,638)	(18,876)	256,008	(166,216)	(483,266)	116,428	(1,001)	(408,890)	(205,825)
132	% Variance - Fav / (Unfav)		-11.9%	-37.8%	-5.5%	-1.6%	8.6%	-16.4%	-12.8%	13.7%	0.0%	-50.4%	-15.7%
133													
134	Net before Settlement												
135	Actual		640,253	(1,602,739)	2,242,992	(243,626)	1,292,637	(251,795)	(726,033)	396,682	1,077,646	273,583	423,898
136	Budget		2,631,580	579,937	2,051,644	(282,811)	823,394	(148,546)	(264,434)	227,649	428,532	650,773	617,086
137	Variance - Favorable / (Unfavorable)		(1,991,328)	(2,182,676)	191,348	39,185	469,243	(103,249)	(461,599)	169,034	649,113	(377,190)	(193,188)
138													
139		x											

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos In Period*									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			*ok*									
4	***INCOME STATEMENT***		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5													
140	***Autism Specialty Services***												
141	Contract Revenue		9,200,920	*HCC%* 629,115	5.8% 8,571,806	5.7% 352,460	7.4% 1,583,127	9.7% 430,228	4.4% 1,519,017	2.3% 344,922	5.2% 2,696,495	4.7% 776,551	7.7% 869,005
142													
143	External Provider Cost		9,219,234	-	9,219,234	41,151	2,769,156	998,754	279,064	204,632	2,945,405	620,412	1,360,662
144	Internal Program Cost		1,677,774	-	1,677,774	418,250	1,334	16,250	1,209,148	386	-	5,077	27,329
145	HICA & Use Tax		0	0	-	-	-	-	-	-	-	-	-
146	Total Healthcare Cost		10,897,008	0	10,897,008	459,400	2,770,490	1,015,004	1,488,212	205,017	2,945,405	625,489	1,387,991
147	Medical Loss Ratio (HCC % of Revenue)		118.4%	0.0%	127.1%	130.3%	175.0%	235.9%	98.0%	59.4%	109.2%	80.5%	159.7%
148													
149	Managed Care Administration		1,138,495	348,493	790,002	35,645	201,683	72,822	108,071	13,100	232,321	39,823	86,536
150	Admin Cost Ratio (MCA % of Total Cost)		9.5%	2.9%	6.6%	7.2%	6.8%	6.7%	6.8%	6.0%	7.3%	6.0%	5.9%
151													
152	Contract Cost		12,035,503	348,493	11,687,010	495,045	2,972,173	1,087,827	1,596,282	218,118	3,177,726	665,312	1,474,527
153	Net before Settlement		(2,834,583)	280,622	(3,115,204)	(142,585)	(1,389,046)	(657,599)	(77,266)	126,804	(481,231)	111,239	(605,521)
154	Contract Settlement / Redistribution		2,834,583	(280,622)	3,115,204	142,585	1,389,046	657,599	77,266	(126,804)	481,231	(111,239)	605,521
155	Net after Settlement		-	(0)	-	-	-	-	-	-	-	-	-
156													
157		x											
158	***SUD Block Grant Treatment***												
159	Contract Revenue		6,870,956	*HCC%* 6,020,583	0.3% 850,373	0.8% 75,655	0.8% 374,217	0.3% 28,929	0.0% -	0.4% 121,007	0.0% -	0.9% 159,130	0.5% 91,434
160													
161	External Provider Cost		5,503,395	5,500,497	2,898	2,898	-	-	-	-	-	-	-
162	Internal Program Cost		634,638	-	634,638	64,151	294,366	27,383	-	36,349	8,100	118,507	85,783
163	HICA & Use Tax		-	-	-	-	-	-	-	-	-	-	-
164	Total Healthcare Cost		6,138,033	5,500,497	637,536	67,049	294,366	27,383	-	36,349	8,100	118,507	85,783
165	Medical Loss Ratio (HCC % of Revenue)		89.3%	91.4%	75.0%	88.6%	78.7%	94.7%	0.0%	30.0%	0.0%	74.5%	93.8%
166													
167	Managed Care Administration		229,331	229,331	-	-	-	-	-	-	-	-	-
168	Admin Cost Ratio (MCA % of Total Cost)		3.6%	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
169													
170	Contract Cost		6,367,364	5,729,828	637,536	67,049	294,366	27,383	-	36,349	8,100	118,507	85,783
171	Net before Settlement		503,592	290,755	212,837	8,606	79,852	1,547	-	84,658	(8,100)	40,623	5,652
172	Contract Settlement		(503,592)	(290,755)	(212,837)	(8,606)	(79,852)	(1,547)	-	(84,658)	8,100	(40,623)	(5,652)
173	Net after Settlement		-	0	-	-	-	-	-	-	-	-	-
174													
175		x	-										

