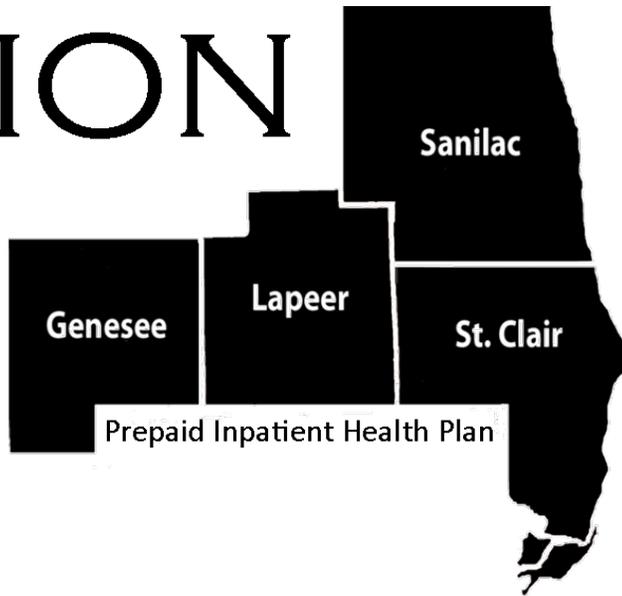


# REGION

# 10



Michigan Mission-Based Performance Indicator System  
JULY - SEPTEMBER  
FY 2020 – 4<sup>TH</sup> QUARTER

**Region 10 PIHP**  
**Michigan Mission-Based Performance Indicator System**

**FY2020 –4th Quarter Summary Report**  
(July 1, 2020 – September 30, 2020)

This report is a summary of the performance indicators reported to the Michigan Department of Health and Human Services (MDHHS) by the PIHP (data aggregated from CMH / SUD providers). The Michigan Mission-Based Performance Indicator System (MMBPIS) was implemented in fiscal year 1997. The indicators have been revised over time, with the current revision effective April 1, 2020.

The indicators measure the performance of the PIHP for Medicaid beneficiaries served through the CMH/SUD affiliates. Since the indicators are a measure of performance, deviations from standards and negative statistical outliers may be addressed through contract action. Information from these indicators will be published on the MDHHS website within 90 days of the close of the reporting period.

This report summarizes the PIHP's results from the fourth quarter of fiscal year 2020 as well as trending information for the past three years of Performance Indicator data.

## Performance Indicator 1

**Indicator 1.a.** The percentage of children receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
Genesee Health System	99.21%	100%	99.52%	100%	99.63%	99.21%	100%	99.45%	99.62%	99.59%	100%	100%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>PIHP Totals</b>	<b>99.51%</b> N=405	<b>100%</b> N=358	<b>99.69%</b> N=326	<b>100%</b> N=223	<b>99.75%</b> N=400	<b>99.48%</b> N=383	<b>100%</b> N=402	<b>99.63%</b> N=272	<b>99.73%</b> N = 370	<b>99.71%</b> N = 347	<b>100%</b> N = 174	<b>100%</b> N = 258

**Indicator 1.b.** The percentage of adults receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours. *The standard is 95%.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
Genesee Health System	99.75%	99.62%	100%	99.76%	99.87%	99.49%	99.87%	99.75%	99.87%	100%	100%	99.86%
Lapeer CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sanilac CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
St. Clair CMH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.51%	100%
<b>PIHP Totals</b>	<b>99.83%</b> N=1205	<b>99.75%</b> N=1182	<b>100%</b> N=1206	<b>99.83%</b> N=1186	<b>99.91%</b> N=1165	<b>99.65%</b> N=1144	<b>99.91%</b> N=1097	<b>99.83%</b> N=1195	<b>99.91%</b> N = 1136	<b>100%</b> N = 1126	<b>99.89%</b> N = 930	<b>99.91%</b> N = 1104

## Performance Indicator 2a

**Indicator 2 (Discontinued)** The percentage of new persons receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

**Indicator 2a (New)\*** The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	99.49%	99.58%	99.44%	100%	99.70%	99.71%	100%	100%	97.91%	73.88%	71.70%
<b>Lapeer CMH</b>	100%	99.38%	99.35%	98.66%	98.18%	97.54%	100%	100%	99.34%	99.35%	66.10%	70.00%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	97.96%	100%	79.41%	80.00%
<b>St. Clair CMH</b>	100%	99.58%	99.64%	100%	100%	100%	99.34%	100%	100%	100%	86.13%	75.69%
<b>Region 10 PIHP SUD</b>	96.64%	98.41%	98.79%	99.68%	98.59%	97.46%	98.40%	98.19%	98.72%	99.09%	N/A	N/A
<b>PIHP Totals</b>	<b>98.47%</b> <b>N=1694</b>	<b>98.99%</b> <b>N=1684</b>	<b>99.23%</b> <b>N=1813</b>	<b>99.61%</b> <b>N=1773</b>	<b>99.20%</b> <b>N=1743</b>	<b>98.51%</b> <b>N=1679</b>	<b>98.99%</b> <b>N=1784</b>	<b>99.03%</b> <b>N=1856</b>	<b>99.18%</b> <b>N = 1838</b>	<b>99.04%</b> <b>N =1771</b>	<b>76.54%</b> <b>N = 891</b>	<b>73.41%</b> <b>N = 1335</b>

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates. A separate indicator has been developed for the SUD population. See Indicator 2b.

