

**Michigan Department of Health and
Human Services**

**State Fiscal Year 2020
Validation of Performance Measures
for Region 7—Detroit Wayne Integrated
Health Network**

*Behavioral Health and Developmental Disabilities Administration
Prepaid Inpatient Health Plans*

September 2020



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Validation of Performance Measures

Validation Overview

The Michigan Department of Health and Human Services (MDHHS) oversees and administers the Medicaid program in the State of Michigan. In 2013, MDHHS selected 10 behavioral health managed care organizations (MCOs) to serve as prepaid inpatient health plans (PIHPs). The PIHPs are responsible for managing Medicaid beneficiaries' behavioral healthcare, including authorization of services and monitoring of health outcomes and standards of care. The PIHPs serve members directly or through contracts with providers and community mental health services programs (CMHSPs).

The Centers for Medicare & Medicaid Services (CMS) requires that states, through their contracts with PIHPs, measure and report on performance to assess the quality and appropriateness of care and services provided to members. Validation of performance measures is one of the mandatory external quality review (EQR) activities that Title 42 of the Code of Federal Regulations (CFR) §438.350(a) requires states that contract with managed care organizations to perform.

The purpose of performance measure validation (PMV) is to assess the accuracy of performance measures reported by PIHPs and to determine the extent to which performance measures reported by the PIHPs follow state and federal specifications and reporting requirements. According to CMS' *External Quality Review (EQR) Protocols, October 2019*,¹ the mandatory PMV activity may be performed by the state Medicaid agency, an agent that is not a PIHP, or an external quality review organization (EQRO).

To meet the PMV requirements, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), the EQRO for MDHHS, to conduct the PMV for each PIHP. HSAG validated the PIHPs' data collection and reporting processes used to calculate performance indicator rates. MDHHS developed a set of performance indicators that the PIHPs were required to calculate and report.

¹ The Centers for Medicare & Medicaid Services. *External Quality Review (EQR) Protocols, October 2019*. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Mar 17, 2020.

Prepaid Inpatient Health Plan (PIHP) Information

Information about **Detroit Wayne Integrated Health Network** appears in Table 1.

Table 1—Detroit Wayne Integrated Health Network Information

PIHP Name:	Detroit Wayne Mental Health Authority DBA Detroit Wayne Integrated Health Network
PIHP Location:	707 W Milwaukee Street, Detroit, MI 48202
PIHP Contact:	April Siebert
Contact Telephone Number:	313.344.9099, Ext. 3129
Contact Email Address:	asiebert@dwmha.com
PMV Webex Review Date:	July 9, 2020

Performance Indicators Validated

HSAG validated a set of performance indicators that were developed and selected by MDHHS for validation. The reporting cycle and measurement period were specified for each indicator by MDHHS. Table 2 lists the performance indicators calculated by the PIHPs for specific populations for the first quarter of state fiscal year (SFY) 2020, which began October 1, 2019, and ended December 31, 2019. Table 3 lists the performance indicators calculated by MDHHS, each with its specific measurement period. The indicators are numbered as they appear in the MDHHS Codebook. Since data were not available for three performance indicators (i.e., #2a, #2b, and #3) for SFY 2020, HSAG conducted a readiness review of information systems and processes used for data collection and reporting that will be used to calculate future performance indicator rates.

Table 2—List of Performance Indicators Calculated by PIHPs

Indicator		Sub-Populations	Measurement Period
#1	The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	<ul style="list-style-type: none"> Children Adults 	1st Quarter SFY 2020
#2a*	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.	<ul style="list-style-type: none"> MI–Adults MI–Children I/DD–Adults I/DD–Children 	Not Applicable
#3*	The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing the non-emergent biopsychosocial assessment.	<ul style="list-style-type: none"> MI–Adults MI–Children I/DD–Adults I/DD–Children 	Not Applicable
#4a	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	<ul style="list-style-type: none"> Children Adults 	1st Quarter SFY 2020
#4b	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	<ul style="list-style-type: none"> Consumers 	1st Quarter SFY 2020
#10	The percentage of readmissions of MI and I/DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	<ul style="list-style-type: none"> MI & I/DD–Adults MI & I/DD–Children 	1st Quarter SFY 2020

MI = Mental Illness, I/DD = Intellectual and Developmental Disabilities, SUD = Substance Use Disorder

*New indicators for SFY 2020

Table 3—List of Performance Indicators Calculated by MDHHS

Indicator		Sub-Populations	Measurement Period
#2b*	The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of non-emergency request for service for persons with Substance Use Disorders.	<ul style="list-style-type: none"> Medicaid–SUD 	Not Applicable
#5	The percent of Medicaid recipients having received PIHP managed services.	<ul style="list-style-type: none"> Medicaid Recipients 	1st Quarter SFY 2020
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	<ul style="list-style-type: none"> HSW Enrollees 	1st Quarter SFY 2020
#8	The percent of (a) adults with mental illness, and the percent of (b) adults with intellectual or developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/intellectual or developmental disability served by the CMHSPs and PIHPs who are employed competitively.	<ul style="list-style-type: none"> MI–Adults I/DD–Adults MI & I/DD–Adults 	SFY 2019
#9	The percent of (a) adults with mental illness, the percent of (b) adults with intellectual or developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/intellectual or developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	<ul style="list-style-type: none"> MI–Adults I/DD–Adults MI & I/DD–Adults 	SFY 2019
#13	The percent of adults with intellectual or developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	<ul style="list-style-type: none"> I/DD–Adults 	SFY 2019
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	<ul style="list-style-type: none"> MI–Adults 	SFY 2019

*New indicators for SFY 2020

Description of Validation Activities

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS Performance Measure Validation Protocol. HSAG obtained a list of the indicators selected by MDHHS for validation. Indicator definitions and reporting templates were provided by MDHHS to HSAG.

