



Quality Assessment and
Performance Improvement Program

Summary Report

Title of Measure: Mid-State Tracking, Monitoring, Trending and Reviewing Denial, Grievance, Appeal, and Second Opinion Data Report

Reporting Period (month/year): FY20 Q2

Data Analysis: (threats to validity; statistical testing; reliability of results; statistical significance; need for modification of data collection strategies)

Both the state of Michigan (via the Michigan Department of Health and Human Services – MDHHS - contract) and the United States Government (via the Social Security Act) set forth requirements related to due process for Medicaid beneficiaries. Due process includes, but is not limited to, such things as adverse action, written notice provision, appeal process, grievance process, and Medicaid Fair Hearing system. Further, the Michigan Mental Health Code also sets forth requirements related to an additional rights protection of a “second opinion” and “recipient rights”.

Medicaid beneficiaries have rights and dispute resolution protections under federal authority of the Social Security Act, including:

- Local appeals through authority of 42 CFR 438.400 et seq.
- Local grievances through authority of 42 CFR 438.400 et seq.
- State fair hearings through authority of 42 CFR 432.200 et seq.

Further, Medicaid beneficiaries also have rights and dispute resolution protections under state authority via the “Grievance and Appeal Technical Requirement: PIHP Grievance System for Medicaid Beneficiaries” issued by the Michigan Department of Health and Human Services (MDHHS) and attached to the PIHP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract as “Attachment P6.3.1.1”.

Medicaid beneficiaries, as public mental health consumers, also have rights and dispute resolution protections under authority of the State of Michigan Mental Health Code, Chapters 7, 7A, 4, and 4A, including:

- Recipient Rights complaints through authority of the Mental Health Code (MCL 330.1772 et seq.)
- Medical Second Opinion through authority of the Mental Health Code (MCL 330.1705)

A Grievance System includes, but is not limited to, the following components:

- Adverse Actions - a decision that negatively impacts (deny, suspend, terminate, or reduce) the services requested or being received by a Medicaid beneficiary.
- Written Notification - a letter timely written to a Medicaid beneficiary that includes state and federal requirements about the adverse action (what is going to happen to what services, by what date, why, what the beneficiary can do about such if he/she does not agree with the adverse action, and any other rights). The written notification letter must be provided to a Medicaid beneficiary at least 10 calendar days before intended adverse action takes effect.
- Appeals - a request for a review by a Medicaid beneficiary of an adverse action. The appeal process includes various components as acknowledgement letters, disposition letters, characteristics of appeal reviewer, timeliness, information about other rights, and logging. There is a “standard appeal”, which must be completed, including the written disposition letter, within 30 calendar days of appeal being requested. There is an “expedited appeal”, which must be completed, including the written disposition letter, within 72 hours of the appeal being requested.
- Grievances - a Medicaid beneficiary’s expression of dissatisfaction about service issues, other than an adverse action. The grievance process includes various components as acknowledgement letters, disposition letters, characteristics of appeal reviewer, timeliness, information about other rights, and

logging. The grievance, including the disposition letter, must be resolved within 90 calendar days of the grievance being requested.

- Second Opinions – a written request for a review by a public mental health applicant or recipient (including Medicaid) of the CMH CEO about a denial of service (inpatient psychiatric hospitalization denial or community based services denial). Inpatient psychiatric hospitalization second opinion requests must be completed within 3 days, excluding Sundays and legal holidays. Community based services second opinion request do not have a timeliness standard.
- Medicaid Fair Hearing – an impartial state level review of a Medicaid beneficiary’s appeal of an adverse action presided over by an Administrative Law Judge.
- Recipient Rights – a system of rights protection within both the Community Mental Health Services Program (CMHSP) system under the Michigan Mental Health Code and Substance Use Disorder (SUD) system under the Public Health Act.