**Indicator 2.a. (Discontinued)** The percentage of new children with emotional disturbance receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

**Indicator 2.a.1. (New)\*** The percentage of new children with emotional disturbance receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	98.32%	98.49%	98.97%	100%	98.51%	100%	100%	100%	97.98%	77.68%	68.91%
<b>Lapeer CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	97.92%	100%	76.19%	91.67%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	96.43%	100%	100%	82.86%
<b>St. Clair CMH</b>	100%	100%	98.67%	100%	100%	100%	98.26%	100%	100%	100%	93.44%	79.61%
<b>PIHP Totals</b>	<b>100%</b> N=315	<b>99.29%</b> N=281	<b>98.92%</b> N=279	<b>99.59%</b> N=243	<b>100%</b> N=291	<b>99.48%</b> N=193	<b>99.15%</b> N=236	<b>100%</b> N=192	<b>99.25%</b> N = 268	<b>99.22%</b> N = 258	<b>83.96%</b> N = 212	<b>77.70%</b> N = 305

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

**Indicator 2.b. (Discontinued)** The percentage of new adults with mental illness receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

**Indicator 2.a.2. (New)\*** The percentage new adults with mental illness receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	98.39%	70.63%	69.62%
<b>Lapeer CMH</b>	100%	98.85%	100%	100%	98.41%	97.40%	100%	100%	100%	98.81%	61.63%	59.05%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	98.11%	100%	69.05%	75.71%
<b>St. Clair CMH</b>	100%	99.20%	100%	100%	100%	100%	100%	100%	100%	100%	82.50%	71.37%
<b>PIHP Totals</b>	<b>100%</b> N=458	<b>99.55%</b> N=443	<b>100%</b> N=536	<b>100%</b> N=443	<b>99.78%</b> N=455	<b>99.60%</b> N=500	<b>100%</b> N=424	<b>100%</b> N=485	<b>99.79%</b> N = 469	<b>99.18%</b> N = 487	<b>72.42%</b> N = 591	<b>69.28%</b> N = 804

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

**Indicator 2.c. (Discontinued)** The percentage of new children with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

**Indicator 2.a.3. (New)\*** The percentage new children with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	100%	100%	98.31%	100%	100%	98.73%	100%	100%	97.18%	89.74%	80.00%
<b>Lapeer CMH</b>	100%	100%	100%	100%	<b>87.50%</b> (7/8)	100%	100%	100%	100%	100%	100%	71.43%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90.00%
<b>St. Clair CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88.89%	90.70%
<b>PIHP Totals</b>	<b>100%</b> N=90	<b>100%</b> N=102	<b>100%</b> N=111	<b>98.91%</b> N=92	<b>99.04%</b> N=104	<b>100%</b> N=107	<b>99.24%</b> N=131	<b>100%</b> N=126	<b>100%</b> N = 103	<b>97.85%</b> N = 93	<b>91.07%</b> N = 56	<b>82.63%</b> N = 167

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

**Indicator 2.d. (Discontinued)** The percentage of new adults with developmental disabilities receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

**Indicator 2.a.4. (New)\*** The percentage new adults with developmental disabilities receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	96.30%	69.23%	86.36%
<b>Lapeer CMH</b>	100%	100%	<b>90.00%</b> (9/10)	<b>66.67%</b> (4/6)	100%	<b>90.00%</b> (9/10)	100%	100%	100%	100%	71.43%	76.92%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	75.00%	100%
<b>St. Clair CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	73.68%
<b>PIHP Totals</b>	<b>100%</b> N=57	<b>100%</b> N=39	<b>98.39%</b> N=62	<b>96.15%</b> N=52	<b>100%</b> N=43	<b>98.04%</b> N=51	<b>100%</b> N=54	<b>100%</b> N=57	<b>100%</b> N = 57	<b>98.08%</b> N = 52	<b>78.13%</b> N = 32	<b>81.36%</b> N = 59

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

## Performance Indicator 2b

**Indicator 2b (Discontinued)** The percentage of new persons with Substance Use Disorders receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service. *95% is the standard. Discontinued 4/1/2020.*