In collaboration with MDHHS, HSAG prepared a documentation request letter that was submitted to the PIHPs. This documentation request letter outlined the steps in the PMV process. The documentation request letter included a request for the source code for each performance indicator calculated by the PIHP, a completed Information Systems Capabilities Assessment Tool (ISCAT), any additional supporting documentation necessary to complete the audit, a timeline for completion, and instructions for submission. HSAG also requested that each PIHP and related CMHSPs submit member-level detail files for review.

Following the PIHPs' receipt of the documentation request letter and accompanying documents, HSAG convened a technical assistance webinar with the PIHPs and CMHSPs. During this meeting, HSAG discussed the PMV purpose and objectives, reviewed the performance measures in the scope of the current year's PMV activities, and reviewed the documents provided to the PIHPs with the documentation request letter and PMV activities. Throughout the pre-Webex review phase, HSAG also responded to any audit-related questions received directly from the PIHPs.

Upon submission of the requested source code, completed ISCAT, additional supporting documentation, and member-level detail files, HSAG began a desk review of the submitted documents to determine any follow-up questions, potential concerns related to information systems capabilities or measure calculations, and recommendations for improvement based on the PIHPs' and CMHSPs' current processes. HSAG also selected a sample of cases from the member-level detail files and provided the selections to the PIHPs. The PIHPs and/or CMHSPs were required to provide HSAG screen shots from the source system to confirm data accuracy. HSAG communicated any follow-up questions or required clarification to the PIHP during this process.

HSAG prepared an agenda describing all PMV activities and indicating the type of staff (by job function and title) required for each session. This included special requests for system reviews for PIHPs and related CMHSPs, especially when multiple systems were used to collect and track measure-related data. The agendas were sent to the respective PIHPs prior to conducting the PMV via Webex.

Validation Team

HSAG's validation team was composed of a lead auditor and several validation team members. HSAG assembled the team based on the skills required for the validation of the PIHPs' performance indicators. Table 4 describes each team member's role and expertise.

Table 4—Validation Team

Name and Role	Skills and Expertise
Tom Miller, MA, CHCA <i>Executive Director, Audits/Data Science & Advanced Analytics (DSAA); Lead Auditor</i>	Certified Healthcare Effectiveness Data and Information Set (HEDIS®) ² Compliance Auditor (CHCA); multiple years of auditing experience with expertise in data integration, information systems, and performance measure development and reporting.
Jacilyn Daniel, BS <i>Healthcare Quality Manager, DSAA; Secondary Auditor</i>	Multiple years of experience conducting audits related to performance measurement; electronic health records; medical billing; data integration and validation; and care management.
Matt Kelly, MBA <i>Healthcare Quality Manager, DSAA; Source Code Liaison</i>	Multiple years of systems analysis, quality improvement, data review and analysis, and healthcare industry experience.
Ron Holcomb, AS <i>Source Code Reviewer</i>	Statistics, analysis, and source code/programming language knowledge.

² HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Technical Methods of Data Collection and Analysis

The CMS PMV Protocol identifies key types of data that should be reviewed as part of the validation process. The list below indicates the type of data collected and how HSAG conducted an analysis of the data:

- **Information Systems Capabilities Assessment Tool (ISCAT) and Mini-ISCAT**—The PIHPs and CMHSPs were required to submit a completed ISCAT that provided information on their information systems; processes used for collecting, storing, and processing data; and processes used for performance measure calculation. Upon receipt by HSAG, the ISCAT(s) and Mini-ISCAT(s) underwent a cursory review to ensure each section was complete and all applicable attachments were present. HSAG then thoroughly reviewed all documentation, noting any potential issues, concerns, and items that needed additional clarification.
- **Source code (programming language) for performance indicators**—PIHPs and CMHSPs that calculated the performance indicators using computer programming language were required to submit source code for each performance indicator being validated. HSAG completed line-by-line review on the supplied source code to ensure compliance with the State-defined performance indicator specifications. HSAG identified areas of deviation from the specifications, evaluating the impact to the indicator and assessing the degree of bias (if any). PIHPs/CMHSPs that did not use computer programming language to calculate the performance indicators were required to submit documentation describing the actions taken to calculate each indicator.
- **Performance indicator reports**—HSAG also reviewed the PIHP performance indicator reports provided by MDHHS for the first quarter of SFY 2020. The previous year's reports were used along with the current reports to assess trending patterns and rate reasonability.
- **Supporting documentation**—The PIHPs and CMHSPs submitted documentation to HSAG that provided additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. HSAG reviewed all supporting documentation, with issues or clarifications flagged for follow-up. This additional documentation also included measure-level detail files provided for each indicator for data verification.

PMV Activities

HSAG conducted PMV via Webex with each PIHP. HSAG collected information using several methods including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. The Webex activities are described as follows:

- **Opening session**—The opening session included introductions of the validation team and key PIHP staff members involved in the performance measure validation activities. Discussion during the session covered the review purpose, the required documentation, basic meeting logistics, and queries to be performed.

