

## QUALITY ASSESSMENT AND PERFORMANCE EVALUATION

### FY25 Evaluation

#### Approvals:

<b>Quality and Compliance Oversight Committee</b>	<u>January 6, 2026</u>
<b>Internal Operations Committee</b>	<u>January 8, 2026</u>
<b>NMRE Board of Directors</b>	<u>January 28, 2026</u>

## 1. Performance Improvement Projects

The NMRE engages in Performance Improvement Projects (PIPs), addressing clinical as well as non-clinical aspects of care. PIPs involve measurable and objective quality indicators, interventions leading to improvement, as well as evaluation of effectiveness. The goal of PIPs is to improve health outcomes and member satisfaction.

### PIP #1 (Opioid Health Home PIP)

The NMRE Quality and Compliance Oversight Committee (QOC) continues to collect data, conduct ongoing analysis, and coordinate with providers to increase the number of individuals enrolled in the Opioid Health Home (OHH) program as part of the Substance Use Health Home (SUDHH). The NMRE collected data and conducted analysis to show evidence of enrollment improvement from the baseline by September 30, 2025. Non-clinical/HSAG Validated

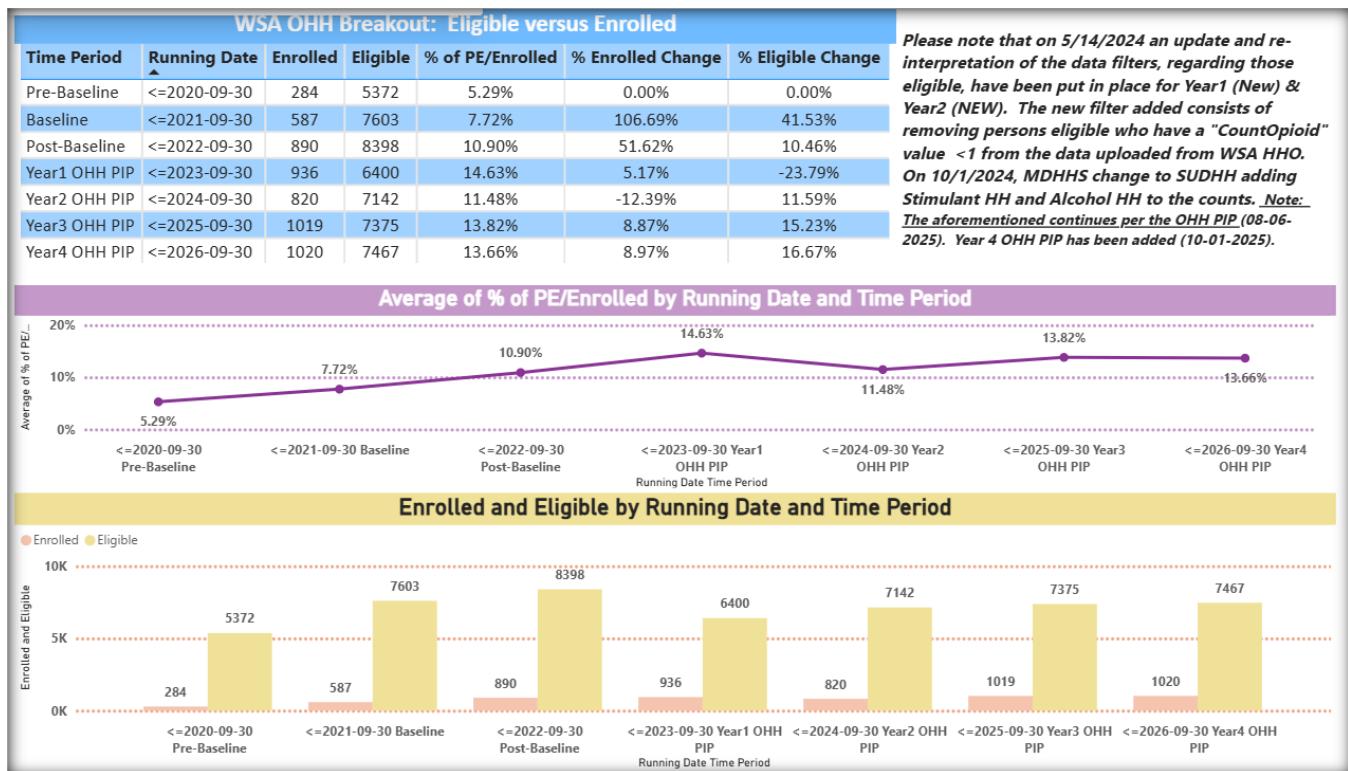
#### Goals:

- a. Increase access to Medication Assisted Treatment (MAT) and integrated behavioral, primary, and recovery-centered services for beneficiaries with Opioid Use Disorder.
- b. Decrease opioid overdose deaths.
- c. Decrease opioid-related hospitalizations.
- d. Increase utilization of peer recovery coaches.
- e. Increase the “intangibles” of health status (e.g., the social determinants of health).

The NMRE has aimed to increase enrollment by:

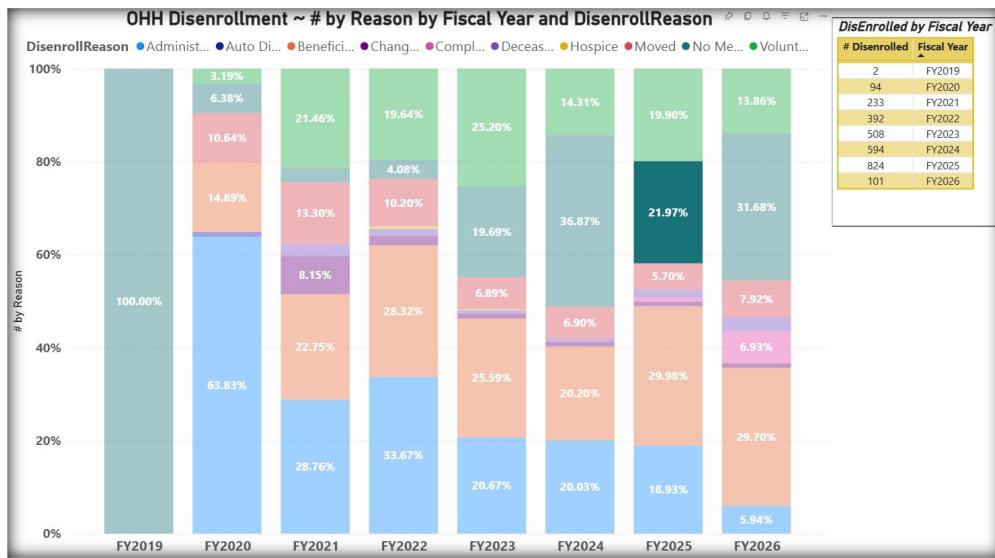
1. Providing monthly meetings with providers. These monthly meetings have helped to keep providers more engaged and motivated.
2. Providing resources and reports regarding Public Health Emergency (PHE) ending.
3. Funding Community Health Worker (CHW) training.
4. Expanding Provider network by adding Health Home Partners (HHP).

*Table with enrollment tracking shows trends and enrollment changes for all the reporting periods (next page):*



## Challenges:

Staffing remains a big challenge in the NMRE region, however, the biggest challenge and obstacle for enrollment continues to be disenrollment from Medicaid, resulting in 21.97% of SUDHH clients being disenrolled from the benefit. However, this trend is, once again, increasing in FY26 (FY21, FY22, FY23 trends are low due to PHE). During FY25 NMRE lost one of the biggest SUDHH providers (due to death), and although we aided in the transition of beneficiaries and continuation of care, some beneficiaries chose to not be enrolled again which resulted in enrollment decrease for the region. Even with these noted challenges, HEDIS Measures for the Health Home remain very good, allowing for Pay for Performance funds to be allocated to the HHPs. The NMRE distributed 100% of these funds back to HHPs to further support the implementation of health homes in the region.