**Indicator 2.e. (New)\*, \*\*, \*\*\*, \*\*\*\*** The percentage new persons 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, effective 4/1/2020. **This indicator is calculated by MDHHS.** The numbers below are preliminary calculations by Region 10 PIHP. *No standard for first year of implementation.*

	PIHP (Medicaid only through 2Q FY20)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Region 10 PIHP SUD</b>	96.64%	98.41%	98.79%	99.68%	98.59%	97.46%	98.40%	98.19%	98.72%	99.09%	67.09%	70.53%
<b>PIHP Totals</b>	<b>96.64%</b> <b>N=774</b>	<b>98.41%</b> <b>N=819</b>	<b>98.79%</b> <b>N=825</b>	<b>99.68%</b> <b>N=943</b>	<b>98.59%</b> <b>N=850</b>	<b>97.46%</b> <b>N=828</b>	<b>98.40%</b> <b>N=939</b>	<b>98.19%</b> <b>N=996</b>	<b>98.72%</b> <b>N = 941</b>	<b>99.09%</b> <b>N = 881</b>	<b>67.09%</b> <b>N=1565</b>	<b>70.53%</b> <b>N=2056</b>

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 2, which impacts the rates.

\*\*Requests that did not result in the individual being seen for services at the first provider that the individual was referred to within 60 days are counted as “expired requests”. There were 405 expired requests in 4Q FY20. Previous methodology only calculated rates for individuals who received a biopsychosocial assessment.

\*\*\*MDHHS calculates the total number of new persons who requested and were approved for SUD treatment or supports based on the number of expired requests that are reported by the PIHP and Behavioral Health Treatment Episode Data Set (BH-TEDS) Admissions records. The 4Q FY20 figures above were extracted from the BH-TEDS Application on December 21, 2020 and summarized by Region 10 PIHP. Final figures calculated by MDHHS may differ.

\*\*\*\*Beginning the third quarter of fiscal year 2020, Medicaid and non-Medicaid consumers are included in the indicator.

## Performance Indicator 3

**Indicator 3 (Discontinued)** The percent of new persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

**Indicator 3 (New)\*** The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	99.83%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.49%	99.34%
<b>Lapeer CMH</b>	96.97%	95.60%	100%	99.01%	95.16%	97.47%	100%	100%	96.94%	97.14%	87.50%	84.09%
<b>Sanilac CMH</b>	97.01%	100%	96.77%	98.31%	100%	95.24%	100%	97.50%	98.77%	100%	81.40%	75.56%
<b>St. Clair CMH</b>	96.49%	95.17%	95.95%	95.15%	98.98%	98.67%	97.54%	98.58%	98.33%	98.35%	85.10%	78.78%
<b>Region 10 PIHP SUD</b>	99.38%	99.65%	99.80%	98.56%	98.20%	98.67%	98.61%	96.90%	97.84%	96.87%	N/A	N/A
<b>PIHP Totals</b>	<b>98.94%</b> <b>N=1411</b>	<b>99.05%</b> <b>N=1365</b>	<b>99.30%</b> <b>N=1436</b>	<b>98.68%</b> <b>N=1663</b>	<b>98.85%</b> <b>N=1650</b>	<b>97.53%</b> <b>N=1662</b>	<b>99.00%</b> <b>N=1803</b>	<b>98.08%</b> <b>N=1772</b>	<b>98.51%</b> <b>N = 1808</b>	<b>98.14%</b> <b>N = 1723</b>	<b>92.93%</b> <b>N = 735</b>	<b>88.63%</b> <b>N = 985</b>

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3, which impacts the rates. A separate indicator has been developed for the SUD population. See Indicator 2b.

**Indicator 3.a. (Discontinued)** The percent of new children with emotional disturbance starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

**Indicator 3.a (New)\*** The percent of new children with emotional disturbance starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	99.49%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97.85%
<b>Lapeer CMH</b>	100%	<b>92.59%</b> (25/27)	100%	100%	<b>94.12%</b> (16/17)	95.24%	100%	100%	100%	100%	89.47%	94.12%
<b>Sanilac CMH</b>	<b>93.10%</b> (27/29)	100%	95.24%	100%	100%	<b>76.92%</b> (10/13)	100%	100%	<b>94.44%</b> (17/18)	100%	80.00%	75.86%
<b>St. Clair CMH</b>	<b>94.23%</b> (49/52)	<b>85%</b> (34/40)	95.83%	97.83%	100%	97.96%	95.56%	98.08%	96.25%	100%	88.00%	86.90%
<b>PIHP Totals</b>	<b>98.05%</b> N=308	<b>96.49%</b> N=228	<b>98.80%</b> N=249	<b>99.55%</b> N=224	<b>99.58%</b> N=239	<b>97.44%</b> N=195	<b>98.39%</b> N=248	<b>99.44%</b> N=180	<b>98.40%</b> N = 250	<b>100%</b> N = 240	<b>94.19%</b> N = 172	<b>90.83%</b> N = 240