- **Evaluation of system compliance**—The evaluation included a review of the information systems, focusing on the processing of enrollment and disenrollment data. Additionally, HSAG evaluated the processes used to collect and calculate the performance indicators, including accurate numerator and denominator identification, and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately). Based on the desk review of the ISCAT(s) and Mini-ISCAT(s), HSAG conducted interviews with key PIHP and CMHSP staff members familiar with the processing, monitoring, and calculation of the performance indicators. HSAG used interviews to confirm findings from the documentation review, expand or clarify outstanding issues, and verify that written policies and procedures were used and followed in daily practice.
- **Overview of data integration and control procedures**—The overview included discussion and observation of source code logic, a review of how all data sources were combined, and how the analytic file used for reporting the performance indicators was generated. HSAG performed primary source verification to further validate the output files. HSAG also reviewed any supporting documentation provided for data integration. This session addressed data control and security procedures as well.
- **Primary Source Verification (PSV)**—HSAG performed additional validation using PSV to further validate the output files. PSV is a review technique used to confirm that the information from the primary source matches the output information used for reporting. Each PIHP and CMHSP provided HSAG with measure-level detail files which included the data the PIHPs had reported to MDHHS. HSAG selected a random sample from the submitted data, then requested that the PIHPs provide proof-of-service (POS) documents or system screen shots that allowed for validation against the source data in the system. During the pre-PMV and Webex review, these data were also reviewed for verification, both live and using screen shots in the PIHPs' systems, which provided the PIHPs an opportunity to explain processes regarding any exception processing or any unique, case-specific nuances that may not impact final indicator reporting. Instances could exist in which a sample case is acceptable based on clarification during the Webex and follow-up documentation provided by the PIHPs. Using this technique, HSAG assessed the PIHPs' processes used to input, transmit, and track the data; confirm entry; and detect errors. HSAG selected cases across indicators to verify that the PIHPs have system documentation which supports that the indicators appropriately include records for measure reporting. This technique does not rely on a specific number of cases for review to determine compliance; rather, it is used to detect errors from a small number of cases. If errors were detected, the outcome was determined based on the type of error. For example, the review of one case may have been sufficient in detecting a programming language error and, as a result, no additional cases related to that issue may have been reviewed. In other scenarios, one case error detected may have resulted in the selection of additional cases to better examine the extent of the issue and its impact on reporting.
- **Closing conference**—The closing conference summarized preliminary findings based on the review of the ISCAT and the Webex meeting and reviewed the documentation requirements for any post-Webex activities.

HSAG conducted several interviews with key **Detroit Wayne Integrated Health Network** staff members who were involved with any aspect of performance indicator reporting. Table 5 displays a list of **Detroit Wayne Integrated Health Network** Webex review participants:

Table 5—List of Detroit Wayne Integrated Health Network Webex Review Participants

Name	Title
Bernard Hopper	Corporate Compliance Officer
April Siebert	Director of Quality Improvement
Tania Greason	Provider Network—Quality Improvement (QI) Administrator
Justin Zeller	Clinical Specialist, Performance Improvement
Nasr Doss	Deputy Chief Information Officer
Gary Herman	Application Support Manager
Deabra Hardrick-Crump	Claims Manager
Debra Schuchert	Claims Supervisor
Samy Ganesan	Application Programmer
David DesNoyer	Senior Project Manager, Peter Chang Enterprises, Inc. (PCE)
Brandon Henry	Project Manager, PCE

Data Integration, Data Control, and Performance Indicator Documentation

Several aspects involved in the calculation of performance indicators are crucial to the validation process. These include data integration, data control, and documentation of performance indicator calculations. Each of the following sections describes the validation processes used and the validation findings. For more detailed information, please see Appendix A.

Data Integration

Accurate data integration is essential to calculating valid performance indicators. The steps used to combine various data sources, including claims/encounter data, eligibility data, and other administrative data, must be carefully controlled and validated. HSAG validated the data integration process used by the PIHP, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms. Overall, HSAG determined that the data integration processes in place at **Detroit Wayne Integrated Health Network** were:

- ☒ Acceptable
☐ Not acceptable

Data Control

The organizational infrastructure of a PIHP must support all necessary information systems. Each PIHP's quality assurance practices and backup procedures must be sound to ensure timely and accurate processing of data and to provide data protection in the event of a disaster. HSAG reviewed the data control processes used by **Detroit Wayne Integrated Health Network**, which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures. Overall, HSAG determined that the data control processes in place at **Detroit Wayne Integrated Health Network** were:

- ☒ Acceptable
☐ Not acceptable

Performance Indicator Documentation

Sufficient and complete documentation is necessary to support validation activities. While interviews and system demonstrations can provide supplementary information, HSAG based most of the validation review findings on documentation provided by the PIHP. HSAG reviewed all related documentation, which included the completed ISCAT, job logs, computer programming code, output files, workflow diagrams, narrative descriptions of performance indicator calculations, and other related documentation. Overall, HSAG determined that the documentation of performance indicator calculations by **Detroit Wayne Integrated Health Network** was:

- ☒ Acceptable
☐ Not acceptable

Validation/Readiness Review Results

HSAG evaluated **Detroit Wayne Integrated Health Network**'s data systems for the processing of each type of data used for reporting the MDHHS performance indicators. General findings, strengths, and areas for improvement for **Detroit Wayne Integrated Health Network** are indicated below.

