



CMH and SUD Provider Network FY2022 Contract Monitoring Aggregate Report

OVERVIEW

On an ongoing and annual basis, Region 10 PIHP monitors and evaluates its Provider Network to ensure compliance with federal and state regulations, as well as contractual requirements. Concurrently, the PIHP is required to monitor and evaluate any entity to which it has delegated a managed care administrative function to ensure the provider is appropriately managing its charged delegated responsibilities. The PIHP monitors its Provider Network on an ongoing basis with formal reviews taking place annually.

The purpose of this report is to summarize the findings of the FY2022 Region 10 PIHP Contract Monitoring evaluations of the CMH and SUD Provider Network System.

PIHP NETWORK

Region 10 PIHP manages many managed care administrative functions centrally, while contracting with four (4) CMH Providers and nineteen (19) SUD Providers (Treatment and Prevention) for the management of specific delegated administrative functions and service requirements. These responsibilities are detailed in the PIHP / Provider contracts as applicable.

ANNUAL MONITORING COMPONENTS

The Annual monitoring process included a Preliminary Desk Audit Review. This internal review included key PIHP staff (Subject Matter Experts) reviewing materials that the PIHP already had on file for a specific Provider. Following the Preliminary Desk Audit Review, a Desk Audit request was sent to each Provider, which consisted of Providers submitting operational documents to the PIHP where Subject Matter Experts reviewed the submitted materials. These materials included Provider policies and processes, quality improvement efforts and performance reports for overall compliance and conformance.

Due to ongoing concerns with the COVID-19 pandemic, structure updates were made to Provider meetings and modifications were made to the record review process. A virtual audio or videoconference review was conducted with each Provider to continue the evaluation process in lieu of an onsite visit. During the virtual review, PIHP staff reviewed desk audit materials, validated performance requirements, and addressed Provider questions and concerns.

The PIHP is continuing to work with its Providers on record reviews for staff training and credentialing, autism services, grievances, consent forms, and OHH care plans. Results of these reviews will be completed separately, and any follow up action requests sent to Providers.

Following each review, the Providers were issued formal Contract Monitoring Reports, which detailed specific findings and overall performance. Any finding that did not receive a compliance score of “Met” required the Provider to submit a remedial action plan to the PIHP within forty-five (45) days of report issuance. Provider Action Plans address steps taken to assess and improve performance, measurement criteria and timeframes for issue resolution.

SCORING STANDARDS

For each performance standard within the applicable domain areas, the Provider's compliance was assessed to be Met, Not Met, or Not Applicable (N/A). For all standards where the Provider was determined to have "Met" compliance, no follow-up action was required. For all other assessment scores, a corrective action plan was required from the Provider.

RECOMMENDATIONS:

1. Renewal of contracts and continuation of delegated managed care functions.
2. Examination of overall monitoring compliance scores to address outliers.
3. Specialized reviews of Providers where appropriate to ensure continued compliance of contractual requirements, including scheduling internal review meetings and facilitating additional onsite visits with Providers to further assess performance capability.

EXHIBITS:

Exhibit A: FY2022 Contract Monitoring Aggregate Report Scores

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AVERAGE SCORES OVERALL

CMH PROVIDERS

| MONITORING TIMEFRAME | GHS | LAPEER CMH | SANILAC CMH | ST. CLAIR CMH | |
|----------------------|-----|------------|-------------|---------------|-----|
| FY2022 Annual | 96% | 98% | 97% | 93% | |
| CMH Network Average: | | | | | 96% |

SUD PROVIDERS – TREATMENT

| MONITORING TIMEFRAME | AICC | BIOMED | CCSHGC | CCSEM | CPI | FOH | HCS | NPI | SHRC | SAHLM | SC CMH | |
|--------------------------------|------|--------|--------|-------|-----|-----|-----|-----|------|-------|--------|-----|
| FY2022 Annual | 85% | 90% | 91% | 93% | 81% | 95% | 95% | 88% | 89% | 90% | 84% | |
| SUD Treatment Network Average: | | | | | | | | | | | | 90% |

SUD PROVIDERS – PREVENTION

| MONITORING TIMEFRAME | AICC | CCSHGC | CCSEM | FOH | GCPC | HOPE | IMPACT | SCCS | |
|---------------------------------|------|--------|-------|------|------|------|--------|------|-----|
| FY2022 Annual | 100% | 100% | 100% | 100% | 52% | 100% | 100% | 96% | |
| SUD Prevention Network Average: | | | | | | | | | 91% |

SUD PROVIDER – RECOVERY HOUSING

| MONITORING TIMEFRAME | GLRM | |
|---------------------------------------|------|-----|
| FY2022 Annual | 96% | |
| SUD Recovery Housing Network Average: | | 96% |

