

**Meeting Date:** June 28, 2018

**Attendees:**

Attended in Person: BABH, CMHCM, GIHN and Newaygo

Attended by Phone: CEI, Huron, LifeWays, Saginaw, Shiawassee, Tuscola & The Right Door

MSHN Staff: Todd L., Dan D., Skye P. & Kim Z.

Not Present: MCN

**KEY DISCUSSION TOPICS**

- Review & approve minutes
- Review & approval of agenda for today's meeting
- Performance Measure Update
- Performance Improvement Project
- MDHHS Site Review Prep
- PCP, SD, Independent Facilitation Efforts
- Consent to Share Information Form
- Medicaid Contract – Section 33 – Program Integrity
- Diabetes Protocol Discussion

✓ **KEY DECISIONS**

- Review & Approve Minutes- The minutes from 5/24/18 were approved as submitted
- Review & approved agenda with the addition of administrative burden discussion
- MEV discussion moved to July meeting
- Performance Measure Update
  - ✓ The FY18 Q2 PI Summary Report
    - The FY18Q2 PI Summary Report was reviewed. The overall scores for each Indicator were above the 95% standard. CMHSPs are asked to review and submit any needed POC to box.
  - ✓ PI FAQ Discussion
    - An Indicator #1 question was reviewed. A brief discussion occurred but CMHSPs were asked to check with their crisis staff regarding process and to report back to MSHN.
  - ✓ Satisfaction Surveys
    - The MHSIP and YSS are on hold per MDHHS
- Performance Improvement Projects
  - ✓ FY18 PIP
    - The Project Summary Report sections I -VI were reviewed and discussed for final review
    - Revisions were made
    - The PIP was approved for submission by QIC.
    - The summary report will be finalized and sent to HSAG by 07-09-18 when it is due
  - ✓ RAS/RSA
    - MDHHS has not provided any information or guidance on the need to complete an optional PIP
    - Discussion occurred regarding continued use of the surveys due to contract requirements which are in place
    - QIC members agreed that it made sense to continue using the RAS/RSA. Kim will review this with leadership at MSHN for the continued use of these surveys and bring back to QIC in July
    - New timeframes for completing the surveys will need to be established.
- MDHHS Site Review Prep
  - ✓ HSW file reviews have been submitted to MSHN, have been reviewed, and feedback provided back to the CMHSPs. MSHN will follow up to ensure corrective action has been completed

- ✓ Credentialing reviews have had several findings in previous reviews, including three repeat citations (Q.2.1, Q.2.3, Q.2.4). It is required for each CMHSP to have the credentialing forms completed, with supporting evidence, on the day of their on-site review by MDHHS. MSHN will send out an email within the next week asking that each agency provide an update as to where they are with completing the credentialing form and ensuring compliance with the standards. All deficiencies that can be corrected, must be corrected prior to the site review. A discussion occurred on how best to document the review of the staff records on if they meet the credentialing requirement.
- ✓ Logins for the onsite review for CMHSP EMRs need to be provided to MSHN no later than COB on July 13<sup>th</sup>. Kim will send out an email requesting this information.
- ✓ It is recommended that BTR staff be available during the scheduled administrative review period (July 18<sup>th</sup>) in case questions were to come up.
- PCP, SD and Independent Facilitation Efforts
  - ✓ The group was asked about any local or regional efforts to promote or improve PCP, SD and Independent Facilitation
  - ✓ An email will be sent out providing additional information about what is being requested. A follow up discussion will occur at the next meeting.
  - ✓ We will look at any local efforts which have made an impact (quality checks, trainings, tracking) for these areas to help determine if there are any regional best practices to build upon.
- Consent to Share Information Form
  - ✓ The MDHHS Consent to Share 5.0 was reviewed
  - ✓ Feedback is due to the department by July 6<sup>th</sup>
  - ✓ It was noted that the consent has not been well received by SUD providers and there are questions if the consent works well with the mental health code changes
  - ✓ A workgroup will be formed by MSHN to review when a consent is required and will involve CMHSP RR staff and an additional CMHSP staff member from each CMHSP
  - ✓ The group shared that there are diverse opinions on what can and cannot be released without the consent, which leads to confusion.
  - ✓ It was recommended that the MSHN workgroup produce a decision tree document to assist in providers making the best decisions on releasing PHI
- Medicaid Contract Section 33 – Program Integrity
  - ✓ Changes have occurred within the amendment #2 contract, expanding the contract requirements considerably
  - ✓ There is a focus upon increased monitoring and more frequent timeframes for reporting
  - ✓ The new contract language has incorporated federal regulations and managed care changes.
  - ✓ The requirements within the contract were reviewed
  - ✓ There will be triannual meetings that will be occurring between the OIG and the PIHP Compliance Officers that will continue to address questions and concerns
- Diabetes Protocol Discussion
  - ✓ Included in the FY18 PIHP Contract is a new requirement for the performance bonus for Integrated Health: *“The MHPs and PIHPs will work jointly to develop at least two standard of care protocols for care coordination as identified collaboratively with MDHHS.”*
  - ✓ The first of these protocols was developed around the HEDIS measure for Diabetes Screening for adults with a diagnosis of Bipolar Disorder or Schizophrenia who are being prescribed antipsychotic medication.

	<ul style="list-style-type: none"> <li>✓ Per the provided protocol, the MHP-PIHP workgroup agrees that the PIHP/CMHSP will maintain primary responsibility for engaging our eligible consumers in screening</li> <li>✓ QIC is being requested to continue local efforts and protocols that were implemented for this measure when it was part of the PIP and to consider the following two options to comply with this contract requirement.</li> <li>✓ QIC is also being asked to provide feedback on the preferred process for informing the MHPs of consumers for whom the CMHSP is having difficulty completing the screening.</li> <li>✓ Here are 2 potential options: <ul style="list-style-type: none"> <li>• <u>Option A:</u> MSHN provides each CMHSP with a directory of points of contact at each health plan for coordinating the diabetes protocol. Each CMHSP performs their own direct coordination with the health plans regarding consumers for whom they are having difficulty completing the screening.</li> <li>• <u>Option B:</u> On a quarterly basis MSHN pulls a list of consumers with open care alerts in ICDP and verifies with each CMHSP that the information is correct for its consumers. Once confirmed by each CMHSP, MSHN would send each MHP a list of that health plan's members who have not obtained a screening.</li> </ul> </li> <li>✓ This will be followed up on during the next meeting.</li> </ul>
<ul style="list-style-type: none"> <li>✓ <b>KEY DATA POINTS/DATES</b></li> </ul>	<ul style="list-style-type: none"> <li>• Next Meeting: July 26, 2018</li> </ul>