Eligibility and Enrollment Data System Findings

HSAG had no concerns with how **Detroit Wayne Integrated Health Network** received and processed eligibility and enrollment data.

No major eligibility and enrollment system or process changes were noted for the measurement period. The PIHP continued to contract with PCE to obtain and process eligibility information directly into **Detroit Wayne Integrated Health Network**'s Mental Health Wellness Information Network (MH-WIN) electronic medical record (EMR). Full Medicaid Electronic Data Interchange (EDI) 834 reconciliation files were processed monthly while daily EDI 834 change files were obtained from the State's secure file transfer protocol (FTP) site and processed nightly into MH-WIN's insurance tables. Each processed file was subject to pre- and post-validation processes to ensure the accuracy of data in the MH-WIN system. Additionally, the PIHP continued to send 270 eligibility inquiry files to the State's Community Health Automated Medicaid Processing System (CHAMPS) for new members, Medicaid spend-down members, members whose eligibility was missing, and a portion of active members. The 271 file format response file was used to update eligibility information. All member eligibility was validated through this 270/271 process at least once per month with approximately 5 percent of the monthly EDI 834 file processed daily. The PIHP demonstrated sufficient validation processes were in place to ensure the timeliness and accuracy of incoming eligibility and enrollment data.

Additionally, **Detroit Wayne Integrated Health Network** contracted with Wellplace Michigan (Wellplace) to function as its Access Center for incoming members. Wellplace staff members had access to MH-WIN and conducted initial screening of members, including an assessment of residency, needs, and the scheduling of appointments. Finally, PIHP staff members performed real-time eligibility verification by logging into CHAMPS via a link located in the MH-WIN system.

During the virtual site visit, **Detroit Wayne Integrated Health Network** demonstrated the MH-WIN system. HSAG confirmed that the capture of eligibility effective dates, termination dates, and historical eligibility spans, as well as identification of dual (Medicare-Medicaid) members was appropriate. Adequate reconciliation and validation processes were in place at each point of data transfer to ensure data completeness and accuracy.

Detroit Wayne Integrated Health Network made some source code updates to account for excluding Omnibus Budget Reconciliation Act (OBRA) members. These updates were confirmed to be completed and HSAG had no concerns with **Detroit Wayne Integrated Health Network**'s receipt and processing of eligibility data related to reporting the new indicators as **Detroit Wayne Integrated Health Network** followed consistent processes for eligibility and enrollment processing for the new indicators.

Medical Services Data System (Claims and Encounters) Findings

HSAG had no concerns with how **Detroit Wayne Integrated Health Network** received claims and encounter data for performance indicator reporting.

For the measurement period, contracted providers submitted claims by uploading them directly to MH-WIN or via EDI 837 professional or institutional transaction files. Each file was subjected to a built-in pre-adjudication validation process to ensure data completeness and accuracy. Providers were required to review error reports to ensure the accuracy of claims prior to submission. If an error was detected, the provider was required to correct the errors and resubmit the file for payment.

Detroit Wayne Integrated Health Network implemented a multi-step process to batch process claims as they were received. In addition to the pre-adjudication checks in place for submitting providers, **Detroit Wayne Integrated Health Network**'s claims processing incorporated defined steps with pre-defined stages for validating claims to ensure the accuracy of data entered and the proper processing of claims. Overall, 98.75 percent of all claims were processed electronically. A small percentage of claims, less than two percent, were submitted via paper claim. These claims were received by the mailroom, date stamped, and manually entered in MH-WIN. Manually entered claims were validated using system edits and validation edits described above. All claims, regardless of format, were processed electronically through **Detroit Wayne Integrated Health Network**'s staged claim process. Since all claims were validated upon entry, whether from providers or PIHP staff members, nearly 100 percent of claims were auto adjudicated. SUD providers employed by **Detroit Wayne Integrated Health Network** entered service data directly into MH-WIN prior to being batched and submitted as encounters to the State.

Following claims adjudication, service data were batched, translated into EDI 837 transaction files, and submitted to the State weekly. **Detroit Wayne Integrated Health Network** retrieved 999 and 4950 response files to determine whether files or records were rejected and the reason. **Detroit Wayne Integrated Health Network** staff members corrected errors they were able to address and forwarded all others to the appropriate provider to address. Due to the MH-WIN system capturing the same edits as the State, the majority of errors were caught prior to submission to the State. Approximately 99.5 percent of encounters were accepted by the State.

All data required to produce quarterly performance measures were collected and maintained within **Detroit Wayne Integrated Health Network**'s MH-WIN system. In response to prior recommendations, **Detroit Wayne Integrated Health Network** launched a new performance indicator module to support both the collection and reporting of performance measures. The performance indicator module allowed both **Detroit Wayne Integrated Health Network** staff members and providers to review the data in MH-WIN and subsequent compliance with performance indicators in real-time. In coordination with its vendor, PCE, performance indicator programming logic was reviewed regularly to ensure compliance with State requirements. Combined with the use and collection of service data in defined forms, **Detroit Wayne Integrated Health Network** was able to ensure data collection and reporting aligned with the technical specifications provided in the MDHHS Codebook. Regular monitoring of performance indicator data and results enabled the PIHP to not only validate data but

confirm the appropriate application of programming logic. **Detroit Wayne Integrated Health Network**'s source code was received, reviewed, and approved by HSAG for the Q1 SFY 2020 reporting period.