AVERAGE SCORES BY DOMAIN

CMH PROVIDERS

| DOMAIN | GHS | LAPEER CMH | SANILAC CMH | ST. CLAIR CMH | CMH NETWORK AVERAGES (By Domain) |
|---|------------|------------|-------------|---------------|--|
| PART 1: CONTRACTUAL REQUIREMENTS | | | | | |
| <i>Quality Improvement</i> | 73% | 100% | 87% | 87% | 86% |
| <i>Information Systems & Data Management</i> | 100% | 100% | 100% | 86% | 96% |
| <i>Collaboration with Community</i> | N/A | N/A | N/A | N/A | N/A |
| <i>Financial Management</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Corporate Compliance</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Advance Directives</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Provider Network</i> | 90% | 90% | 100% | 90% | 93% |
| <i>Certified Community Behavioral Health Clinic</i> | N/A | N/A | N/A | 100% | 100% |
| PART 2: CONTRACTUAL REQUIREMENTS / DELEGATED FUNCTIONS | | | | | |
| <i>QAPIP</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Performance Measurement</i> | 100% | 83% | 83% | 33% | 75% |
| <i>Staff Qualifications & Training</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Utilization Management</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Access</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Customer Service</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Enrollee Grievance Process</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Enrollee Rights & Protections</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Subcontracts & Delegation</i> | 100% | N/A | N/A | 100% | 100% |
| <i>Provider Network Selection & Management</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Credentialing</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Coordination of Care</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Appeals</i> | 100% | 100% | 100% | 100% | 100% |
| <i>Disclosures</i> | 100% | 100% | 100% | 100% | 100% |
| PART 3: OUTSTANDING PLAN OF CORRECTION ITEMS / PART 4: SUBCONTRACTOR SITE VISITS | | | | | |
| Outstanding Plan of Correction Items | 100% | 100% | 100% | 100% | 100% |
| Subcontractor Site Visits | N/A | N/A | N/A | N/A | N/A |
| OVERALL (By Provider) | 96% | 98% | 97% | 93% | |
| CMH Network Average (Of all Domains): | | | | | 96% |

AVERAGE SCORES BY DOMAIN

SUD PROVIDERS – TREATMENT

| DOMAIN | AICC | BIOMED | CCSEM | CCSHGC | CPI | FOH | HCS | NPI | SAHLM | SC CMH | SHRC | SUD Treatment NETWORK AVERAGES (By Domain) |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|
| PART 1: CONTRACTUAL REQUIREMENTS | | | | | | | | | | | | |
| <i>Quality Improvement</i> | 75% | 100% | 75% | 100% | 75% | 100% | 75% | 75% | 75% | N/A | 75% | 83% |
| <i>Information Systems</i> | 100% | 88% | 100% | 100% | 88% | 100% | 100% | 100% | 100% | 100% | 88% | 96% |
| <i>Collaboration with Community</i> | 50% | 100% | 100% | 50% | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 86% |
| <i>Financial Management</i> | 86% | 88% | 100% | 100% | 75% | 88% | 100% | 75% | 83% | 100% | 63% | 86% |
| <i>Corporate Compliance</i> | 71% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 97% |
| <i>Training</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| <i>Administrative Capacity</i> | 67% | 92% | 100% | 90% | 91% | 100% | 100% | 91% | 82% | 100% | 100% | 92% |
| <i>Recipient & Enrollee Rights</i> | 100% | 100% | 100% | 100% | 67% | 100% | 100% | 100% | 100% | N/A | 100% | 97% |
| <i>Women's Specialty</i> | 100% | N/A | N/A | N/A | N/A | 100% | N/A | N/A | N/A | N/A | 100% | 100% |
| <i>Opioid Health Home</i> | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100% | 100% |
| <i>Jail Based MAT Program</i> | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 100% | 100% |
| PART 2: CONTRACTUAL REQUIREMENTS / DELEGATED FUNCTIONS | | | | | | | | | | | | |
| <i>QAPIP</i> | 0% | 100% | 0% | 0% | 0% | 100% | 100% | 0% | 100% | N/A | 0% | 40% |
| <i>Performance Measurement</i> | 40% | 0% | 20% | 40% | 33% | 25% | 40% | 0% | 50% | 20% | 0% | 25% |
| <i>Staff Qualifications & Training</i> | 100% | 100% | 100% | 50% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 95% |
| <i>Utilization Management</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 100% |
| <i>Access</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 100% |
| <i>Customer Service</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 75% | N/A | 100% | 98% |
| <i>Enrollee Grievance Process</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 100% |
| <i>Enrollee Rights & Protections</i> | 100% | 100% | 100% | 100% | 67% | 100% | 100% | 100% | 100% | N/A | 100% | 97% |
| <i>Credentialing</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| <i>Coordination of Care</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 100% |
| <i>Appeals</i> | 100% | 100% | 100% | 100% | 0% | 100% | 100% | 100% | 100% | N/A | 100% | 90% |
| <i>Disclosures</i> | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 100% |
| PART 3: OUTSTANDING PLAN OF CORRECTION ITEMS | | | | | | | | | | | | |
| Outstanding Plan of Correction Items | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | N/A | 100% | 100% |
| OVERALL (By Provider) | 85% | 90% | 93% | 91% | 81% | 95% | 95% | 88% | 90% | 84% | 86% | |
| SUD Treatment Network Average (Of all Domains): | | | | | | | | | | | | 90% |