Although MDHHS and the federal government do not provide standard indicators for reporting on denials, appeals, second opinions, and grievances, various indicators have been developed for MSHN CMHSP Participants and Substance Use Disorder (SUD) Providers. First, an indicator which monitors compliance with timeliness of notices, appeals, second opinions, and grievances. But, just as important, the tracking/trending indicator will also provide quality improvement opportunities identified by individuals that we serve via the denial, appeal, second opinion, and grievance processes. There are other opportunities for future indicators to improve service provision such as the rate of appeal going in favor of Medicaid beneficiary, rate of grievance going in favor of Medicaid beneficiary, rate of denials, etc.

Figure 1 Indicator 1a-4a

Organization	Quarter	Indicator 1a	Indicator 1d	Indicator 2a	Indicator 2d	Indicator 3a	Indicator 4a
MSHN	FY19Q3	95%	*	97%	100%	100%	100%
	FY19Q4	97%	*	97%	*	100%	100%
	FY20Q1	96%	*	97%	100%	100%	100%
	FY20Q2	97%	100%	100%	*	100%	100%
BAY	FY19Q3	98%	*	97%	*	*	100%
	FY19Q4	99%	*	100%	*	*	100%
	FY20Q1	100%	*	100%	100%	100%	100%
	FY20Q2	98%	*	100%	*	100%	100%
CEI	FY19Q3	93%	*	100%	*	*	100%
	FY19Q4	96%	*	100%	*	100%	100%
	FY20Q1	100%	*	100%	*	*	100%
	FY20Q2	97%	*	100%	*	*	100%
CMHCM	FY19Q3	100%	*	*	*	100%	*
	FY19Q4	100%	*	*	*	*	100%
	FY20Q1	100%	*	*	*	100%	100%
	FY20Q2	98%	*	100%	*	100%	100%
Gratiot	FY19Q3	100%	*	*	*	*	*
	FY19Q4	100%	*	*	*	*	100%
	FY20Q1	*	*	*	*	*	100%
	FY20Q2	100%	*	*	*	*	*

Organization	Quarter	Indicator 1a	Indicator 1d	Indicator 2a	Indicator 2d	Indicator 3a	Indicator 4a
Huron	FY19Q3	100%	*	100%	*	*	*
	FY19Q4	100%	*	100%	*	*	*
	FY20Q1	100%	*	100%	*	*	100%
	FY20Q2	100%	*	100%	*	*	100%
LifeWays	FY19Q3	96%	*	100%	*	100%	100%
	FY19Q4	98%	*	90%	*	100%	100%
	FY20Q1	100%	*	75%	*	*	100%
	FY20Q2	100%	*	100%	*	100%	100%
Montcalm	FY19Q3	100%	*	*	*	*	*
	FY19Q4	71%	*	*	*	*	*
	FY20Q1	100%	*	*	*	*	100%
	FY20Q2	91%	*	*	*	100%	100%
Newaygo	FY19Q3	89%	*	*	*	*	*
	FY19Q4	93%	*	*	*	*	*
	FY20Q1	100%	*	*	*	*	100%
	FY20Q2	90%	*	*	*	*	*
Saginaw	FY19Q3	100%	*	83%	*	100%	100%
	FY19Q4	100%	*	33%	*	100%	100%
	FY20Q1	100%	*	100%	*	100%	100%
	FY20Q2	80%	*	100%	*	100%	100%
Shiawassee	FY19Q3	89%	*	100%	100%	100%	100%
	FY19Q4	98%	*	100%	*	100%	100%
	FY20Q1	93%	*	75%	*	100%	100%
	FY20Q2	99%	*	100%	*	100%	100%
The Right Door	FY19Q3	97%	*	*	*	100%	*
	FY19Q4	97%	*	*	*	*	100%
	FY20Q1	88%	*	100%	*	100%	*
	FY20Q2	91%	*	100%	*	100%	*
Tuscola	FY19Q3	100%	*	100%	*	*	*
	FY19Q4	100%	*	100%	*	*	100%
	FY20Q1	90%	*	100%	*	100%	*
	FY20Q2	100%	*	100%	*	*	100%
MSHN/Substance Use Disorder	FY19Q3	100%	*	100%	*	n/a	100%
	FY19Q4	100%	*	100%	*	n/a	100%
	FY20Q1	*	*	100%	*	n/a	100%
	FY20Q2	100%	100%	100%	*	n/a	100%

* Denotes no eligible consumers for the indicator for the reporting period.