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			*ok*									
4	***INCOME STATEMENT***		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5													
176	***SWMBH CMHP Subcontracts***												
177	Subcontract Revenue		201,476,564	23,584,127	177,892,437	7,333,425	35,553,778	9,318,396	32,243,700	9,449,599	54,294,815	12,493,513	17,205,211
178	Incentive Payment Revenue		531,079	294,142	236,936	7,339	-	6,815	95,928	7,339	94,879	15,202	9,436
179	Contract Revenue		202,007,642	23,878,269	178,129,373	7,340,764	35,553,778	9,325,210	32,339,628	9,456,938	54,389,694	12,508,715	17,214,647
180													
181	External Provider Cost		140,015,440	13,472,972	126,542,467	4,035,142	25,566,821	6,888,383	19,495,339	5,676,839	46,476,114	8,361,678	10,042,151
182	Internal Program Cost		51,912,661	-	51,912,661	3,723,067	10,339,534	3,174,866	11,366,944	3,016,703	8,479,654	4,585,072	7,226,820
183	SSI Reimb, 1st/3rd Party Cost Offset		(656,145)	-	(656,145)	(48,880)	(104,931)	(55,892)	-	(81,628)	(204,015)	(34,431)	(126,367)
184	HICA & Use Tax, HRA		4,965,078	4,965,078	-	-	-	-	-	-	-	-	-
185	MHL Cost in Excess of Medicare FFS Cost		552,202	552,202	-	-	-	-	-	-	-	-	-
186	**Total Healthcare Cost**		196,789,235	18,990,252	177,798,984	7,709,329	35,801,424	10,007,357	30,862,284	8,611,914	54,751,753	12,912,319	17,142,604
187	**Medical Loss Ratio (HCC % of Revenue)**		97.4%	79.5%	99.8%	105.0%	100.7%	107.3%	95.4%	91.1%	100.7%	103.2%	99.6%
188													
189	Managed Care Administration		18,979,088	6,100,258	12,878,830	592,967	2,584,805	716,023	2,241,147	547,957	4,317,952	814,554	1,063,424
190	**Admin Cost Ratio (MCA % of Total Cost)**		8.8%	2.8%	6.0%	7.1%	6.7%	6.7%	6.8%	6.0%	7.3%	5.9%	5.8%
191													
192	Contract Cost		215,768,323	25,090,510	190,677,813	8,302,296	38,386,229	10,723,380	33,103,431	9,159,871	59,069,705	13,726,873	18,206,028
193	Net before Settlement		(13,760,681)	(1,212,241)	(12,548,440)	(961,533)	(2,832,451)	(1,398,170)	(763,803)	297,066	(4,680,011)	(1,218,158)	(991,382)
194													
195	Prior Year Savings		6,473,810	6,473,810	-	-	-	-	-	-	-	-	-
196	Internal Service Fund Risk Reserve		-	-	-	-	-	-	-	-	-	-	-
197	Contract Settlement		(503,592)	(13,052,033)	12,548,440	961,533	2,832,451	1,398,170	763,803	(297,066)	4,680,011	1,218,158	991,382
198	Net after Settlement		(7,790,463)	(7,790,463)	0	-	0	-	0	(0)	-	-	(0)
199													
200													