During PSV of member records, HSAG validated all data elements reported in **Detroit Wayne Integrated Health Network**'s data output file with source data in the MH-WIN system. However, in reviewing the data output file relative to data in the MH-WIN system, HSAG noted that a number of members were missing enrollment start and end dates and corresponded to a lack of eligibility at the time of screening or discharge. Upon review, **Detroit Wayne Integrated Health Network** confirmed that all members identified had at least one month of enrollment during the reporting quarter as required by the April 2020 MDHHS Codebook. Additionally, **Detroit Wayne Integrated Health Network** also updated MH-WIN's reporting module to extract, aggregate, and reporting the new performance indicators.

During the virtual site visit, **Detroit Wayne Integrated Health Network** demonstrated the MH-WIN system and confirmed that critical data elements for performance measure calculation (e.g., member demographics, dates of service, service outcomes, exclusions, etc.) were consistently collected through standard mechanisms. Substantial reconciliation and validation processes were in place within the organization and its systems to ensure data completeness and accuracy.

The PIHP had configured MH-WIN for reporting of the new indicators' data elements, as required in the MDHHS Codebook. Additionally, standard fields were defined for all new indicators and **Detroit Wayne Integrated Health Network** also updated MH-WIN's reporting module to extract, aggregate, and report the new performance indicators. HSAG had no concerns with the process used by **Detroit Wayne Integrated Health Network** to receive and process claims and encounter data as it relates to readiness to report the new indicators.

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

At the time of the member's initial screening, providers collected and entered the BH-TEDS data into their respective transactional systems, then uploaded data files in batch to **Detroit Wayne Integrated Health Network** via MH-WIN. BH-TEDS data for SUD-related services were entered directly into MH-WIN by the **Detroit Wayne Integrated Health Network** providers. Providers were also allowed to document BH-TEDS records in hard copy, in which case the BH-TEDS records were entered in MH-WIN afterward via a manual process.

BH-TEDS records were completed during the initial assessment and annually thereafter or if any major change occurred in member information. Adequate validation processes were in place to ensure data accuracy and completeness. **Detroit Wayne Integrated Health Network** submitted BH-TEDS data files to the State weekly, via the FTP site. After submission, the PIHP received a 4956 QI detailed response file, which included explanation for any file rejection that occurred. Errors received from the State were resolved at the PIHP level. **Detroit Wayne Integrated Health Network** maintained a dashboard where it could monitor the providers' BH-TEDS completion rates. Providers could also view their own BH-TEDS completion rates via the dashboard. If the PIHP had any concerns about a specific

provider not completing BH-TEDS data, **Detroit Wayne Integrated Health Network** staff members could follow up with the provider to resolve the issue.

Based on demonstrations of **Detroit Wayne Integrated Health Network**'s BH-TEDS data entry and submission processes, no significant concerns were identified in the PIHP's adherence to the state-specified submission requirements. However, during HSAG's review of the final BH-TEDS data submitted by MDHHS, HSAG noted one member record with discrepant employment and minimum wage BH-TEDS data. HSAG recommends that **Detroit Wayne Integrated Health Network** continue to monitor the accuracy of its BH-TEDS data and review BH-TEDS validation processes to ensure they are sufficient to address all logical errors. This review should target the data entry protocols and validation edits in place to account for discrepancies in wage and income values.

PIHP Oversight of Affiliate Community Mental Health Centers

Effective June 2019, **Detroit Wayne Integrated Health Network** completed termination of its contracts with its Managed Comprehensive Provider Networks, allowing the PIHP to work directly with service providers and the Medicaid population. As a result, oversight of affiliated CMHSPs was not applicable to the PIHP.

PIHP Actions Related to Previous Recommendations and Areas of Improvement

Based on HSAG's recommendations during the previous year's performance measure validation activities, **Detroit Wayne Integrated Health Network** implemented several quality improvement initiatives to address challenges and improve indicator rates. In June 2019, **Detroit Wayne Integrated Health Network** initiated a Performance Indicator Provider and Internal Workgroup to review past performance, address challenges to improving rates, and define quality improvement initiatives. This workgroup meets quarterly and includes both **Detroit Wayne Integrated Health Network** staff members and members of its provider network. Additionally, **Detroit Wayne Integrated Health Network** worked with PCE to enhance the reporting module within MH-WIN that allows the provider to review the performance indicator data prior to submission to the PIHP. This system and process change was designed to address data quality issues and address the completeness and accuracy of information impacting performance. Finally, **Detroit Wayne Integrated Health Network** development a Recidivism Workgroup to review and implement interventions targeted at addressing non-compliance with Indicator #10.

Performance Indicator Specific Findings and Recommendations

Based on all validation activities, HSAG determined results for each performance indicator. The CMS Performance Measure Validation Protocol identifies two possible validation finding designations for performance indicators, which are defined in Table 6. For more detailed information, please see Appendix B.

Table 6—Designation Categories for Performance Indicators

Reportable (R)	Indicator was compliant with the State’s specifications and the rate can be reported.
Do Not Report (DNR)	This designation is assigned to indicators for which the PIHP rate was materially biased and should not be reported.