DATA INTERPRETATION: (Performance against targets and benchmark data.)

Indicator 1: Denials & Notices:

The standard for Indicator 1a is 100% of those who were denied overall eligibility were resolved with a written notice letter within 14 calendar days for a standard request for service. Figure 1 indicates that MSHN was below the standard for FY20Q2 with the scores of 97% for those who were denied a standard eligibility service request was resolved within the timeframe required by MDHHS. For FY20Q2, 8 CMHSPs were below the 100% standard and 4 CMHSPs met the standard and MSHN/SUD.

The standard for indicator 1d is 100% of those who were denied were resolved with a written notice letter within 72 hours of an expedited request for service. Figure 1 indicates that for FY20Q2, MSHN/SUD met the standard, MSHN SUD met the standard, and 12 CMHSPs did not have any consumers that were eligible for the indicator.

Indicator 2: Timeliness of Appeals

The standard for Indicator 2a is 100% of Medicaid appeals which are resolved in compliance with state and federal timeliness standards including the written disposition letter sent to consumer within 30 calendar days of a standard request for appeal. Figure 1 indicates that MSHN met the standard for FY20Q2 with the score of 100% of those denied being resolved within the standard timeframe required by MDHHS. For FY20Q2, 9 CMHSPs and MSHN/SUD met the standard; and 3 CMHSPs did not have any consumers that were eligible for this indicator.

The standard for indicator 2d is 100% of those who Medicaid appeals are resolved in compliance with state and federal timeliness standards including the written disposition letter within 72 hours of an expedited request for appeal. Figure 1 indicates that for FY20Q2, 12 CMHSPs and MSHN/SUD did not have any consumers that were eligible for the indicator.

Indicator 3: Timeliness of Second Opinion-Applicable only to CMHSP Services, (not SUD Services)

The standard for Indicator 3a is 100% of Medicaid second opinion requests regarding inpatient psychiatric hospitalization denials are resolved in compliance with state and federal timeliness standards, including the oral/verbal provision of disposition, written provision of within 3 days excluding Sundays and Holidays. This indicator is not applicable to MSHN/SUD. Figure 1 indicates that MSHN met the standard for FY20Q2 with the scores of 100%. For FY20Q2, 7 CMHSPs met the standard and 5 CMHSPs did not have any consumers that were eligible.

Indicator 4: Timeliness of Response to Grievances

The standard for indicator 4a is 100% of Medicaid grievances to be resolved with a written disposition sent to the consumer within 90 calendar days of the request for a grievance. Figure 1 indicates that MSHN met the standard for FY20Q2 with the scores of 100%. For FY20Q2, 9 CMHSPs and MSHN SUD met the 100% standard and 3 CMHSPs did not have any consumers that were eligible.

