Northern Michigan Regional Entity
FY24 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT
PLAN (QAPIP) **Evaluation**

1. Performance Improvement Projects

The NMRE continues to engage in Performance Improvement Projects (PIPs), addressing clinical as well as non-clinical aspects of care. PIPs must 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) Non-clinical / HSAG Validated
The NMRE Quality and Compliance Oversight Committee (QOC) collected data, conducted ongoing analysis, and coordinated with providers to improve the number of individuals enrolled in the Opioid Health Home (OHH) program. The NMRE showed evidence of enrollment improvement from the baseline to post baseline (by September 30, 2024).

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:
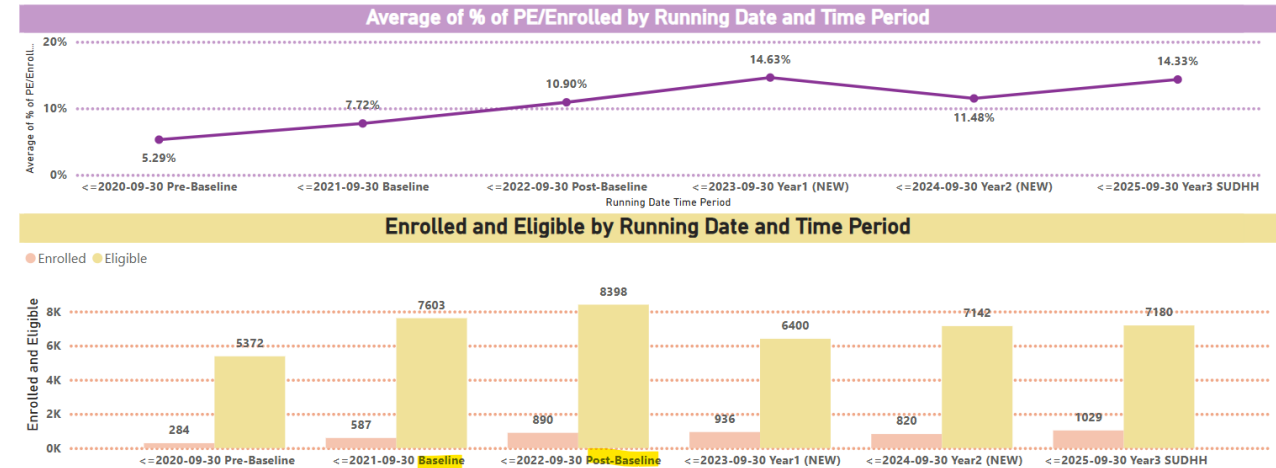
Challenges:

Staffing remains a big challenge in the NMRE region, however, the biggest challenge and obstacle for enrollment was the end of PHE, resulting in 7.68% in FY23 (FY24, 37.60%) of OHH clients being disenrolled from the benefit. 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.

> NMRE distributed 100% of these funds back to HHPs to further support the implementation of health homes in the region.

It is important to note that this HSAG validated PIP received final validation score of 100% for FY24:

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 a 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 demonstrated a statistically significant improvement over the baseline for the first remeasurement period.

PIP #2 (Behavioral Health Home PIP) Non-Clinical

The NMRE QOC collected data and conducted analysis for Behavioral Health Home (BHH) enrollment. The NMRE continues to improve the percentage of individuals who are enrolled in the Behavioral Health Home program and receiving CMHSP services. BHH enrollment the within CMHSPs setting is at 5.53% (compared to 4.69% at the last reporting period). Overall BHH enrollment numbers are higher, however, as FQHC HHP enrollment numbers are not included in this calculation (additional 150 beneficiaries).

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 HHBH Waiver Services versus Potential Enrollees			
Receiving BHH Waiver Services	Enrolled + Potential Enrollees who are actively enrolled w/CMHSP	Percent Enrolled	CMHSP ▲
155	892	17.38%	Centra Wellness Network
87	2627	3.31%	North Country CMH
98	1549	6.33%	Northeast Michigan CMH
165	3802	4.34%	Northern Lakes CMH
83	1768	4.69%	Wellvance
588	**10638**	**5.53%**	

Positive Interventions:

1. CMHSPs changed their referral processes resulting in increased enrollments.
2. CMHSPs utilize BHH to aid in the transition between levels of care.
3. CMHSPs attended NMRE provided/paid CHW training to aid staffing expansion.
4. NMRE, as the lead entity, continues to provide technical support and trainings to all HHPs.