## SUDHH FUA:

Measure: Follow-up within 30 days after ED visit for Substance Use (FUA 30): Beneficiaries 13 years and older with an ED visit for substance use disorder (SUD) or any diagnosis of drug overdose, that received follow-up within 30 days, reporting period 06/30/2025 shows NMRE Health Home program scoring 80.56 rate compared to Michigan Medicaid Total of 39.11:

Measure	Program	Rate	Reporting Period
FUA-30	MICHIGAN MEDICAID TOTAL	39.11	6/30/2025
FUA-30	NMRE SUDHH	80.56	6/30/2025

## Interventions Implemented:

Barriers:	Interventions:
Staff shortage	The PIHP provides orientation training to new home health staff and has regular check-in meetings virtually or face-to-face with its home health partners to offer technical assistance, support, and on-demand answers to their questions or concerns. <b>PIHP created a meeting/ training platform to support all Peers and CHW.</b>
Provider capacity	The PIHP reached out to tribal entities and other settings to introduce the concept of expanding provider capacity. <b>Expansion completed by onboarding Munson.</b>
Public health emergency ending	The PIHP provided education/resources and training at its monthly provider meetings regarding helping eligible clients from losing Medicaid benefits. <b>PIHP funded some transitions and assistance to those who lost MA via PA2 funds.</b>

	<b>Ongoing support and care coordination for MA applications is provided.</b>
Clients concern regarding sharing their protected health information (PHI)	Clients are continuously educated to reassure them that information is only shared securely for care coordination purposes.
Provider's concern around managing PHI.	The PIHP contracted with a third party to provide education to SUD HH providers and their staff on how to safely share PHI for care coordination. Ongoing support is offered.
Clients are disenrolled in health home services if they move from one health home location to another.	The PIHP provided education to home health providers on transfers for health home versus disenrollment, which allows for the individual to remain enrolled without any disruption of service. <b>Increase in transfers is assisting with the continuation of care and enrollment.</b>
Financial sustainability of Health Homes	The PIHP provides support to current providers, avoids inaccuracies that lead to delays in payment, monitors payment recoupments and providers who have no submitted claims. 100% of P4P were given to SUDHH.

### **HSAG Validation:**

*The Percentage of Individuals Who Are Eligible for OHH Services, Enrolled in the Service, and Are Retained in the Service PIP received a Met validation score for 100 percent of critical evaluation elements, 100 percent for the overall evaluation elements across the first eight steps validated, and High Confidence validation status. The PIHP developed a methodologically sound improvement project. The causal/barrier analysis process included the use of appropriate QI tools to identify and prioritize barriers, and interventions were initiated in a timely manner. The PIP received a Met validation score for 100 percent of critical evaluation elements, 100 percent for the overall evaluation elements for Step 9, and a High Confidence validation status. The performance indicator sustained statistically significant improvement over the baseline for the second remeasurement period.*

### **PIP #2 (Behavioral Health Home PIP)**

The NMRE QOC will collect data and conduct analysis for Behavioral Health Home (BHH) enrollment. The NMRE will strive to improve the percentage of individuals who are enrolled in the Behavioral Health Home program from 5% to 6% by September 30, 2025. Non-Clinical

#### Goals:

- a. Improve care management for beneficiaries with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED).
- b. Improve care coordination between physical and behavioral health services.
- c. Improve care transitions between primary care, specialty services, and inpatient settings.
- d. Improve care coordination for youth and children as well as their families.

## HHBH Comparison of Receiving HBBH Waiver Services versus Potential Enrol...

Receiving BHH Waiver Services	Enrolled + Potential Enrollees who are actively enrolled w/CMHSP	Percent Enrolled	CMHSP
150	761	19.71%	Centra Wellness Network
96	2298	4.18%	North Country CMH
122	1469	8.30%	Northeast Michigan CMH
120	3538	3.39%	Northern Lakes CMH
88	1661	5.30%	Wellvance
<b>576</b>	<b>9727</b>	<b>5.92%</b>	

Although overall enrollment with CMHSPs decreased likely due to the change in the number of covered beneficiaries (in FY25 61 disenrollments were due to no MA) overall enrollment within this region is increasing through FQHC expansion shown below.

### Receiving HBBH Waiver Services by Provider

CMHSP	# Enrolled in WSA
Manistee - Benzie CMH (Centra Wellness Network)	150
MidMichigan Community Health Services	132
North Country CMH	96
Northeast CMH	122
Northern Lakes CMH	120
WellVance	88

### Challenges:

Provider/ staff capacity remains the biggest challenge for BHH enrollment; however, HEDIS outcomes continue to be very good and 100% of these funds are administered back to CMHSPs.

Expansion of these Health Home programs throughout the region resulted in a wide array of Health Home Partners:

- SUD Providers
- OTP Clinics
- CMH Partners
- Federally Qualified Health Centers

- Physician Offices
- Women's Health Clinic
- Health Care Systems

### **Success stories:**

Due to Roscommon County being ranked 6<sup>th</sup> in the state for food insecurity, in August of 2025 MidMichigan Health Home opened a food pantry in response to this and in order to assist its beneficiaries with SDOH. So far, they have served over 600 families. Health Home funding was also used to create a Community Closet providing gently used clothing, baby supplies, as well as hygiene products for patients. Over 300 individuals benefited from this initiative so far.

### **PIP #3 (Clinical PIP 1<sup>st</sup> year of implementation)**

Implementation and monitoring- Regional Clinical PIP implementation started in December 2024. Performance Indicator 3 (PI 3) improvement goal:

*Increase percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.*

Anticipated Barriers: Staffing and lack of appointment slots due to staffing issues.

Anticipated Strengths/Challenges: Staffing, trained staff, automated appointment reminders, consumers cancelling, rescheduling, or requesting outside of the 14-day window due to their own schedules, no-shows, requesting in-person (not telehealth) services, which significantly reduces the number of available therapists.

Interventions implemented: Ongoing review of performance indicators to learn about trends and potential process changes that may be needed, additional staff training, and availability of telehealth being offered; staffing changes for same day availability; successful strategies are reviewed and shared with QOC members.

In December of 2024, the NMRE set the goal to improve from 67.82%.

Per lasts reporting in Q4, NMRE is scoring somewhat higher at **71.74%** total:

**FY24 Q4 Table 3 – Access – Timeliness/First Service**

Population	New Clients Start Services	In 14 Days	% In 14 Days
<b>MIC</b>	194	137	<b>70.62%</b>
<b>MIA</b>	337	236	<b>70.03%</b>
<b>DDC</b>	76	57	<b>75.00%</b>
<b>DDA</b>	30	27	<b>90.00%</b>
<b>Total</b>	<b>637</b>	<b>457</b>	<b>71.74%</b>

## 2. Event Reporting and Notification

The NMRE Quality and Compliance Oversight Committee (QOC), as part of the QAPIP, continues to trend, review, and follow-up on sentinel events and other critical incidents and events that put people at risk of harm. The QOC also continues to work on improving the data quality and timeliness in reporting events.

It is noted that most reported events are trending down throughout FY25, compared for FY24 (shown below).

It was noted that more uniformed reporting of risk events (RE) is needed, and NMRE will use once reporting document across all five boards to accomplish this in FY25.

NMRE <b>FY25</b> Event Type	# of Events	NMRE <b>FY24</b> Event Type	# of Events
<b>Harm to Self</b>	47	<b>Harm to Self</b>	27
<b>Harm to Others</b>	2	<b>Harm to Others</b>	0
<b>Police Call</b>	45	<b>Police Call</b>	19
<b>Emergency use of physical management due to a behavioral crisis.</b>	68	<b>Emergency use of physical management due to a behavioral crisis.</b>	36
<b>Injury- not due to Physical Management</b>	1	<b>Injury- not due to Physical Management</b>	0
<b>Unscheduled Hospitalization</b>	0	<b>Unscheduled Hospitalization</b>	0

