Attachment 1

MID-STATE HEALTH NETWORK QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT PROGRAM FY25 WORKPLAN

Organizational Structure and Leadership	Objectives/Activities	Lead	Frequency /Due Date	Assessment Method
MSHN will complete and submit a Board approved QAPIP Plan, Evaluation and Workplan with list of members of the Governing Body. *42 CFR §438.330(a)(1) Contract Schedule A—1(K)(2)(a)* *QAPIPs for Specialty PIHPs, Section I*	• Collaborate with other committees/councils to complete an annual effectiveness review with recommendations to be incorporated into the MSHN QAPIP Evaluation. • Collaborate with committees/councils to develop regional QAPIP workplan. • Review/revise QAPIP Plan to include new regulations. • Submit to MDHHS via FTP site.	Quality Manager	2/28/2024	QAPIP Program Plan, Report, Workplan Board of Director Meeting Minutes Confirmation of submission to FTP
MSHN Board of Directors will review QAPIP Progress Reports describing performance improvement projects, actions, and results of actions.	• Establish an organizational process to monitor the status of the quality workplan and key performance indicators used to monitor clinical outcomes and process implementation. • Development of standard templates for use in organizational performance improvement projects and QI plan.	Quality Manager	9/30/2025	Balanced Scorecard Review MSHN Quarterly Department Reports
MSHN will have an adequate organizational structure with clear administration and evaluation of the QAPIP MSHN will include the role of recipients of service in the QAPIP. MSHN will have mechanisms or procedures for adopting and communicating processes and outcome improvement. *Contract Schedule A—1(K)(2)(a)* *QAPIPs for Specialty PIHPs, Section I* *Contract Schedule A—1(K)(2)(a). QAPIPs for Specialty PIHPs, Section I* MSHN will have active participation of Network providers and members in the QAPIP processes. *Contract Schedule A—1(K)(2)(a)* *QAPIPs for Specialty PIHPs, Section IV*	• Evaluate the committee/structure to ensure responsibilities align with the strategic priorities. • Review committee charters to ensure effectiveness in carrying out the defined responsibilities. • Recipients will provide feedback and have membership in select regional committees for the purpose of advocacy, project/policy planning and development, project implementation and evaluation • Document discussion and source of feedback to ensure follow up. • Utilize the MSHN website, Newsletter, and regional committee structure for communication and distribution of policies/procedures and reports.	Committee/ Council Leads	9/30/2025	Committee/Council Organizational Chart QAPIP Flow Chart Committee/Council Meeting Minutes and Charter MSHN Newsletter(Constant Contact)

MSHN will provide and/or make available to consumers & stakeholders, including providers and the general public, the QAPIP Report, QAPIP Plan and other quality reports. Performance Measurement and Quality reports are made available to stakeholders and general public. *Contract Schedule A—1(K)(3)(a*	• Distribute the completed Board approved QAPIP Effectiveness Review (Report) and QAPIP Plan through ○ Committee/councils, ○ MSHN Constant Contact, ○ Email. ○ Website ○ Post to the MSHN Website. • Ensure CMHSP contractors have opportunity to receive the QAPIP. (DMC-check websites) • Provide to members upon request. • Distribute QAPIP progress reports.	Quality Manager	Annually/ Quarterly	Website Review Meeting Packets/Snapshots
Performance Management	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
MSHN will meet or exceed the standard for MDHHS standardized indicators in accordance with the PIHP Medicaid contract. • Michigan Mission Based Performance Improvement System • Priority Population Access • Integrated Care Measures-PBIP • Health Home Performance Metrics • Certified Community Behavioral Health Clinic Performance Metrics	• Monitor performance and review progress (including barriers, improvement efforts, recommendations, and status of recommendations). • Develop/identify regional improvement strategies used to identify barriers and interventions in collaboration with committee. • Monitor the effectiveness of interventions.	Measure Stewards	Quarterly	Balanced Scorecard-MMBPIS • Integrated Care Measures (PBIP) • Behavioral Health Program • CCBHC • BHH • SUD HH Performance Summaries Department Quarterly Reports