It is important to state that this population is not seeing as much of an impact of PHE ending and redetermination as they typically belong to Medicaid, compared to OHH client that are mostly MHP population.

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.

PIP #3 (Clinical PIP Development) Clinical/ Not HSAG Validated

Performance Indicator 3 (PI 3) improvement goal:

Increase the 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.

50th Percentile	75th Percentile	NMRE Annualized FY23 Percentage
72.9%	83.80%	67.82%

It was noted that the NMRE fell below the 50th percentile

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, reducing 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, continues to review and follow-up on sentinel events and other critical incidents and events that put people at risk of harm. Members of QOC and regional IT departments formed a small committee that reviewed and implemented changes needed to improve the data quality and timeliness in reporting events.

Training and information
The NMRE continues to offer training opportunities 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 updated the reporting system within PCE to better meet reporting needs and ensure timely and accurate reporting of these events to PIHP/MDHHS. Changes were completed and implemented within the PCE system in FY24.

Data Collection and Review

The NMRE continues to collect events data quarterly, analyzes trends, and implements necessary interventions.

The table below shows the NMRE monitoring tool that allows trends to be monitored across all five CMHSPs.
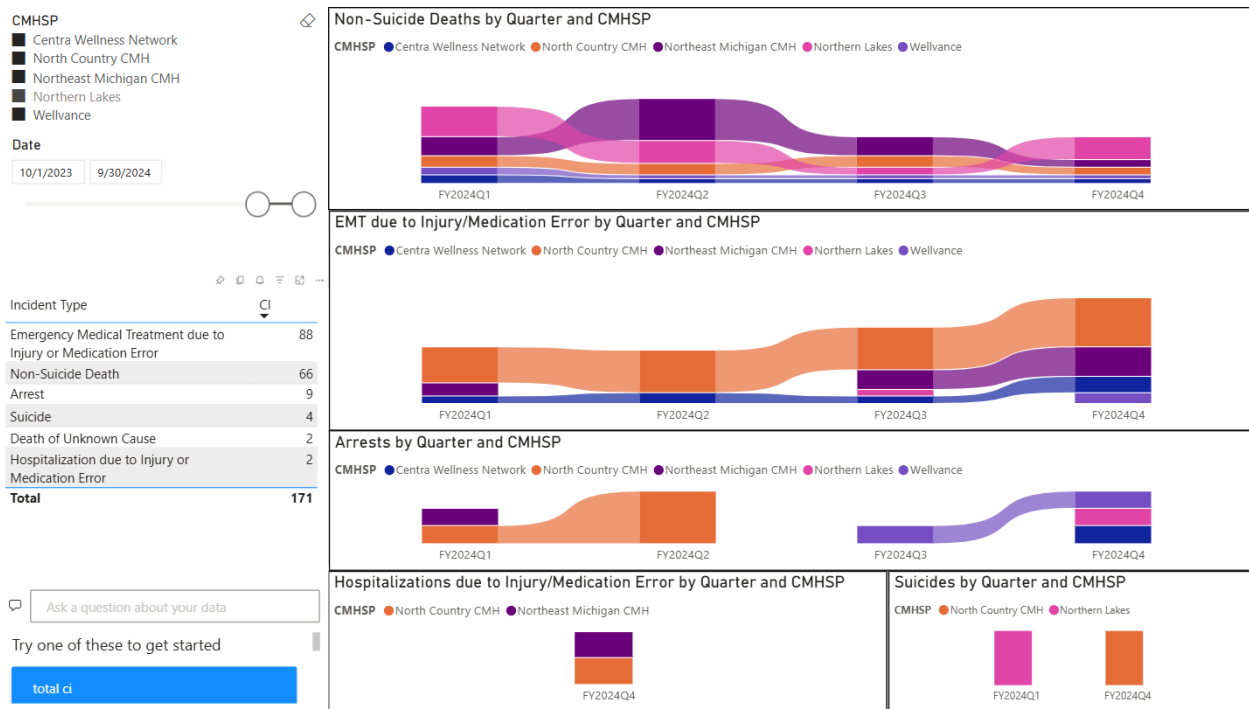
3. **Consumer Experience Assessments**

The NMRE continues to conduct ongoing quantitative and qualitative assessments (such as surveys, focus groups, phone interviews) of members' experiences with services. These assessments are 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 MDHHS.