### Training and information

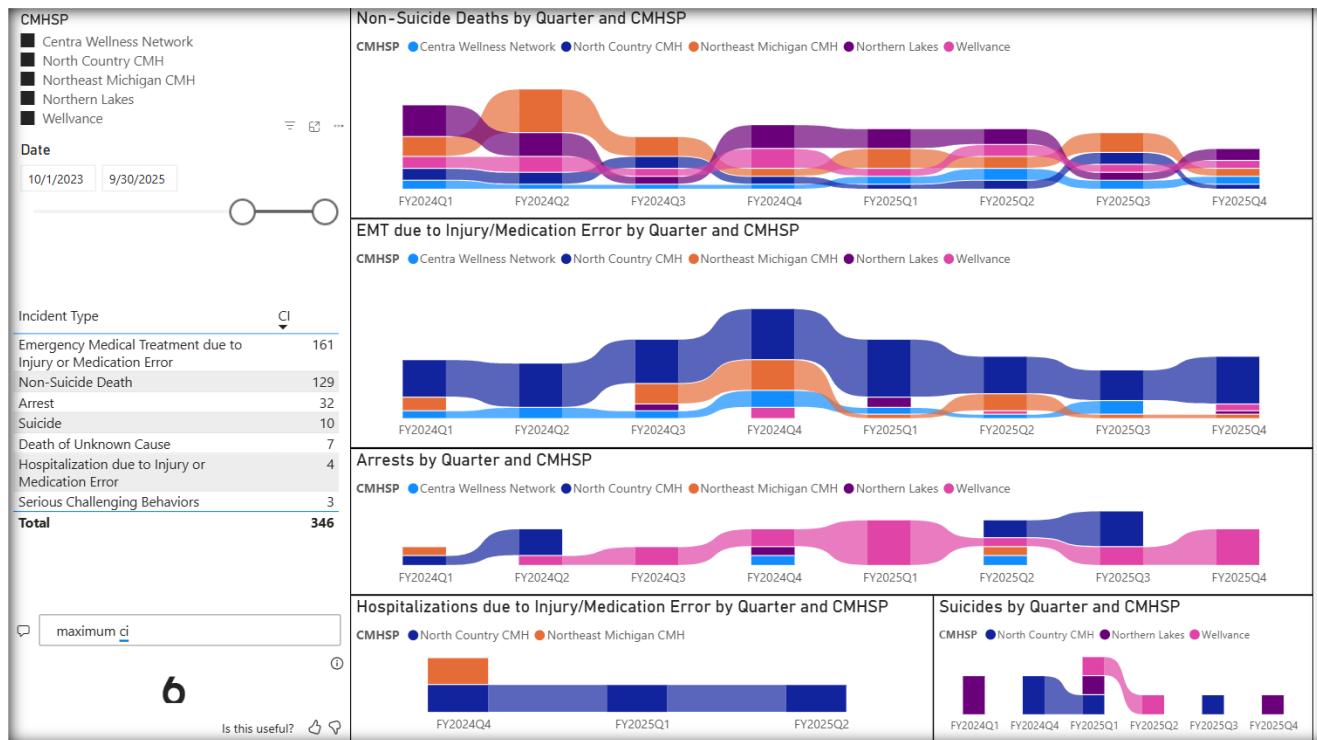
The NMRE provides ongoing training to providers on the type of data to collect, the population involved in this data collection, and timeliness in reporting. The expectation is that providers will continue to train and remind their staff about this process.

### Changes to Reporting Platforms

The NMRE completed updates the reporting system within PCE to better meet reporting needs and ensure timely and accurate reporting of these events to PIHP/MDHHS and will be adding a risk event (RE) section shortly.

### Data Collection and Review

The NMRE will continue to collect events data quarterly, analyze trends, and implement necessary interventions.



Timeliness of CI reporting remains NMRE's focus and is addressed in FY26 QAPIP Workplan as well. Below, 7% increase in timeliness is shown (next page) between FY24 and FY25.

Percent of CI Timeliness	2024 Count	2024 % Timely	2025 Count	2025 % Timely	Total Count	Total % Timely
Not Timely	22	11.96%	8	4.94%	30	8.67%
Centra Wellness Network	3	1.63%		0.00%	3	0.87%
North Country CMH	1	0.54%	2	1.23%	3	0.87%
Northeast Michigan CMH	1	0.54%	1	0.62%	2	0.58%
Northern Lakes	3	1.63%		0.00%	3	0.87%
Wellvance	14	7.61%	5	3.09%	19	5.49%
<b>Timely</b>	<b>162</b>	<b>88.04%</b>	<b>154</b>	<b>95.06%</b>	<b>316</b>	<b>91.33%</b>
Centra Wellness Network	15	8.15%	17	10.49%	32	9.25%
North Country CMH	69	37.50%	70	43.21%	139	40.17%
Northeast Michigan CMH	43	23.37%	23	14.20%	66	19.08%
Northern Lakes	24	13.04%	21	12.96%	45	13.01%
Wellvance	11	5.98%	23	14.20%	34	9.83%

### 3. Consumer Experience Assessments

The NMRE will conduct ongoing quantitative and qualitative assessments (such as surveys, focus groups, phone interviews) of members' experiences with services. These assessments will be representative of persons served, including long-term supports and services (i.e., individuals receiving case management, respite services, or supports coordination) and the services covered by the NMRE's Specialty Supports and Services Contract with the State. Assessment results will be used to improve services, processes, and communication. Outcomes will be shared in the NMRE's annual mailing. The NMRE will identify and provide possible recommendations to resolve areas of dissatisfaction on an ongoing basis.

Number of consumers providing feedback increased in FY25 compared to FY23 and FY24, and so did the percentage of positive feedback:

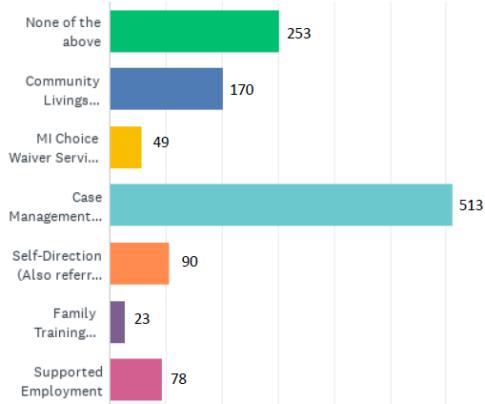
2023	2024	2025
Respondents: 620	Respondents: 921	Respondents: 942
Staff treat me with dignity and respect: 99%	Staff treat me with dignity and respect: 98%	Staff Treat me with dignity and respect: 99.25
I know how to file a grievance: 84%	I know how to file a grievance: 86%	
I know how to file an appeal: 78%	I know how to file an appeal: 75%	I know how to file an appeal: 92%
I know about mediation services: 81%	I know about mediation services: 78%	
Overall, I am satisfied with my services: n/a	Overall, I am satisfied with my services: 96%	Overall, I am satisfied with my services: 98.5%

### LTSS (Long Term Supports and Services)

The NMRE incorporates consumers receiving long-term supports or services (LTSS) into the review and analysis of the information obtained from quantitative and qualitative methods. LTSS programs provide service needs from complex-care to assistance with everyday activities of daily living. Focus of the survey, as well as annual site visits, is on community integration of all beneficiaries.

Comparison data will be available in FY26.

Please check any of the following Long Term Supports and Services you have received.

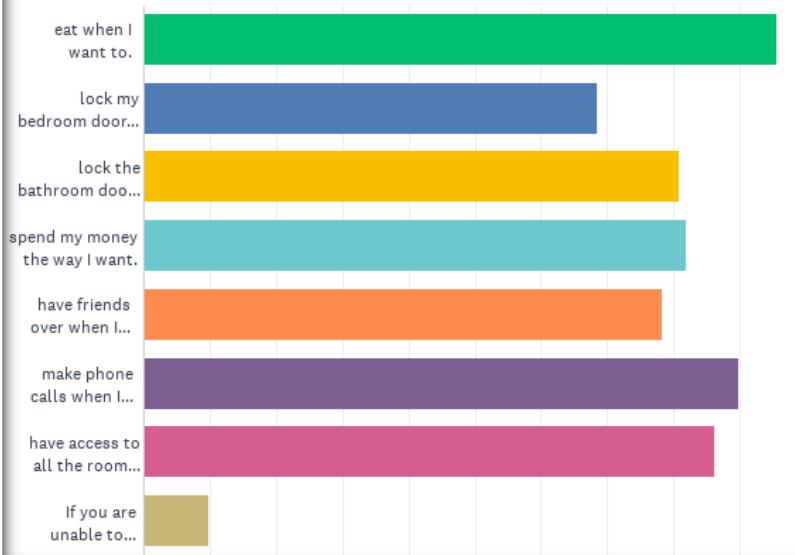


\* LTSS for reporting

## Outcomes

The NMRE will expand its process of collecting members' experiences with services to identify and investigate sources of dissatisfaction. Processes found to be effective will be continued while those less effective or not satisfactory will be revised and followed up with. FY26 QAPIP goal is addressing PIHP follow-up timelines.