	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**Southwest Michigan Behavioral Health**			*Mos in Period*									
2	For the Fiscal YTD Period Ended 7/31/2018			10									
3	*(For Internal Management Purposes Only)*			*ok*									
4	**INCOME STATEMENT**		Total SWMBH	SWMBH Central	CMH Participants	Barry CMHA	Berrien CMHA	Pines Behavioral	Summit Pointe	Woodlands Behavioral	Kalamazoo CCMHSAS	St Joseph CMHA	Van Buren MHA
5													
201	**State General Fund Services**												
202	Contract Revenue			*HCC%*	4.6%	3.6%	4.1%	4.1%	8.0%	3.4%	3.9%	2.0%	4.5%
203					8,498,961	491,786	1,454,690	473,278	1,741,314	482,533	2,950,578	254,932	649,850
204	External Provider Cost				2,979,531	13,754	197,119	82,125	762,056	133,828	1,570,638	143,160	76,851
205	Internal Program Cost				5,717,014	274,258	1,327,698	351,095	1,939,078	171,783	791,765	124,928	736,409
206	SSI Reimb, 1st/3rd Party Cost Offset				(114,818)	-	-	-	-	-	(114,818)	-	-
207	Total Healthcare Cost				8,581,727	288,013	1,524,817	433,220	2,701,133	305,611	2,247,585	268,088	813,260
208	Medical Loss Ratio (HCC % of Revenue)				101.0%	58.6%	104.8%	91.5%	155.1%	63.3%	76.2%	105.2%	125.1%
209													
210	Managed Care Administration				695,929	25,106	122,731	34,768	217,531	21,582	198,720	19,100	56,392
211	Admin Cost Ratio (MCA % of Total Cost)				7.5%	8.0%	7.4%	7.4%	7.5%	6.6%	8.1%	6.7%	6.5%
212													
213	Contract Cost				9,277,656	313,118	1,647,548	467,988	2,918,665	327,192	2,446,305	287,188	869,652
214	Net before Settlement				(778,695)	178,668	(192,858)	5,290	(1,177,351)	155,341	504,273	(32,256)	(219,802)
215													
216	Other Redistributions of State GF				(33,241)	5,726	(7,017)	-	(35,949)	-	31,047	-	(27,050)
217	Contract Settlement				(838,422)	(154,079)	(8,333)	(8,333)	-	(140,884)	(518,458)	(8,333)	-
218	Net after Settlement				(1,650,358)	30,315	(208,208)	(3,043)	(1,213,300)	14,456	16,862	(40,589)	(246,852)
219													

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

FOR IMMEDIATE RELEASE:
Aug. 13, 2018

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Financing model framework announced for Section 298 Initiative

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) today announced that a consensus has been reached by the 298 Leadership Group on the framework for a financial model that will support the pilots involved in the Section 298 Initiative. The 298 Leadership Group consists of health plan executives and Community Mental Health Services Programs (CMHSP) executive directors from the pilot sites across Michigan.

"Our main goal is to come up with a solution that provides person-centered, community-based care with positive outcomes that promote independence, self-determination, and improved heath. The 298 Leadership Group agrees that this solution represents an improved integration of services and supports for the individuals who use our health programs," said Matt Lori, Senior Deputy Director of Policy, Planning, and Legislative Services at MDHHS.

The new financial model will involve Medicaid health plans purchasing administrative services from the CMHSPs to keep care closest to the community, along with a mixture of capitation and fee-for-service payment for the actual delivery of care. The pilot program mandates that any financial benefits from this agreed-upon model be reinvested into the services and supports for these individuals in the counties where the savings occurs.

"Our goal is to create the most effective model for integration of physical and behavioral health services to improve care coordination, treatment and supports to the whole person," stated Lisa Williams, executive director of West Michigan Community Mental Health. "The ability to come to an agreed upon consensus for pilot design by the Medicaid health plans and community mental health providers has been driven by the ability to remain forward-thinking about opportunities to continuously improve services to the people, families, and communities we serve."

The Leadership Group has created a sub-workgroup to fully develop the structure for the payment model based on services and unique populations included. Part of the sub-workgroup's goal is to ensure the public's interest is being represented through oversight and accountability.