Assessment results are used to improve services, processes, and communication. Outcomes are shared in the annual newsletter/mailer. The NMRE identifies and provides possible recommendations to resolve areas of dissatisfaction on an ongoing basis.

Responses from CMHSP Surveys for FY22, FY23, and FY24 are shown below:

2022	2023	2024
Respondents: 620	Respondents: 921	Respondents: 942
Staff treat me with dignity and respect: 99%	Staff treat me with dignity and respect: 99%	Staff treat me with dignity and respect: 98%
I know how to file a grievance: 81%	I know how to file a grievance: 84%	I know how to file a grievance: 86%
I know how to file an appeal: 80%	I know how to file an appeal: 78%	I know how to file an appeal: 75%
I know about mediation services: n/a	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: n/a	Overall, I am satisfied with my services: 96%

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.

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. NMRE will provide additional support and training for CMHSPs administrative as well as direct clinical staff.

Substance Use Disorder (SUD)

The NMRE conducted separate SUD surveys that included Withdrawal Management/Detox and Methadone service surveys, to identify specific member experiences. Additional support and training will be offered to SUD providers in documented areas of need and dissatisfaction.

Furthermore, a training on the Recipient Rights reporting template was conducted for SUD providers and a reporting spreadsheet was created and provided, to improve tracking and reporting.

OTP Services, SUD: I am allowed to decide my own treatment
goals
989 of recipients picked their own treatment goals
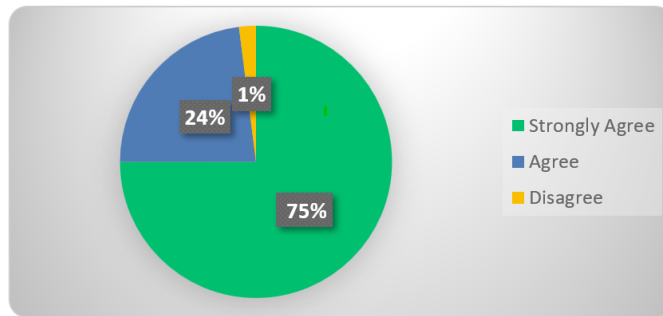
Evaluation Efforts

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, the Regional Consumer Council (Regional Entity Partners), and posts a copy to the NMRE.org website. The mailer below will be shared with NMRE beneficiaries to update them on important information located on the NMREs website:

4. Provider Network Monitoring

To ensure compliance, the NMRE conducted annual monitoring for all directly contracted providers in region, and out of region as needed and appropriate, utilizing reciprocity when necessary.

Monitoring

NMRE conducted site reviews for all contracted service providers in FY24. The NMRE monitored and followed-up on corrective action plans to ensure Corrective Action Plans (CAPs) were being implemented as stated by network providers.

Verification of Medicaid Services

The NMRE performed quarterly audits to verify Medicaid claims/encounters to ensure Medicaid services were furnished to beneficiaries by CMHSPs, SUD providers, providers, and/or subcontractors. This included verifying data elements from individual claims/encounters to ensure proper codes were used and proper documentation was in place. For FY24, the overall percentage of valid encounters was at 90%, which is a decrease from 95% in FY23. Corrective action plans will be developed to address all the areas of concern, such as lack of client signatures on the IPOS/Treatment Plans.