Q5 At home, I have the ability to (check all that apply):



## Substance Use Disorder (SUD)

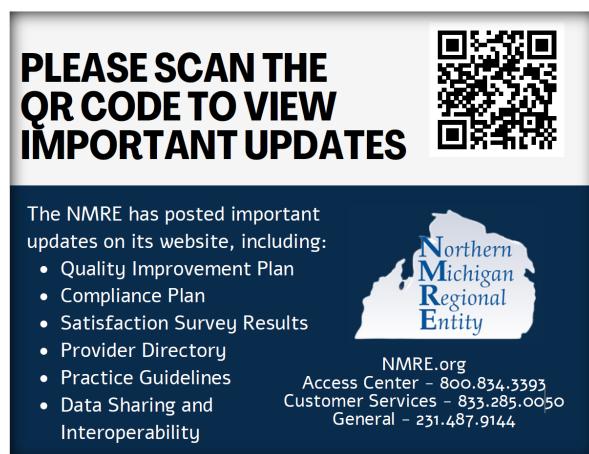
The NMRE conducted separate SUD surveys, including SUD Outpatient, SUD Residential, and Methadone (OTP) surveys, to identify specific member experiences. 77% of OTP clients provided their phone number to further discuss survey results with NMRE, 19 SUD OP clients provided additional feedback with NMRE (shown below), and only 6 provided their number to receive a call back about Residential SUD services in FY25.

18	Ats a long with my help saved my life and I would not be anywhere near where I am today had I not had the opportunity to receive treatment here.	7/9/2025 10:04 AM
19	I love our care here. Me and both of my kids get counseling here and I refer people here.	7/9/2025 9:12 AM
20	I am happy with the services at Harbor Hall Cheboygan & grateful. Thank you!	7/8/2025 4:03 PM

## Evaluation Efforts

The NMRE outlines systemic action steps to follow-up on the findings from survey results on an ongoing basis.

The NMRE shares survey results with providers, the regional Quality and Compliance Oversight Committee (QOC), the Internal Operation Committee (IOC), network providers, Board of Directors, and the Regional Consumer Council (Regional Entity Partners), and posts a copy to the NMRE.org website. The NMRE's annual mailer includes instructions to direct consumers to locate the information on the NMRE.org website. Feedback is obtained during the annual Day of Education event as well. Day of Education is an annual conference that provides behavioral health beneficiaries with education on relevant topics to their well-being. The DOE's averages beneficiary attendance is 115.



## 4. Provider Network Monitoring

To ensure compliance, the NMRE conducts annual (at minimum) monitoring for all directly contracted providers in the region, and out of region as needed and appropriate, utilizing

reciprocity when necessary.

## Monitoring

The NMRE will continue to conduct site reviews annually for all contracted service providers. The NMRE monitors and follows up on corrective action plans to ensure Corrective Action Plans (CAPs) are being implemented as stated by network providers.

The NMRE completed enhancement to its SUD monitoring tool to specifically review a sample of treatment case files to ensure that both the PCP's name and address are documented in the member's treatment plan. Education will be provided to contracted SUD treatment providers informing them that the treatment case files must specifically include the PCP's name and address, in addition to having the copy of the signed release of information in the treatment case file. QIPs are created for those providers who scored Partially Met/ Not met:

Individual Standard Ratings		Aggregate Standard Ratings		
2	Standard Met	Completely Met	>1.99	100% Compliance
1	Partially Met	Substantially Met	1.7-1.98	85-99% Compliance
0	Standard Not Met	Partially Met	1.4-1.69	75-84% Compliance
NA	Not Applicable	Not Met	<1.39	74% and Below

In addition, the NMRE ensured that its provider directory, and any delegated CMHSPs' provider directories, include all the required information from 42 CFR 438.10 as listed on the (HSAG) Provider Directory Checklist, and made its provider directory available on the PIHP's website in a machine-readable file and format as specified by the Secretary.

For better trending of outcomes and monitoring NMRE will utilize PCE Auditing tools starting FY2026.

## Verification of Medicaid Services

The NMRE will perform quarterly audits to verify Medicaid claims/encounters to ensure Medicaid services were furnished to beneficiaries by CMHSPs, SUD providers, providers, and/or subcontractors. This will include verifying data elements from individual claims/encounters to ensure proper codes are used and proper documentation is in place. CAPs will be developed where appropriate per NMREs MEV policy.

Medicaid Encounter Verification (MEV) trend was noted during FY24 MEV for one of the SUD providers. It resulted in an investigation. The investigative audit provided approximately \$7,300 in recovery claims. A CAP and a follow-up audit were conducted to ensure the issue has been resolved, however FY25 MEV findings didn't result in an improvement. Further steps are being considered.

### MEV FY25 findings:

Grand totals for the NMRE's FY24 MEV Audit were as follows:

- 14 CMHSPs/SUD Providers in total were audited
- \$130,944.35 dollars was audited with \$119,287.46 dollars validated resulting in a compliance rate of 91% of total dollar amount audited.

- 580 encounters audited with 522 encounters validated.
- \$11,656.89 dollars and 58 encounters were found to be invalid.

The area of highest deficiency, scoring at 94% validity, is Valid Client Signature on the IPOS/Treatment Plan, tied mostly to one SUD provider only (scoring as low as 38% in a Quarter), that is currently on a CAP for this same issue stemming from FY24 and QIP from FY23.



FY25 results in a 1% increase in validity from FY24. Throughout the Fiscal Year FY25, NMRE conducted training on billing, EDV, technical requirements, as well as IPOS training. Additionally, series of training are scheduled January – March 2026 to address all deficiencies noted.

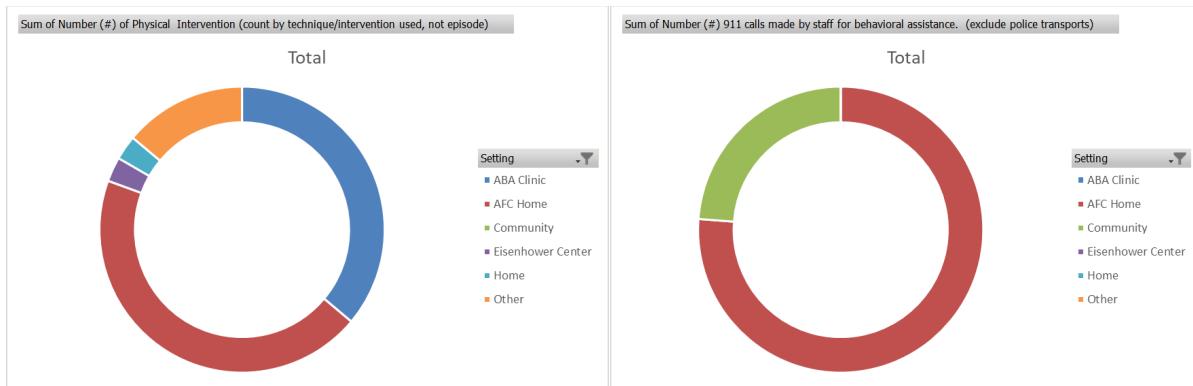
## 5. Behavior Treatment Review

The Regional Behavioral Treatment Plan Committee (BTRC) will conduct quarterly reviews and data analyses from the CMHSP providers where intrusive, or restrictive techniques were approved for use with members and where physical management or 911 calls to law enforcement were used in an emergency behavioral crisis. Trends and patterns will be reviewed to determine if systems and process improvement initiatives are necessary.

### Data

Data includes the number of interventions and length of time the interventions were used with the individual(s). CMHSPs BTRC is tasked with reviewing data to ensure that only techniques permitted by the MDHHS Technical Requirements for Behavior Treatment Plans and that were approved by the members or their guardians during person-centered planning have been used. This is the first full FY of data for NMRE for this trending tool used, comparison will be

available in FY26.



## 6. Quality Measures (HEDIS measures)

The NMRE reviews the following HEDIS measures to demonstrate and ensure quality care. The NMRE provides HEDIS measure reports to the NMRE QOC on a quarterly basis. Upon review, QOC identifies interventions to improve outcomes where necessary.

