

# Northern Michigan Regional Entity FY23 QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN (QAPIP)

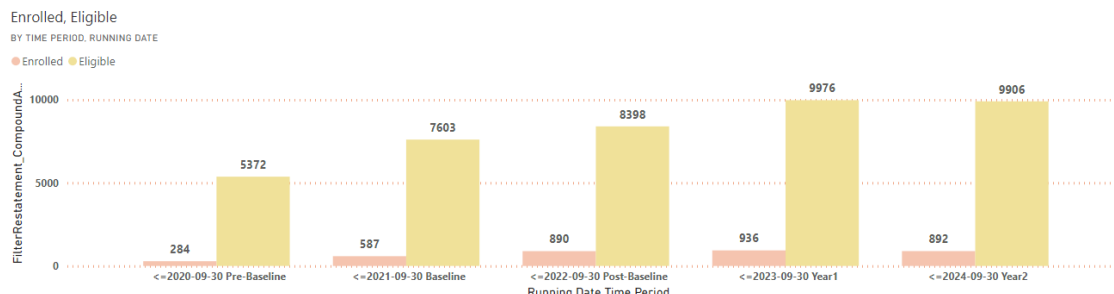
## EVALUATION

### A. Performance Improvement Projects (PIPs)

- 1. Opioid Health Home PIP:** OHH provides comprehensive care management and coordination services to Medicaid beneficiaries with an opioid use disorder. For enrolled beneficiaries, the OHH functions as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries work with an interdisciplinary team of providers to develop an individualized recovery care plan to best manage their care. The model also elevates the role and importance of peer recovery coaches and community health workers to foster direct empathy and connection to improve overall health and wellness. In doing so, this attends to a beneficiary's complete health and social needs. Participation is voluntary, and enrolled beneficiaries may opt out at any time. The NMRE will collect data and conduct analysis in preparation for Measurement 1 to show evidence of enrollment improvement from the 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).



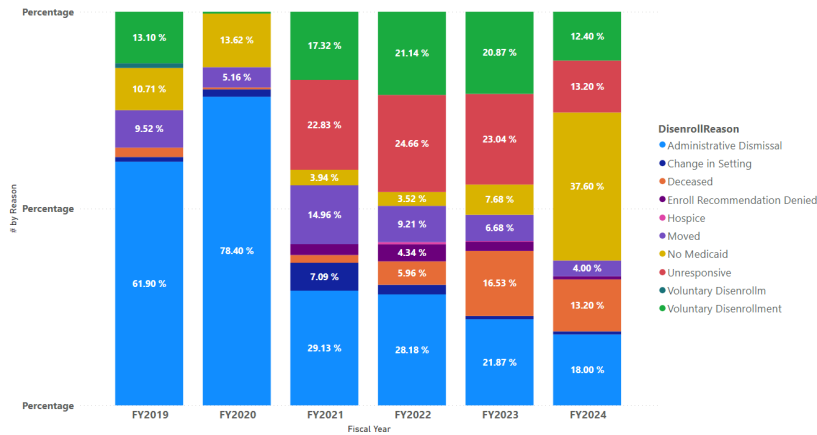
WSA OHH Breakout: Eligible versus Enrolled

Time Period	Running Date	Enrolled	Eligible	% of PE/Enrolled	% Enrolled Change	% Eligible Change
Pre-Baseline	<=2020-09-30	284	5372	5.29%	0.00%	0.00%
Baseline	<=2021-09-30	587	7603	7.72%	106.69%	41.53%
Post-Baseline	<=2022-09-30	890	8398	10.90%	51.62%	10.46%
Year1	<=2023-09-30	936	9976	9.38%	5.17%	18.79%
Year2	<=2024-09-30	892	9906	9.01%	-4.70%	-0.70%

Data as of 1/29/24, 3:52 PM

Based on the data submitted a decrease in enrollment for FY23 (Year1) is noted (9.38%), and this decrease continues into FY24 (Year2) (9.01%). Most of the disenrollments are due to the ending of the Public Health Emergency (PHE) and the effect of the Medicaid Redetermination on Medicaid enrollment. We are seeing higher than usual OHH disenrollment trends (37.60%) due to clients no longer having Medicaid. Many efforts are in place to reinstate Medicaid for those who were disenrolled and disenrollments and recoups are monitored monthly by the NMRE Health Home Team.

