

Region 10 PIHP
Quality Assessment & Performance Improvement Program
Periodic Review Report
(July 1, 2016 – September 30, 2016)

OVERVIEW

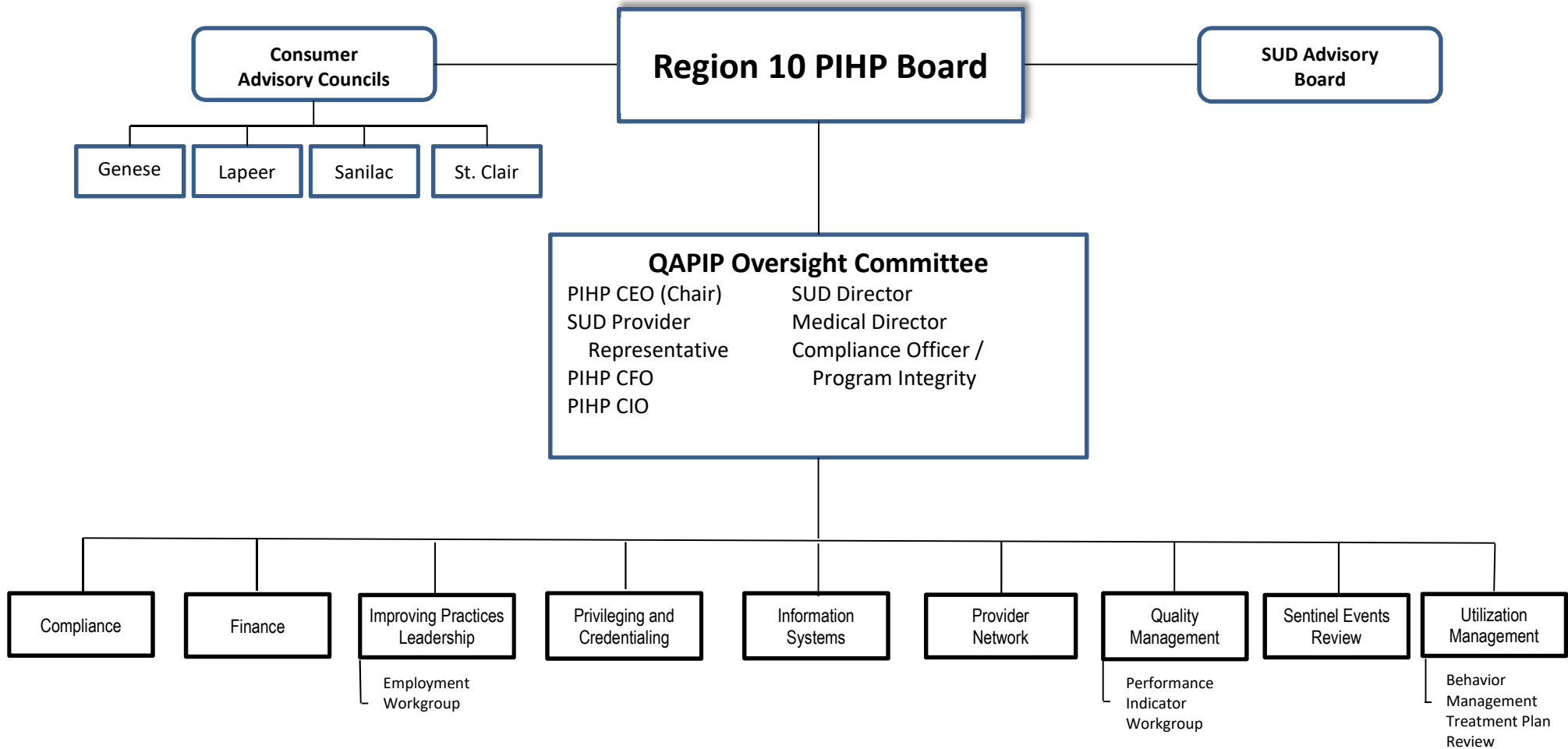
The Region 10 PIHP has responsibility for oversight and management of the regional managed care functions. This responsibility includes approving and monitoring the region's Quality Assessment and Performance Improvement Program (QAPIP). Annually, the PIHP Board approves the QAPIP which includes the following two components: a narrative description of the overall quality improvement program and an annual plan detailing the prioritized goals, improvement strategies, and anticipated outcomes designed to improve the PIHP's overall systems processes.

