



Mid-State Health Network (MSHN) as the Prepaid Inpatient Health Plan (PIHP) is responsible for monitoring quality improvement through the Quality Assessment and Performance Improvement Program (QAPIP). The scope of MSHN’s QAPIP program is inclusive of all Community Mental Health Service Participants (CMHSP), the Substance Use Disorder (SUD) Providers and their respective provider networks, the Certified Community Behavioral Health Clinics, Behavioral Health Homes, and SUD Health Homes within the MSHN region. The QAPIP is reviewed annually for effectiveness as required by the Michigan Department of Health and Human Services (MDHHS) PIHP contract and the Balanced Budget Act (BBA). Following the review of the Annual QAPIP Report, recommendations are made for the Annual QAPIP Plan. The Board of Directors receives the Annual QAPIP Report and approves the Annual QAPIP Plan for the following year. The QAPIP is reviewed and approved by the Quality Improvement Council (QIC), Leadership, Operations Council and MSHN’s Board of Directors. Once reviewed and approved by the Board of Directors the plan and report will then be submitted to MDHHS by the required due date of February 28. The measurement period for the QAPIP Report is October 1, 2023 through September 30, 2024.

### **Annual QAPIP Report**

The QAPIP Report is the annual effectiveness review of the QAPIP Plan. The report includes a review of the required components of the QAPIP description, the tasks associated with improvement activity (workplan), and each performance measure relevant to the QAPIP is reviewed to determine if the expected outcome has been achieved. Areas that do not meet the standard will include a goal and action step for FY25. Areas that have met the standard and are required by MDHHS, will continue to be monitored as appropriate. Recommendations are developed for areas that may benefit from additional interventions to improve the performance or the quality of a process.

**Annual Review of the QAPIP Components:** MDHHS reviewed the QAPIP Plan and Report, indicating the QAPIP Plan and Report included all required components of the QAPIP description, evaluation, and work plan (page 18-25). Upon MSHN review at the close of FY24, MSHN demonstrated continued compliance with all the required components of the plan.

**Annual Review of Performance Measures:** Through an evaluation of the effectiveness, the performance measures were reviewed to determine if the action steps identified in the work plan were effective in producing the desired outcome.

MSHN has recommended goals and action steps (workplan) for those areas that did not meet the standard or require action to enhance or further develop the process to ensure effectiveness for FY25.

### **Performance Measurement**

#### MDHHS Performance Indicators

Goal:

- MSHN will meet or exceed the MMBPIS standards for Indicators as required by MDHHS.

Status:

- MSHN exceeded the State average performance on 12 of the 18 indicators.

Recommendations:

- Continue the use of financial incentives to obtain and retain adequate staffing levels. This will be removed from the QAPIP Workplan. Adequate staffing levels will continue to be monitored through the Network Adequacy Assessment.
- Complete additional data analysis to identify population groups that have a high rate of no shows/cancelations. This includes data collection and analysis of the social determinants of health.
- Increase the use of practices for warm hand offs, staff/peers making direct phone calls to individuals for access and engagement in services and to identify any barriers, utilization of the teachback method to ensure understanding of next steps in treatment.

Performance Based Incentive Payment Measures

Goal:

- MSHN will meet or exceed the measure performance using standardized indicators including those established by MDHHS in the Medicaid contract and analyze causes of negative outliers.

Status:

- Partially Met

Recommendations:

- Identify Causal factors and develop improvement strategies.
- Develop an organizational plan to address disparities for both SUD providers and CMHSP Participants.

Certified Community Behavioral Health Clinics

Goal:

- CCBHC will meet the standard for the CCBHC performance measures.

Status:

- Partially Met

Recommendations:

- MSHN, as the lead entity (LE), will complete the following:
  - Receive CCBHC metrics template quarterly from each clinic quarterly.
  - Review metric templates for completeness and accuracy
  - Ensure improvement strategies are developed based on clinic and LE performance.
  - Establish/develop an efficient method to view performance by clinic, comparing to Michigan CCBHC standards and provide validated detail clinic data as requested to each clinic.

Performance Improvement Projects

PIP #1 Goals/Indicators:

- The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergency biopsychosocial assessment will demonstrate an increase.
- The percentage of new persons who are white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.
- The percentage of new persons who are black or white and have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment.

