

LRE April 2021 Board Report
Beacon Health Options

Consumer Importance and Impact

Beacon's mission of helping people to live their lives to the fullest potential is central to all of our activities and results. Here is a recent example:

A 45 year-old female, admitted involuntarily, after being found in the woods stating she was going to harm herself. The admitting facility allowed the consumer to sign-in voluntarily. Due to minimal improvement in symptomology, Beacon's medical director made specific medication recommendations and suggested the facility consider pursuing an MRI or CT, to assist in gaining diagnostic clarity. The attending psychiatrist chose a different plan, and the consumer continued to report active suicidal ideation with worsening symptomology. Despite this, the attending physician intended to discharge the consumer due to "lack of engagement in treatment." A case consult with Beacon was declined. On day of discharge, the consumer's symptoms worsened and she refused to meet with the physician, voiced suicidal ideation with a plan, refused some of her medications, and engaged in self-injurious behavior. While the facility staff were uncertain about the cause of the worsening symptoms, they did not discharge her.

The Beacon social worker then sought out the facility's CEO to request a change in attending psychiatrist, which was granted. The new attending physician then pursued a court order for treatment and consulted with Beacon medical director. They collaborated on a joint treatment plan of medications to best target consumer's ongoing psychosis, including a long-acting injectable, as well as the pending court order. Over the next week, medications were adjusted and the consumer's symptoms started improving. The consumer was placed on a court order for treatment. She also completed an intake with the affiliated CMH the day prior to discharge, so had good follow-up behavioral health appointments established at time of discharge.

In the 2 weeks since discharge, this consumer has not been readmitted to a behavioral health crisis level of care.

Beacon April Updates

LRE/Beacon Contract Update

The updated contract has been finalized, signed and executed. Transition of delegated activities is underway and will continue over the next several months. Some of the focus in the past month has been on the transition of continued stay reviews to Ottawa, West Michigan and Allegan and making sure all work flows (example- appeals) are amended accordingly.

Beacon, LRE and CMH partners have achieved many positive outcomes together and we remain committed to potential future value that Beacon can provide.

Selected Summary of Beacon/LRE/CMHP Collaboration

The following are some highlights of key functional areas and outcomes that Beacon/LRE/CMHP collaboration has achieved.

Finance

- Updated YTD 2021 revenue projections
 - Adjust ISF calculation
 - Adjust membership expectation
 - Adjust internal withhold
- Coordinated FY 2020 EQI data comparison for each CMH
- Provided each CMH a list of potential HSW payment gaps
- Updated rates for February 2021 (DCW) and March 2021 (return to October 2020 rates)

Clinical

LRE UM Clinical Steering Committee continues to meet monthly. Some recent areas of focus include: targeting over/under-utilization, inter-rater reliability, updating the LRE Utilization Management Plan for FY21, and the smooth transition of CSRs from Beacon back to Allegan CMH, CMH of Ottawa County, and West MI CMH.

Data Trends:

- Inpatient Psychiatric Hospitalization
 - 28% Admission increase October 2020 – March 2021 compared to October 2019 – March 2020
 - 31% Unit increase October 2020 – March 2021 compared to October 2019 – March 2021
 - 30-day rapid readmissions (Inpatient level of care)

- FY20 Q1: 10.4%, Q2: 9.5% This is likely a COVID impact as a result of increased isolation secondary to lockdowns, newly required social distancing, and not being able to see behavioral health providers as frequently as preferred, or in person.
 - FY21 Q1: 12.4%, Q2: 12.2%
 - 7-day rapid readmissions (Inpatient level of care)
 - FY20 Q1: 3.0%, Q2: 3.2%
 - FY21 Q1: 4.0%, Q2: 3.0%
- Crisis Residential
 - 20% Admission decrease October 2020 – March 2021 compared to October 2019 – March 2020
 - Closure of children’s crisis residential facility, Glen’s House likely impacted number of admissions

Integrated Healthcare:

Since the start of the current fiscal year, the Beacon clinical staff (on behalf of LRE) responsible for integrated healthcare and shared metrics has met with each of the 6 Medicaid Health Plans (MHPs) to discuss the Follow-Up after Hospitalization (FUH) HEDIS measure, review shared outcomes, and discuss ways to potentially reduce racial disparities. Additionally, monthly joint care coordination meetings are held to discuss the most complex shared members. Since October 1, 2020, there have been discussions with the respective MHPs about 49 shared consumers, where it was decided an interactive care plan would not be beneficial, and discussions on 194 shared consumers, related to their interactive care plans and improving care and quality of life, removing barriers, and decreasing unnecessary utilization of services.