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

**Indicator 3.b. (Discontinued)** The percentage of new adults with mental illness starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

**Indicator 3.b (New)\*** The percent of new adults with mental illness starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99.19%	99.63%
<b>Lapeer CMH</b>	96.72%	96.49%	100%	98.36%	97.14%	100%	100%	100%	95.00%	96.36%	86.89%	76.62%
<b>Sanilac CMH</b>	100%	100%	97.06%	100%	100%	100%	100%	98.18%	100%	100%	81.48%	75.00%
<b>St. Clair CMH</b>	98.72%	100%	<b>94.32%</b> (83/88)	<b>94.19%</b> (81/86)	98.06%	99.29%	97.96%	99.33%	99.12%	98.05%	82.39%	72.47%
<b>PIHP Totals</b>	<b>99.37%</b> N=475	<b>99.53%</b> N=426	<b>98.81%</b> N=505	<b>98.66%</b> N=448	<b>99.37%</b> N=476	<b>99.80%</b> N=505	<b>99.58%</b> N=476	<b>99.36%</b> N=469	<b>99.20%</b> N = 503	<b>99.05%</b> N = 525	<b>91.61%</b> N = 477	<b>86.06%</b> N = 574

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

**Indicator 3.c. (Discontinued)** The percentage of new children with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

**Indicator 3.c (New)\*** The percent of new children with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Lapeer CMH</b>	100%	100%	100%	100%	<b>83.33%</b> (5/6)	100%	100%	100%	100%	100%	100%	100%
<b>Sanilac CMH</b>	100%	100%	100%	<b>50.00%</b> (1/2)	100%	100%	100%	100%	100%	100%	75.00%	62.50%
<b>St. Clair CMH</b>	96.43%	100%	100%	<b>90.00%</b> (18/20)	100%	95.65%	100%	100%	100%	<b>92.86%</b> (13/14)	100%	86.11%
<b>PIHP Totals</b>	<b>98.81%</b> N=84	<b>100%</b> N=100	<b>100%</b> N=109	<b>97.09%</b> N=103	<b>99.08%</b> N=109	<b>99.23%</b> N=130	<b>100%</b> N=157	<b>100%</b> N=135	<b>100%</b> N = 117	<b>99.07%</b> N = 107	<b>98.18%</b> N = 55	<b>93.65%</b> N = 126

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

**Indicator 3.d. (Discontinued)** The percentage of new adults with developmental disabilities starting any needed on-going service within 14 days of a non-emergent assessment with a professional. *95% within 14 days is the standard. Discontinued 4/1/2020.*

**Indicator 3.d (New)\*** The percent of new adults with developmental disabilities starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment, effective 4/1/2020. *No standard for first year of implementation.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Lapeer CMH</b>	<b>66.67%</b> (2/3)	100%	100%	100%	100%	<b>87.50%</b> (7/8)	100%	100%	100%	<b>88.89%</b> (8/9)	80.00%	90.00%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	<b>50.00%</b> (1/2)	100%	100%	100%	100%
<b>St. Clair CMH</b>	<b>92.31%</b> (12/13)	<b>92.86%</b> (13/14)	100%	100%	100%	100%	100%	100%	100%	100%	100%	92.31%
<b>PIHP Totals</b>	<b>96.61%</b> N=59	<b>97.83%</b> N=46	<b>100%</b> N=64	<b>100%</b> N=54	<b>100%</b> N=48	<b>98.25%</b> N=57	<b>100%</b> N=59	<b>98.11%</b> N=53	<b>100%</b> N = 58	<b>98.08%</b> N = 52	<b>96.77%</b> N = 31	<b>95.56%</b> N = 45

\*Beginning the third quarter of fiscal year 2020, there are no exceptions for Indicator 3 which impacts the rates.

## Performance Indicator 4

**Indicator 4.a.1** The percentage of children discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.  
*95% is the standard.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	96.77%	100%	100%	100%	100%	100%	96.61%	100%	95.56%	95.65%	100%	97.30%
<b>Lapeer CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Sanilac CMH</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>St. Clair CMH</b>	97.14%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	<b>81.25%</b> (13/16)
<b>PIHP Totals</b>	<b>97.35%</b> N=113	<b>100%</b> N=108	<b>100%</b> N=90	<b>100%</b> N=62	<b>100%</b> N=91	<b>100%</b> N=99	<b>97.89%</b> N=95	<b>100%</b> N=60	<b>97.53%</b> N = 81	<b>97.37%</b> N = 76	<b>100%</b> N = 53	<b>93.65%</b> N = 63

**Indicator 4.a.2** The percentage of adults discharged from a psychiatric inpatient unit who are seen for follow-up care within seven days.  
95% is the standard.