OHH Disenrollment - # by Reason by Fiscal Year and DisenrollReason



Data as of 1/29/24, 3:52 PM

Positive interventions:

- a. Current providers have increased participation in Care Coordination by:
  1. Hiring more staff to maintain and expand enrollment, and aid with redeterminations.
  2. Becoming more engaged in the process by attending meetings with the NMRE and investing more in the program.
  3. Opening community closets to aid clients.
  4. Offering transportation when needed.
  5. Providing naloxone to clients.
  6. Expanding locations where Health Homes are available (OHH is available in 43 locations)

- b. 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. Organizing a Health Home Summit (9/26/2023) where all health Home Partners had an opportunity to network and learn more about other Health Homes and approaches to Care Coordination.
  3. Providing resources and reports regarding PHE ending.
  4. Funding Community Health Worker training.

Challenges:

Staffing remains a big challenge in our region, however, the biggest challenge and obstacle for enrollment is 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, however, HEDIS Measures for Health Home remain very good, allowing for Pay for Performance funds to be allocated to the HHPs. (6/2023 reporting period)

HEDIS Healthcare Effectiveness Data and Information Set	Michigan Total	NMRE Total	All OHH Programs	NMRE OHH Program
FUA 7 rates Follow up after ED visit for Alcohol or other Drug Use, 7 days	27.45	27.13	60.81	73.68
FUA 30 rates Follow up after ED visit for Alcohol or other Drug use, 30 days	42.54	46.12	80.07	97.37
IET14 AD Initiation of treatment in 14 days	36.79	29.38	76.8	89.77
PQI Prevention Quality Indicator (numbers of admits for ambulatory care/ chronic conditions)	74	41.41	162.77	29.06

2. **Behavioral Health Home (BHH) PIP** – Improve the percentage of individuals who are enrolled in the Behavioral Health Home program and receiving CMHSP services from 3.56% to 5% by the end of FY2023.

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.

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

Receiving BHH Waiver Services	Enrolled + Potential Enrollees who are actively enrolled w/CMHSP	Percent Enrolled	CMHSP
75	1823	4.11%	AuSable Valley CMH
145	1072	13.53%	Centra Wellness Network
95	2920	3.25%	North Country CMH
70	1689	4.14%	Northeast Michigan CMH
172	4375	3.93%	Northern Lakes CMH
<b>557</b>	<b>11879</b>	<b>4.69%</b>	

Data as of 1/29/24, 3:52 PM

Enrollment into BHH has seen an increase since the last QAPIP Evaluation (3.44%) and is at 4.69% with the goal of 5%.

Positive Interventions:

1. CMHSPs changed their referral processes and are seeing an increase in enrollments.
2. CMHSPs utilize BHH to aid transition between levels of care.
3. CMHSPs attended NMRE provided/paid CHW training to aid staffing expansion.
4. CMHSP participated in all HHPs Summit organized by NMRE in September of 2023.

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 HMP population.

Challenges:

Provider/ staff capacity availability remains the biggest challenge for BHH enrollment, however, HEDIS outcomes continue to be very good (reporting period 6/2023).

HEDIS Healthcare Effectiveness Data and Information Set	Michigan Total	NMRE Total	All BHH Programs	NMRE BHH Program
AAP AD Adult Access to Preventative/Ambulatory Services	73.84	75.71	98.66	99.63
FUM 7 rates Follow up after ED visit for Mental Health Illness, 7 days	45.44	56.62	71.43	100
CBP Controlling Blood Pressure	31.40	18.79	28.11	25
FUH 30 Follow up after Hospitalization for Mental Illness, 30 days	66.73	72.78	88.99	83.33

3. **No-show/ Missed Appointments Quality Improvement Project:** The NMRE Quality and Compliance Oversight Committee (QOC) will collect data and conduct analysis for no-show/missed psychiatric appointments with a goal of decreasing the regional no-show/missed

