



# Quality Assessment and Performance Improvement PLAN FY 2021

<b>Approved By</b>	<b>Date</b>
Operations Oversight Committee (OOC)	03/09/2021
Quality Oversight Committee (QOC)	03/09/2021
Operations Committee	03/16/2021
Board of Directors	03/24/2021

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## Introduction

The Northern Regional Michigan Entity is the Medicaid specialty prepaid inpatient health plan (PIHP) for the five community mental health boards serving the northern lower peninsula of Michigan. The member Boards are: AuSable Valley Community Mental Health (AVCMH), serving Iosco, Ogemaw and Oscoda Counties; Centra Wellness Network, serving Benzie and Manistee Counties, North Country Community Mental Health (NCCMH), serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego Counties, Northeast Michigan Community Mental Health (NEMCMH), serving Alcona, Alpena, Montmorency and Presque Isle Counties; and Northern Lakes Community Mental Health (NLCMH), serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties. The managed care activities are the responsibility of the Northern Michigan Regional Entity.

As the prepaid inpatient health plan (PIHP) for the twenty-one-county region, this mission guides the quality improvement activities of the Northern Michigan Regional Entity. The Quality Assessment and Performance Improvement Program (QAPIP) is intended to serve several functions, including but not limited to:

- Serve as the quality improvement structure for the managed care activities of the Northern Michigan Regional Entity (NMRE) as the prepaid inpatient health plan (PIHP) for the twenty-one county area;
- Provide oversight of the CMHSP provider quality improvement structures and assure coordination with PIHP activities as appropriate;
- Provide leadership and coordination for the PIHP Performance Improvement Projects;
- Coordinate with the Regional Compliance Coordinator and Regional Compliance Committee for the verification of Medicaid claims submitted; and

This written plan describes how these functions are accomplished. It also describes the organizational structure and responsibilities relative to these functions.

## Authority

The QAPIP is reviewed and approved on an annual basis by the Northern Michigan Regional Entity (NMRE) Board. Through this process, the governing body gives authority for implementation of the plan and all its components. This authority is essential to the effective execution of the plan.

Consistent with the structure of NMRE and the governance structure of the Board, this authority is discharged through the Chief Executive Officer (CEO) of the NMRE. In turn, the CEO discharges this authority through the Compliance and Services Quality Officer.

## Mission

Develop and implement sustainable, managed care structures to efficiently support, enhance, and deliver publicly funded behavioral health and substance use disorder services.

## Vision

A healthier regional community living and working together.

## Definitions

**Beneficiary:** A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

**Community Mental Health Services Provider/CMHSP:** For the purposes of this document, a CMHSP Member is one of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health Authority, Northeast Michigan Community Mental Health Authority, or Northern Lakes Community Mental Health Authority.

**Network Provider:** Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services pursuant to the State's Contract with the NMRE, its Member CMHSPs, and/or its Substance Use Disorder (SUD) Provider Panel.

**Northern Michigan Regional Entity/NMRE:** Covering Region 2, the NMRE one of ten Prepaid Inpatient Health Plans in Michigan.

**Northern Michigan Regional Entity (NMRE) Operations Oversight Committee:** An NMRE internal committee comprised of key leadership staff.

**Northern Michigan Regional Entity (NMRE) Quality and Compliance Oversight Committee:** A regional quality improvement committee comprised of NMRE staff and quality and compliance leaders from the five Member CMHSPs. Additional members may be appointed as appropriate, including members for the NMRE SUD Provider Panel and service beneficiaries.

**Prepaid Inpatient Health Plan/PIHP:** The ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, developmental/intellectual disabilities, and substance use disorders.

## Purpose

The Northern Michigan Regional Entity (NMRE) Quality Assessment and Performance Improvement Program (QAPIP) guides the quality improvement activities for the twenty-one-county region covering Michigan's northern lower peninsula. The QAPIP serves several functions including but not limited to:

- (1) Serves as the quality improvement structure for the managed care activities of the NMRE and its Provider Network.
- (2) Provides oversight of Network Providers' quality improvement structures and assure coordination with NMRE activities as appropriate.
- (3) Provides Leadership and coordination for NMRE regional Performance Improvement Projects (PIP).

- (4) Affirms the process for verifying Medicaid claims submitted; and
- (5) Describes how these functions are accomplished within the NMRE's organizational structure.

## Governance

The NMRE has a fully operational QAPIP that meets the conditions specified in the current MDHHS-PIHP Contract.