MID-STATE HEALTH NETWORK QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT PROGRAM FY25 WORKPLAN

MSHN will evaluate the impact and effectiveness of the QAPIP • Performance of the measures, • Outcomes and trended results • Results of efforts to support community integration for members receiving LTSS. • Analysis of improvements in healthcare and services as a result of the QI activities. • Trends in service delivery and health outcomes over time including monitoring of progres	• Monitor performance measures and complete performance summaries for measures that do not meet the standards, identify barriers, improvement strategies, and effectiveness of improvement strategies. • Establish a standardized process for MSHN committee/council to monitor the impact of intervention (quality improvement) on assigned performance areas. • Establish standard process for quality improvement in collaboration with committee/councils to analyze outliers and develop/identify regional improvement barriers, improvement strategies and effectiveness of strategies.	Measure Stewards	Quarterly	Balanced Scorecard. Annual/Quarterly Performance Summary Department Reports A summary of the Internal Compliance Reviews, Medicaid Event Verification Review, MDHHS Federal Compliance Review Results, and the External Quality Review Final Reports
MSHN will demonstrate an increase in compliance with access standards for the priority populations.	• Monitor performance and review progress (including barriers, improvement efforts, recommendations, and status of recommendations). • Develop/identify regional improvement strategies used to identify barriers and interventions. • Centralize access for Withdrawal Management, Residential and Recovery Housing services.	UMC/SUD	Quarterly	Priority Populations Access Report Pregnant/Non-Pregnant
Establish effective quality improvement programs for CCBHC and Health Homes	• Develop/modify data platforms/reports for performance monitoring. • Develop/identify regional improvement strategies. • Will receive CCBHC metrics template quarterly from each clinic quarterly. • Will review metric templates for completeness and accuracy • Will ensure improvement strategies are developed based on clinic and LE performance.	QI Subgroups PIHP Collaboration Team	Quarterly/ Annually	Balanced Scorecard. Summary to include Barriers and improvement strategies for performance measures that did not meet the standard.

	• Will establish/develop an efficient method to view performance by clinic, comparing to Michigan CCBHC standards and to provide validated detail clinic data as requested to each clinic.			
Performance Improvement Projects	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
PIP 1: Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the Black/ African American population and the white population.	• Collaborate with PIP Team members and relevant committee. • Utilize quality tools to identify barriers and root causes. • Implement interventions. • Evaluate the effectiveness of interventions. • Submit PIP 1 to HSAG as required for validation. • Submit to MDHHS with QAPIP Evaluation.	QIC	Quarterly/ Annually 6/30/2025 2/28/2026	PIP Performance Summary HSAG Validation Report
PIP 2: The racial or ethnic disparities between the black/African American penetration rate and the index (white) penetration rate will be reduced or eliminated. PIP Performance Summary	• Collaborate with PIP Team members and relevant committee. • Utilize quality tools to identify barriers and root causes. • Implement interventions. • Evaluate the effectiveness of interventions. • Submit to MDHHS with QAPIP Evaluation.	QIC	Quarterly/ Annually 2/28/2026	QAPIP Report PIP Performance Summary
Quantitative and Qualitative Assessment of Member Experiences	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
MSHN will obtain a qualitative and quantitative assessment of member experiences for all representative populations, including members receiving LTSS and • Assess issues of quality, availability, accessibility of care, • take specific action as needed, identifying sources of dissatisfaction, • outline systematic action steps,	• Provide /update instructions and tools on the MSHN website for all surveys. • Update process and instructions to include the submission of template on the MSHN website. • Develop electronic version of the tool and establish process for data distribution once completed. • Explore the use of an external contractor to complete the analysis of the survey data and	QIC	5/30/2025	Performance Measures Member Experience of Care Annual Report. Updated material on website.