Northern Michigan Regional Entity
**Medicaid Encounter Verification Results**

Total	Number Valid	Number Audited	Valid Dollar Amount	Total Dollar Amount Audited	Percent Valid Number
CMH Contracted Services	189	200	85235.4	87335.09	95%
CMH Direct Services	195	200	43581.29	44478.61	98%
NMRE Contracted SUD	140	180	$ 42,998.87	$ 47,686.85	78%
Grand Total	**524**	**580**	**$ 171,815.56**	**$ 179,500.55**	**90%**

5. Behavior Treatment Review

The NMRE QOC conducted 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 were reviewed to determine if systems and process improvement initiatives were necessary.

Data

In FY24 the NMRE introduced a new data tracking sheet that ensured uniformed data collection allowing easy trending and monitoring. Data included numbers of interventions and length of time the interventions used with individuals. The NMRE QOC was tasked with reviewing the data to ensure that only techniques permitted by the MDHHS Technical Requirements for Behavior Treatment Plans and that have been approved by the members or their guardians during person-centered planning were used.
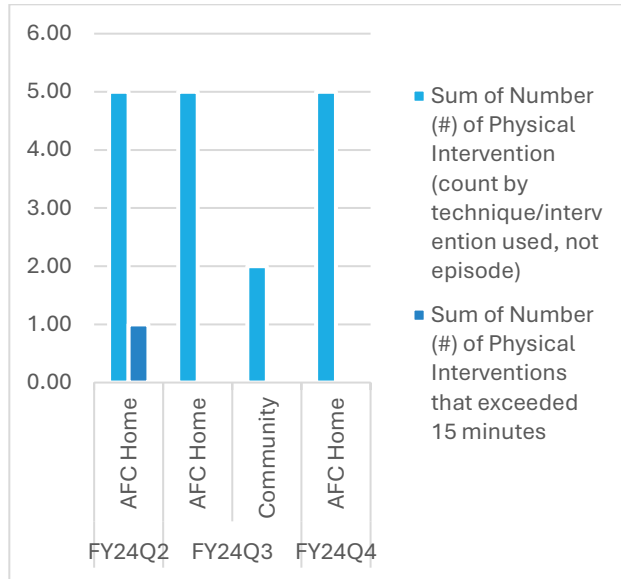
6. Quality Measures (HEDIS measures)

The NMRE provided HEDIS measure reports to the NMRE QOC on at least a quarterly basis. Upon review, QOC identified interventions to improve outcomes where necessary.

Measures

The NMRE collected and reviewed 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)

NMRE access staff continues to implement procedural changes that assist in score improvement, such as reaching out to NMRE beneficiaries who present at the emergency room due to SUD concerns and linking them to appropriate services (FUA 30, Adults measure score):

| FUA-30AD | MICHIGAN MEDICAID TOTAL | 6,184 | 17,416 | 35.51 | 03/31/2024 |
| FUA-30AD | NORTHERN MICHIGAN REGIONAL ENTITY - | 301 | 750 | 40.13 | 03/31/2024 |

7. Performance Indicators

The NMRE monitored the performance indicators for the NMRE CMHSP network as well as individually. Performance data was 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 requires 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 worked with the CMHSPs to improve indicators 2, 2e, and 3 and move them into at least 50th percentile, increasing them to 57%, 68.2%, and 72.9% respectively.

For Indicator 2 NMRE reached the 75th percentile (>62%) for each population and overall total.

For indicator 3 the NMRE reached 50th percentile (>72.9%) for overall total, however, MI population was under the 50th percentile needs improvement (already recorded by NMREs PIH #3)

Table 3 – Access – Timeliness/First Service

Population	New Clients Start Services	In 14 Days	% In 14 Days
MIC	178	124	69.66%
MIA	355	254	71.55%
DDC	79	67	84.81%
DDA	35	31	88.57%
Total	647	476	73.57%

8. Monitoring and Evaluation

The NMRE continued to provide updates to QOC, network providers, the Governing Board, and other stakeholders regarding routine QAPIP activities. QAPIP activities were 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 were shared with the Governing Board periodically, but at least annually. This workplan is a living document that may be updated throughout the year.

Additionally, QAPIP activities were shared with consumers through the regional Consumer Council (Regional Entity partners) and other stakeholders through committees and posting to the NMRE.org website.

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) and designated annual review cycle that occurs every March.