Medical Director Update

- LRE Medical Director meetings
 - Address current COVID challenges and solutions
 - Monitor telehealth
 - Discuss vaccine hesitancy
 - Assimilate state response
- LRE COVID/Operations Committee meetings with CEOs and CIOs
 - Discuss vaccine hesitancy
 - Report access to vaccines
 - Survey numbers/trends
 - Share CMH responses to COVID
 - Review state responses as indicated
- LRE QOC and Beacon QOC
- LRE QI ROAT
- LRE Grand Rounds
- LRE/Beacon Appeals

- LRE UM Steering
 - Over/under utilization
 - Standardize processes/forms
 - Transition activities
- LRE SIS/CLS group
- LRE Prior Review and Approval Request Committee
- Network hospitals regarding complex cases
- Pine Rest Clinical Committee
- Complex case reviews
 - Ongoing to assist in care of consumers
- PIHP Parity workgroup
 - Indicia contract
 - IRR
 - UM implementation
- MDHHS Medical Director meetings
- MDHHS PIHP/CMH meetings
- Beacon Integrated Care COE co-lead in support of integrated care efforts in region
- Beacon Medical Director Group in support of LRE work
- Beacon/LRE management meeting

Quality Management

HSAG updates

- HSAG approved the remediation plans for LRE on 2/11/21. HSAG will review full implementation of all remediation plans during future Compliance Reviews

HSAG Reviews for FY21

Performance Measurement Validation (PMV) Review

- March 25th: Technical assistance webinar with PIHPs & MDHHS
- May 7th: ISCAT, supporting documentation and source code due to HSAG
- WebEx PMV review during middle to end of June. Waiting for the date to be sent from HSAG

HSAG Compliance Review

- April 12: Technical assistance Webinar with PIHPs and MDHHS
- May 28: PIHP submits completed compliance review tools, checklist review, supporting documentation and case files for service authorization denials
- July 21: WebEx Compliance Review

Operations

- Continue to work toward report automation for data integrity.
- New data integrity report being introduced to look at encounters with line level paid amount anomalies.
- New EQI reporting and analysis is underway to assist CMHs and LRE with EQI reconciliation and submission.
- Updates made to SIS analysis reporting for CMHs to assist in identifying service delivery outliers for evaluation of current practice and array monitoring.
- PowerBI dashboards introduced to LRE staff. Beacon will work with LRE on format and access to data.
- 100% of eligibility files processed within timeframes
- 234 data requests were received by the Beacon team. 149 were completed. 18 were cancelled due to automation, conversion to PowerBI and changes in need noted from the Beacon and/or LRE teams. 64 requests are in process. Current focus for the data team is on automation and visualizations with several urgent requests relating to EQI and end of year EDI or data integrity analyses.
- New project is underway to group service codes to allow for easier categorization of costs overall and per CMH.
- Consultation with LRE completed related to new MDHHS data requests. New Appeals and Grievances reporting templates received from MDHHS discussed with CMHs and Beacon teams to come up with process for collecting and aggregating the data. Meeting scheduled with LRE to finalize report validation and final quarterly submissions to MDHHS details.

Network

- Updating financial analysis of rate comparisons for Region compared to State
 - To include MDHHS Behavioral Health Fee Schedule as it is released
- Further developing expense PMPM and utilization reporting
- Ad hoc support of MDHHS inquiries (i.e. IP rates & hourly rates for DCW)
- Provide support for monthly report to MDHHS on Network Stability
- Provide continued financial analysis and rate support for SUD workgroup
- Provide support for provider network Common Contract