

Meeting Date: June 27, 2019

***Attendance by phone**

- MSHN – Sandy Gettel
 - MSHN – Joe Wager
 - MSHN – Sherry Donnelly
 - Bay – Sarah Holsinger
 - CEI – Elise Magen
 - Central – Kara Laferty*
 - Gratiot – Lynn Charping
 - Huron – Levi Zagorski*
 - Lifeways – Gina Costa*
 - Montcalm – Sally Culey*
 - Newaygo – Andrea Fletcher*
 - Saginaw – Julie McCulloch*
 - Shiawassee –Becky Dohring
 - The Right Door – Susan Richards*
 - Tuscola – Jackie Shillinger
- Guests**
- CEI – Bradley Allen*
 - CEI – Lindsey Michalik*
 - MSHN – Shannon Meyer
 - MSHN Kim Zimmerman*
 - MSHN Dr. Alavi*

KEY DISCUSSION TOPICS

- Welcome/Introductions/Attendance
- Review & Approve Meeting Minutes and Agenda
- QIC Action Plan
- Performance Improvement Project:
 - Draft HEDIS Measure FY18 PIP Diabetes Monitoring Review Due to HSAG July 8
- Performance Measure Update: Priority Measures Report
 - MSHN Priority Measure Report
 - HEDIS Diabetes Screen
 - HEDIS FUH (Child/Adults)
- Project Development/Discussion
 - Community Living supports Requirements/CLS Notes
 - HEDIS FUH Child/Adult Project Description
 - BTPRC proposed modification to process and data
 - RSA: Persons in Recovery Version Implementation Plan
- Site Review Updates:
 - HSAG PMV-Review
 - HSAG Compliance Review
 - MDHHS Autism Review
 - MEV Audits and Sampling
- MDHHS Updates
 - Updates form MDHHS PI Work Group
- Other
 - Primary/Secondary Contact for Projects
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✓ **KEY DECISIONS**

- Welcome/Introductions/Attendance:
- Review & Approve Meeting Minutes and Agenda: Meeting Minutes and Agenda was approved
- QIC Action Plan: All has been received except 1 CAP for FUH.
- Performance Improvement Project:
 - Draft HEDIS Measure FY18 PIP Diabetes Monitoring Review Due to HSAG July 8-The Diabetes Cause and Effect Document was reviewed. Areas in the plan that required clarification and process for obtaining and incorporating feedback from the Medical Directors was discussed. Discussion related to the need to add prevention when possible and recommend utilizing medications instead of diagnosis. The HEDIS specifications cannot be changed however feedback will be taken to the appropriate committee/work groups outside of QIC. The barriers and causal factors were reviewed and prioritized. This will be incorporated into the draft plan and sent out for review. The time frame for feedback will be limited as a result of the upcoming Holiday and due date of July 8 to HSAG.
- Performance Measure Update:

	<ul style="list-style-type: none"> ○ MSHN Priority Measure Report (Diabetes Screen and FUH) – Deferred, currently in the process of being updated in ICDP ● Project Development/Discussion <ul style="list-style-type: none"> ○ CLS Requirements and Note-Kim and Shannon provided information related to the requirements and documentation. CMHSPs agreed to standard data elements to meet the requirements of CLS. CMHSPs reported that some have incorporated a CLS note into their E H R and changing this would not be feasible, however will ensure required elements are included. It was confirmed that a check box was adequate for documentation. Those who have not submitted CLS progress notes will do so. ○ HEDIS FUH Child/Adult Project Description-Deferred ○ BTPRC proposed modification to process and data-Brief discussion, document will be reviewed next meeting. ○ RSA: Persons in Recovery Version Implementation Plan-Plan approved with edits from last meeting ● Site Review Updates: <ul style="list-style-type: none"> ○ HSAG PMV-Scheduled for July 24th. The following CMHSPs have been chosen to demonstrate the following processes within their system. They will need to Additional details for those chosen will be provided at a later date. All CMHSPs are invited to attend. the agenda with a specified time will be forthcoming. ○ HSAG Compliance Review-Information related to the Case File submission process was provided. Samples that have been chosen by HSAG have been distributed and evidence documentation was required to be submitted by June 26th. Due to HSAG July 3rd. ○ MDHHS Autism Review Process-Report has been received and sent out to CMHSPs. Those requiring corrective action have been notified. ○ MEV Audit sampling -discussion of the number of claims included in the sample that require documentation to be uploaded. Areas of concern were-The time involved in this process of uploading and the actual number of claims reviewed. It was decided that the number for the sample and process will be reviewed to see if any modifications could be made to increase efficiencies. ● MDHHS Updates-PI Work Group-No notification of approval of final drafts. This will be communicated as soon as information is received to prepare for any modifications needed in the E H R ● Other-Primary Secondary Contacts-Please notify Sandy of changes if you have not done so.
<p>✓ ACTION STEPS</p>	<ul style="list-style-type: none"> ● Priority Report will be sent out when available. ● Draft PIP Diabetes Monitoring with Barriers and Interventions will be sent out for review. Please return feedback within one day of receipt. ● Performance Improvement Corrective Action Plans to be completed and turned in by those who have not. ● CMHSPs who have CLS notes will send to Sandy if they have not done so. ● The sample size and process for MEV will be reviewed by MSHN for efficiencies. ● Primary and Secondary Contacts sent to SG to update QIC Action Plan.
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> ● Next Meeting: July 25th 10-12 at Gratiot