According to the protocol, the validation designation for each indicator is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be not compliant based on the review findings. Consequently, an error for a single audit element may result in a designation of DNR because the impact of the error biased the reported performance indicator by more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, and the indicator could be given a designation of R. Audit elements and their scoring designations (i.e., *Met*, *Not Met*, and *Not Applicable [NA]*) can be found in Appendix A—Data Integration and Control Findings, Appendix B—Denominator and Numerator Validation Findings, and Appendix C—Readiness Review Findings. Table 7 displays the indicator-specific review findings and designations for **Detroit Wayne Integrated Health Network**.

Table 7—Indicator-Specific Review Findings and Designations for Detroit Wayne Integrated Health Network

Performance Indicator		Key Review Findings	Indicator Designation
#1	The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#2a	The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.	The PIHP/CMHSPs demonstrated sufficient evidence of readiness to report and calculate this indicator in compliance with MDHHS Codebook specifications.	NA
#2b	The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of non-emergency request for service for persons with substance use disorders.	The PIHP/CMHSPs demonstrated sufficient evidence of readiness to report and calculate this indicator in compliance with MDHHS Codebook specifications.	NA

Performance Indicator		Key Review Findings	Indicator Designation
#3	The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing the non-emergent biopsychosocial assessment.	The PIHP/CMHSPs demonstrated sufficient evidence of readiness to report and calculate this indicator in compliance with MDHHS Codebook specifications.	NA
#4a	The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#4b	The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#5	The percent of Medicaid recipients having received PIHP managed services.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#6	The percent of HSW enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#8	The percent of (a) adults with mental illness, and the percent of (b) adults with intellectual or developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/intellectual or developmental disability served by the CMHSPs and PIHPs who are employed competitively.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#9	The percent of (a) adults with mental illness, the percent of (b) adults with intellectual or developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/intellectual or developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#10	The percentage of readmissions of MI and I/DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R

Performance Indicator		Key Review Findings	Indicator Designation
#13	The percent of adults with intellectual or developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	The PIHP/CMHSPs calculated this indicator in compliance with MDHHS Codebook specifications.	R

Overall, HSAG found that **Detroit Wayne Integrated Health Network**'s systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS' expectations and codebook. However, although no material bias was identified during its audit, to further improve the accuracy and completeness of its performance indicator data, HSAG recommends that **Detroit Wayne Integrated Health Network** continue existing provider and internal workgroups to regularly review progress on improving performance measure rates and data collection processes. The PIHP should continue monitoring performance trends and targeting low performing areas, including an assessment of performance at the PIHP and individual provider level, as well as within core member demographics, to identify systemic patterns of performance. Further, **Detroit Wayne Integrated Health Network** should continue to use existing workgroups to identify root causes for low performance and disseminate best practices.

Detroit Wayne Integrated Health Network should review its BH-TEDS to ensure that all required elements are not only collected and reported, but that the logical relationships between fields are correct. Although only one discrepancy was noted in the BH-TEDS data reviewed by HSAG, **Detroit Wayne Integrated Health Network** should evaluate the cause for the discrepancy to determine whether data entry systems or validation procedures should be updated to prevent inaccuracy in its submissions.

Additionally, HSAG recommends **Detroit Wayne Integrated Health Network** retain the exact member-level detail data that were used for the final performance indicator rate calculation and reporting to MDHHS. These data should be stored in a readily retrievable viewable file and only include **Detroit Wayne Integrated Health Network**'s PIHP Medicaid beneficiaries. These retained data should be used for future PMV submission instead of generating new files as HSAG should receive the detailed data for the PIHP Medicaid beneficiaries, exactly as reported to MDHHS in support of the performance indicators.

Finally, while MDHHS calculated the applicable performance indicators in compliance with MDHHS Codebook specifications, the raw data did not directly match the final performance indicator rates. HSAG therefore recommends MDHHS review the MDHHS Codebook for opportunities to clarify performance indicator specifications to ensure the PIHPs and MDHHS are able to align primary data sources' documentation directly to the final performance indicator rates as reported to MDHHS and calculated by the PIHPs, CMHSPs, and MDHHS. HSAG recommends MDHHS focus on adding additional details to define denominators, numerators, exclusions, and omissions for each performance

indicator. MDHHS should further consider deploying additional validation steps in reviewing the raw data prior to finalizing the performance indicator rates. HSAG recommends **Detroit Wayne Integrated Health Network** support any future efforts MDHHS initiates to further improve upon performance indicator data accuracy and MDHHS Codebook clarity.

Appendix A. Data Integration and Control Findings

Documentation Worksheet

PIHP Name:	Detroit Wayne Integrated Health Network
PMV Date:	July 9, 2020
Reviewers:	Tom Miller and Jacilyn Daniel

Data Integration and Control Element	Met	Not Met	NA	Comments
Accuracy of data transfers to assigned performance indicator data repository				
The PIHP accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculations of the performance indicators have been completed and validated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performance indicator data were extracted directly from the MH-WIN system in real-time; no data repository was used. However, once data was finalized, a static copy of the quarterly performance indicator patient-level detail results were stored within MH-WIN.
Samples of data from performance indicator data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Although a data repository was not utilized by the PIHP, values from the data output file were partially matched to the POS documentation and later confirmed during virtual site visit demonstrations.
Accuracy of file consolidations, extracts, and derivations				
The PIHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data Integration and Control Element	Met	Not Met	NA	Comments
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PIHP also serves as the CMHSP; all data were native within the MH-WIN system.
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PIHP also serves as the CMHSP; all data were native within the MH-WIN system.
If the PIHP uses a performance indicator data repository, its structure and format facilitate any required programming necessary to calculate and report required performance indicators.				
The performance indicator data repository's design, program flow charts, and source code enables analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including PIHP production activity logs and the PIHP staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	While copies of the files were appropriately retained, HSAG recommends the PIHP also retain the member-level detail data for each indicator in a readily retrievable viewable file for its PIHP Medicaid beneficiaries. This retained data should be used for future PMV submission instead of generating new files as HSAG should receive the detailed data for the PIHP Medicaid beneficiaries, exactly as reported to MDHHS in support of the performance indicators.

