

Meeting: Quality Improvement (QI) Council

Meeting Date: April 27, 2017

Attendees:

Attended in Person: BABH, CMHCM, CEI, Gratiot, MCN, Right Door and Shiawassee

Attended by Phone: CEI, Huron, LifeWays, Newaygo, Saginaw and Tuscola

MSHN Staff: Joe Wager (In Person), Todd Lewicki (In Person), Kim Zimmerman (In Person), Jill W. (Phone)

KEY DISCUSSION TOPICS

- Review & approve minutes
- Review & approval of agenda for today's meeting
- Review follow up action items/action plan
- Performance Measures Update
- Retained Contract Functions Update
- Performance Improvement Project (s)
- MSHN Performance Measures Review
- Follow up After Hospitalization Review
- Updates: MSHN, Council & Committee Updates

✓ **KEY DECISIONS**

- Review & Approve Minutes- The minutes from 03/23/17 were approved as submitted
- Review & approval of agenda for today's meeting- The agenda was approved with the addition of CI discussion
- Review follow up action items/action plan- Reviewed the action items from last meeting
- Performance Measures Update
 - ✓ FY17 Q2 Performance Indicator Summary Report: Due in June
 - ✓ FY17 Q2 Behavior Treatment Review Summary Report: Due in May/June
- Retained Contract Functions Update:
 - Critical Incident: Discussion was tabled to the May meeting due to time limitations
- Performance Improvement Projects
 - ✓ RAS/RSA
 - Data is due to MSHN by April 30th
 - ✓ HEDIS Measure
 - Reviewed Care Alert Report questions
 - Reviewed the interventions and barriers submitted by each CMHSP
- MSHN Performance Measure Review
 - ✓ Joe Wager reviewed the Key Performance Indicators (KPIs) that MSHN has identified
 - ✓ Reviewed and had discussion on the descriptions, visualizations and drill down capabilities
 - ✓ Reviewed each HEDIS Measure against the 2015 and 2016 MHP Performance – State of Michigan average where available
- Policy and Procedure Review
 - ✓ All Compliance policies and procedures are due for review in August (copies will be sent out in May)
- QIC Scorecard:
 - ✓ Due for review again in June
- Follow Up after Hospitalization Review
 - ✓ Discussion about codes not included, such as CSM and Outpatient
 - ✓ Data comes from Medicaid claims
 - ✓ Data is a 12 month rolling

	<ul style="list-style-type: none"> ✓ Data will be reviewed again as part of the balanced scorecard in June, any CMHSP below the established standard at that time will be required to submit a POC • Managed Care Rules Tracking Matrix: To be reviewed at May meeting
<ul style="list-style-type: none"> • ACTION/INPUT REQUIRED 	<ul style="list-style-type: none"> • Action Plan: <ul style="list-style-type: none"> ✓ RAS/RSA data due by April 30th ✓ FY17 Q2 BTR data due by April 30th ✓ FY17 Q2 PI data due by June 1st • Satisfaction Surveys: MHSIP and YSS <ul style="list-style-type: none"> ✓ The summary reports will be completed and available for review during the May or June meeting • Critical Incident Reporting: <ul style="list-style-type: none"> ✓ Discussion regarding trends and analysis will be discussed at the May meeting • RAS/RSA: <ul style="list-style-type: none"> ✓ Data is due to MSHN by April 30th • HEDIS Measure: <ul style="list-style-type: none"> ✓ The CMHSP's that did not submit their local barriers and interventions need to submit these by May 11th ✓ Kim will get clarification from HSAG on the required elements for this year's summary report • Policy and Procedure Review: <ul style="list-style-type: none"> ✓ All Compliance policies and procedures will be sent out to QIC in word format prior to the May meeting • QIC Scorecard <ul style="list-style-type: none"> ✓ Data will be reviewed in June • Follow up after Hospitalization Review <ul style="list-style-type: none"> ✓ Add additional information on the codes, exclusions, etc. on the description (MSHN only site)
<ul style="list-style-type: none"> ✓ KEY DATA POINTS/DATES 	<ul style="list-style-type: none"> • Next Meeting: May 25, 2017