• evaluate the effects of improvement activities and, • communicate results to providers, recipients, and the Governing Body. *Contract Schedule A—1(K)(2)(a)* *QAPIPs for Specialty PIHPs, Section X(A-D)*	annual report. • Develop QI plan for those areas that do not meet the standard.			
(Adverse Events) Event Monitoring and Reporting	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
MSHN will ensure Adverse Events (Sentinel/Critical/Risk/Unexpected Deaths), Immediately Reportable events are collected, monitored, reported, and followed up on as specified in the PIHP Contract and the MDHHS Critical Incident Reporting and Event Notification Policy. *42 CFR § 441.302(h)* *42 CFR §438.330(b)(5)(ii)* *Contract Schedule A—1(K)(2)(a)* *QAPIPs for Specialty PIHPs, Section VIII*	• 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) • Develop dashboard in REMI to monitor timeliness of submissions and remediation response in the CIRS-CRM. • Track CIRS changes and barriers through the CIRS Process Improvement Report	QIC ITC	9/2025	Critical Incident Reporting System Performance Reports QAPIP Quarterly Department Report
MSHN will analyze, at least quarterly, the critical incidents, sentinel events, and risk events to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents. Contract Schedule A—1(K)(2)(a) QAPIPs for Specialty PIHPs, Section VIII€	• Complete performance summaries with critical incident track and trend data. • Identify barriers, develop improvement strategies for events that fall outside of the control limits	QIC	Quarterly	Critical Incident Reporting System Performance Reports QAPIP Quarterly Department Report
Behavior Treatment	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**

The QAPIP quarterly reviews analyses of data from the Behavior Treatment Review Committee where: • intrusive or restrictive techniques have been approved for use with members and • where physical management or 911 calls to law enforcement have been used in an emergency behavioral crisis. Only the techniques permitted by the Technical Requirement for Behavior Treatment Plans and have been approved during person-centered planning by the member or his/her guardian, may be used with members. Data shall include numbers of interventions and length of time the interventions were used per individual Contract Schedule A—1(K)(2)(a) QAPIPs for Specialty PIHPs, Section IX	• CMHSP to submit data through the affiliate upload process in REMI. • MSHN complete performance summary with track and trend data. • Identify barriers, develop improvement strategies for events that fall outside of the control limits	CMHSP QIC BTPRC Workgroup	Quarterly	BTPRC Performance Summary
Medicaid Event Verification	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
MSHN will address and verify whether services reimbursed by Medicaid were furnished to enrollees by affiliates, providers, and subcontractors. *Contract Schedule A—1(K)(2)(a),QAPIPs for Specialty PIHPs, Section XII(A,B* *Will meet the 90% standard set forth by MDHHS.*	• Complete Medicaid Event verification reviews in accordance with MSHN policy and procedure. • Complete The MEV Annual Methodology Report identifying trends, patterns, strengths and opportunities for improvement, and actions taken	MEV Auditor	Annually	Annual MEV Methodology Report, or, Quarterly QAPI Department Report and/or Annual Compliance Summary
Utilization Management Plan	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
MSHN will establish a Utilization Management Plan in accordance with the MDHHS requirements: • Procedures to evaluate medical necessity, criteria used, information sources, and process to review and approve provision of medical services. • Mechanisms to identify and correct under and over utilization.	• Develop report to monitor service authorization relative to MichiCANS decision support model recommended services. Include services that are not currently considered part of MiCAS array but are necessary such as outpatient, psychiatric, ABA, etc. • Develop regional guidance for documenting clinical decision-making rationale when	UMC	June 2025 April 2025	Utilization Management Quarterly Report

Procedures include Prospective, concurrent and retrospective procedures are established and include: 1. Review decisions are supervised by qualified medical professionals. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to treat the conditions. 2. Efforts are made to obtain all necessary information, including pertinent clinical information, and consult with the treating physician as appropriate. 3. The reasons for decisions are clearly documented and available to the member. 4. There are well-publicized and readily available appeals mechanisms for both providers and service recipients. Notification of denial is sent to both the beneficiary and the provider. Notification of a denial includes a description of how to file an appeal. 5. Decisions and appeals are made in a timely manner as required by the exigencies of the situation. 6. There are mechanisms to evaluate the effects of the program using data on member satisfaction, provider satisfaction, or other appropriate measures. 7. If the organization delegates responsibility for utilization management, it has mechanisms to ensure that these standards are met by the delegate. *42 CFR §438.330(b)(3)*	authorized services fall outside of MichiCANS decision support model recommendations. Consider implication for communicating these decisions to families and external partners such as local MDHHS child welfare staff. • Review tools for determining medical necessity for community living supports; recommend regional best practice. • 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.		March 2025	
Decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. 42 CFR §438.236(d) Contract Schedule A—1(K)(5)(a)	• Review existing practices for authorization of respite services and eligibility/service requirements. Recommend regional best practice.	UMC	April 2025	Utilization Management Quarterly Report

