

Meeting Date: October 24, 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*
 - CEI – Martha *

KEY DISCUSSION TOPICS

- 1) Welcome and introductions-
- 2) Review & Approvals
 - a. Meeting Minutes,
 - b. Approve Minutes
 - c. Review QIC Action Plan (Review follow up actions items)
- 3) Performance Improvement Project (s):
 - a. RSA-Recovery Self-Assessment Provider/Administrator -Determine Action Steps Review contract changes. (FY20 Amendment #1)
 - b. Diabetes Monitoring-FY19Q3, Deferred. Updates are not completed
- 4) Performance Measures Updates:
 - a. MSHN Priority Measure Performance Report, Deferred. Updates are not completed
 - b. Diabetes Screening CY19Q2/FY19Q3, Deferred. Updates are not completed
 - c. FUH Adult and child FY19Q3 Deferred. Updates are not completed
 - d. MMBPIS Summary Report FY19Q3
 - e. NCI Survey
- 5) Project Development/Discussion
 - a. HEDIS FUH Child/Adult Project Description
 - b. BTPRC proposed modification to process and data
 - c. Performance Indicator Changes
 - e. Satisfaction Survey FY20 [CAHPS Patient Experience Surveys](#)
- 6) Site Review Updates
 - a. Medicaid Event Verification Sample (October)
 - b. HSAG Compliance Review-Onsite Review September 16th.
 - c. MDHHS Autism Review-Corrective Action Plan Submitted.
- 7) MDHHS Updates
 - a. Updates from MDHHS PI Work Group-Draft Indicators
 - b. MDHHS QIC Updates
- 8) a. Primary/Secondary contacts for projects

✓ **KEY DECISIONS**

- 2) Review & Approvals
 - a. Meeting Minutes,
 - b. Approve Minutes with one change. Andrea Fletcher participated by phone 9/26/2019 meeting.
 - c. Review QIC Action Plan- No outstanding items. Reminder that the BTPRC Data Reports are due by 10/31/2019. The new process for submitting data has not been implemented at this point.
- 3) Performance Improvement Project (s):

- a. RSA-Recovery Self-Assessment Provider/Administrator -Determine Action Steps. Only 3 CMHSPs were able to review data internally. Proposed local action will be reviewed next meeting with identification of regional action as needed. Review contract changes. (FY20 Amendment #1)-Recovery Policy with Reporting Requirements was removed from the FY20 Contract. The Recovery Policy is a Technical Advisory and continues to require oversight of implementation and assessment of the recovery environment. It does not require a specific tool or submission of data to MDHHS.
- 4) Performance Measures Updates:
 - a. MSHN Priority Measure Performance Report, Deferred. Discussed need to validate data base on inaccuracies that CMHSPs are identifying. Emails to Tech Support should include cc to Joe W.
 - b. MMBPIS Summary Report FY19Q3-Reviewed data and approved report. MSHN was above on all standards. CMHSPs indicate an increase in hospitalizations (4a). Those below the standard are reviewing data for trends to identify appropriate interventions. It was recommended to include numerator and denominator as well as graphs for the CMHSP data.
 - c. NCI Survey- Areas of concern that were discussed 1) The contract indicates PIHP, yet MDHHS communicates directly with the CMHSPs. 2) Data and the ability to generalize based on the state sample. The preference continues to be to allow the PIHP access to their individual data to determine appropriate action steps for improvement. The recommendation is to stratify by PIHP or CMHSP. Some CMHSPs are verbalizing that their data is not demonstrating consistency with the MDHHS data. 3) Concerns related to actionable items when the report itself is not received until sometimes 2 years after the survey was completed. Guardians and consumers are beginning to decline. Staff are spending significant amount of time on the pre survey documentation requirement.
- 5) Project Development/Discussion
 - a. HEDIS FUH Child/Adult Project Description -Draft document reviewed. Reviewed the FY19 HEDIS specifications and those that MDHHS has chosen to not incorporate in the MDHHS Performance Measure. MSHN monitoring will be consistent with MDHHS specifications. Corrective action for those who are below the standard for the child and adult measures will be required on a quarterly basis.
 - b. Performance Indicator Changes-Will be discussed next month. Revised documents are currently in box.
 - e. Satisfaction Survey FY20 CAHPS Patient Experience Surveys-Information was provided on the various surveys available, the methodology of the surveys, the requirements as it relates to the child core measures and the adult core measures. Discuss next month.
- 6) Site Review Updates
 - a. Medicaid Event Verification Sample (October)-Discussed the method for determining the sample size. No changes in sample size based on the # served. Discussed the option of only requiring the minimum for review, but if more claims lines are needed based on the outcome of the minimum required review the providers would need to provide the additional data for review. Additional discussion with local CMHSPs.
 - b. HSAG Compliance Review-Onsite Review September 16th-Rerpot not received yet. Preliminary summary is located in

✓ **ACTION STEPS**

- 3) a. Review each assessment summary report for your CMHSP and determine local action steps based on subcategories below 3.5. Review questions below 3.5 to determine appropriate action. Regional Action-Review questions 23, 25, 29 to determine action steps for your CMHSP as applicable. CMHSP to submit local interventions based on the results of the RSA before next meeting. This will be discussed at the next QIC for finalization of a regional plan.
- 4) a. Joe will review specifications in ICDP for performance measures to ensure accuracy of data.
 - b. The following CMHSPs should submit corrective action or review effectiveness of current plan; BABH, CEI, HBH, Lifeways, MCN, Newaygo, TRD.

	<p>c. CMHSPs to provide any additional concerns related to NCI to Sandy before November 8th. If available, compare local data to NCI Michigan data to see if data is consistent. Sandy to follow-up with concerns through the NCI Advisory council, identify growth areas on most recent report.</p> <p>5) a. Sandy to make corrections and send out Project Description for final review and approval at next QIC meeting. c. Sandy to obtain information from other PIHPs who are utilizing the CAHPS Surveys, complete a comparison of relevant instruments, provide feedback received related to the satisfaction surveys from the MDHHS QIC meeting.</p> <p>6) a. Shannon to provide encounter/# served information used to determine sample size.</p>
<p>✓ KEY DATA POINTS/DATES</p>	<ul style="list-style-type: none"> • Next QIC Meeting: November 21, 10-12 at Gratiot • Next Regional BTPRC TBA • Next Data Analytics November 12, 2019.