

Northern Michigan Regional Entity FY25 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN (QAPIP)

1. Performance Improvement Projects

The NMRE will engage in Performance Improvement Projects (PIPs), addressing clinical as well as non-clinical aspects of care. PIPs will 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) will continue to collect data, conduct ongoing analysis, and coordinate with providers to improve the number of individuals enrolled in the Opioid Health Home (OHH) program. The NMRE will collect data and conduct analysis to show evidence of enrollment improvement from the baseline by September 30, 2025. Non-clinical / HSAG Validated

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

PIP #3 (Clinical PIP Development)

Implementation and monitoring- Regional Clinical PIP December 31, 2025.

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.

1. Anticipated Barriers: Staffing and lack of appointment slots due to staffing issues.
2. 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.

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

2. Event Reporting and Notification

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

Training and information

The NMRE will continue to provide 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 will update the reporting system within PCE to better meet reporting needs and ensure timely and accurate reporting of these events to PIHP/MDHHS.

Data Collection and Review

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

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 annual mailing. The NMRE will identify and provide possible recommendations to resolve areas of dissatisfaction on an ongoing basis.

LTSS (Long Term Supports and Services)

The NMRE will incorporate 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.

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.

Substance Use Disorder (SUD)

The NMRE will conduct separate SUD surveys, including Withdrawal Management/Detox and Methadone surveys, to identify specific member experiences.

Evaluation Efforts

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

The NMRE will share survey results with providers, the regional Quality and Compliance Oversight Committee (QOC), the Internal Operation Committee (IOC), network providers, Board of Directors, the Regional Consumer Council (Regional Entity Partners), and post a copy to the NMRE.org website. The NMRE's annual mailer will include instructions to direct consumers to locate the information on the NMRE.org website.

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 conduct site reviews annually for all contracted service providers by 9/30/2025. The NMRE will monitor and follow-up on corrective action plans to ensure Corrective Action Plans (CAPs) are being implemented as stated by network providers. The NMRE QOC will request, on a regular basis, updates from providers regarding the progress of their Quality Improvement Workplans and CAPs.

The NMRE will enhance 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. Additionally, 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.

The NMRE will ensure 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 will make its provider directory available on the PIHP's website in a machine-readable file and format as specified by the Secretary.

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.

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 will include the numbers of interventions and length of time the interventions were used with the individual(s). The NMRE regional BTRC will be 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.

6. Quality Measures (HEDIS measures)

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

Measures

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

- Follow-up after hospitalization (FUH) for mental illness within 30 days.
- Follow-up after (FUA) emergency department visit for Alcohol and Other Drug Dependence.
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) (new)
- Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD) (new)

- Implement data driven outcomes measurement to address social determinants of health (new)
- Increased participation in patient-centered medical homes
- Implementation of Joint Care Management Processes

7. Performance Indicators

The NMRE will monitor the performance indicators for the NMRE CMHSP network as well as individually. Performance data will be reviewed and discussed by QOC on a quarterly basis. The Michigan Mission Based Performance Indicator System (MMBPIS) will be 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, will continue to meet all MDHHS MMPBIS and a 95% rate or higher for indicators 1, 4a, and 4b. The PIHP will also find ways to capture percentage for indicator 10 and be sure to maintain less than 15% for that standard.

The NMRE will work with member CMHSPs to 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 sunseting as new HEDIS measures are introduced by MDHHS. The PIHPs last report is 7/1-9/30/25 (Q4 FY25 MMBPIS).

The NMRE will educate providers during the transition process from MMBPIS to HEDIS measures.

8. Monitoring and Evaluation

The NMRE will continue to provide updates to QOC, network providers, the Governing Board, and other stakeholders regarding routine QAPIP activities. QAPIP activities will be 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 will be 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 is to maintain 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, will review and adopt practice guidelines established by APA and MDHHS annually, every March. The NMRE will disseminate adopted practice guidelines to all affected providers, members, stakeholders, and potential members as needed via the nmre.org website, 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.

11. Credentialing and Recredentialing

FY2025 will see the NMRE collaborating with the MDHHS to implement a new universal credentialing platform (as appropriate) and continue regional educational sessions.

Implementation of Credentialing CRM

Due to the completion of the “Universal Credentialing” module within the MDHHS’s Salesforce Customer Relationship Management (CRM) system, NMRE’s providers will begin using the system in FY2025. The NMRE will assist providers in adopting this new platform to the extent necessary.

As the purpose the Universal Credentialing system is to allow agencies and PIHPs to subscribe to each other’s credentialed providers, thereby eliminating additional administrative burden as some details of provider demographic information will be shared. The objectives of the NMRE for FY2025 will be to 1) ensure regional credentialing staff are educated on the use of the system, 2) ensure that regional providers understand the requirements and how to use the system, and 3) ensure that the system complies with state and federal requirements by safeguarding confidential information as appropriate.

Regional Education

The NMRE has hosted “Credentialing Roundtables” with CMHSP contractors and provider network managers in the past; these will persist in FY2025 as topics of interest in PIHP hosted regional trainings.

The goal of the PIHP will be to host three onsite training days for provider network management staff during FY2025, with the objectives of: 1) educating 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.

12. Exclusion Checks

The NMRE will conduct its first annual review of SUD Treatment providers running their own staff’s monthly exclusion checks during FY2025, having fully completed this transition in FY2024. This review will be part of a comprehensive monitoring which includes practices, policies, and procedures.

Pending the outcome of FY2025 monitoring, the NMRE will prepare comprehensive steps for corrective action, which will be mandatory and must comply with state and federal law. The NMRE is prepared to host training with individual staff or providers of the network as needed. As this is a federal requirement, the NMRE will collaborate with network providers immediately to come into compliance.

13. Utilization Management and Authorization of Services

The NMRE will continue 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.

An ongoing review of the MCG tool utilization will take place during QOC.

All NMRE staff completing SUD service authorizations will attend ASAM IV edition training for PIHPs in preparation for this new edition to take place.

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 .

Additional analysis will be conducted for areas with significant variation in utilization patterns to identify root causes and opportunities for improvement. The NMRE will develop an internal process for timely authorization denials, as well as exceptions and extensions.

14. Regional Trainings

The NMRE will 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 is scheduled for 1/23-1/24-2025.

15. Maintaining the Handbook

The NMRE will obtain MDHHS approval, in writing, prior to publishing the original and revised editions of its member handbook. The NMRE will use MDHHS-developed model member handbooks and member notices and ensure 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.

16. Adverse Benefit Determination

The NMRE will ensure 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 will conduct training and monitoring of its provider network to measure compliance.

Approvals:

Regional Quality and Compliance Oversight Committee	<u>January 7, 2025</u>
NMRE Internal Operations Committee	<u>January 8, 2025</u>
NMRE Board of Directors	<u>January 22, 2025</u>