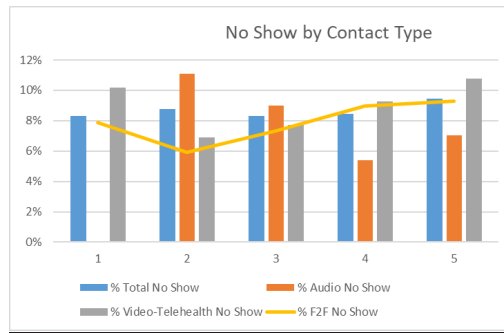
appointment rate for psychiatric services by the end of FY24. This is in an effort to track the effect of PHE on telehealth and changes to service delivery.

Based on the data collected, clients seem to be more interested in going back to being seen in person, with some continued use of telehealth. No show rates varied between CMHSPs, and different areas saw different trends.

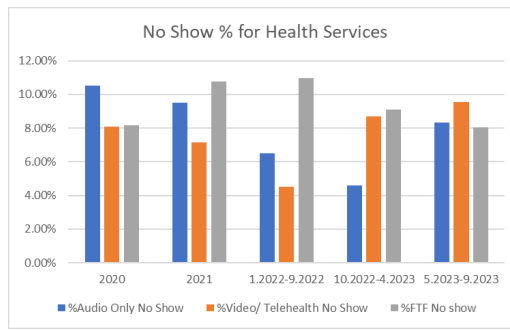
Due to PHE no longer being in place and social distancing restrictions loosening up, changes to codes and service provision (in person, face to face, audio/video, audio only), NMRE will be sunsetting this QIP.

Data was trended by each CMHSP due to different processes and data collection within their EMRs.

Centra Wellness Network, 2019(1)/ 2023(5):

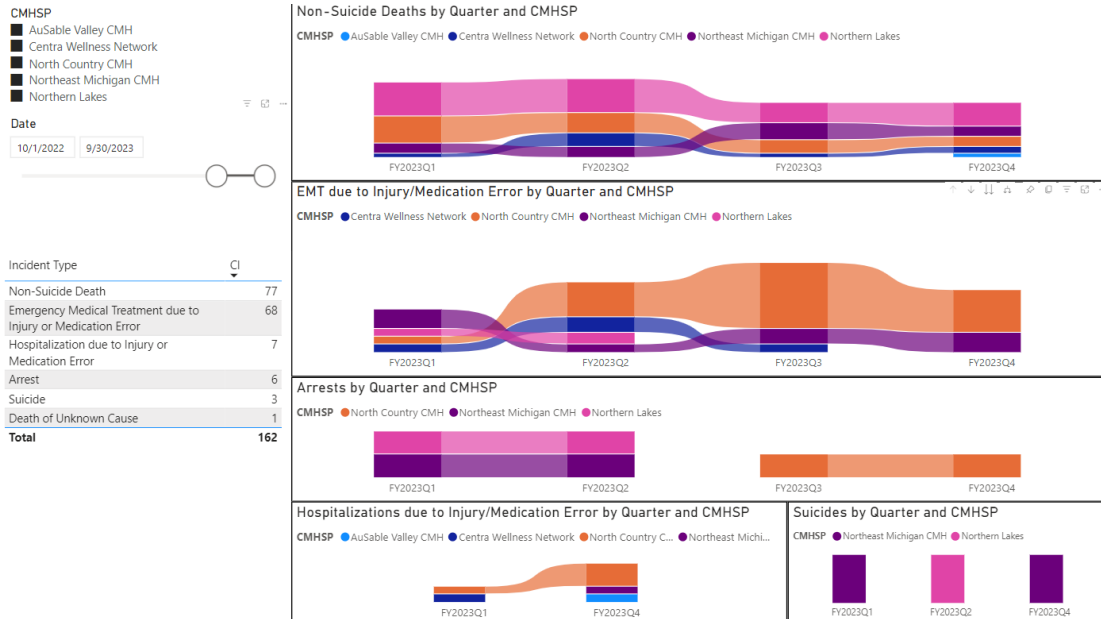


AuSable Valley Community Mental Health, 2019/2023:



## B. Events Data

The NMRE 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. Due to low numbers in reports NMRE provided education to CMHSPs and providers to prevent underreporting. Noted it the increase in numbers reported in FY23 (162) compared to FY22(110).