### Measures

The NMRE collects and review data for the HEDIS measures tied to the Performance Bonus Incentive Pool.

#### PBIP OUTCOMES

- P.1 Implement data driven outcomes measurement to address social determinants of health.
  - The narrative report is submitted to MDHHS by the NMRE by July 31st, 2025.
- P.2 Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD).
  - The NMRE is measured against a minimum standard of 62% per calendar year.

As of March 31, 2025, the NMRE was at 69.04%.

- P.3 Initiation and engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET).
  - The NMRE is measured against a minimum standard of 40% at initiation and 14% at engagement per calendar year.

As of March 31, 2025, the NMRE was at 12% for engagement. NMRE doesn't receive data download for SUD information from MDHHS and continues to struggle to identify events needing Initiation and Engagement due to this. Ongoing efforts are in place daily to reach beneficiaries who may need initiation following an ED visit.

- P.4 Increased participation in patient-centered medical homes.
  - The NMRE submitted a narrative report of no more than 10 pages by November 15th

summarizing prior FY efforts, activities, and achievements of the NMRE (and component CMHSPs, if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

- J.1 Implementation of joint care management processes.
  - The NMRE and MHPs document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. The NMRE must document joint care plans in CC360 for at least 25% of qualified adult enrollees.

As of March 31, 2025, the NMRE was at 80%.

- J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 days using HEDIS descriptions.
  - The NMRE meets set standards for follow-up within 30 days for each rate (ages 6-17 and ages 18 and older). The NMRE is measured against an adult minimum standard of 58% and child minimum standard of 79% per calendar year.

As of March 31, 2025, the NMRE was at 67.54% for adults and 81.69 for children.

- J.3 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment.
  - The NMRE is measured against an initiation (IET 14) minimum standard of 40% and an engagement (IET 34) minimum standard of 14% per calendar year.

As of March 31, 2025, the NMRE was at 31.75% for initiation and 12.88% for engagement. Not receiving SUD data from MDHHS continues to be a challenge, and NMRE has addressed this with MDHHS numerous times.

- J.4 Follow-up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence.
  - The NMRE is incentivized to reduce the disparity between the index population and at least one minority group per calendar year. This could be a challenge for the NMRE as the region is predominantly Caucasian, and it may be hard to reach statistically significant numbers for the metrics.

As of March 31, 2025, the NMRE was at 42.50% for overall follow up within 30 days, benchmark is set at 36.3%.

## 7. Performance Indicators

The NMRE monitors the performance indicators for the NMRE CMHSP network as well as individually. Performance data is reviewed and discussed by QOC on a quarterly basis. The Michigan Mission Based Performance Indicator System (MMBPIS) is utilized by the NMRE to address areas of access, efficiency, and outcomes, and to report to the State as established in the PIHP contract. The NMRE will require corrective action from CMHSPs and providers for each indicator not met twice in a row.

## Indicators

The NMRE, as well as CMHSPs, worked towards meeting all MDHHS MMPBIS and a 95% rate or higher for indicators 1, 4a, and 4b.

Work was done to try and improve indicators 2, 2e, and 3 and move them into at least 50th percentile, increasing to 57%, 68.2%, and 72.9% respectively.

These measures will be sunsetting as new HEDIS measures are introduced by MDHHS.

The NMRE will educate providers during the transition process from MMBPIS to HEDIS measures with new Quality Rollout.

FY2025 PIHP PI					
Indicator: 1					
Population	Net	Met	Met%		
Children	620	602	97.10%		
Adults	2,526	2,486	98.42%		
	3,146	3,088	98.16%		
Indicator: 2a					
Population	Net	Met	Met%		
MIC	1,178	735	62.39%		
MIA	2,089	1,192	57.06%		
DDC	382	267	69.90%		
DDA	138	81	58.70%		
	3,787	2,275	60.07%		
Indicator: 3					
Population	Net	Met	Met%		
MIC	859	598	69.62%		
MIA	1,323	904	68.33%		
DDC	356	262	73.60%		
DDA	118	92	77.97%		
	2,656	1,856	69.88%		
Indicator: 4a					
Population	Count	Exception	Net	Met	Met%
Children	255	61	194	185	95.36%
Adults	842	341	501	463	92.42%
	1,097	402	695	648	93.24%
Indicator: 4b					
Population	Count	Exception	Net	Met	Met%
SA	1,030	477	553	508	91.86%

<b>1,030</b>	<b>477</b>	<b>553</b>	<b>508</b>	<b>91.86%</b>
<b>Indicator: 10</b>				
<b>Population</b>	<b>Count</b>	<b>Exception</b>	<b>Net</b>	<b>Readmit</b>
<b>Children</b>	255	1	254	22
<b>Adults</b>	845	9	836	101
	<b>1,100</b>	<b>10</b>	<b>1,090</b>	<b>123</b>
				<b>11.28%</b>

## 8. Monitoring and Evaluation

The NMRE continues to provide updates to QOC, network providers, the Governing Board, and other stakeholders regarding routine QAPIP activities. QAPIP activities are continuously reviewed and evaluated by QOC. The QAPIP is reviewed and updated at least annually with the input from CMHSPs, providers, stakeholders, and approved by the Governing Board. Update reports will be shared with the Governing Board periodically, but at least annually. This workplan is a living document that may be updated throughout the year. QAPIP activities are shared with consumers through the regional Consumer Council (Regional Entity Partners) and other stakeholders through committees, mailers, and posting to the NMRE.org website.

The NMRE maintains QOC meetings.

## 9. Practice Guidelines

The NMRE and its network providers implemented a process to adopt and adhere to practice guidelines established by American Psychiatric Association (APA) and Michigan Department of Health and Human Services (MDHHS).

The NMRE, in collaboration with its QOC, Clinical Services Directors, as well as network providers, reviews and adopts practice guidelines established by APA and MDHHS annually, every March, once they are reviewed and adopted by regions clinical directors. The NMRE will disseminate adopted practice guidelines to all affected providers, members, stakeholders, and potential members as needed via the website Practice Guidelines | NMRE, mailer, and/or annual newsletter.

## 10. Contracting

The NMRE updated Sub-contractual Relationships and Delegation Agreements to include the language: “the right to audit records for the past 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later”.

### New Contracts

The NMRE will ensure that in future agreements there is a specific language referencing Sub-contractual Relationships and Delegation Agreements.

### Upgrades to PCE

The NMRE implemented upgrades in its PCE system for streamlined monitoring and compliance

management of provider's certifications, licenses, ASAM LOC approvals etc.

## 11. Credentialing and Recredentialing

### Implementation of Credentialing CRM

NMREs five CMHSPs have all completed implementation of Universal Credentialing CRM, with the only limitation being the extent that their normal operations have delayed the transition. Priority has been placed in ensuring the provider network is comprised of providers qualified to perform their services. Four of the NMRE's five CMHSPs have integrated the CRM into their day-to-day operations for practitioners, and three of the CMHs have both added their own providers and subscribed to others in the CRM, the other two of the NMRE's CMHSPs have subscribed to other CMHSPs shared providers. The main challenges have been transitioning from current processes, which many downstream internal operations depend on, while simultaneously ensuring credentialing is completed timely. CMHSPs have essentially been forced to abandon the ways they have been doing tasks, and the change has not been as easy as anticipated.

### Regional Education

The PIHP hosted two onsite training days for provider network management staff during FY2025, and additional continued educational discussions as needed during monthly Provider Network Management meetings. The objectives of the onsite trainings were to: 1) educate regional provider network and credentialing staff on the requirements of the MDHHS and PIHP, 2) ensure ongoing compliance in both practice and policy with MDHHS and PIHP standards, and 3) facilitate the adoption of best practices, regionally. The onsite training conducted on January 10th, 2025 covered the history of the CMHSP system, procurement, and organizational credentialing. The onsite training conducted on June 2nd, 2025 covered considerations and best practices regarding provider network insurance types and coverage, the onboarding process (including which parts fall under credentialing requirements), Disclosures of Ownership, and a demonstration of the MDHHS's Universal Credentialing CRM.