The NMRE Governing Board reviews and approves the NMRE QAPIP on an annual basis. Through this process, the Governing Board gives authority for the implementation of the QAPIP and all its components. The NMRE Governing Board routinely receives written reports on the QAPIP.

The NMRE Governing Board authorizes the NMRE's Chief Executive Officer (CEO) with the day-to-day implementation of the NMRE QAPIP. In turn, the CEO discharges this authority through the Chief Compliance Officer with the support and assistance of the NMRE Operations Oversight Committee.

## Structure

### 1. Provider/Beneficiary Involvement

The involvement of provider and beneficiary representatives is essential to the scope of the QAPIP. As such, this involvement is sought, encouraged, and supported at several levels including:

- a. The NMRE Governing Board has beneficiaries as Members.
- b. The NMRE has a Consumer Advisory Panel who provides input on various managed care activities.
- c. The Regional Quality Oversight and Compliance Committee is comprised of staff from the NMRE and its Network Providers.
- d. Each Member CMHSP operates a Consumer Advisory Committee/Consumer Council and has beneficiary representatives on its Governing Board and on various committees.

### 2. NMRE Operations Oversight Committee

The NMRE Operations Oversight Committee has the central responsibility for the implementation of the QAPIP. The Membership consists of key NMRE staff including but not limited to:

- a. Chief Executive Officer (Chair)
- b. Chief Financial Officer
- c. Chief Information Officer
- d. Chief Compliance Officer
- e. Managing Director of Substance Use Disorder Services
- f. Manager of Access and Health Home Services
- g. Human Resources Manager

- h. Provider Network Manager
- i. Quality Improvement Specialist
- j. Waiver Coordinator
- k. Customer Services Specialist

3. NMRE Regional Quality Oversight and Compliance Committee/QOC

The Regional Quality Oversight and Compliance Committee has the responsibility for ensuring that Network Providers have appropriate quality improvement structures and activities necessary to meet federal and state requirements. This group provides the primary link between the quality improvement structures of Network Providers and the NMRE. To create this link, the CEO of each Member CMHSP appoints representatives to serve as Members of the Committee.

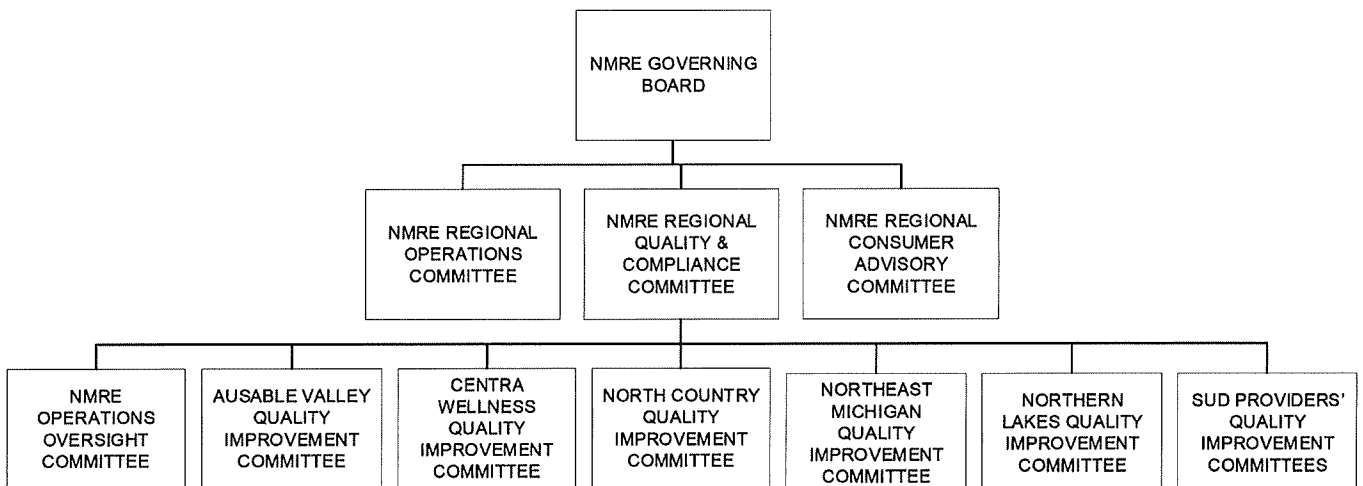
4. Member CMHSP Quality Improvement Committees

Each Member CMHSP has a Quality Improvement process to address quality issues within its operations that meets the requirements of the Michigan Department of Health and Human Services (MDHHS) and the NMRE.