Data Integration and Control Element	Met	Not Met	NA	Comments
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP's processes and documentation comply with the PIHP standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix B. Denominator and Numerator Validation Findings

Reviewer Worksheet

PIHP Name:	Detroit Wayne Integrated Health Network
PMV Date:	July 9, 2020
Reviewers:	Tom Miller and Jacilyn Daniel

Denominator Validation Findings for Detroit Wayne Integrated Health Network				
Audit Element	Met	Not Met	NA	Comments
For each of the performance indicators, all members of the relevant populations identified in the specifications are included in the population from which the denominator is produced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance indicators.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the PSV, several records in the data output file were missing enrollment/eligibility start and end dates for selected index events. Subsequent review following the virtual site visits confirmed member eligibility due to at least one month of enrollment during the measurement period.
The PIHP correctly calculates member months and member years if applicable to the performance indicator.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Member month and member year calculations were not applicable to the indicators under the scope of the audit.
The PIHP properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied as specified in each performance indicator.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications for the performance indicator, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Denominator Validation Findings for Detroit Wayne Integrated Health Network				
Audit Element	Met	Not Met	NA	Comments
Exclusion criteria included in the performance indicator specifications are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System software and performance indicator documentation included all required and future exclusion criteria.
Systems or methods used by the PIHP to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Population estimates were not applicable to the indicators under the scope of the audit.

Numerator Validation Findings for Detroit Wayne Integrated Health Network				
Audit Element	Met	Not Met	NA	Comments
The PIHP uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP avoids or eliminates all double-counted members or numerator events.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If any time parameters are required by the specifications for the performance indicator, they are followed (i.e., the indicator event occurred during the period specified or defined in the specifications).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix C. Readiness Review Findings

Documentation Worksheet

New Measures for SFY 2020 (Effective April 1, 2020)

Indicator #2a

The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service (by four sub-populations: MI–Adults, MI–Children, IDD–Adults, IDD–Children).

Indicator #2b

The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.

Indicator #3

Percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment (by four sub-populations: MI–Adults, MI–Children, IDD–Adults, and IDD–Children).

PIHP Name:	Detroit Wayne Integrated Health Network
PMV Date:	July 9, 2020
Reviewers:	Tom Miller and Jacilyn Daniel

Data Integration and Control Element	Met	Not Met	NA	Comments
Accuracy of data transfers to assigned performance indicator data repository				
The PIHP accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance indicator data repository used to keep the data until the calculations of the performance indicators have been completed and validated.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Performance indicator data were extracted directly from the MH-WIN system in real-time; no data repository was used. However, once data were finalized, a static copy of the quarterly performance indicator patient-level detail results

Data Integration and Control Element	Met	Not Met	NA	Comments
				were stored within MH-WIN.
Samples of data from performance indicator data repository are complete and accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Samples were not available to review due to the Webex review occurring during the first reporting period for the new indicators. However, during the virtual site visit, the PIHP was able to demonstrate accurate data collection and reporting processes to support future submission.
Accuracy of file consolidations, extracts, and derivations				
The PIHP's processes to consolidate diversified files and to extract required information from the performance indicator data repository are appropriate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Actual results of file consolidations or extracts were not available to review due to the Webex review occurring during the first reporting period for the new indicators.
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance indicator database.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PIHP also serves as the CMHSP; all data were native within the MH-WIN system.
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance indicator reporting are lost or inappropriately modified during transfer.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The PIHP also serves as the CMHSP; all data were native within the MH-WIN system. Detroit Wayne Integrated Health Network was required to update its source code to add the OBRA exclusion code. These updates were confirmed completed.

Data Integration and Control Element	Met	Not Met	NA	Comments
If the PIHP uses a performance indicator data repository, its structure and format facilitate any required programming necessary to calculate and report required performance indicators.				
The performance indicator data repository's design, program flow charts, and source code enables analyses and reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including PIHP production activity logs and the PIHP staff review of report runs, is adequate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP retains copies of files or databases used for performance indicator reporting in case results need to be reproduced.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance indicator data repository, including building, maintaining, managing, testing, and report production.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The PIHP's processes and documentation comply with the PIHP standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appendix D. Performance Measure Results

The measurement period for Indicators #1, #4a, #4b, #5, #6, and #10 is Q1 SFY 2020 (October 1, 2019–December 31, 2019). The measurement period for Indicators #8, #9, #13, and #14 is SFY 2019 (October 1, 2018–September 30, 2019).