FY 23 data

Incident Type	CI
Non-Suicide Death	57
Emergency Medical Treatment due to Injury or Medication Error	39
Arrest	6
Suicide	6
Hospitalization due to Injury or Medication Error	2
<b>Total</b>	<b>110</b>

FY 24 data

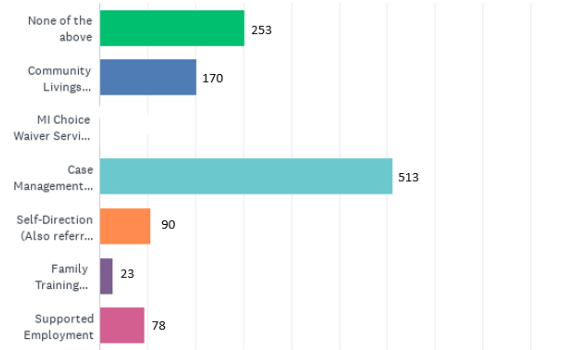
### C. Satisfaction Surveys

The NMRE will conduct 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. There was a 2 % increase in participation compared to the prior fiscal year.

1. The survey tool was revised to capture more meaningful data.
2. The following satisfaction surveys were completed:
  - a. SUD Residential
  - b. MH Outpatient
  - c. Detox
  - d. Methadone

Based on individual CMH responses, extra training has been recommended, Quality and Compliance leaders were informed about training recommendations.

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



### Performance Comparison FY22 v. FY23

In FY22, NMRE served 15,731 recipients with 4% (620) of recipients participating in the survey, compared to 16,045 people served in FY23, and 6% (920) of recipients participating in the survey. There was a **2% increase** in participation.

95% said they felt staff were sensitive to their cultural and ethnic background and gender identity, compared to 97% in FY22. There was a **2% decrease** in staff sensitivity over the past year.

99% said staff treat them with dignity and respect, the same number from FY22. There has been no change over the past year.

96% said they are involved in the development of their treatment plan, compared to 98% in FY22. There was a **2% decrease** in person centered planning over the past year.

D. The NMRE will monitor its network providers at least annually.

HSAG: FY 23 was a CAP year for PIHP, all CAPs were accepted.

NMRE CMHSP: FY2022 was a comprehensive review year for the NMRE's 5 regional CMHSPs; where the NMRE reviewed the CMHSPs practices, policies, and procedures for our contractually obligated managed care functions: access, provider network management, utilization management, grievance and appeal, and customer services. Following the FY2022 full review, NMRE issued corrective actions for any non-compliant standards. These corrective actions were subject to review during FY2023, where the NMRE reviewed evidence that the corrective actions, as approved by the PIHP the prior year, had been implemented. Compliance status responses to conclude the review period were distributed to each Region 2 CMH in October 2023, indicating overall compliance with the contractually obligated standards of FY2022, and indicating sufficient evidence to approve implementation of corrective action plans was provided. This biennial cycle will renew in FY2024 with updated tools, reflecting updates to the MDHHS Master Services contract and state and federal regulations as applicable.

NMRE SUD Treatment: For SUD Treatment providers, FY2023 started a new biennial review cycle, the NMRE conducted a comprehensive onsite review of staff credentialing and training, NMRE client charts, a thorough review of each SUD organization's policies/procedures as required by the

PIHP/MDHHS contract, and federal/state requirements of SUD Treatment organizations. The NMRE conducted this full review for in-region providers only. Onsite reviews of SUD provider staff training, credentialing and client charts were conducted from April through July of 2023. The NMRE distributed final findings documents to providers in October. For any non-compliant findings on the final review findings, Quality Improvement Plans (QIPs) were required of providers, to be sent to the NMRE for approval (or further improvement planning) within two weeks of the providing the final findings. As of January 2024, the NMRE is completing the final reviews of provider QIPs for approval. Annual monitoring of SUD providers for FY2024 will then be based upon evidence of implementation of approved FY2023 QIPs.