Service Authorizations Denials Report demonstrates 90% or greater compliance with timeframe requirements for service authorization decisions and ABD notices.	• Oversight of compliance with policy through primary source verification during Delegated Managed Care Reviews.	UMC	Annually	Utilization Management Quarterly Report
	• Monitor REMI process for tracking timeliness of authorization decisions, developing improvement plans	UMC	Annually	Utilization Management Quarterly Report
Oversight of "Vulnerable People"/Long Term Supports and Services	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
The PIHP shall continually evaluate its oversight of "vulnerable" individuals to determine opportunities for improving oversight of their care and outcomes. The MDHHS will continue to work with the PIHP to develop uniform methods for targeted monitoring of vulnerable individuals. *QAPIPs for Specialty PIHPs, Section XVI* *42 CFR §438.330(e)(2)* *Contract Schedule A—1(K)(3)(a)*	• Monitor Performance Measures for adverse trends	CLC	Annually/ Quarterly	Balanced Scorecard Performance Summaries
MSHN QAPIP program will include mechanisms to assess the quality and appropriateness of care furnished to beneficiaries using LTSS, including • An assessment of care between care settings and a comparison of services and supports received with those set forth in the beneficiary's treatment/service plan. • Mechanisms to comprehensively assess each Medicaid beneficiary identified as needing LTSS to identify any ongoing special conditions of the beneficiary that require a course of treatment or regular care monitoring. • The assessment mechanisms must use appropriate providers or individuals meeting LTSS service coordination requirements of the State or the Contractor as appropriate.	• Establish a process and identify report to monitor aggregate data for assessment of care between care settings. • Review efforts for community integration during site review. • Providers without full compliance will develop a corrective action plan to address community integration.	CLC	Annually/ Quarterly	National Core Indicator Survey Member Experience of Care Survey HCBS Residential Onsight Review-Community Integration Section

• The results of efforts to support community integration for members using LTSS should be included in the evaluation. *Contract Schedule A—1(K)(2)©* *42 CFR §438.330(b)(4)(5)(i)*				
Practice Guidelines	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
The PIHP must adopt practice guidelines that are based on valid and reliable clinical evidence or a consensus of providers in the particular field. The PIHP disseminates the guidelines to: a. All affected providers b. Members and potential members, upon request 42 CFR §438.236(b)(1-4) (c) Contract Schedule A—1(K)(5)(a) QAPIPs for Specialty PIHPs, Section XI	• Recommend improvement strategies where adverse utilization trends are detected.	CLC/UMC	Quarterly Annually	Network Adequacy Assessment Internal/External Site Reviews
MSHN will adhere to the EBP-Assertive Community Treatment Michigan Field Guide, on average minutes per week per consumer.	• Monitor utilization summary of the average. • Recommend improvement strategies where adverse utilization trends are detected.	UMC	Quarterly	Quarterly ACT Performance Summary
MSHN will adhere to the MDHHS Technical Requirement for Behavior Treatment Plans. Contract Schedule A—1(K)(2)(a)QAPIPs for Specialty PIHPs, Section IX	• CMHSPs, MSHN, and workgroup members will collaborate to ensure that approved CAPS have been fully implemented within 90 days of approval. • Explore and develop ways to expand the knowledge of direct care workers about the standards related to implementation of restrictive and/or intrusive techniques. • Improve understanding about the requirements of a Behavior Treatment Plan and Behavior Support Plan (Positive Support Plan) and work to ensure that plan writers have the resources available to successfully complete this task.	MSHN BTPRC Work Group	Ongoing	Balanced Scorecard Performance Measure BTPRC Performance Summary