5. Accountability

Because one of the tenants of quality improvement and a key element of a successful team is accountability; the success of the NMRE's QAPIP is dependent on the success of its parts. Each employee and/or agent of the NMRE and its Network Providers must be accountable to beneficiaries, coworkers, various committees, and his/her employer for the quality and integrity of his/her work.

The following table displays the reporting accountability of the various components of the quality improvement system.



## Responsibilities

Each of the components of the QAPIP structure have specific responsibilities. These various tasks, when taken in whole, ensure that the NMRE and its Network Providers are administering quality services, effectively managing and protecting available resources, protecting the rights of beneficiaries, and identifying opportunities to improve.

### 1. NMRE Operations Oversight Committee

The NMRE Operations Oversight Committee has the lead role within the NMRE in implementing the QAPIP, beginning with the quality, effectiveness, and efficiency of the managed care activities. The NMRE Operations Oversight Committee also has responsibility for the following:

#### **a. Claims Verification**

The verification of Medicaid claims is required both federal regulations and the MDHHS-PIHP Contract. Primary responsibility for this activity, as specified in the NMRE “Medicaid Encounter Verification” policy and procedure is assigned to the Chief Compliance Officer.

#### **b. Practice Guidelines**

The process for developing, reviewing, adopting, and disseminating practice guidelines as specified in the NMRE “Practice Guidelines” policy and procedure is assigned to the NMRE Provider Network Manager. The NMRE Operations Oversight Committee has the responsibility for ensuring that the policy and procedure is implemented appropriately. Practice Guidelines are posted to the NMRE.org website.

#### **c. Sentinel Events, Critical Incidents, and Risk Events**

Primary responsibility for the review of sentinel events, critical incidents, and risk events is with NMRE Network Providers. The NMRE Operations Oversight Committee and the Regional Quality and Compliance Oversight Committee analyze data sent by Network Providers annually to identify trends and implement plans of correction as appropriate to reduce the potential for future events.

#### **d. Death Reporting**

All unexpected deaths of Medicaid beneficiaries who at the time of their deaths were receiving specialty supports and services will be reviewed in accordance with the NMRE Critical Incident, Risk Event, Sentinel Event, and Death Reporting policy and procedure and the current MDHHS-PIHP Contract.

#### **e. Credentialing**

The NMRE credentials organizational providers. Each Network Provider completes its own credentialing of staff. The NMRE ensures that credentialing is done in a manner consistent with the NMRE “Credentialing” policy and procedure, MDHHS

"Credentialing and Recredentialing Processes" document dated July 29, 2020, and the current MDHHS-PIHP Contract.

**f. Utilization Management**

The NMRE has a Utilization Management Plan that identifies:

- i. Strategies for ensuring beneficiary eligibility criteria.
- ii. Strategies for evaluating medical necessity and service authorization decisions.
- iii. Mechanisms to identify and correct under- and over-utilization of services.
- iv. Procedures to conduct prospective, concurrent, and retrospective authorization reviews.

**g. Provider Monitoring**

The NMRE monitors its Network Providers at least annually, including CMHSPs, SUD Provider Panel, inpatient psychiatric hospital units, and other contracted providers as needed. Monitoring includes a review of delegated functions, services and supports provisions, and compliance with administrative requirements including credentialing and staff training. As appropriate, targeted monitoring activities for people identified as "vulnerable" is also conducted. When a Network Provider is found to be out of compliance with contract requirements, appropriate corrective action is required.

2. Regional Quality and Compliance Committee

The NMRE Regional Quality and Compliance Committee acts as the NMRE's primary connection to the quality improvement activities of its Network Providers. This committee, the Regional Customer Services Committee, and the Regional Consumer Advisory Committee are the vehicles from which the NMRE receives beneficiary input.

**a. Coordination with Network Provider Structures**

The NMRE recognizes that quality improvement is best addressed by the individual involved in the systems to be improved. As such, those best equipped to improve the various functions of the NMRE's Provider Network are those within the provider organizations. The NMRE supports the existing quality improvement structures of its Network Providers though the NMRE retains the responsibility for ensuring that federal and state regulatory requirements and the quality improvement provisions of the MDHHS-PIHP Contract are met.