MDHHS: FY2023 was a full review year of CMHSP services for SED, HSW, and CWP waiver provision. The initial MDHHS responses to submitted evidence in June 2023 included comment sheets requesting plans for corrective action from each individual CMHSP. Of the 12 main SUD protocol standards, NMRE needed to update one policy regarding 12-month service provision. CMHSP CAPs were related to issues found in evidence of CMHSP staff credentialing, training, or client chart waiver documentation. NMRE met via teams with CMH's to provide technical assistance. On February 9, 2024 MDHHS completed this audit cycle, however, one HSW standard remained unresolved lacking sufficient remediation.

#### E. Behavioral Treatment Plan Committee (BTRC) reviews

The regional BTRC committee continues to review and trend data 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. To further eliminate challenges and ensure accurate reporting and ability to trend data, the committee has revised the reporting tool. The NMRE QOC will review meeting minutes from the BTRC quarterly to ensure that its reviews of data are accurate and complete.

At the time of this evaluation, a full FY23 report is incomplete; however, monitoring is in place as well as active efforts to improve the process and obtain more information and training for the CMHSPs.

#### F. HEDIS measures

The NMRE established regional HEDIS measures to demonstrate the effectiveness of improvements in the quality of health care and services for members because of the NMRE quality assessment and improvement activities and interventions carried out by the NMRE provider network. The NMRE QOC continues to review HEDIS measured and provide CMHSPs with raw data to continue to improve outcomes. Below are HEDIS measures (6/30/23 reporting period) indicating NMRE rates are higher than Michigan Total rates.

HEDIS Healthcare Effectiveness Data and Information Set	Michigan Total	NMRE Total
FUH 30 Follow up after Hospitalization for Mental Illness, 30 days	66.73	72.78



HEDIS Healthcare Effectiveness Data and Information Set	Michigan Total	NMRE Total
FUA 7 rates Follow up after ED visit for Alcohol or other Drug Use, 7 days	27.45	27.13
FUA 30 rates Follow up after ED visit for Alcohol or other Drug use, 30 days	42.54	46.12

### G. MMPBIS Standards

The NMRE will meet and maintain the performance standards as set by the MDHHS and the PIHP contract with the state. Performance Indicator data continues to be reviewed with QOC. Areas of improvement and areas needing improvement were discussed, as well as changes to MMPBIS Standards. CMHSPs continue to work on discharge and transition planning to increase follow up with clients.

<b>Indicator: 1 Access Timeliness Inpatient Screening Population</b>	<b>Net</b>	<b>Met</b>	<b>Met%</b>
Children	816	807	98.90%
Adults	3,220	3,187	98.98%
	4,036	3,994	98.96%
<b>Indicator: 2a Access Timeliness/ First Request Population</b>	<b>Net</b>	<b>Met</b>	<b>Met%</b>
MIC	1,772	971	54.80%
MIA	3,362	1,719	51.13%
DDC	287	186	64.81%
DDA	167	94	56.29%
	5,588	2,970	53.15%
<b>Indicator: Access Timeliness First Service 3 Population</b>	<b>Net</b>	<b>Met</b>	<b>Met%</b>
MIC	1,157	750	64.82%
MIA	1,966	1,274	64.80%
DDC	270	186	68.89%
DDA	139	85	61.15%
	3,532	2,295	64.98%

Indicator: 4a Access Continuity of Care Population	Count	Exception	Net	Met	Met%
Children	200	43	157	147	93.63%
Adults	1,033	361	672	615	91.52%
	1,233	404	829	762	91.92%
Indicator: 4b Access Continuity of Care SUD Population	Count	Exception	Net	Met	Met%
SA	974	400	574	540	94.08%
	974	400	574	540	94.08%
Indicator: 10 Readmission Population	Count	Exception	Net	Readmit	Readmit%
Children	200	1	199	13	6.53%
Adults	1,033	7	1,026	105	10.23%
	1,233	8	1,225	118	9.63%

#### H. Medicaid Encounter Verification (MEV)

The NMRE identified an external vendor to conduct Medicaid Encounter Verifications. Upon completion of two quarters, it was deemed that this task was going to be returned to NMRE staff.