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Genesee Health System</b>	97.54%	97.27%	97.21%	98.28%	97.34%	99.21%	99.60%	98.41%	96.27%	<b>94.76%</b> (235/248)	97.88%	96.77%
<b>Lapeer CMH</b>	100%	100%	100%	100%	<b>88.24%</b> (30/34)	100%	100%	100%	100%	100%	100%	<b>79.17%</b> (19/24)
<b>Sanilac CMH</b>	100%	<b>94.44%</b> (17/18)	100%	100%	100%	<b>94.44%</b> (17/18)	<b>94.12%</b> (16/17)	100%	100%	100%	<b>91.67%</b> (11/12)	100%
<b>St. Clair CMH</b>	96.43%	98.51%	100%	100%	98.36%	98.63%	100%	<b>94.52%</b> (69/73)	96.23%	95.24%	96.43%	97.06%
<b>PIHP Totals</b>	<b>97.63%</b> N=338	<b>97.47%</b> N=396	<b>98.09%</b> N=367	<b>98.80%</b> N=332	<b>96.73%</b> N=367	<b>98.90%</b> N=365	<b>99.42%</b> N=342	<b>97.71%</b> N=350	<b>96.67%</b> N = 360	<b>95.42%</b> N = 349	<b>97.54%</b> N = 284	<b>95.90%</b> N = 390

**Indicator 4.b** The percent of discharges from a substance use disorder detox unit who are seen for follow-up care within seven days.  
95% is the standard.

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
<b>Region 10 PIHP SUD</b>	100%	100%	100%	100%	100%	100%	96.43%	98.88%	<b>93.68%</b> (89/95)	<b>92.13%</b> (82/89)	100%	<b>86.96%</b> (40/46)
<b>PIHP Totals</b>	<b>100%</b> N=22	<b>100%</b> N=27	<b>100%</b> N=22	<b>100%</b> N=29	<b>100%</b> N=39	<b>100%</b> N=48	<b>96.43%</b> N=112	<b>98.88%</b> N=89	<b>93.68%</b> N = 95	<b>92.13%</b> N = 89	<b>100%</b> N = 20	<b>86.96%</b> N = 46

## Performance Indicator 5

**Indicator 5.** The percentage of area Medicaid recipients having received PIHP Managed services. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
Total Medicaid Beneficiaries Served	14,390	14,458	14,539	14,543	14,593	14,560	14,873	14,738	15,002	15,075	13,945	Not rec'd from MDHHS
Number of Area Medicaid Recipients	149,138	203,630	202,212	200,843	198,973	199,186	200,287	198,949	203,378	206,462	208,330	Not rec'd from MDHHS
PIHP Totals	9.65%	7.10%	7.19%	7.24%	7.33%	7.31%	7.43%	7.41%	7.38%	7.30%	6.69%	

## Performance Indicator 6

**Indicator 6.** The Percent of Habilitation Supports Waiver (HSW) Enrollees in the quarter who received at least one HSW Service each month other than Supports Coordination. **This indicator is calculated by MDHHS.**

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY19	4Q FY19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
Number of HSW Enrollees Receiving at Least One HSW Service Other Than Supports Coordination	630	623	642	637	631	629	632	635	637	642	628	Not rec'd from MDHHS
Total Number of HSW Enrollees	642	642	646	650	642	637	648	646	645	653	648	Not rec'd from MDHHS
PIHP Totals	98.13%	97.04%	99.38%	98.00%	98.29%	98.74%	97.53%	98.30%	98.76%	98.32%	96.91%	

## Performance Indicator 8

**Indicator 8.a.** The percent of adults with mental illness served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	4907	405	8.25%
Lapeer CMH	799	181	22.65%
Sanilac CMH	672	116	17.26%
St. Clair CMH	1928	379	19.66%
<b>PIHP Totals</b>	<b>8306</b>	<b>1081</b>	<b>13.01%</b>

**Indicator 8.b.** The percent of adults with developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. The numbers below are calculations by Region 10 PIHP. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	792	22	2.78%
Lapeer CMH	189	14	7.41%
Sanilac CMH	73	2	2.74%
St. Clair CMH	424	48	11.32%
<b>PIHP Totals</b>	<b>1478</b>	<b>86</b>	<b>5.82%</b>

**Indicator 8.c.** The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs that are employed competitively. This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who are competitively employed	Competitive employment rate
Genesee Health System	488	21	4.30%
Lapeer CMH	118	17	14.41%
Sanilac CMH	145	10	6.90%
St. Clair CMH	271	24	8.86%
<b>PIHP Totals</b>	<b>1022</b>	<b>72</b>	<b>7.05%</b>

