

**Michigan Department of Health and Human Services
(MDHHS)
EXCERPTS**

**Behavioral Health and Developmental Disabilities
Administration**

Prepaid Inpatient Health Plans

2015–2016

**EXTERNAL QUALITY REVIEW
COMPLIANCE MONITORING REPORT**

for

**Region 7—Detroit Wayne Mental
Health Authority**

October 2016



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for Region 7—Detroit Wayne Mental Health Authority

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with regulations, contractual requirements, and the state's quality strategy. The Michigan Department of Health and Human Services (MDHHS), Behavioral Health and Developmental Disabilities Administration has elected to complete this requirement by contracting with an external quality review organization (EQRO). Health Services Advisory Group, Inc. (HSAG), is the EQRO for MDHHS.

The prior year 2014–2015 compliance review addressed the PIHPs' compliance with federal regulations and contract requirements for these 15 standards:

- ◆ Standard I—Quality Assessment and Performance Improvement Program (QAPIP) Plan and Structure
- ◆ Standard II—Performance Measurement and Improvement
- ◆ Standard III—Practice Guidelines
- ◆ Standard IV—Staff Qualifications and Training
- ◆ Standard V—Utilization Management
- ◆ Standard VI—Customer Services
- ◆ Standard VII—Enrollee Grievance Process
- ◆ Standard VIII—Enrollee Rights and Protections
- ◆ Standard IX—Subcontracts and Delegation
- ◆ Standard X—Provider Network
- ◆ Standard XI—Credentialing
- ◆ Standard XII—Access and Availability
- ◆ Standard XIII—Coordination of Care
- ◆ Standard XIV—Appeals
- ◆ Standard XV—Disclosure of Ownership, Control, and Criminal Convictions

The 2015–2016 follow-up review evaluated the PIHP's implementation of corrective actions for these standards to address areas of noncompliance identified in the 2014–2015 review. This report documents the findings from HSAG's follow-up review of **Detroit Wayne Mental Health Authority's** performance in complying with requirements that had not been previously met.

2. Summary of the 2015–2016 Compliance Monitoring Review for Region 7—Detroit Wayne Mental Health Authority

The 2015–2016 compliance monitoring review was a follow-up review assessing **Detroit Wayne Mental Health Authority**'s implementation of corrective actions for elements that received a score of *Substantially Met*, *Partially Met*, or *Not Met* in the 2014–2015 compliance review to determine whether or not these corrective actions resulted in compliance with the federal and contractual requirements. Standards that achieved a score of 100 percent in 2014–2015 were not included in the 2015–2016 follow-up review. Elements in the remaining standards that received a score of *Met* were also excluded.

The 2015–2016 compliance monitoring review for **Detroit Wayne Mental Health Authority** was conducted via a teleconference call between key PIHP staff and the HSAG review team.

The review processes and scoring methodology used by HSAG in evaluating **Detroit Wayne Mental Health Authority**'s compliance were consistent with the CMS *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.²⁻¹

The findings for the 2015–2016 compliance monitoring review were determined from a review of documents submitted by **Detroit Wayne Mental Health Authority** to HSAG and interviews with key **Detroit Wayne Mental Health Authority** staff members. Prior to the scheduled interview sessions, HSAG conducted a desk review of documentation submitted by the PIHP. **Detroit Wayne Mental Health Authority** completed the *Documentation Request and Evaluation Tool* with a detailed description of corrective actions implemented to address the recommendations from the prior review and provided supporting documentation in the form of policies and procedures, member and provider informational materials, and other documents to provide evidence of the PIHP's implementation of the corrective actions and compliance with the requirements, as detailed in the compliance monitoring tool shown in Appendix A of this report.

Based on the results of findings from the review of documentation, as well as information provided by the PIHP staff members during the interviews, HSAG assigned each individual element reviewed a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *Not Applicable*.

Table 2-1 presents the results of the 2015–2016 follow-up compliance review of **Detroit Wayne Mental Health Authority**. The table shows the number of elements for each of the 15 standards that received a score of *Met* in the prior year (2014–2015) compliance review and the number of elements that received a score of *Met*, *Substantially Met*, *Partially Met*, *Not Met*, or *Not Applicable* in the current year (2015–2016) follow-up review. Because only those elements that had received scores of *Substantially Met*, *Partially Met*, or *Not Met* were evaluated during the follow-up review, all elements that received scores of *Met* and/or standards with scores of 100 percent compliance in 2014–2015 remained unchanged and were included in the 2015–2016 scores.

²⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

Table 2-1 presents the total compliance score for each of the standards as well as the overall compliance score across all standards for the 2015–2016 follow-up review.

Table 2-1—Summary of Compliance Scores Prior Year (2014–2015) and Current Year (2015–2016) Combined									
Standard	Total Applicable Elements	Number of Elements						2015–2016 Total Compliance Score	
		Prior Year	Current Year						
		<i>M</i>	<i>M</i>	<i>SM</i>	<i>PM</i>	<i>NM</i>	<i>NA</i>		
I	<i>QAPIP Plan and Structure</i>	20	20	NO FOLLOW-UP REQUIRED					100%
II	<i>Performance Measurement and Improvement</i>	24	24	NO FOLLOW-UP REQUIRED					100%
III	<i>Practice Guidelines</i>	14	14	NO FOLLOW-UP REQUIRED					100%
IV	<i>Staff Qualifications and Training</i>	6	6	NO FOLLOW-UP REQUIRED					100%
V	<i>Utilization Management</i>	21	21	NO FOLLOW-UP REQUIRED					100%
VI	<i>Customer Services</i>	10	10	NO FOLLOW-UP REQUIRED					100%
VII	<i>Enrollee Grievance Process</i>	13	13	NO FOLLOW-UP REQUIRED					100%
VIII	<i>Enrollee Rights and Protections</i>	33	32	1	0	0	0	0	100%
IX	<i>Subcontracts and Delegation</i>	4	4	NO FOLLOW-UP REQUIRED					100%
X	<i>Provider Network</i>	13	13	NO FOLLOW-UP REQUIRED					100%
XI	<i>Credentialing</i>	6	6	NO FOLLOW-UP REQUIRED					100%
XII	<i>Access and Availability</i>	17	16	1	0	0	0	0	100%
XIII	<i>Coordination of Care</i>	4	4	NO FOLLOW-UP REQUIRED					100%
XIV	<i>Appeals</i>	15	15	NO FOLLOW-UP REQUIRED					100%
XV	<i>Disclosure of Ownership, Control, and Criminal Convictions</i>	8	4	4	0	0	0	0	100%
Overall Compliance		208	202	6	0	0	0	0	100%

M = Met, *SM* = Substantially Met, *PM* = Partially Met, *NM* = Not Met, *NA* = Not Applicable

Total # of Applicable Elements: The total number of elements within each standard minus any elements that received a score of *NA*.

Total Compliance Score: The overall percentages were obtained by adding the number of elements that received a score of *Met* in the prior review plus the number of elements that received a score of *Met* in the current review to the weighted (multiplied by 0.75) number of elements that received a score of *Substantially Met* and the weighted (multiplied by 0.50) number that received a score of *Partially Met*, then dividing this total by the total number of applicable elements.

In the 2014–2015 compliance review, **Detroit Wayne Mental Health Authority** demonstrated full compliance with all requirements for Standard I—QAPIP Plan and Structure, Standard II—Performance Measurement and Improvement, Standard III—Practice Guidelines, Standard IV—Staff Qualifications and Training, Standard V—Utilization Management, Standard VI—Customer Services, Standard VII—Enrollee Grievance Process, Standard IX—Subcontracts and Delegation, Standard X—Provider Network, Standard XI—Credentialing, Standard XIII—Coordination of Care, and Standard XIV—Appeals. Therefore, follow-up was not required for these standards.

In the 2015–2016 follow-up review, **Detroit Wayne Mental Health Authority** showed strong performance. The PIHP implemented corrective actions and demonstrated full compliance with all elements addressed in the follow-up review for Standard VIII—Enrollee Rights and Protections; Standard XII—Access and Availability; and Standard XV—Disclosure of Ownership, Control, and Criminal Convictions.

HSAG identified no continued opportunities for improvement for **Detroit Wayne Mental Health Authority**.

Appendix A presents the scores for the review of the standards as well as detailed findings for elements scored *Substantially Met*, *Partially Met*, or *Not Met* after the follow-up review.