

Mid-State Health Network (MSHN) as the Prepaid Inpatient Health Plan (PIHP) is responsible for monitoring the Quality Improvement. Responsibilities of the Quality Management Program are outlined in the Quality Assessment and Performance Improvement Plan (QAPIP). The scope of MSHN's QAPIP program is inclusive of all CMHSP Participants, the Substance Use Disorder Providers and their respective provider networks. MDHHS requires each PIHP have a QAPIP that meets the standards outlined in the Medicaid Managed Specialty Supports and Services Contract – Attachment P7.9.1: Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans. The QAPIP is reviewed against any changes in the QAPIP contract attachment P7.9.1 on an annual basis. The QAPIP is also reviewed against other contract revisions and changes/additions to MSHN's internal policies/procedures and practices. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN's Board.

### SECTION ONE - ANNUAL PLAN

The QAPIP consists of the following areas that are reviewed annually for effectiveness with a summary of changes made for FY2020:

General Changes-Reorganized the headings to provide consistency with Quality Assessment and Performance Improvement elements. The references were updated to reflect current contract requirements.

**I. Overview:** The mission and vision of MSHN were added (pg. 4).

**II. Philosophical Framework:** No changes.

**III. Organizational Structure and Leadership:** c) Governance-Included the Regional Medical Directors group as a method of leadership for the Medical Director (pg. 8); added the responsibility for communication between the PIHP committees/councils and their local organizations (pg. 9).

**IV. Performance Measurement:**

a) Establishing Performance Measures-Moved language from Compliance to Focus Area (pg. 11);

b) Data Collection and Setting Performance Targets- Updated to include more general language applicable for all measures (pg.13);

d) Performance Improvement Action Steps- Included required elements for improvement/corrective action plans(pg.14).

e) Communication of Process and Outcomes-No Changes

**V. Stakeholder Feedback:** No Changes

**VI. Safety and Risk Monitoring:**

a) Adverse Events-Added the time lines for sentinel event identification and commencement of the root cause analysis as defined in the contract with MDHHS (pg. 17);

b) Medicaid Event Verification-Added the review of ensuring the code is approved under the contract, and service date and time (pg. 18).

## **VII. Clinical Standards:**

a) Utilization Management-Identified the retained process for utilization review for SUD providers (pg. 19);

e) Autism Benefit-Added the initial eligibility process to include MSHN review and submission to MDHHS for ABA service approval (pg. 21);

g) Trauma- Added a section to include the process of MSHN adoption of a trauma informed culture and the completion of an organizational assessment (pg. 22).

## **VIII. Provider Standards:**

b) Provider Monitoring and Follow-Up-Added clarifying language related to subcontracting any portion of their agreement with MSHN, process for reciprocity in developing regionally standardized contracts and performance protocols, evaluate common outcomes to avoid duplication of efforts (pg. 23,24);

c) External Reviews-Added section to ensure compliance with the MDHHS contract, indicating improvement/corrective action plans from external reviews should be included in the QAPIP (pg. 24).

## **X. QAPIP Priorities**

The QAPIP priorities for FY20 are determined based on reporting requirements, strategic priorities that are in progress, and performance measurement. The Strategic Plan Priorities that are in progress and QAPIP Reporting Requirements will continue for FY20. Those areas that have not demonstrated the desired performance and will continue for FY20 and are as follows:

- Autism Waiver Monitoring as a result of site review findings related to the program requirements.
- CMHSP and SUD Provider adherence to MSHN credentialing policy
- Performance Measures as a result of performance below the standard. The full reports can be found as attachments in the FY20 QAPIP FY19 Annual Effectiveness Review.
  - Michigan Mission Based Performance Indicator System (MMBPIS) Reports
  - Cardiovascular Screening
  - Critical Incident Reporting System
  - Behavior Treatment Review Data

## **SECTION TWO – ANNUAL REPORTS**

A written report outlining the purpose, responsibilities, past year accomplishments and next year's goals was received from 6 councils (Operations, Finance, Information Technology, Quality Improvement, Regional Consumer Advisory, SUD-Provider Advisory Council); 1 Board (SUD Oversight Policy Board); 6 workgroups/committee (Clinical Leadership, Utilization Management, Compliance, Provider Network Management, Customer Services, Autism Operations, Habilitation Supports Waiver, Behavior Treatment Review Work Group).

## **SECTION THREE – EVALUATION**

### 2019 Annual Effectiveness Review of QAPIP Goals and Objectives

MSHN met all the requirements of the QAPIP for the following sections: Components, Governance, Communication of Process and Outcomes, Stakeholder Involvement, Event Monitoring and Reporting, Behavior Treatment, Quantitative and Quality Assessment of Member Experiences, Practice Guidelines Medicaid Event Verification, Utilization Management Plan, provider Monitoring, Oversight of "Vulnerable People".

The areas receiving an unmet status will continue for FY20 and have been identified above under QAPIP Priorities.

#### MSHN Fiscal Year 2019 Strategic Plan Priorities and Objectives

Twenty-one (21) priorities related to the Quality Assessment and Performance Improvement Plan were identified for the 2019 plan. Of the priorities seven (7) were “Completed with ongoing monitoring”; twelve (12) were identified as “In progress”; and two (2) were identified as complete and recommended to be discontinued and include the following:

- Evaluate the effectiveness of regionally organized fiscal intermediary and inpatient provider performance monitoring systems developed in prior years.
- Fully implement the REMI provider network monitoring (audit) module including provider response feature to streamline processes and promote efficiencies.

#### Other items to note:

*The External Quality Review identified improvement areas for the Compliance review period of May 2018 through May of 2019. Those areas are included in the QAPIP Priorities for FY2020*

## SECTION Four – Performance Measure Attachments

This section includes the full report for each performance measurement indicator.

Attachment 1. MSHN Medicaid Event Verification FY19 Annual Methodology Report

Attachment 2. MSHN Recovery Self-Assessment Scale FY19 Persons in Recovery

Attachment 3. MSHN CMHSP Wellness Report

Attachment 4. MSHN SUD Wellness Report

Attachment 5. External Quality Review Corrective Action Status Report 2017-2018

Attachment 6. MSHN Critical Incident Report FY19

Attachment 7. MSHN Priority Measures Report FY19

Attachment 8. MSHN Behavior Treatment Oversight FY19

Attachment 9. MSHN Michigan Mission Based Performance Indicator System (MMBPIS) FY19

Attachment 10. Performance Improvement Project – Diabetes Monitoring Validation Report

Attachment 11. Performance Improvement Project – Recovery Self-Assessment

Attachment 12. Performance Improvement Project - Recovery Self-Assessment Summary Report 2019

Attachment 13. MSHN Balanced Scorecard Preliminary FY19