## Performance Indicator 9

**Indicator 9.a.** The percent of adults with mental illness served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	423	405	95.74%
Lapeer CMH	197	188	95.43%
Sanilac CMH	118	116	98.31%
St. Clair CMH	384	379	98.70%
<b>PIHP Totals</b>	<b>1122</b>	<b>1088</b>	<b>96.97%</b>

**Indicator 9.b.** The percent of adults with developmental disabilities, served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	93	24	25.81%
Lapeer CMH	38	29	76.32%
Sanilac CMH	8	3	37.50%
St. Clair CMH	75	54	72.00%
<b>PIHP Totals</b>	<b>214</b>	<b>110</b>	<b>51.40%</b>

**Indicator 9.c.** The percent of adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities (competitive, supported or self-employment, or sheltered workshop). This represents the total for FY2020. The numbers below are calculations by Region 10 PIHP. (BH TEDS data - Report date 12/21/2020, Ages 18-75)

Population	Total # of Enrollees	# of Enrollees who earned minimum wage or more	Competitive employment rate
Genesee Health System	54	22	40.74%
Lapeer CMH	28	24	85.71%
Sanilac CMH	14	11	78.57%
St. Clair CMH	32	26	81.25%
<b>PIHP Totals</b>	<b>128</b>	<b>83</b>	<b>64.84%</b>

## Performance Indicator 10

**Indicator 10.a** The percentage of children readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.  
*15% or less within 30 days is the standard.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY 19	4Q FY 19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
Genesee Health System	12.28%	12.15%	<b>17.97%</b> (16/89)	11.94%	<b>16.33%</b> (16/98)	10.00%	12.90%	8.06%	10.84%	9.21%	4.65%	8.62%
Lapeer CMH	8.33%	<b>15.38%</b> (2/13)	9.00%	12.50%	14.29%	<b>15.38%</b> (2/13)	0%	0%	0%	0%	<b>21.43%</b> (3/14)	11.11%
Sanilac CMH	0%	0%	<b>25.00%</b> (2/8)	<b>20.00%</b> (1/5)	14.29%	0%	0%	<b>25.00%</b> (1/4)	0%	0%	0%	<b>33.33%</b> (1/3)
St. Clair CMH	14.63%	13.64%	4.16%	0%	11.11%	<b>20.83%</b> (5/24)	8.82%	6.25%	4.00%	4.76%	9.09%	<b>18.18%</b> (4/22)
PIHP Totals	<b>12.00%</b> N=175	<b>12.50%</b> N=144	<b>15.15%</b> N=132	<b>10.10%</b> N=99	<b>15.11%</b> N=139	<b>11.85%</b> N=135	<b>11.03%</b> N=136	<b>8.05%</b> N=87	<b>7.69%</b> N = 130	<b>7.21%</b> N = 111	<b>8.45%</b> N = 71	<b>11.96%</b> N = 92

**Indicator 10.b** The percentage of adults readmitted to inpatient psychiatric units within 30 calendar days of discharge from a psychiatric inpatient unit.  
*15% or less within 30 days is the standard.*

	PIHP (Medicaid only)											
	1Q FY 18	2Q FY 18	3Q FY 18	4Q FY 18	1Q FY 19	2Q FY19	3Q FY 19	4Q FY 19	1Q FY20	2Q FY20	3Q FY20	4Q FY20
Genesee Health System	<b>15.08%</b> (76/504)	12.42%	<b>17.62%</b> (77/437)	11.32%	8.71%	10.87%	11.90%	12.58%	13.71%	11.60%	<b>18.75%</b> (69/368)	14.79%
Lapeer CMH	0%	13.33%	12.00%	10.20%	8.70%	5.56%	3.23%	3.57%	11.11%	12.50%	7.14%	5.56%
Sanilac CMH	<b>26.32%</b> (5/19)	7.41%	9.09%	<b>15.79%</b> (3/19)	0%	8.33%	12.50%	6.25%	10.00%	13.04%	<b>26.67%</b> (4/15)	5.00%
St. Clair CMH	<b>20.00%</b> (17/85)	14.44%	10.00%	6.67%	14.68%	13.73%	7.59%	14.02%	<b>18.82%</b> (16/85)	11.30%	7.32%	<b>19.23%</b> (25/130)
PIHP Totals	<b>15.22%</b> N=644	<b>12.54%</b> N=622	<b>15.51%</b> N=619	<b>10.66%</b> N=591	<b>9.58%</b> N=626	<b>10.94%</b> N=631	<b>10.91%</b> N=596	<b>12.26%</b> N=636	<b>14.15%</b> N = 615	<b>11.66%</b> N = 609	<b>16.17%</b> N = 507	<b>14.87%</b> N = 612

## Performance Indicator 11

**Indicator 11.** The annual number of substantiated recipient rights complaints in the categories of Abuse I and II and Neglect I and II per 1,000 persons served by CMHSPs and by PIHPs. This represents FY2020 results.