The purpose of this report is to provide a periodic review of the Quality Assessment and Performance Improvement Program Plan for the Region 10 PIHP. The data contained in this report pertains to the reporting period of July 1, 2016 through September 30, 2016. The report contains performance status summaries on the regional goals and performance improvement projects.

SYSTEM GOALS

The plan addresses the specific planned efforts of the QAPIP Oversight Committee and its Standing Committees, as contained in the Quality Assessment and Performance Improvement Program (QAPIP). The QAPIP Oversight Committee, via its Standing Committees, develops specific goals to address program development and improvement efforts annually. The goals and activities listed below reflect the prioritized efforts to be undertaken and accomplished by the QAPIP Oversight Committee via each Committee in the upcoming fiscal year.

REGION 10 QAPIP ORGANIZATIONAL STRUCTURE



Goal Reference	PRIORITY GOALS / KEY TASKS	STATUS REPORT
COMPLIANCE COMMITTEE		
AFP	Comply with 42 CFR 438.608 Program Integrity requirements.	<ul style="list-style-type: none"> • Written Policies / Procedures: Policy review / revision ongoing (as needed). • Enforcement of Standards / Response to Offenses: PIHP and Provider ongoing review and follow up of complaints. • Monitoring: FY16 CMH and SUD Provider Annual Contract Monitoring Reviews completed and Plans of Correction issued. • Communication: No update. • Training: No update.
MDHHS	Monitor claims verification activities.	<ul style="list-style-type: none"> • FY2015 CMH Medicaid Claims / Encounters Verification completed and letters (potentially including Plans of Correction) were sent to Providers. Recoupment of funds handled during year end cost settlement. FY2016 CMH activities in process. SUD activities completed through Utilization Review process
	Develop a cohesive strategy for addressing and reporting Corporate Compliance issues.	<ul style="list-style-type: none"> • Ongoing monthly submissions received and monitored with PIHP follow up occurring as appropriate. CMH and SUD Providers continue to submit data for FY16. Information will be reviewed and incorporated into Corporate Compliance Annual Report.
FINANCE COMMITTEE		
	Test new funding allocation model to provide a recommendation for implementation to the board.	<ul style="list-style-type: none"> • Project resumed. Report specs, crosswalk from Old demographic codes to BH-TEDS, and crosswalk from ICD-9 to ICD-10 have been provided to PCE.
	Evaluate FSR reporting process at each CMHSP, identify areas of inconsistency, and create a plan to address inconsistency for budgeting and reporting.	<ul style="list-style-type: none"> • No additional progress in Q4. Continuing to plan to work with Sanilac and Lapeer on report prep model.
	New Goal: Finance Budget Workgroup	<ul style="list-style-type: none"> • Budget submitted and approved by the Region 10 board. Will reconvene as needed for 2018 budget process.
	New Goal: Service Rates	<ul style="list-style-type: none"> • Analysis complete and set of codes referred to QAPIP Oversight for clinical

