

Northern Michigan Regional Entity FY24 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 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)

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, 2024. 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 3.56% to 5% by September 30, 2024. Non-Clinical

PIP #3 (Clinical PIP Development)

Within the next 6 months NMRE and QOC will develop a regional clinical PIHP.

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 newsletter. 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.

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 copy to the NMRE.org website.

4. Provider Network Monitoring

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

Monitoring

NMRE will conduct site reviews annually for all contracted service providers by 9/30/2024. 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 regular basis, updates from providers regarding the progress of their Quality Improvement Workplans and CAPs.

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.

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 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. Trends and patterns will be reviewed to determine if systems and process improvement initiatives are necessary.

Data

Data includes numbers of interventions and length of time the interventions were used with the individual. 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 have been approved during person-centered planning by the members or their guardians 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)

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. Michigan Mission Based Performance Indicator System (MMBPIS) will be utilized by NMRE to address areas of access, efficiency, and outcomes, and to report to the State as established in the 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 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.

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 will be reviewed and evaluated by QOC. 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 and posting to the NMRE.org website.

9. Practice Guidelines

The NMRE and its network providers will implement 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. The NMRE will disseminate adopted practice guidelines to all affected providers, members, stakeholders, and potential members as needed via the nmre.org website and 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

The NMRE will update its credentialing and recredentialing standards to align with its Specialty Supports and Services Contract with the State and federal regulations.

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.

The NMRE will utilize a newly created monitoring tool specific to organizational credentialing and recredentialing using the HSAG tool as an example. The NMRE will ensure all standards in the MDHHS Credentialing and Recredentialing Guidelines are reviewed. The NMRE will further ensure that evidence of credentialing decision and accreditation or ongoing quality assessment, and timeframes, are reviewed.

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

The NMRE will continue work on transitioning substance use disorder (SUD) exclusion check activities from the NMRE to the SUD Providers. (The NMRE will continue to run exclusion checks for the SUD providers until the transition is complete.)

Policy

The NMRE will create a new policy regarding Exclusion Checks, will review this policy with the Provider Network and obtain feedback. Timeline is to be designed regarding full transition to SUD providers running exclusion checks. The NMRE will provide necessary information and assistance to ensure a smooth transition.

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 in accordance with its contract with MDHHS and relevant Michigan Medicaid Provider Manual (MMPM) and Michigan Mental Health Code (MMHC) requirements.

Trending

Develop dashboards to monitor, trend, and review authorizations in the NMRE region. Conduct additional analysis on areas with significant variation in utilization patterns to identify root causes and opportunities for improvement. Develop internal process for timely processing of authorization denials as well as exceptions and extensions.

Approvals

NMRE Regional Quality and Compliance Oversight Committee (QOC)	<u>February 14, 2024</u>
NMRE Internal Operations Committee	<u>February 21, 2024</u>
NMRE Board of Directors	<u>February 28, 2024</u>