RR Complaints	Abuse I		Abuse II		Neglect I		Neglect II	
	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR	# of Complaints from Medicaid Beneficiaries	# of Complaints Substantiated by ORR
Genesee Health System	2	0	48	8	4	0	11	9
Lapeer CMH	1	0	6	2	0	0	0	0
Sanilac CMH	2	1	8	5	1	1	0	0
St. Clair CMH	1	0	15	6	0	0	0	0
PIHP Totals	6	1	77	21	5	1	11	9

## Performance Indicator 13

**Indicator 13.** The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s). This represents the total for FY2020. (BH TEDS data - Report date 12/21/2020)

Population	Total # of Enrollees	# of Enrollees with a developmental disability who live in a private residence alone, with spouse or non-relatives	Private residence rate
Genesee Health System	809	54	6.67%
Lapeer CMH	197	32	16.24%
Sanilac CMH	79	18	22.78%
St. Clair CMH	430	186	43.26%
PIHP Totals	1515	290	19.14%

## Performance Indicator 14

**Indicator 14.** The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s). This represents the total for FY2020. (BH TEDS data - Report date 12/21/2020)

Population	Total # of Enrollees	# of Enrollees with serious mental illness who live alone, with spouse or non-relative	Private residence rate
Genesee Health System	4933	2189	44.37%
Lapeer CMH	803	479	59.65%
Sanilac CMH	679	493	72.61%
St. Clair CMH	1958	1276	65.17%
<b>PIHP Totals</b>	<b>8373</b>	<b>4437</b>	<b>52.99%</b>

## NARRATIVE OF RESULTS

The following PIHP Performance Indicators for Medicaid consumers have performance standards that have been set by the Michigan Department of Health and Human Services.

At the PIHP level, all performance standards were met except Performance Indicator #4.a – Child and #4.b.

Performance Indicator #1 states: *“The percentage of persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.”* **The set performance standard is 95%.** All CMHs met the standard for this indicator.

Performance Indicator #2a states: *“The percentage of new persons receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.”* There is no standard for first year of implementation. The CMH compliance rates ranged from 70.00% - 80.00%.

Performance Indicator #2b states: *“The percentage new persons 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.”* There is no standard for first year of implementation. The SUD network had an estimated compliance rate of 70.53%. A significant change in the methodology that went into effect the third quarter of fiscal year 2020 is the inclusion of requests that have not resulted in admission within 60 days, or expired request. This inclusion resulted in a 17 percent point decrease in compliance when compared to the percent of admissions within 14 days.

Performance Indicator #3 states, *“The percent of new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.”* There is no standard for first year of implementation. The CMH compliance rates ranged from 75.56% - 99.34%.

Performance Indicator #4 states, *“The percentage of persons discharged from a psychiatric inpatient unit (or SUD Detox Unit) who are seen for follow-up care within seven days.”* **The set performance standard is 95%.** St. Clair CMH did not meet the standard for the population breakout of children with 81.25%. Lapeer CMH did not meet the standard for the population breakout of adults with 79.17%. The SUD system did not meet the standard for the SUD population with 86.96%.

Performance Indicator #10 states, *“The percentage of persons readmitted to an inpatient psychiatric unit within 30 calendar days of discharge from a psychiatric inpatient unit.”* **The set performance standard is 15% or less.** Sanilac CMH did not meet the standard for the population breakout of children with 33.33%. St. Clair CMH did not meet the standard for the population breakouts of children and adults, with 18.18% and 19.23%, respectively.

When a CMH reports that the MDHHS standard for a performance indicator has not been achieved during a quarter, a root cause analysis and plan of improvement are submitted to Region 10 PIHP along with the respective CMH data. The analysis is reviewed, and the plan of improvement is monitored over time by the PIHP along with the trend of scores on all the performance indicators. Lapeer CMH, Sanilac CMH, and St. Clair CMH submitted root cause analyses and corrective action plans for the indicators not met.

If a set standard benchmark is not achieved for the region, the indicator is investigated further by various committees within the QAPIP structure such as Quality Improvement Committee, Quality Management Committee, and Improving Practices Leadership Team to increase input from CMH partners, identify contributing factors and systemic issues for the outliers, and review opportunities for improvement across the region.

### **Root Cause Analyses / Corrective Action Plans**

Lapeer CMH –

PI #4a Adult – Follow-up service within 7 days of discharge

Root cause analysis revealed that staff shortages caused a lack of available hospital discharge intake appointments.

The following plan was submitted by Lapeer CMH: Lapeer CMH developed a Centralized Intake Department for adult services making 15 available intake appointments per week, effective October 15, 2020. Staff schedules were adjusted to accommodate work in the intake department. Furthermore, starting January 4, 2021, staff capacity was added to the intake department, creating an additional five time slots per week dedicated for hospital discharge intakes.