Figure 2: MSHN Comparative Data

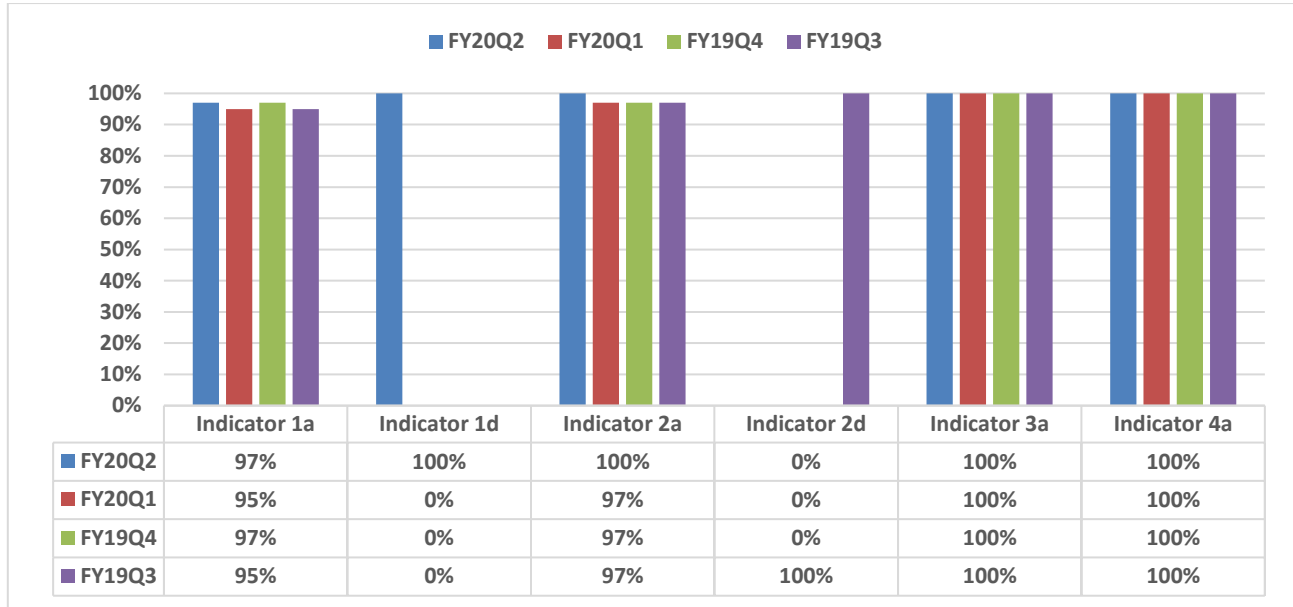


Figure 2 Note: 0% results are due to no eligible consumers for the indicator during the quarter and not due to 0% compliance.

Customer Service Committee Review

Prior Quarter Follow up:

- Customer Service staff will work with Access staff to review causality of continued compliance struggles.

Current Quarter Analysis and Discussion:

- The report data continues to show stability
- CSC members reported a greater awareness on timeframes and the process to meet the standard.

Recommendations for Follow up:

- Improvements continue to be needed regarding training access staff due to staff turnover so new staff will know the process for denial Notices.

Figure 3: FY20Q2 Provider Data

	Bay	CEI	CMHCM	Gratiot	Huron	LifeWay s	Montcal m	Newaygo	Saginaw	Shiawassee	The Right Door	Tuscola	MSHN SUD	
# Consumers Served:	3542	6719	4373	1019	687	4219	1320	1417	4362	1001	1163	818	7869	
1*	55	29	63	39	14	79	10	18	4	75	49	14	10	
2*	56	30	64	39	14	79	11	20	5	76	54	14	10	
3*	0	0	0	0	0	0	0	0	0	0	0	0	3	
4*	0	0	0	0	0	0	0	0	0	0	0	0	3	
5*	37	4	2	0	3	6	0	0	2	6	2	5	2	
6*	37	4	2	0	3	6	0	0	2	6	2	5	2	
7*	0	0	0	0	0	0	0	0	0	0	3	1	0	
8*	0	0	0	0	0	0	0	0	0	0	3	1	0	
9*	1	0	1	0	0	1	1	0	3	2	1	0	n/a	
10*	1	0	1	0	0	1	1	0	3	2	1	0	n/a	
11*	9	3	1	0	1	13	1	0	4	1	0	1	8	
12*	9	3	1	0	1	13	1	0	4	1	0	1	8	
Rate per 100 served	1a	1.23%	1.58%	0.45%	1.46%	3.83%	2.04%	1.87%	0.83%	1.41%	0.11%	7.59%	4.64%	1.71%
	2a	0.18%	1.04%	0.06%	0.05%	0.00%	0.44%	0.14%	0.00%	0.00%	0.05%	0.60%	0.17%	0.61%
	3a	0.03%	0.03%	0.00%	0.02%	0.00%	0.00%	0.02%	0.08%	0.00%	0.07%	0.20%	0.09%	n/a
	4a	0.11%	0.25%	0.04%	0.02%	0.00%	0.15%	0.31%	0.08%	0.00%	0.09%	0.10%	0.00%	0.12%
*Provider Data Legend	1. Total # of STANDARD DENIALS of requests for services with notices sent within 14 calendar days.													
	2. Total # of STANDARD denials of requests for services.													
	3. Total # of EXPEDITED denials of eligibility requests for services with notices sent within 72 hours.													
	4. Total # of EXPEDITED denials of eligibility requests for services.													
	5. Total # of STANDARD Appeals resolved with written disposition sent to consumer within 30 calendars days of request for appeal.													
	6. Total # of STANDARD appeals requested.													
	7. Total # of EXPEDITED appeals resolved with written disposition sent to consumer within 72 hours of request for appeal.													
	8. Total # of EXPEDITED appeals requested.													
	9. Total # of only Second Opinion requests related to inpatient psychiatric hosp. denials resolved within 3 days excluding Sundays and Holidays.													
	10. Total # of Second Opinions requested related to inpatient psychiatric hospitalization denials													
	11. Total # of Grievances resolved with written disposition sent to the consumer within 90 calendars days of request for grievance.													
	12. Total # of Grievances requested.													