Areas needing improvement were noted as:

Plans of Service:

- a. SUD Treatment Plan Reviews
- b. Consumer/Parent/Guardian Consent
- c. Full Signatures
- d. Staff Credentials
- e. Service Provider Training

#### I. 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). Updated policy and procedure are in place to establish timelines for dissemination as well as adoption.

#### J. Sub-contractual Relationships and Delegation Agreements

The NMRE updated its Sub-contractual Relationships and Delegation Agreements to include the recommendation from Health Services Advisory Group (HSAG) during its compliance review.

Monitoring is in place to ensure that in future agreements there is specific language around “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”.

#### **K. Credentialing and recredentialing**

The NMRE has updated the standards on its credentialing and recredentialing monitoring tools to better align with the procedural requirements included in its Specialty Supports and Services Contract with the State, as well as federal regulations. In addition to the current staff credentialing tool, the NMRE has also created a new annual monitoring tool for organizational providers, which will ensure that the regional CMHSPs are properly credentialing organizations within their own provider networks.

Prior to FY2023, NMRE and HSAG reviews identified an overall regional opportunity to increase knowledge regarding the PIHP’s technical requirements regarding credentialing and recredentialing. In response, the NMRE hosted a series of roundtable meetings in January and February of 2023 to engage the region’s staff responsible for credentialing. Two separate learning paths of Roundtable meetings were conducted; one for staff that directly credentialed individuals providing CMHSP services, and another for the staff that credential the organizational providers (provider network) of their respective CMHSP. These open discussions brought all regional staff together and reviewed the PIHP/MDHHS requirements, reciprocity opportunities, the tools the PIHP and its auditors employ, and encouraged discussion of best practices. Approximately 30 were reached with this initiative, and reviews indicate these roundtable meeting series formats were very helpful and will continue on an as-needed basis in the future.

Regarding exclusion verifications, which are included as part of the MDHHS credentialing and recredentialing processes (and federal regulation), all five CMHSPs have now transitioned to running their own staff exclusion verifications through a monthly third-party exclusion check. 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. This is also a part of the NMRE annual monitoring process.

The next goal is to fully transition SUD providers to running all staff through a monthly third-party exclusion check. To complete that step, the NMRE will facilitate effective communication with our SUD treatment providers with the intention of educating staff that do the actual exclusion verifications. This will identify any barriers to implementation, best practices to share, and speed the transition timeline. The NMRE continues to run checks for SUD providers and their staff during the transition period.

#### **L. Utilization and Service Authorization**

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. The big focus throughout FY23 was process improvement on authorization denials process. NMRE staff runs reports on a regular basis to ensure timelines of denials and extensions. In order to better support our provides NMRE developed UM Care Manager Position to

provide oversight of authorizations and UM activities and trends in our region. NMRE Regional UM committee continues to meet on quarterly basis. PIHP representatives also participate in all PIHP UM Workgroup meetings.

## Summary

The NMRE’s QAPIP Report is reviewed and updated annually with input from various stakeholders and approved by the Governing Board. The NMRE’s Board of Directors, the Operations Committee, the Internal Operations Committee (IOC) and the Quality and Compliance Oversight Committee (QOC) are responsible for the evaluation of the effectiveness of the QAPIP. This Annual Effectiveness Review includes analyses of whether there have been improvements in the quality of healthcare and services for recipients due to quality assessment and improvement activities and interventions carried out by the NMRE. The analysis considers trends in service delivery and health outcomes over time and includes monitoring of progress on performance goals and objectives. Information on the effectiveness of the QAPIP will be provided to network providers and to recipients upon request. This annual analysis will be provided to the MDHHS annually no later than February 28th.

The NMRE publishes its QAPIP Report that provides a summary of accomplishments and highlights from the previous Fiscal Year as well as key information that will identify whether current systems and processes are providing desired outcomes. This report is shared with the NMRE Board of Directors, Provider Network, Regional Consumer Council, and other interested stakeholders.

The NMRE posts this document on the website <https://www.nmre.org>. Copies of this document can be made available to stakeholders upon request.

## 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>