**b. Performance Indicators**

The Michigan Department of Health and Human Services has established performance indicators for CMHSP and PIHP. Each Member CMHSP and the SUD Provider Panel report relevant performance indicator data to the NMRE. The NMRE Operations Oversight Committee and Regional Quality and Compliance Oversight Committee monitor these data quarterly and over time. When a standard is not met for two consecutive quarters, the NMRE requests a Corrective Action Plan from the provider. This information includes persons served by the PIHP, whether for mental



health, developmental disability, or substance abuse conditions. The QOC monitors the PIHP performance in this area.

**c. Consumer Satisfaction**

The NMRE Regional Quality and Compliance Committee is responsible for ensuring that surveys are administered to beneficiaries to measure their degree of satisfaction with services, including those for intellectual/developmental disabilities, mental illness, and substance use disorders, including long-term supports and services. Surveys are conducted in a way that results can be measured over time. The NMRE will investigate areas of dissatisfaction data reveals a systemic concern with a particular provider or services provider. Survey findings will be shared with the NMRE Governing Board, the NMRE Regional Consumer Advisory Committee (Regional Entity Partners), Network Providers, and will be posted to the NMRE.org website.

**d. Performance Improvement Projects**

In accordance with federal regulations and the MDHHS-PIHP Contract, the NMRE conducts two Performance Improvement Projects (PIP) each year. The MDHHS mandates the topic of one of the two PIPs. The NMRE Regional Quality and Compliance Committee selected the topic for the remaining PIP. The NMRE Operations Oversight Committee and Regional Quality and Compliance Committee reviews PIP data quarterly. The NMRE Chief Compliance Officer will report on the PIPs in accordance with the timeline established by MDHHS.

**e. Analysis of Behavior Treatment Data**

At least quarterly, the NMRE Regional Behavior Treatment Review Committee reviews and analyzes data from Network Providers in which intrusive or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis to identify trends and any subsequent action that needs to be taken to reduce the potential for future events. Data includes the number of interventions and the length of time the interventions were used per individual. The NMRE adheres to the provisions outlined in the MDHHS "Technical Requirement for Behavior Treatment Plans" document dated July 29, 2020, and the current MDHHS-PIHP Contract

**3. NMRE Chief Compliance Officer**

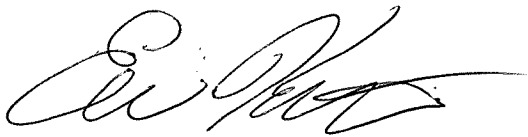
This senior staff position is responsible for the implementation of the NMRE's QAPIP. On an annual basis, the NMRE Chief Compliance Officer works with various committees to conduct an effectiveness review of the QAPIP and the previous fiscal year's work plan. The effectiveness review includes an analysis of whether there were improvements in the quality of healthcare and services for members as a result of the QAPIP. The effectiveness review is shared with the NMRE Governing Board, Network Providers, and upon request to Members and MDHHS. The effectiveness review is used to inform the current year's QAPIP Work Plan.

4. Member CMHSP Quality Improvement Committees

Each Member CMHSP maintains an appropriate quality improvement program that meets the requirements of federal regulations and national accreditation. Each CMHSP submits summary reports of quality improvement activities, minutes of Quality Improvement Committee meetings, and Quality Improvement Plans to the NMRE. The NMRE will monitor all quality improvement program activities to assure that they are consistent with the standards and requirements of managed care, as specified in federal regulations and the MDHHS-PIHP contract.

Substance Use Disorder (SUD) services are delivered through a network of contracted provider organizations (SUD Provider Panel). No managed care functions are delegated to SUD Providers. To ensure adequate representation of SUD services in the NMRE's quality improvement activities, the NMRE Managing Director of Substance Use Disorder Services is an integral member of the NMRE Operations Oversight Committee and Regional Quality and Compliance Committee.

Approval Signature



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NMRE CEO

3-24-21

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Date

# NMRE Quality Assessment and Performance Improvement Program

## FY21 Work Plan

Goal #1: The NMRE will conduct Performance Improvement Projects (PIPs) that achieve ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical and non-clinical services that can be expected to have a beneficial effect on health outcomes and member satisfaction.

Objective 1: The NMRE QOC will continue to collect data, conduct ongoing analysis and coordinate follow-up on the Diabetes performance improvement project through September 30, 2021.

Objective 2: The NMRE QOC will collect data, conduct analysis for re-measurement 2 to show evidence of performance improvement on the percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication by September 30, 2021.

Goal #2: The NMRE QOC, as part of the QAPIP, will review and follow-up on sentinel events and other critical incidents and events that put people at risk of harm.

Objective 1: Begin collecting risk events quarterly, analyze the trends and implement the necessary interventions.