Indicator #1

The percentage of persons during the quarter receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *Standard=95% within 3 hours*

Table D-1—Indicator #1: Access—Timeliness/Inpatient Screening for Detroit Wayne Integrated Health Network

1. Population	2. # of Emergency Referrals for Inpatient Screening During the Time Period	3. # of Dispositions About Emergency Referrals Completed Within Three Hours or Less	4. % of Emergency Referrals Completed Within the Time Standard
Children	916	902	98.47%
Adults	3,433	3,312	96.48%

Indicator #4a

The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days. *Standard=95%*

Table D-2—Indicator #4a: Access—Continuity of Care for Detroit Wayne Integrated Health Network

1. Population	2. # of Discharges from a Psychiatric Inpatient Unit	3. # of Discharges From Col 2 That Are Exceptions	4. # of Net Discharges (Col 2 Minus Col 3)	5. # of Discharges from Col 4 Followed Up by PIHP Within 7 Days	6. % of Persons Discharged Seen Within 7 Days
Children	111	39	72	67	93.06%
Adults	1,092	718	374	359	95.99%

Indicator #4b

The percentage of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days. *Standard=95%*

Table D-3—Indicator #4b: Access—Continuity of Care for Detroit Wayne Integrated Health Network

1. Population	2. # of Discharges from a Substance Abuse Detox Unit	3. # of Discharges from Col 2 That Are Exceptions	4. # of Net Discharges (Col 2 Minus Col 3)	5. # of Discharges from Col 4 Followed Up by PIHP Within 7 Days	6. % of Persons Discharged Seen Within 7 Days
Consumers	973	240	733	689	94.00%

Indicator #5

The percent of Medicaid recipients having received PIHP managed services.

Table D-4—Indicator #5: Access—Penetration Rate for Detroit Wayne Integrated Health Network

Total Medicaid Beneficiaries Served	# of Area Medicaid Recipients	Penetration Rate
44,769	677,831	6.60%

Indicator #6

The percent of HSW enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.

Table D-5—Indicator #6: Adequacy/Appropriateness—Habilitation Supports Waiver for Detroit Wayne Integrated Health Network

Population	Total # of HSW Enrollees	# of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	HSW Rate
HSW Enrollees	1,047	1,013	96.75%

Indicator #8

The percent of (a) adults with mental illness, the percent of (b) adults with intellectual or developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/intellectual or developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.

Table D-6—Indicator #8: Outcomes—Competitive Employment for Detroit Wayne Integrated Health Network

Population	Total # of Enrollees	# of Enrollees Who Are Competitively Employed	Competitive Employment Rate
MI–Adults	28,726	3,417	11.90%
I/DD–Adults	4,926	453	9.20%
MI and I/DD–Adults	2,751	178	6.50%

Indicator #9

The percent of (a) adults with mental illness, the percent of (b) adults with intellectual or developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/intellectual or developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.

Table D-7—Indicator #9: Outcomes—Minimum Wage for Detroit Wayne Integrated Health Network

Population	Total # of Enrollees	# of Enrollees Who Earn Minimum Wage or More	Minimum Wage Rate
MI–Adults	3,438	3,401	98.90%
I/DD–Adults	894	463	51.80%
MI and I/DD–Adults	374	176	47.10%

Indicator #10

The percentage of readmissions of MI and I/DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge. *Standard=15% or less within 30 days*

Table D-8—Indicator #10: Outcomes—Inpatient Recidivism for Detroit Wayne Integrated Health Network

1. Population	2. # of Discharges from a Psychiatric Inpatient Care During the Reporting Period	3. # of Discharges from Col 2 That Are Exceptions	4. Net # of Discharges (Col 2 Minus Col 3)	5. # of Discharges (From Col 4) Readmitted to Inpatient Care Within 30 Days of Discharge	6. % of Discharges Readmitted to Inpatient Care Within 30 Days of Discharge
MI and I/DD—Children	220	0	220	24	10.91%
MI and I/DD—Adults	1,901	0	1,901	388	20.41%

Indicator #13

The percent of adults with intellectual or developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).

Table D-9—Indicator #13: Outcomes—Private Residence for Detroit Wayne Integrated Health Network

Population	Total # of Enrollees	# of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s)	Private Residence Rate
I/DD—Adults	4,926	1,069	21.70%

Indicator #14

The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).

Table D-10—Indicator #14: Outcomes—Private Residence-MI for Detroit Wayne Integrated Health Network

Population	Total # of Enrollees	# of Enrollees Who Live in a Private Residence Alone, With Spouse, or Non-Relative(s)	Private Residence Rate
MI—Adults	28,726	10,976	38.21%

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

The BH-TEDS data elements in Michigan PIHP performance indicator reporting are displayed in Table D-11. The table depicts the level of completion of specific data elements within the BH-TEDS data file that the PIHP submitted to MDHHS. Shown are the percent complete and the indicators for which the data elements were used. Data in the “Percent Complete” column were provided by MDHHS.

**Table D-11—BH-TEDS Data Elements in Performance Indicator Reporting
for Detroit Wayne Integrated Health Network**

BH-TEDS Data Element	Percent Complete SFY 2019	Percent Complete 1st Quarter SFY 2020	Quarterly and Annual Indicators Impacted
Age*	100.00%	100.00%	1, 4, 8, 9, 10, 13, 14
Disability Designation*	95.67%	87.65%	8, 9, 10, 13, 14
Employment Status*	100.00%	91.85%	8, 9
Minimum Wage*	100.00%	100.00%	9

* Based on the PIHP/MDHHS contract, 90 percent of records must contain a value in this field, and the value must be within acceptable ranges. Values found to be outside of acceptable ranges have been highlighted in yellow.