	• Adjust, advocate, and educate on the updates to the Technical Requirements (9.13.24) and the established provider qualifications for codes used for Behavior Treatment Planning.			
Provider Monitoring	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
MSHN annually monitors its provider network(s), including any affiliates or sub- contractors to which it has delegated managed care functions, including service and support provision. MSHN shall review and follow-up on any provider network monitoring of its subcontractors. MSHN shall review and approve corrective action plans that result from identified areas of non-compliance and follow up on the implementation of the plans at the appropriate interval. QAPIPs for Specialty PIHPs, Section XV	• 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.	Compliance Administrator	Annually	Annual Compliance Summary
MSHN must address the findings of the External Quality Review (EQR)-Performance Measure Validation Review through its QAPIP.	• Develop and implement performance improvement goals, objectives and activities in response to the external review findings • Review a sample prior to submission of those CMHSPs that had findings during the HSAG review. ○ Medicaid eligibility, ○ Associated population designations are accurately reported ○ Accurate disposition, exceptions are coded correctly for Indicator 4. • Ensure completion of the CMHSP/SUD Provider corrective action plans related to internal review of primary source verification.	QIC	Quarterly	HSAG Technical Report EQR Summary

MSHN must address the findings of the External Quality Review (EQR)-Compliance Review.	• Develop and implement performance improvement goals, objectives and activities in response to the external review findings	Functional area leads	Annually	HSAG Technical Report EQR Review Summary
MSHN must address the findings of the External Quality Review (EQR)-Encounter Review through its QAPIP.	• Develop and implement performance improvement goals, objectives and activities in response to the external review findings	Functional area leads		HSAG Technical Report EQR Review Summary
MSHN will demonstrate an increase in compliance with the MDHHS Federal Compliance Review	• Provide technical assistance to CMHSPs related to standards. • Develop and implement performance improvement goals, objectives and activities in response to the review findings • Develop and monitor systematic remediation for effectiveness through delegated managed care reviews and performance monitoring through data.	Waiver Staff	9/30/2024	MDHHS Review Results MDHHS Review Summary
Provider Qualifications	**Objectives/Activities**	**Assigned Lead**	**Frequency / Due Date**	**Assessment Method**
The QAPIP contains written procedures • to determine whether physicians and other health care professionals, who are licensed by the State and who are employees of the PIHP or under contract to the PIHP, are qualified to perform their services. • to ensure that non- licensed providers of care or support are qualified to perform their jobs. • for the credentialing process which are in compliance with the MDHHS Credentialing and Re-Credentialing Processes, and includes the organization's initial credentialing of practitioners, as well as its subsequent re-credentialing, recertifying, and/or reappointment of practitioners.	• Will implement Universal Credentialing • Will evaluate the MDHHS credentialing report for CMHSP timeliness in decision making and credentialing activities. • Will complete additional monitoring for those CMHSP who demonstrate a compliance rate of =<90% based on the credentialing report. • Will complete primary source verification and review of the credentialing/recredentialing policy and procedure during the DMC review.	Compliance Administrator	Annually/ Quarterly	Annual Compliance Report
	• Will complete primary source verification for professionals that have/require the designation of Qualified Intellectual Disability Professional (QIDP).	Waiver Staff	Annually/ Quarterly	

• These procedures must describe how findings of the QAPIP are incorporated into this re-credentialing process Staff shall possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for all the following: • Educational background • Relevant work experience • Cultural competence • Certification, registration, and licensure as required by law A program shall • train new personnel regarding their responsibilities, program policy, and operating procedures. • identify staff training needs and provide in-service training, continuing education, and staff development activities. Contract Schedule A—1(K)(2)(a) QAPIPs for Specialty PIHPs, Section XII(A-B)				

a) Standardized Performance Measures 2025

Michigan Mission Based Performance Indicator System (Measurement Year FY25 10/1/2024 through 9/30/2025)

- Percent of MI and DD children readmitted to an inpatient psychiatric unit within 30 days of discharge
- Percent of MI and DD adults readmitted to an inpatient psychiatric unit within 30 days of discharge
- Percent of all Medicaid Children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours
- Percent of all Medicaid Adult beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.