Objective 2: The NMRE will review the reporting process and requirements of critical events with the providers to avoid under reporting by 09/30/21.

Objective 3: Through the annual site review process, the NMRE will check to see if interventions are improving patient safety. This will be done by reviewing the data submitted which will include the numbers or events.

Objective 4: The NMRE's analysis of Sentinel Events, Critical incidents, and Risk Events will review data per event type per 1,000 members to complete a comparative analysis and trend these data over time.

Goal #3: The NMRE will conduct quantitative and qualitative assessments of member experiences with services. These assessments will be representative of the persons served and the services and supports offered.

Objective 1: The NMRE will combine the following surveys into the Mental Health Services Survey to reduce the redundancies of surveys and to make the process more meaningful:

- a. ACT
- b. Outpatient
- c. Medical Services
- d. Clubhouse
- e. Youth and Adult Case Management Services
- f. OHH

- g. BHH
- h. Peer Support Services

Objective 2: NMRE will implement a survey to measure members' experiences with intellectual/developmental disabilities services by 09/30/2021.

Objective 3 The NMRE will conduct 4 separate SUD surveys including the Detox and Methadone surveys by 09/30/21.

Objective 4: The NMRE will take specific action on individual cases of the survey results as appropriate.

Objective 5: The NMRE will Identify and provide possible recommendations to resolve areas of dissatisfaction on an ongoing basis.

Objective 6: The NMRE will outline systemic action steps to follow-up on the findings from the survey results on an ongoing basis.

Objective 7: The NMRE will inform practitioners, providers, recipients of service and the governing body of assessment results by 09/30/21.

Goal #4: The NMRE will measure its performance using standardized indicators based upon the systemic, ongoing collection and analysis of valid and reliable data.

Objective 1: The NMRE QOC will monitor comparative provider performance of quarterly MMBPIS measures within 30 days of the quarterly report from MHDDS.

Objective 2: The NMRE OOC will monitor the impact of removing exceptions for Tables 2 and 3 performance indicators by 09/30/2021.

Goal #5: The NMRE will monitor its Network Providers at least annually.

Objective 1: The NMRE will coordinate site review annually for all contracted service providers by 9/30/2021.

Objective 2: The NMRE will monitor and follow-up with the PIHP Annual Site Review with contractual providers through the next 12 months to assure corrective action plans have been completed.

Objective 3: The NMRE QOC will receive regular updates from the providers regarding the progress of their QI work plans, in order to assist the PIHP in preparation for federal and state site reviews.

Objective 4: The NMRE will perform quarterly audits to verify Medicaid and Healthy Michigan Plan claims/encounters submitted within the provider network. This will include verifying data elements from individual claims/encounters to ensure proper codes are used.

Goal #6: The Quality Oversight Committee (QOC) will conduct quarterly reviews and analyses of data from the CMH providers where intrusive, or restrictive techniques have been approved for use with members and where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis.

Objective 1: The NMRE will monitor that only techniques permitted by the Technical Requirements for Behavior Treatment Plans and that have been approved during person-centered planning by the members or his/her guardian may be used with members through annual site reviews by 9/30/2021.

Objective 2: The NMRE will establish a regional QOC to oversee the operations of the Behavioral Health Treatment operations by 09/30/2021.

Objective 3: The NMRE QOC will monitor behavior treatment data to include number of interventions and length of time the interventions were used per person quarterly by 12/31/2021.

Objective 4: The NMRE BTP Committee will review analysis of data from each CMHSP behavior treatment committee review process. The reviews will be completed quarterly with each fiscal year data review wrapping up by 12/31/2021.

Goal #7: NMRE will establish regional HEDIS measures to demonstrate the effectiveness of improvements in the quality of health care and services for members as a result of the NMRE quality assessment and improvement activities and interventions carried out by the NMRE provider network.

Objective 1: The NMRE will provide HEDIS measure reports to the NMRE QOC on a regular rotation by 9/30/2021.

Objective 2: The NMRE will collect data for the HEDIS measures tied to the Performance Bonus Incentive Pool to receive full payment.

- Follow-up after hospitalization (FUH) for mental illness within 30 days.
- Follow-up after (FUA) emergency department visit for Alcohol and Other Drug Dependence by 09/30/2021.

Goal #8: NMRE will establish a process to provide quarterly updates to the Governing Body regarding routine QAPIP activities.

Objective 1: QAPIP activities will be reviewed and evaluated by QOC quarterly.

Objective 2: The QAPIP quarterly evaluation report will be share with the governing board.