## 12. Exclusion Checks

The NMRE conducted its first annual review of SUD Treatment providers running their own staff's monthly exclusion checks during FY2025. The review is part of comprehensive monitoring. It found six provider organizations to be running each of the three required checks monthly and received fully compliant scores. Three organizations did not receive a perfect score, with the trending issue being that they were not running all three correct exclusion databases. One provider had been running all three databases but had missed some of the month in monitoring samples.

The three providers that did not receive fully compliant scores were required to submit corrective action plans.

## 13. Utilization Management and Authorization of Services

The NMRE continues to develop standardized utilization management protocols & functions across the region to identify areas of underutilization and overutilization of services. This will ensure access to public behavioral health services in the region is in accordance with the PIHP contract with MDHHS, relevant Michigan Medicaid Provider Manual (MMPM) sections, and Michigan Mental Health Code (MMHC) requirements.

### FY25 outcomes:

A) NMRE completed MCG Indicia 17 Integration with PCE Systems for all five member boards.  
Project Duration: August 4, 2025 – December 29, 2025.

#### Project Summary

The project delivered a standardized, integrated clinical decision-support solution while supporting site-specific workflows and operational needs.

#### Key Objectives Achieved

- Deployment of MCG-hosted Non-Production and Production environments
- Successful API integration between Indicia and PCE Systems for all CMHs
- Completion of clinical assessment calls, workflow validation, and readiness reviews
- Delivery of system administrator, functionality, and end-user training
- Staggered site go-lives completed by December 18, 2025

#### Outcomes & Benefits

- Integrated clinical decision support within existing PCE workflows
- Improved consistency in utilization management practices
- Enhanced clinician adoption through structured education and change management
- Established foundation for future optimization and reporting initiatives

B) All NMRE staff completing SUD service authorizations attend ASAM IV edition training for PIHPs in preparation for this new edition to take place, scheduled in 2026.

PCE system changes have been requested for PCE implementation.

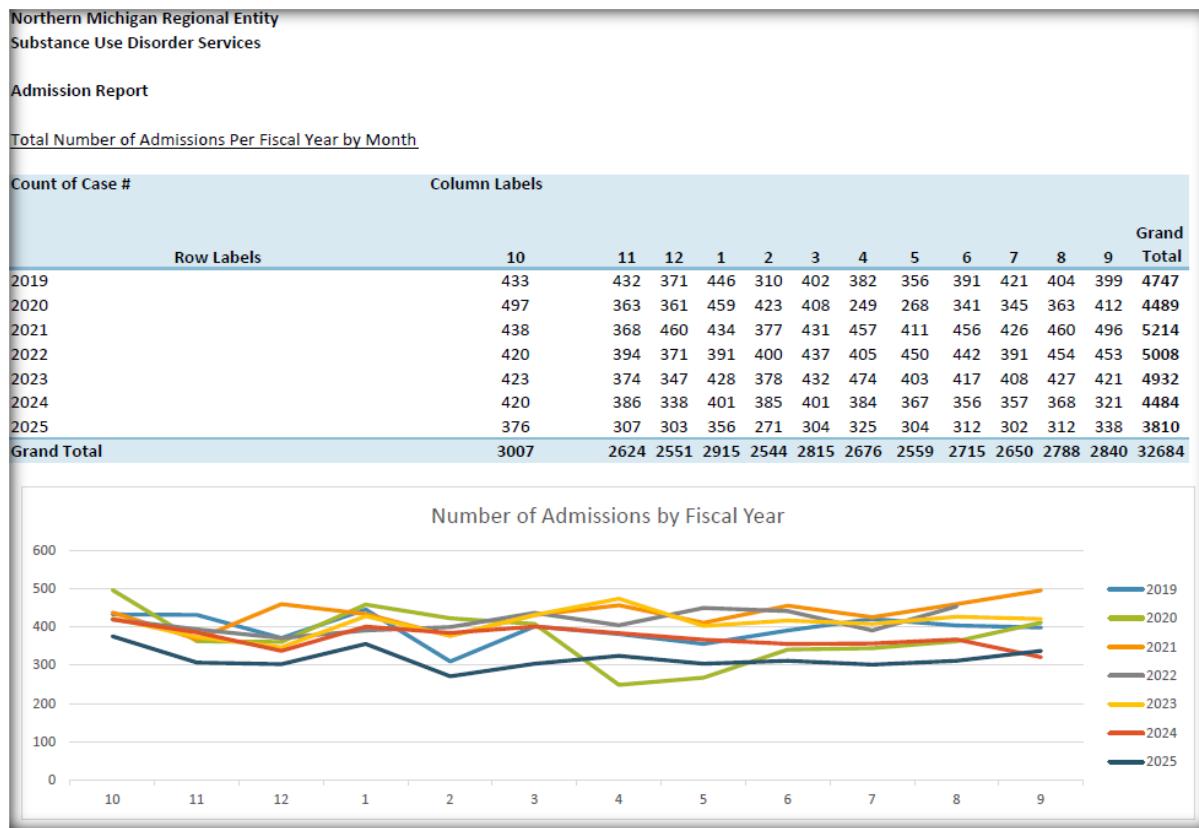
### Trending

NMRE developed reports to monitor, trend, and review SUD admissions and level of care utilization in the NMRE region. These reports are provided to NMRE SUD Oversight Committee on a regular basis and will be available on NMREs website at [www.nmre.org](http://www.nmre.org). Reports are available per region, county, provider, as well as level of care.

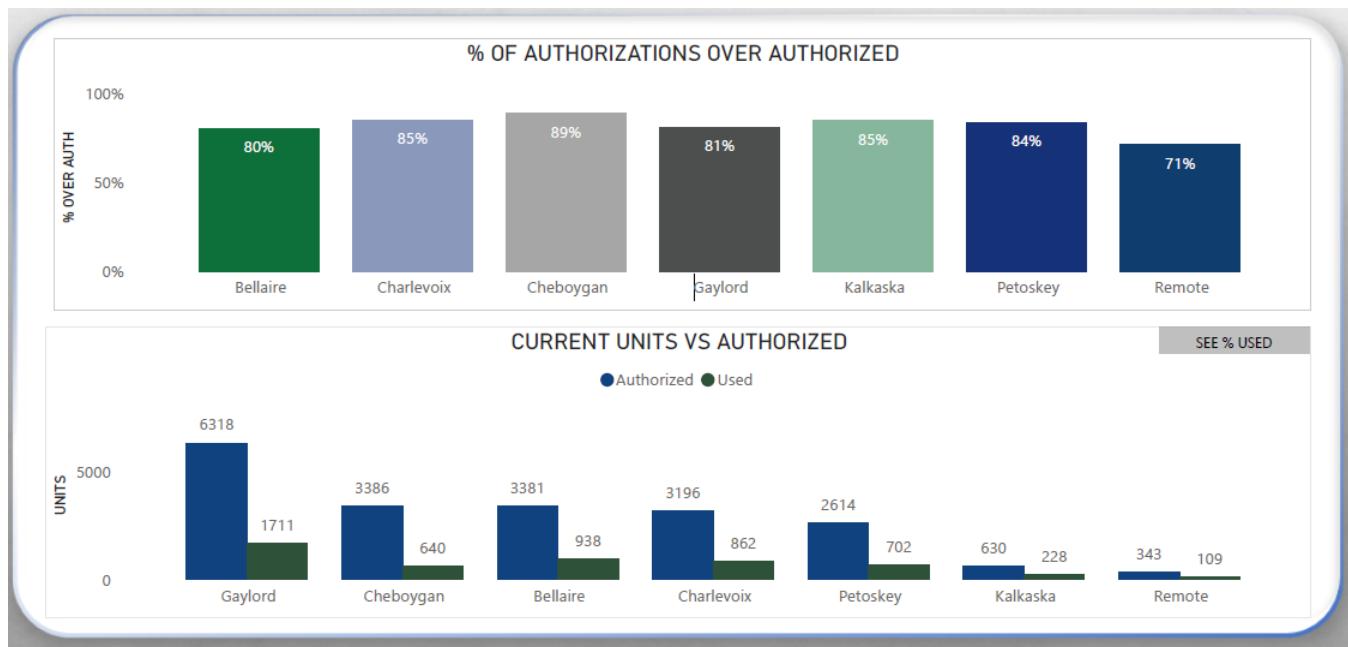
FY25 admissions continue to trend down for all LOC, likely due to decrease in enrollment, changing the number of eligible beneficiaries. PHE numbers trend much higher due to no redetermination during that timeframe. Utilization of ASAM Continuum assessment and monitoring of its annual completion (required as of FY24) may be another driving force in this decrease, determining medical necessity for continued SUD services and compliance with

funding sources.