- The percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non emergency request for service.
- The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with substance use disorders (SUD). (MMBPIS Indicator 2e)
- The percentage of new persons during the quarter starting any medically necessary on-going covered service within 14 days of completing a non-emergent biopsychosocial assessment.
- Percent of child discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days
- Percent of adult discharges from a psychiatric inpatient unit who are seen for follow-up care within seven days
- Percent of discharges from a substance abuse withdrawal management unit who are seen for follow up care within seven days.
- The Percent of Adults with Dual Diagnosis (MI & DD) Served, Who Live in a Private Residence Alone, With Spouse, or Non-Relatives.
- The Percent of Adults with Mental Illness Served, Who Live in a Private Residence Alone, With Spouse, or Non-Relatives.
- Percent of Medicaid recipients having received PIHP managed services
- Percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.
- "The percent of (a) adults with mental illness, and the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental
- disability served by the CMHSPs and PIHPs who are employed competitively."
- The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disability served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities

Behavioral Health Quality Program (Measurement Year CY25 1/1/2025 through 12/31/2025)

- Follow-up care for children prescribed ADHD medication. Initiation Phase (ADD-CH)^ Ages 6-12.
- Follow-up care for children prescribed ADHD medication. C & M Phase (ADD-CH)^ Ages 6-12.
- Antidepressant Medication Management Acute Phase (AMM-AD) ^ Ages 18+.
- Antidepressant Medication Management Cont. Phase (AMM-AD) ^ Ages 18+.
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) (Glucose and Cholesterol)
- Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)
- Screening for Depression and Follow-Up Plan (CDF-A)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-30) Adults
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-30) Children
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-7) Adults

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA-7) Children
- Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30) Adults
- Follow-Up After Hospitalization for Mental Illness within 30 days (FUH 30) Children
- Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7) Adults
- Follow-Up After Hospitalization for Mental Illness within 7 days (FUH 7) Children
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-30) Engagement. Adults
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-30) Engagement. Children
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-7) Initiation. Adults
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-7) Initiation. Children
- Initiation of Alcohol and Other Drug Dependence Treatment within 14 days (IET 14)
- Engagement of Alcohol and Other Drug Dependence Treatment within 34 days (IET 34)
- Medical Assistance with Smoking and Tobacco use Cessation (MSC)

Performance Improvement Projects (Measurement Years CY21-1/1/2022 through CY25-12/31/2025)

- PIP 1– Improving the rate of new persons who have received a medically necessary ongoing covered service within 14 days of completing a biopsychosocial assessment and reducing or eliminating the racial or ethnic disparities between the black/African American population and the white population.
- PIP 2- Reducing or eliminating the racial or ethnic disparities between the black/African American minority penetration rate and the index (white) penetration rate.

Performance Bonus Incentive Program (Measurement Year CY24-1/1/2024 through 12/31/2024)

- <u>Contractor Only Pay for Performance Measures</u>
  - P.1. Implement data driven outcomes measurement to address social determinants of health.
  - Analyze and monitor BHTEDS records to improve housing and employment outcomes for persons served.
  - P.2. Adherence to antipsychotic medications for individuals with schizophrenia (SAA-AD)
  - Percentage of Adults Age 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period
  - P.3. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
  - The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:
  - Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis.
  - Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit.

- P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient centered medical homes.

Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof)

- <u>Joint Metrics-PIHP and MHP combined</u>
  - J.1. Implementation of Joint Care Management Processes. Collaboration between entities for the ongoing coordination and integration of services
  - J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (30 points). The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.
    - ✓ The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older). The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 79%. The measurement period will be calendar year 2023. The points will be awarded based on MHP/Contractor combination performance measure rates. (20 points)
    - ✓ Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024. The points will be awarded based on Contractor performance measure rates. (20 points)
  - J.3 Initiation an Adult members who had new substance use disorder (SUD) episodes that result in 1. The Contractor will be measured against an initiation (IET 14) minimum standard of 40% (5 points) and an engagement (IET 34) minimum standard of 14% (5 points). Measurement period will be calendar year 2024. Category Description Deliverables Treatment (20 points) treatment initiation and engagement.
    - ✓ The Contractor will be measured against an initiation (IET 14) minimum standard of 40% (5 points) and an engagement (IET 34) minimum standard of 14%
    - ✓ Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least on minority group (if necessary, minority groups will be combined to achieve a sufficient numerator/denominator). Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024. Addressing disparities for initiation (IET 14) is worth 5 points and addressing disparities for engagement (IET 34)
  - J.4. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (20 points). Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.
    - ✓ Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with Calendar year 2024. The points will be awarded based on Contractor performance measure rates.

MID-STATE HEALTH NETWORK QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT PROGRAM FY25 WORKPLAN

Behavioral Health Home (Measurement Year FY25 10/1/2024 through 9/30/2025)

- Reduction in Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
- (QBP-7days) Follow-up After Hospitalization for Mental Illness 7 days (FUH-HH) Effective 2025
- (QBP)Access to Preventive/Ambulatory Health Services (AAP) (HEDIS)
- Inpatient Utilization (IU-HH)
- Admission to a facility from the Community (AIF-HH)
- Screening for Depression and Follow-up Plan (CDF-HH)
- Plan All-Cause Readmission Rate (PRC-HH)
- Follow-up After Emergency Department Visit for Mental Illness 7/30 days: Age 6 and older. (FUM-HH)
- (QBP)Increase in Controlling High Blood Pressure (CBP-HH)
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment 14/34 days (IET-HH) only MSHN claims.
- Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence 7/30 days. (FUA-HH)
- Colorectal Cancer Screening (COL-HH)
- Follow-up After Hospitalization for Mental Illness 30 days (FUH-HH)

Certified Community Behavioral Health Clinic (Measurement Year CY25 1/1/2025 through 12/31/2025)

- Time to Services (I-SERV)
- Depression Remission at Six Months
- Preventative Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling (ASC) ages 18+
- Screening for Social Drivers of Health (SDOH)ages 18+
- Screening for Clinical Depression and Follow up Plan (CDF-AD and CDF-CH)
- Preventative Care and Screening: Tobacco Use: Screening & Cessation intervention (TSC) ages 18+
- Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)
- Child and Adolescent Major Depressive Disorder(MDD): Suicide Risk Assessment (SRA-A) ages 6-17
- Patient Experience of Care Survey (PEC) Oversample with a goal of 300.
- Youth and Family Experience of Care Survey (Y/FEC) Oversample with a goal of 300.
- Follow-up Care for Children Prescribed ADHD Medication. Initiation (ADD-CH) ages 6-12
- Follow-up Care for Children Prescribed ADHD Medication. Continuation and Maintenance. (ADD-CH) ages 6-12
- Antidepressant Medication Management (AMM-AD) Acute 12 weeks

- Antidepressant Medication Management (AMM-AD)Continuation and Maintenance 6 months
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (adult) (FUA-AD) Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (child/adolescent) ages 13-17 (FUA-CH)
- Follow-Up After Hospitalization for Mental Illness, ages 18+ (adult) (FUH-AD)
- Follow-Up After Hospitalization for Mental Illness, ages 6 to 17 (child/adolescent) (FUH-CH)
- Follow-Up After Emergency Department Visit for Mental Illness (Adult) (FUM-AD)
- Follow-Up After Emergency Department Visit for Mental Illness (Child) (FUM-CH)
- Hemoglobin A1C Control for Patients with Diabetes (HBD-AD) ages 18-75
- Initiation of Alcohol and Other Drug Dependence Treatment. 14 days (IET-AD)
- Engagement of Alcohol and Other Drug Dependence Treatment 34 days (IET-AD
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Plan All Cause Readmission (PCR-AD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Child and Adolescent Well Care Visits (WCV-CH)