Sanilac CMH –

PI #10 Child - Inpatient Recidivism

Root cause analysis revealed that one individual was readmitted to a psychiatric inpatient unit within 30 days of their discharge due to suicidal thoughts and plans.

The following plan was submitted by Sanilac CMH: There are discharge interventions and processes in place to ensure individuals are set up with services and provided resources following discharge from a psychiatric inpatient unit. Additionally, a committee reviews all recidivism cases to ensure that appropriate levels of care and service are put into place to reduce the number of inpatient psychiatric readmissions. In this case, the individual was seen the day after their hospital discharge. The readmission case was reviewed by the committee and was deemed that the readmission was critical and essential.

St. Clair CMH –

PI #4a Child – Follow-up service within 7 days of discharge

Root cause analysis revealed two individuals were not provided appropriate appointments with the CMH within seven days or less prior to discharge. In one case, no follow up appointment was scheduled prior to discharge, with St. Clair CMH staff attempting outreach twice within the seven calendar days following discharge.

The following plan was submitted by St. Clair CMH: St. Clair CMH indicated the need to clarify with the hospital liaison and CMH Program Staff the need for follow-up within seven days after discharge, with the CMH Program Director providing additional oversight and direction as needed. Additionally, CMH staff are working to enhance coordination with ACCESS staff to improve communication and working with the hospital to solidify post-discharge planning. The timeframe for implementation is January 31, 2021.

PI#10 Child - Inpatient Recidivism

Root cause analysis revealed four separate issues for each readmission. In one case, the individual was readmitted to the hospital a few hours after initial discharge. Another individual was in services with St. Clair CMH and was readmitted after the CMH completed a crisis screening on the individual and readmission was advised. For a third individual, the follow up provider was unaware that the individual had been assigned to them and no follow up appointment was scheduled prior to discharge. In the final case, the guardians informed CMH that they were switching providers.

The following plan was submitted by St. Clair CMH: The need to provide intensive follow up care as quickly as possible to prevent readmission will be clarified with the hospital liaison and CMH program staff. CMH staff are working to enhance coordination with the hospital via the hospital liaison to improve communication and advocate on behalf of enrollees to remain in the hospital for as long as necessary and to solidify post-discharge planning. Additionally, CMH Staff are working with contracted providers to improve communication and the referral process. CMH will also improve communications with guardians of enrollees specifically regarding the right of enrollees to be

seen by CMH prior to transferring to other providers. The CMH Program Director is providing additional oversight and direction as needed. The timeframe for implementation is January 31, 2021.

#### PI#10 Adult – Inpatient Recidivism

Root cause analysis revealed that numerous individuals decided to look elsewhere for care after being dissatisfied with care received by SC CMH. There were several cases of non-compliance with medications, appointments, and other self-care direction. Additionally, there were several readmitted individuals with co-occurring substance use disorder concerns. One individual cited a lack of viable housing options as a reason for returning to the hospital. Two individuals were readmitted due to suicidal behavior. In one case, a post-discharge biopsychosocial was not completed in a timely manner. Additionally, at least three cases were enrollees who seemed to be discharged from the hospital environment too soon with severe mental health issues continuing post-discharge and resulting in urgent readmission.

The following plan was submitted by St. Clair CMH: St. Clair CMH will clarify with the hospital liaison and CMH Program staff the need to provide intensive follow up care as quickly as possible to prevent readmission. To address dissatisfaction in the enrollee experience, St. Clair CMH is working to provide choice in therapists to enrollees, and involving supervisor decision and input where needed, with clear and enhanced documentation in the enrollee chart. St. Clair CMH is enhancing communication with the hospital to ensure post-discharge planning is completed with a follow-up appointment with CMH or an alternate provider. The CMH is enhancing enrollee education regarding the importance of keeping scheduled appointments and maintaining compliance with medications and how to cope with medication side effects. Program staff are being reminded of the importance of following up regularly with enrollees to ensure enrollees are attending appointments as scheduled. CMH staff are working to enhance coordination with the hospital via the hospital liaison to improve communication and advocate on behalf of enrollees to remain in the hospital as long as necessary and also to solidify post-discharge planning. The CMH Program Director is providing additional oversight and direction as needed. The timeframe for implementation is January 31, 2021.

#### Region 10 SUD System –

##### PI #4b – Follow-up service within 7 days of discharge

Further review revealed six individuals were not seen for follow-up care within 7 days of discharge from a detox unit. Outreach to the three SUD Providers missing the follow-up care standard will occur via the PIHP's Provider Network Management department.

The SUD Providers not meeting the set performance standard are expected to submit root cause analyses and plans of correction. To address systemic issues, the PIHP will request more comprehensive root cause analyses and plans of correction from SUD Providers with an emphasis on process improvement.

Additional oversight and follow up regarding corrective action items will occur through the contract monitoring process.