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		consideration to determine variances in clinical modeling.
	New Goal: Address Funding decreases	<ul style="list-style-type: none"> Decreases for 2016/17 have been address and will continue to be monitored. Decreases anticipated for 2017/18 will be address when the budget workgroup reconvenes to start addressing the 2017/18 budget.
IMPROVING PRACTICES LEADERSHIP TEAM		
AFP	Establish standardized clinical practices across region. Develop PIHP Practice Guidelines for clinical use.	<ul style="list-style-type: none"> Work has been completed per a draft set of guidelines shared with the R10 QAPIP, UMC and the recently reactivated UM Workgroup. UM consultants have been retained by R10 to augment the UM Workgroup activities for FY 2017. Thus, it is anticipated that this goal will be discontinued as currently written, and that it will be revised for FY 2017 per IPLT monitoring the consultant/work group activities. Discontinue per goal attained, but continue, per goal revision (monitor UM consultant and work group activities).
	Review annual evidence based fidelity measurement review results (e.g. ACT, FPE, IDDT).	<ul style="list-style-type: none"> Although no EBP fidelity review activity was noted during 4Q, the ASD policy update and committee feedback were discussed in connection to the ASD fidelity review plan off correction. The R10 EBP list was updated for end-of-year status. Continue goal for FY 2017.
	Develop processes for clinical staff related to health integration, particularly with Medicaid Health Plans.	<ul style="list-style-type: none"> DHHS communiques continue to be monitored and discussed regarding issues linked to Section 298. Activities undertaken by the MDHHS-sponsored PIHP/MHP care integration work group have been monitored. Care coordination service planning activities have been completed by this work group and inaugural, shared service plans have been submitted to MDHHS for review. This important process will continue through FY 2017 and IPLT is in an important position to

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		<p>monitor and advise on potential development of regional processes.</p> <ul style="list-style-type: none"> • Similarly, IPLT has undertaken the role of reviewing and providing feedback on the expanded development of ICDP Key Performance Indicators and on the implementation of select CCBHC measures. • Continue goal as revised to include all of the above areas for monitoring and feedback.
	Establish guidelines for clinical staff use of CareConnect 360 software.	<ul style="list-style-type: none"> • Work has been completed and a regional policy has been approved. Member discussion indicated interest in revising this goal to support a CC360 user group. • Continue per goal revision.
	Oversight of the EMPLOYMENT WORKGROUP	<ul style="list-style-type: none"> • Activities reported during 4Q pertained to share-and-learn between Lapeer CMH and St. Clair CMH and outreach/engagement efforts to Sanilac CMH and GHS. • Continue goal for FY 2017.
	Employment Workgroup	
	Increase the percentage of employment goals/objectives included in the Individual Plans of Service of persons served between the ages of 18-65 to 50% over a 3-year span.	<ul style="list-style-type: none"> • Unable to produce an accurate percentage as not each county is represented in the Committee. Lapeer County and St. Clair County percentages are increasing due to referrals to employment based programs. St. Clair and Lapeer counties are also offering inter-agency trainings regarding employment and benefits to promote referrals to employment based programs
	Increase the accuracy of employment status reporting in the demographics of persons served to 95% over a 3-year span.	<ul style="list-style-type: none"> • Unable to produce an accurate percentage as not each county is represented in the Committee.
	Streamline the employment services offered by each county in Region 10 over a 3-year span.	<ul style="list-style-type: none"> • Currently each county has a relationship with their corresponding MRS counselors to coordinate referrals. Lapeer, St. Clair, and Genesee provide Clubhouse employment opportunities to persons served. Additionally, St. Clair provides Individual Placements and Supports (IPS). Lapeer County is preparing for a pre-fidelity review, St. Clair offered assistance in the preparation.
PRIVILEGING AND CREDENTIALING COMMITTEE		