AVERAGE SCORES BY DOMAIN

SUD PROVIDERS - PREVENTION

| DOMAIN | AICC | CCSEM | CCSHGC | FOH | GCPC | HOPE | IMPACT | SCCS | SUD Prevention NETWORK AVERAGES (By Domain) |
|---|-------------|-------------|-------------|-------------|------------|-------------|-------------|------------|--|
| PART 1: CONTRACTUAL REQUIREMENTS | | | | | | | | | |
| <i>Quality Improvement</i> | 100% | 100% | 100% | 100% | 50% | 100% | 100% | 100% | 94% |
| <i>Information Systems & Data Management</i> | 100% | 100% | 100% | 100% | 67% | 100% | 100% | 100% | 95% |
| <i>Financial Management</i> | N/A | N/A | N/A | N/A | 100% | 100% | 100% | 100% | 100% |
| <i>Corporate Compliance</i> | N/A | N/A | N/A | N/A | 100% | 100% | 100% | 100% | 100% |
| <i>Training</i> | N/A | N/A | 100% | N/A | 0% | 100% | 100% | 100% | 80% |
| <i>Administrative Capacity</i> | N/A | N/A | N/A | N/A | 44% | 100% | 100% | 89% | 83% |
| <i>Disclosures</i> | N/A | N/A | N/A | N/A | 50% | 100% | 100% | 100% | 88% |
| <i>Recipient & Enrollee Rights</i> | N/A | N/A | N/A | N/A | 33% | 100% | 100% | 67% | 75% |
| <i>Prevention</i> | 100% | 100% | 100% | 100% | 47% | 100% | 100% | 100% | 91% |
| PART 2: OUTSTANDING PLAN OF CORRECTION ITEMS | | | | | | | | | |
| Outstanding Plan of Correction Items | N/A | N/A | N/A | N/A | N/A | 100% | 100% | 100% | 100% |
| OVERALL (By Provider) | 100% | 100% | 100% | 100% | 52% | 100% | 100% | 96% | |
| SUD Prevention Network Average (Of all Domains): | | | | | | | | | 91% |

Regarding SUD Providers contracted with the PIHP for both Treatment and Prevention Services: As the PIHP has created separate Contract Monitoring Tools for both SUD Provider Treatment and Prevention Programs, performance standards in several domains may be duplicated. The PIHP has addressed this by including all items on the Treatment Services Monitoring Tool and marking appropriate duplicated standards as “not applicable” on the Prevention Services Monitoring Tool.

AVERAGE SCORES BY DOMAIN

SUD PROVIDER – RECOVERY HOUSING

| DOMAIN | GLRM | SUD Recovery Housing NETWORK AVERAGES (By Domain) |
|---|------------|---|
| PART 1: CONTRACTUAL REQUIREMENTS | | |
| <i>Quality Improvement</i> | 60% | 60% |
| <i>Information Systems & Data Management</i> | 100% | 100% |
| <i>Service Coordination</i> | 100% | 100% |
| <i>Financial Management</i> | 100% | 100% |
| <i>Corporate Compliance</i> | 100% | 100% |
| <i>Training</i> | 100% | 100% |
| <i>Administrative Capacity</i> | 100% | 100% |
| <i>Disclosures</i> | 100% | 100% |
| <i>Recipient & Enrollee Rights</i> | 100% | 100% |
| PART 2: OUTSTANDING PLAN OF CORRECTION ITEMS | | |
| Outstanding Plan of Correction Items | N/A | N/A |
| OVERALL (By Provider) | 96% | |
| SUD Recovery Housing Network Average (Of all Domains): | | 96% |

Provider Names & Acronyms

| | |
|--------|--|
| AICC | Alcohol Information and Counseling Center |
| BIOMED | Biomed Behavioral Healthcare |
| CCSEM | Catholic Charities of Southeast MI |
| CCSHGC | Catholic Charities of Shiawassee and Genesee Counties |
| CPI | Community Programs, Inc. |
| FOH | Flint Odyssey House |
| GPCPC | Genesee County Prevention Coalition |
| GHS | Genesee Health System |
| GLRM | Great Lakes Recovery Mission |
| HCS | Holy Cross Services |
| HOPE | Hope Network |
| IMPACT | Incorporation to Maximize Personal Achievement with Community Training |
| LCMH | Lapeer County Community Mental Health |
| NPI | New Paths, Inc. |
| SAHLM | Salvation Army Harbor Light Macomb |
| SC CMH | St. Clair County Community Mental Health |
| SCCS | Sanilac County Counseling Services |
| SCMH | Sanilac County Community Mental Health |
| SHRC | Sacred Heart Rehabilitation Center |