PIP #2: Goals/indicators:

- The percentage of individuals who are black/African American and eligible for Medicaid and have received a PIHP managed service.
- The percentage of individuals who are white and eligible for Medicaid and have received a PIHP managed service.

Status:

- MSHN did not eliminate the disparity between the black or African Americans and the white population groups for CY24Q2. The rate of access to services for Index/White population group demonstrated a downward trend from the baseline year as indicated in the Figure 1 for CY23. The rates in CY24Q2 for both population groups have improved since CY23. The black/African American rate continues to be below the baseline rate, however, did demonstrate a significant increase in CY24Q2.
- Indicator 1 (African American or Black) and Indicator 2 (White) have both rates have increased from previous measurement period (CY24Q2). However, when compared to the baseline year (CY21Q2) both rates have decreased.

Recommendations:

- Complete additional analysis to determine areas of focus. Complete statistical testing to determine significance related to the penetration rate and change over time.

Adverse Event Monitoring and Reporting

Goal:

- MSHN will ensure Adverse Events (Sentinel/Critical/Risk/Unexpected Deaths) are collected, monitored, reported, and followed up on as specified in the PIHP Contract and the MDHHS Critical Incident Reporting and Event Notification Policy.

Status:

- MSHN met the standard for four out of six objectives on the work plan.

Recommendations:

- Monitor performance indicators including standards, trends, barriers, improvement efforts, recommendations, and status of recommendations to prevent reoccurrence quarterly.
- Increase the rate of critical incidents submitted within the required time frame.
- Increase the rate of remediations completed within the required time frame.
  - Develop training documents and complete training outlining the requirements of reporting critical, sentinel, immediately reportable, and news media events.
  - Validate / reconcile reported data through the CRM.
  - Establish electronic process for submission of sentinel events/ immediate notification, remediation documentation including written analysis for those deaths that occurred within one year of discharge from state operated service. (CRM)
  - Monitor timeliness of submissions and remediation response in the CIRS-CRM through development of dashboard in REMI
  - Track CIRS changes and barriers through the CIRS Process Improvement Report.

Behavior Treatment

Goals:

- MSHN will analyze Behavior Treatment Data where intrusive or restrictive techniques have been approved for use and where physical management or 911 call to law enforcement have been used in an emergency behavioral crisis.
- MSHN will adhere to the MDHHS Technical Requirement for Status: MSHN did not meet the standard for the performance measures, however, there was improvement and no statistically significant negative change.

Status:

- MSHN did not meet each standard.

Recommendations:

- MSHN will reach out to State Workgroup about training opportunities (including Direct Care Workers)

- CMHSPs will share details of their training platforms with others (internal training, contracted trainers, etc.)
- Regional BTR Workgroup will work together to provide/offer training opportunities for those working in direct care roles

### Clinical Practice Guidelines

#### Goal:

- MSHN will demonstrate an increase in compliance with the Behavioral Treatment Standards for all IPOS reviewed during the reporting period.
- MSHN's ACT programs will demonstrate fidelity for an average of minutes per week per consumer
- MSHN will demonstrate an increase in the implementation of Person-Centered Planning and Documentation in the IPOS. (MDHHS Waiver Review FY22) (Not Met)

#### Status:

- MSHN did not meet the standards.

#### Recommendations:

- Monitor utilization summary of the average.
- Recommend improvement strategies where adverse utilization trends are detected.
- Establish a Person-Centered Planning QI Team to review process steps to identify efficiencies.
- Develop report to monitor, analyze, and improve the amount/scope and duration of services received by individuals enrolled in waivers and those not enrolled in waiver programs/services.

### Verification of Services -Medicaid Event Verification

#### Goal:

- Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines.

#### Status:

- MSHN did meet the performance standard for CMHSPs, but not for SUD providers.

#### Recommendations:

- Goal: SUD-Medicaid Event Verification review demonstrates improvement of previous year results with the use of modifiers in accordance with the HCPCS guidelines. 90% Standard
- Goal: CMHSP- Services were provided by a qualified individual and documentation of the service provided falls within the scope of the service code billed. 90% Standard
  - SUD Lunch and Learn which included overview of the MEV SUD Guide,
  - SUD MEV Guide has been added to the website, sent out in the Constant Contact, and linked in the checklist that providers receive prior to the review.
  - Presented to the SUD Residential workgroup and discussed requirements, documentation suggestions, and how to prepare for the review i.e., documentation required.
  - Recommendations to all providers during the review process and within the final reports
  - Created a CMH MEV Guide which has been provided to CMHs via MSHN committees, added to the MSHN website, and linked in the CMH Review checklists.
  - Met with the MSHN Compliance Committee in FY23Q3 to discuss the attribute compliance and make recommendations for improvement.
  - Met with QIC and discussed this specific attribute and provided recommendations for improvement that CMHs could implement.
  - Make recommendations to all CMHs during the review process and within the final reports.