	Performance Below Standard				Intervention plan in place and being monitored to reach full impact	Regional Best Practice (> 3 data points)
	FY20Q2	FY20Q1	FY19Q4	FY19Q3		
Bay	1a	N/A	1a	<u>1a</u> , 2a	None	3a, 4a
CEI	1a	N/A	1a	<u>1a</u>	None	2a, 3a, 4a
CMHCM	<u>1a</u>	N/A	N/A	N/A	None	1a, 2a, 3a, 4a
Gratiot	N/A	N/A	N/A	N/A	None	1a, 2a, 3a,4a
Huron	N/A	N/A	N/A	N/A	None	1a, 2a, 3a,4a
LifeWays	N/A	2a	1a, <u>2a</u>	1a	None	3a, 4a
Montcalm	1a	N/A	<u>1a</u>	N/A	None	2a, 3a, 4a
Newaygo	1a	N/A	<u>1a</u>	1a	None	2a, 3a, 4a
Saginaw	<u>1a</u>	N/A	2a	2a	None	3a
Shiawassee	1a	1a, <u>2a</u>	1a	<u>1a</u>	None	3a, 4a
The Right Door	1a	1a	1a	<u>1a</u>	None	2a, 3a,4a
Tuscola	N/A	1a	N/A	N/A	None	2a, 3a, 4a
MSHN/SUD	N/A	N/A	N/A	N/A	None	1a, 2a, 3a

Plans of Correction are required for any CMHSP Participant/SUD Provider that falls below the established standard for an indicator which is not currently under a CAP. Standards have been set at 100% for indicators 1a, 2a, 3a and 4a. Plans of Correction may be in effect for up to 4 quarters before they reach full impact. The start for the Plans of Correction is noted by the indicator being underlined within the quarter it began.

CMHSP Participants will be considered to have a best practice for any indicator where the CMHSP Participant has maintained compliance with the established standard for a minimum of the previous three quarters reported. CMHSP Participants must report an eligible population during the previous three quarters to be considered for a best practice for an indicator.

Improvement Strategies:

All CMHSP Participants who demonstrate performance below the standard for each population group will submit a corrective action plan (CAP) to MSHN Customer Services Committee within 30 days of the presentation of this final report unless otherwise stated by the MSHN Director of Quality, Compliance, and Customer Services. The corrective action plan should be submitted using the MSHN provided template and include a specific date of impact and must clearly identify the indicator in which the action is addressing.

CMHSP Participants should review data prior to submission to ensure the appropriate data elements are submitted according to the format as indicated in the instructions.

Date: September 2020

Completed by: Dan R. Dedloff, MA, LPC; MSHN Customer Service & Recipient Rights Specialist

MSHN Customer Service Committee Approved: September 14, 2020