"We are making meaningful progress on the integration of physical and behavioral health services that will provide improved access and the highest quality of care for some of Michigan's most vulnerable citizens, but there is still much work to be done to ensure true integration at the financial, administrative, and clinical levels," stated Sean Kendall, president and chief operating officer of Meridian.

– MORE –

This financial model will be implemented across all three pilot sites located in Genesee, Saginaw, Muskegon, Lake, Oceana, and Mason counties and supports the overall goal of fully integrating the Medicaid-funded physical health and behavioral health benefits in Michigan for a minimum of two years. Further updates will be shared as progress is made towards the implementing the pilots.

For more information about the Section 298 Initiative, visit www.michigan.gov/stakeholder298.

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DYKEMA

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Matthew D. Shell

New Michigan Medicaid OIG Post-Payment Audits Coming

Posted on August 29, 2018 by Joanne R. Lax

On August 15, 2018, the Michigan Department of Health and Human Services (MDHHS) announced the initiation of post-payment claims audits to identify and recover overpayments made to Medicaid providers. These audits will be overseen by the MDHHS Office of Inspector General (OIG) and will be conducted by AdvanceMed, the Midwestern Unified Program Integrity Contractor (UPIC) for the federal Centers for Medicare & Medicaid Services (CMS).

The audits will come in two forms: automated and complex. Automated audits will not require review of clinical records, while complex ones will. AdvanceMed may not request more than 150 records per request, or 500 in a three-month period by billing NPI. Providers will not be reimbursed for the cost of producing requested records. In addition to record reviews, AdvanceMed may conduct interviews of providers and beneficiaries, and on-site visits.

Paid claims with a date of service beginning 10/01/2014 or later are eligible for review. For now, only fee-for-service claims are included in these audits, but all provider types may be audited. AdvanceMed may use statistical sampling and extrapolation on a case-by-case basis to determine the amount of the overpayments. Interestingly, AdvanceMed will not identify or act upon underpayments.

Providers will have several opportunities to object to AdvanceMed findings. In a complex audit, AdvanceMed will issue draft findings after review of the requested medical records. Providers will be able to submit rebuttal documentation within 30 days of receiving the draft findings. Once a final recovery notice is issued in either an automated or complex case, providers will have another 30 days to request either an internal conference or an administrative hearing. If a provider elects an internal conference, the provider will have 30 days from the report of the conference findings to request an administrative hearing. If the provider submits a timely request for an administrative hearing or an internal conference, no recovery of the identified claim will occur until the appeal is resolved.

MDHHS notes: "All correspondence regarding these post-payment audits will be sent to the correspondence address that is listed in the Community Health Automated Medicaid Processing System (CHAMPS). Therefore, providers should ensure their correspondence address in CHAMPS is accurate."

The alphabet soup of government auditing entities is being served up to Medicaid providers. In addition to potential repayment risk, these audits have a distinct program integrity flavor and may be gateways to fraud and abuse investigations with civil and criminal consequences. Medicaid providers would be wise to review both their paid claims and their billing processes to spot and fix any vulnerabilities.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	2018 SWMBH Board Member & Board Alternate Attendance												
2	**Name:**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
3	**Board Members:**												
4													
5	Robert Nelson (Barry)												
6	Edward Meny (Berrien)												
7	Tom Schmelzer (Branch)												
8	Patrick Garrett (Calhoun)												
9	Mary (Mae) Myers (Cass)												
10	Moses Walker (Kalamazoo)												
11	Anthony Heiser (St. Joe)												
12	Susan Barnes (Van Buren)												
13													
14	**Alternates:**												
15	Robert Becker (Barry)												
16	Nancy Johnson (Berrien)												
17	Jon Houtz (Branch)												
18	Kathy-Sue Vette (Calhoun)												
19	Kathy Lehman (Cass)												
20	Patricia Guenther (Kalamazoo)												
21	Timothy Carmichael (St. Joe)												
22	Angie Dickerson (Van Buren)												
23													
24													
25													
26	8/10/2018												
27													
28	James Blocker (Calhoun)												