## Utilization Management

### Goals:

- Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines.
- Percentage of individuals served who are receiving services consistent with the amount, scope, and duration authorized in their person-centered plan.
- The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days. (Plan All Cause Readmissions)
- Service Authorizations Denials Report demonstrates 90% or greater compliance with timeframe requirements for service authorization decisions and ABD notices
- Consistent regional service benefit is achieved as demonstrated by the percent of outliers to level of care benefit packages

### Status:

- MSHN met the standard for three out of the five goals. The goals that were met will be discontinued.

### Recommendations:

- MSHN to complete performance summary quarterly reviewing under / over utilization, medical necessity criteria, and the process used to review and approve provision of medical services. Identify CMHSPs/SUDPs requiring improvement and present/provide to relevant committees.
- Continued analysis of differences in amount/ duration of services received by individuals enrolled in waivers and non-waiver individuals.
- Develop and monitor reports and identify any areas where improvement is needed.
- Integrate standard assessment tools into REMI- MichiCANS implementation.
- Review tools for determining medical necessity for community living supports; recommend regional best practice.
- Establish process and identify report to monitor aggregate data for assessment of care between care settings.
- Analyze performance reports (including barriers, improvement efforts, recommendations, and status of recommendations) for community integration and assessment of care between settings.
- Include information in the QAPIP description, workplan, evaluation.
- MSHN clinical team will review community integration during regional site reviews, implementing quality improvement when evidence of community integration is not found, and monitor for effectiveness to ensure community integration is occurring.

## Provider Monitoring/External Review

### Goal:

- MSHN will monitor the provider network including affiliates or subcontractors to which it has delegated managed care functions, including service and support provision, following up to ensure adherence to the required functions.
- MSHN will demonstrate an increase in compliance with the External Quality Reviews.
- MSHN will demonstrate an increase in compliance with the MDHHS external review standards.
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### Status:

- MSHN partially met the performance standards.

### Recommendations:

- MSHN will provide monitoring and oversight to ensure corrective action plans are implemented and effective.

- Region wide quality improvement efforts will be explored to increase efficiencies and improve compliance with standards.
- Review a statistically significant sample prior to submission of those CMHSPs that had findings during the HSAG review.
- Ensure completion of the CMHSP/SUD Provider corrective action plans related to internal review of primary source verification.
- Conduct delegated managed care reviews to ensure adequate oversight of delegated functions for CMHSP, and subcontracted functions for the SUDP.
- Coordinate quality improvement plan development, incorporating goals and objectives for specific growth areas based on the site reviews, and submission of evidence for the follow up reviews.

## Annual QAPIP Plan- Summary of Changes

**General Changes:** Updated the dates and references to reflect current MDHHS contract requirements and MSHN policy/procedures updates. Minor changes were made to improve flow of information and areas were removed that were no longer applicable or were redundant.

- I. **Overview/Mission Statement:** No substantive changes
- II. **Scope of Plan-**No changes
- III. **Philosophical Framework:** No substantive changes
- IV. **Organizational Structure and Leadership:** Added clarifying language for the CEO role and reorganized this section
- V. **Performance Management:** Removed redundant language
- VI. **Performance Measurement:** Removed redundant language – Add language for performance based improvement projects
- VII. **Stakeholder Experience/Engagement:** Added additional references – added language for long-term supports and services
- VIII. **Adverse Events:** Added language to clarify responsibilities and requirements from the MDHHS policy – included clarification of events
- IX. **Behavior Treatment:** Updated language to be consistent with MDHHS policy
- X. **Clinical Quality Standards:** Removed trauma informed care – this is covered in the clinical practice section.
- XI. **Provider Network Oversight:** Updated language to reflect current practices – added annual review of effectiveness for the QAPIP
- XII. **QAPIP Priorities FY2024:** Updated the work plan based on the QAPIP Evaluation of Effectiveness.
- XIII. **Definitions/Acronyms-** This section was moved to the end of the plan – previously III.