The NMRE, in collaboration with its QOC, NMRE Clinical Leadership, as well as network providers, reviewed and adopted practice guidelines established by APA and MDHHS. The NMRE disseminated adopted practice guidelines to all affected providers, members, stakeholders, and potential members as needed via the nmre.org website and annual mailer.

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 ensured that agreements contain a specific language referencing Sub-contractual Relationships and Delegation Agreements.

11. Credentialing and Recredentialing

Updates and Monitoring
The NMRE updated its annual monitoring tools, as applicable, to ensure evidence is collected in policy, procedure, and practice regarding its delegation review of member concerns, grievances, appeal information, or quality issues during periods of individual practitioner recredentialing.

The NMRE will annually and periodically ensure that the CMHSPs' processes for exclusions checks are maintained each month and verify their processes for validation of the reports.

During FY2024, the NMRE successfully implemented a new tool for monitoring credentialing and recredentialing practices the region's CMHSP's for organizational providers. The new tool was based upon the standards of Health Services Advisory Group's own auditing tool of the NMRE. The goal of using this new tool is to ensure compliance with credentialing and recredentialing standards and attachments of the MDHHS/PIHP contract, as well as federal and state regulations.

During FY2024's comprehensive CMHSP monitoring, the NMRE reviewed credentialing practices, policies, and procedures for both individual practitioners and provider organizations. All standards in the MDHHS Credentialing and Recredentialing Guidelines were reviewed, including application materials, primary source requirements, and timeframes.

During FY2024, the NMRE also reviewed the corrective actions of SUD Treatment providers credentialing of practitioners from the prior year's findings. Where necessary, new samples of providers for the review period were requested to ensure compliance. Annual review of monitoring tools and NMRE policy will continue to ensure compliance with the current MDHHS master contract and policies.

Prior to FY2024, the NMRE hosted "Credentialing Roundtables" with CMHSP contractors and provider network managers in the region; these educational sessions will continue into FY2025 in the form of onsite training days to share credentialing requirements and best practices with appropriate CMHSP staff.

Lastly, the MDHHS has notified the NMRE of completion of its "Universal Credentialing" module within the Salesforce Customer Relationship Management (CRM) system. The system is designed to house all credentialing data for practitioners and organizations within the PIHP/CMHSP system. The NMRE was directed to implement this system on November 21, 2024. The NMRE has been working with its member CMHSPs and SUD Treatment providers to implement the new CRM into practice.

The NMRE will continue to host Credentialing Roundtables for the region with the intention of educating staff that do the actual individual credentialing. This will allow the NMRE to drive a series of interactive meetings that allow the CMHSPs to discuss their processes as a group.

12. Exclusion Checks

In July 2024, the NMRE and its SUD providers completed the transition of SUD providers running their own staff exclusion verifications; at that time the NMRE discontinued running staff exclusions on their behalf. Annual monitoring of SUD provider verifications will continue and include assurance of checks for the OIG exclusion database, Michigan Medicaid Sanctioned Provider list, and System for Award Management (SAM). The region's CMHSP's will continue to run their own exclusion checks. During monitoring, the NMRE will review the exclusion

verification practices, policies, and written procedures for both individual practitioners and contracted organizational providers.