FY25 admissions are 15% lower than in FY24 across all LOC.

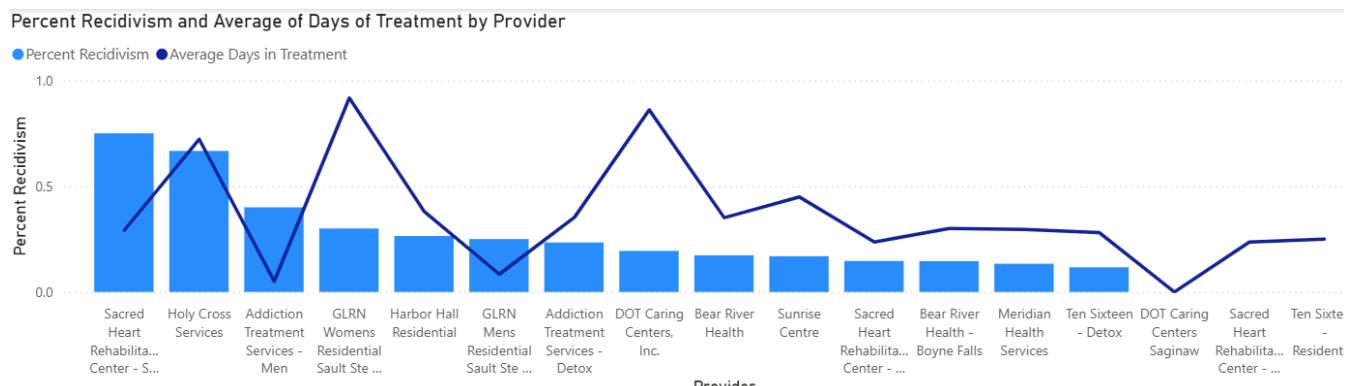


Additional analysis will be conducted for areas with significant variation in utilization patterns to identify root causes and opportunities for improvement when needed. Each CHMSP maintains Utilization Dashboards, and this is reviewed in Regions UR committee quarterly.

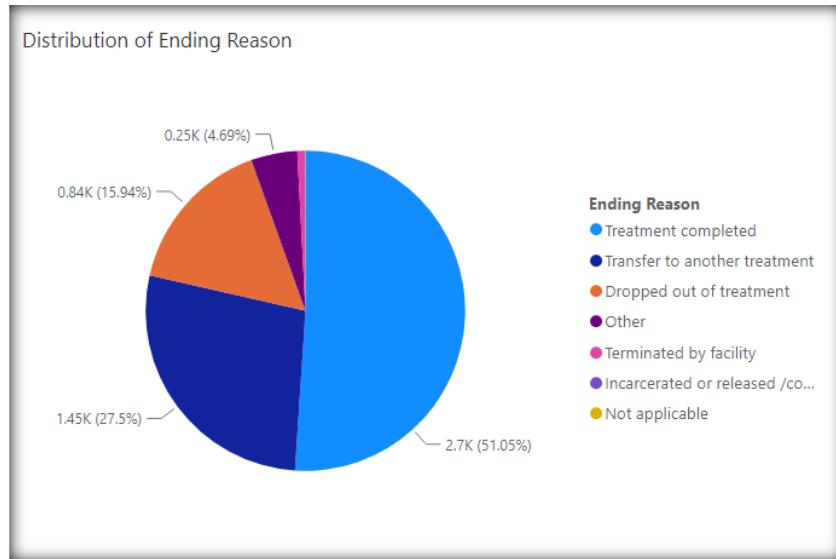


UM Dashboard, NCCMH

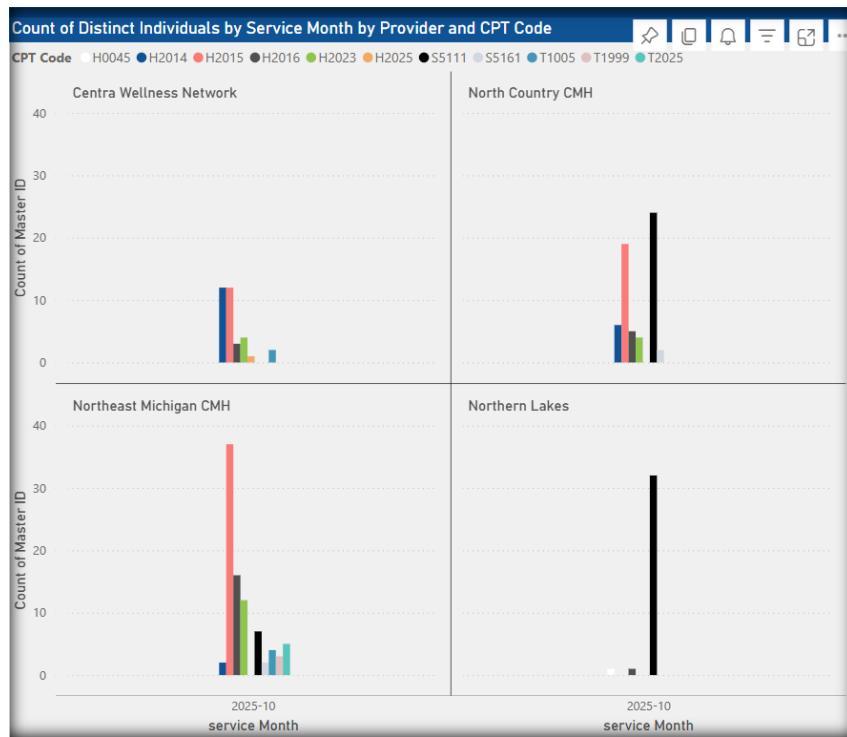
In order to determine additional supports, care coordination needs, resources, and technical assistance NMRE tracks recidivism rates per provider to make targeted efforts and informed decisions in service provision and linking and coordinating based on episode *ending reason*. However, 78.5% of episodes are considered completed or transferred to another LOC.



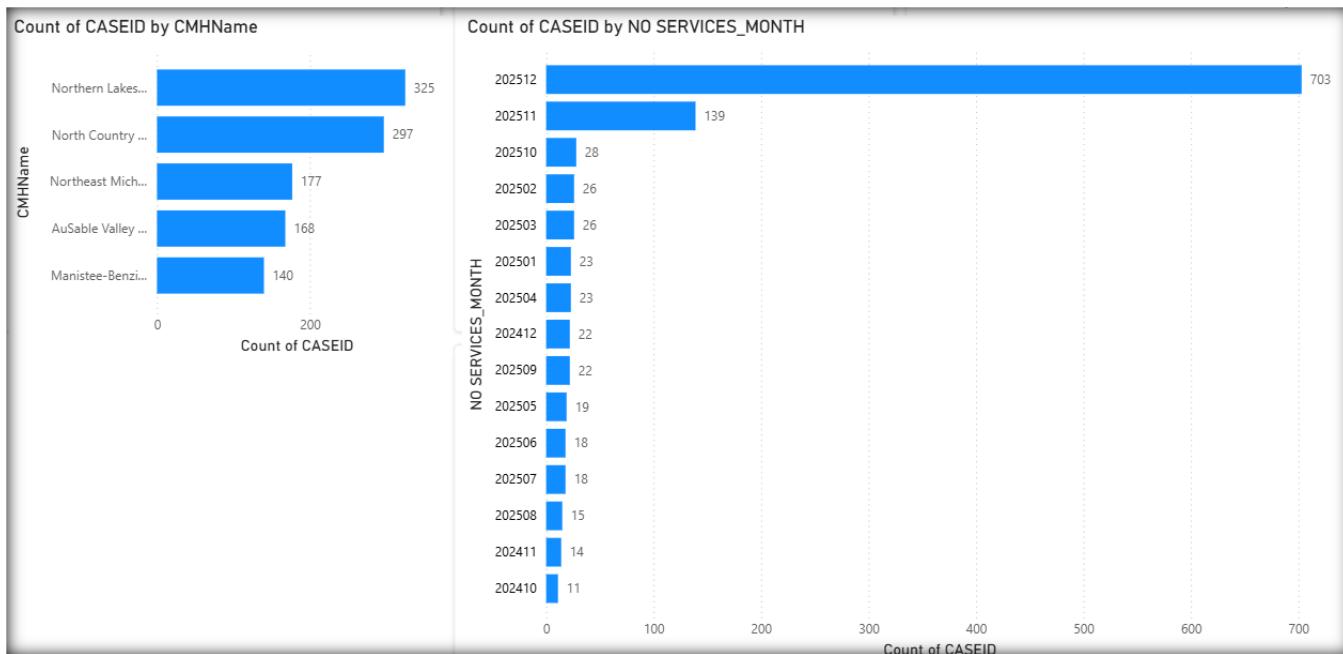
DetoxRecidivism30Days



Additional corrective actions were needed in FY25, resulting in higher enrollment of those receiving qualifying services into 1915(i) SPA. The NMRE continues to monitor Power BI Potential Enrollee Report for discrepancies per board and qualifying service:



To ensure appropriate utilization of HSW waiver slots, the NMRE runs monthly No-Service Report and shares with CMHSPs. (chart below shows numbers for December and November as claims are still processing). Report is reviewed with QOC as well as clinical directors, this claim data is shared with them as well.



## March 2026 scheduled – Quality Oversight and Utilization Alignment Regional Training

**Focus:** Sustaining quality through supervision and utilization management.

### Topics

- Service authorization, eligibility, and medical-necessity documentation
- Linking documentation to amount, scope, and duration of services
- Supervisory chart reviews and feedback methods
- Using QA and UM data to guide continuous improvement

### Objectives

- Reduce findings related to authorization, eligibility, or supervision
- Embed documentation oversight into everyday supervisory practice

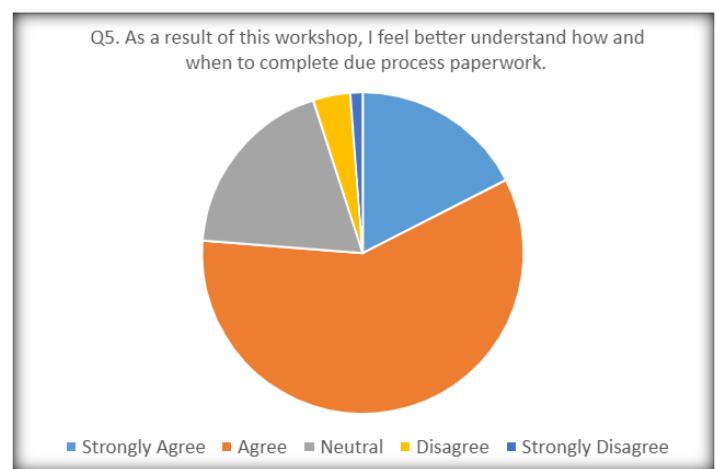
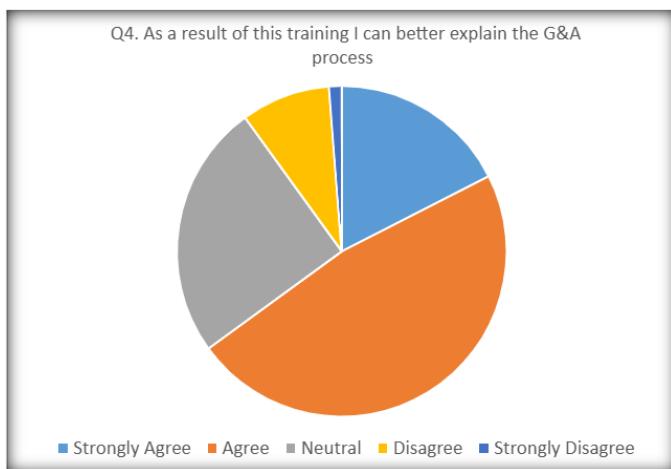
### Relevant Review Citations

- iSPA E.2.C: Required elements of evaluation/re-evaluation, eligibility timelines, and compliance documentation.
  - Utilization Management Themes: Service authorization (amount, scope, duration), medical necessity, and monitoring authorizations.
  - Clinical Supervisor Role in QA: Best practices for supervisory chart reviews and documentation monitoring.

## 14. Regional Trainings

The NMRE continues to collect feedback from its member CMHSPs and SUD Providers, as well as record areas of improvement during site visits, and will conduct a series of trainings to aid in process improvement as well as overall compliance.

IPOS training was completed on 10/10-10/11/2024 for all five CMHSPs. Adverse Benefit Determination training was completed 1/23-1/24-2025. Over 200 staff attended these training sessions.



In addition to training, NMRE expanded utilization of its website, adding policy, training information, procedures, reports, as well as resources of all stakeholders for easy and convenient access to information.

Some areas of improvement noted during site visits we remediated by adding more information such as: <https://nmre.org/recipients/independent-facilitation>

## 15. Maintaining the Handbook

The NMRE obtained MDHHS approval, in writing, prior to publishing the original and revised editions of its member handbook. The NMRE uses MDHHS-developed model member handbooks and member notices and ensures that its member handbook and member notices include all MDHHS-developed template language. The NMRE, and any delegates performing activities on behalf of the NMRE, will ensure that all written materials for potential members and members use a font size no smaller than 12 point, and are written at or below the 6.9 grade reading level based on the Flesch-Kincaid scale.

## 16. Adverse Benefit Determinations

The NMRE ensures that each ABD notice meets federal and state-specific requirements, as well as content requirement, and is written at or below the 6.9 reading grade level. The NMRE conducted training and quarterly monitoring of its provider network to measure compliance.

**Goal 1:** Strengthen compliance with Federal and State laws regarding Adverse Benefit Determinations (ABD) sent to beneficiaries of the NMRE region.

*Objective 1: Provide region-wide training emphasizing Federal and State regulations to allow maximum compliance with the ABD standards.*

*Objective 2: Provide increased oversight of the CMHSPs, requiring each CMHSP to send five examples of an ABD each quarter the NMRE for review.*

*Objective 3: Provide feedback to each CMHSP to enhance compliance.*

**FY25 Outcome:**

Region-wide training was provided in January 2025, and training was provided to a singular CMHSP in March 2025. Each CMHSP has been compliant with the increased oversight, which has resulted in compliance improvement.

Compliance for FY25 Q1 and Q2 focused on the required 6.9 grade level readability, and time frame compliance, of the ABDs. FY25 Q3 (and Q4 when available) will focus on readability, along with proper citation use.

Q1	Q2	Q3
Readability Compliance: 17% Time frame Compliance: 96%	Readability Compliance: 39% (+22%) Time frame Compliance: 100% (+4%)	Readability Compliance: 53% (+14%) Time frame Compliance: 100% (+/-0% Citation Compliance: 61%

**Goal 2:** To increase compliance with timely authorization decisions for SUD services.

For a Service Authorization decision that denies or limits services notice must be provided to the Enrollee within 14-days following receipt of the request for service for standard authorization decisions, or within 72-hours after receipt of a request for an expedited authorization decision (the PIHP may be able to extend the standard Service Authorization timeframe in certain circumstances).

The NMRE developed an internal process for timely authorization denials, as well as exceptions and extensions when appropriate.

FY24 SUD denials made within required decision timeframes: 98.71%

FY25 SUD denials made within required decision timeframes: **100%**

**Appeals Trends FYs 2023, 2024, and 2025:**

Most appeals originated from beneficiaries already authorized for services. Timeframe compliance for expedited appeals (7) was 100%; regular appeals had a 2% non-compliance rate (7). NMRE will continue to monitor the percentage of upheld appeals, which is currently at 57%. Appeals related to termination of services increased by approximately 25% from FY23 to

FY25, likely due to individuals losing Medicaid and the CMHSPs' increased ability to determine medical necessity and training provided. Conversely, appeals related to case management services decreased 17%.

- FY23: 95-Upheld: 52% Overturned:48%
- FY24: 102-Upheld: 54% Overturned:46%
- FY25: 122-Upheld: 57% Overturned:43%