Policy
The NMRE updated its "Excluded Provider Screening" policy in January 2024 and accompanying procedure in April 2024. The policy and procedure are applicable to the PIHP, the NMRE provider network, applicable subcontractors, and reflect requirements of the MDHHS/PIHP contract and federal laws to include the Balanced Budget Act, Social Security Act, Code of Federal Regulation (including Federal Acquisition Regulation), Office of Inspector General, and US Code.
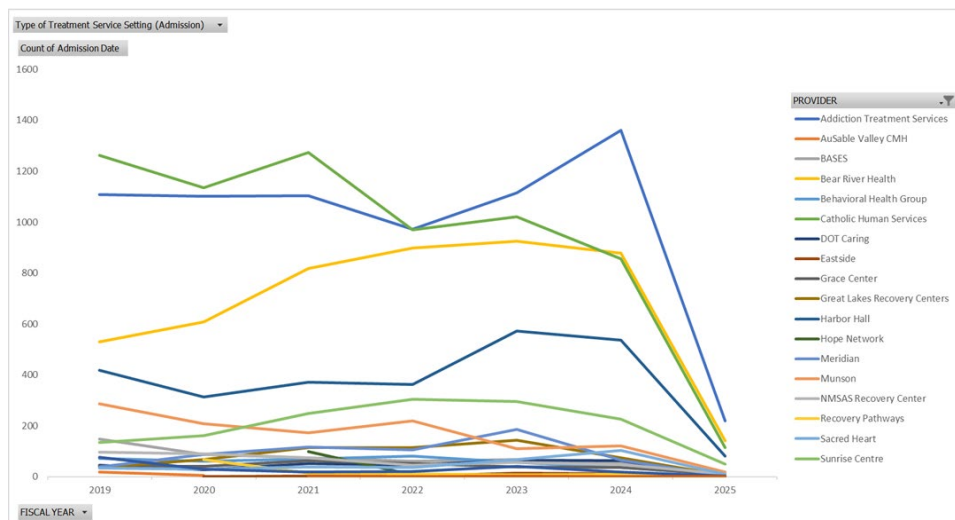
13. Utilization Management and Authorization of Services

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

Trending
NMRE developed dashboards to monitor, trend, and review SUD admissions and level of care utilization in the NMRE region. These reports were provided to NMRE SUD Oversight Committee on a regular basis.

Additional analysis on areas with significant variation in utilization patterns was conducted to identify root causes and opportunities for improvement. Funding utilization was monitored on at least monthly basis.

NMRE hired a UM Care Manager in December of 2023, who also completed ASAM specific Utilization Training to ensure authorization requests were reviewed according to ASAM standards.

An internal process for timely review and approval of authorization was created, which included the development of a system flag showing a countdown of days left per request. Requests resulting in denials, exceptions, and/or extensions were processed in a timely fashion. In FY23 15.83% denials were completed outside of the required 14/28-day timeframe, however, in FY24 only 1.28% of these were processed outside of the required timeframe, which marks a significant improvement in timeliness.
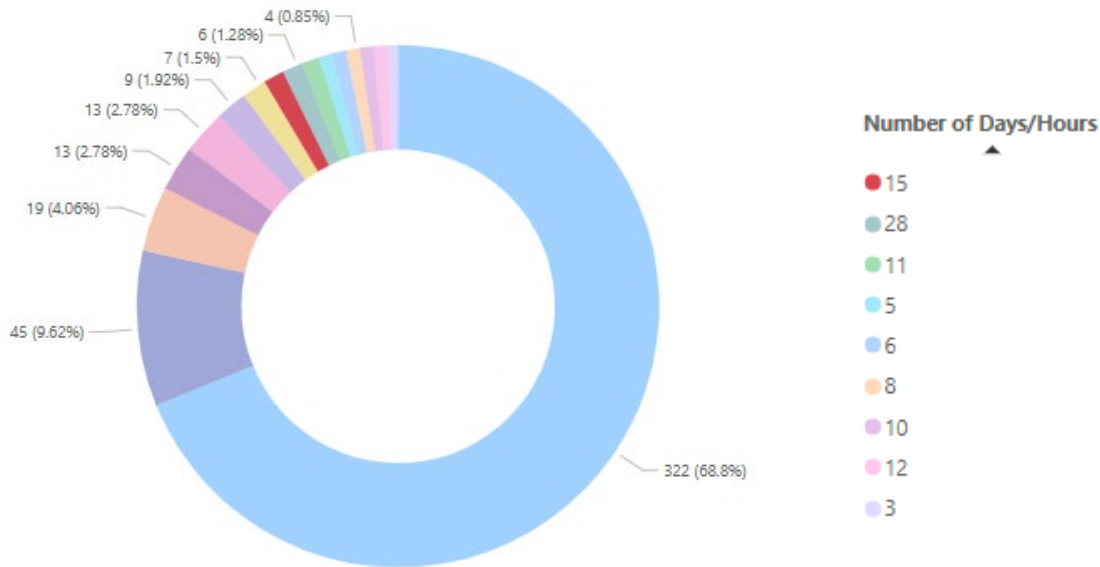
Approvals:

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