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	Complete privileging and credentialing reviews.	<ul style="list-style-type: none"> • The P&C Committee is charged with the review and approval of all SUD Organizational Applications, all CMHSP Organizational Applications as well as all Leased or Direct Hired Access and UM staff Practitioner Applications. • One new practitioner application for leased staff was approved during 4th Quarter. Numerous SUD practitioner applications were reviewed as part of the ongoing process. • Year End Summary FY16: All SUD and CMH organizations have undergone review and approval of their organizational applications for a 2-year period. Additionally, all SUD practitioner applications have been reviewed for approval into the SUD Provider Network. This practice is ongoing as time-lines vary. Also, Conflict of Interest Attestations continue to be submitted and reviewed by P&C staff support as well as the Chair. This too will be an ongoing process in which we are looking to identify more efficiencies in the process.
	Review policies and procedures on privileging and credentialing.	<ul style="list-style-type: none"> • After further recommendation during the 3rd quarter to have the applications updated and created as fillable forms, this task was completed during 4th quarter. Applications now have similar formats with better instructions for completion. • Due to other priority tasks, the MIX system has yet to be updated to include specific P&C reports and tracking capabilities. This item will likely be completed with the first quarter of FY17. • A notification process was also established through the committee to insure the CMH's as well as SUD provider are fully aware of their standing upon submission of their applications.

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		<ul style="list-style-type: none"> • A draft version of the individual Conflict of Interest Attestation form was also reviewed and approved. Further management approval will be sought during the 1st quarter of FY17. • Year End Summary FY16: A great deal of progress has been made in FY16. New applications, updated policy, identification of problem areas as well as process development have occurred. While many improvements were made, there are efficiencies and further streamlining that will occur in FY17.
INFORMATION SYSTEMS COMMITTEE		
AFP	Monitor timeliness, volume and completeness of 837 encounter submissions to MDHHS.	<ul style="list-style-type: none"> • In general, the schedule for 837 submissions has been followed. Reports related to submission timeliness are distributed to CMHs monthly. Region 10 PIHP is meeting MDHHS timeliness standards per contract requirement. PIHP encouraged more timely submissions from CMHs, comparing date of service to encounter submission. Review of SUD provider claims have been reviewed in detail for completeness and accuracy; provider education has occurred in regards to accuracy of procedure codes, as determined necessary. The need for more “real-time” data is increasing, particularly in relation to integration of care efforts with the Medicaid Health Plans.
MDHHS	Monitor and encourage use of CareConnect 360 software	<ul style="list-style-type: none"> • A policy was developed through the IPLT Committee in regards to CareConnect360 utilization. CMHs report use of CareConnect 360 software in quarterly oversight process. MDHHS requirement is to increase use of CC360 in regards to integrated health care and coordination with Medicaid Health Plans. There will be new functionality within CC360 related to lists of shared enrollees and development of integrated care plans. PIHP conducted a presentation on CC360 at the regional QAPIP retreat.

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	Participate in MiHIN use care scenarios (e.g. ADT).	<ul style="list-style-type: none"> The MDHHS contract requirement includes participation in the Active Care Relationship Service (ACRS) use case and the Admission-Discharge-Transfer (ADT) use case. PIHP staff worked with MiHIN and PCE systems and implemented these two use cases. CMHs are pursue functionality to send ACRS files and receive ADT files from MiHIN directly. Additional work to be completed on ongoing use of ADT data.
	Increase use of IDCP data analytics software.	<ul style="list-style-type: none"> The focus of the software will be on integrated health care and the Performance Improvement Projects. PIHP staff participate on Governance Committee and Working Committee. CMH staff were invited to participate on the Working Committee and attend frequently. Results of Performance Indicators are reviewed routinely with reports published by PIHP staff.
PROVIDER NETWORK COMMITTEE		
	Review managed care functions which are delegated to CMH and SUD providers, ensuring standardization.	<ul style="list-style-type: none"> FY2017 CMH Contracts included updated Delegation Agreements – all functions listed (with the exception of Access Services specific to GHS and St. Clair CMH) are the same across the region. The FY2017 SUD Contract Delegation Agreements are currently under review.
	Ensure PIHP delegation requirements are communicated to CMH and SUD Providers and reviewed prior to contract recommendations (new or renewal).	<ul style="list-style-type: none"> The FY2017 CMH Contracts have included all changes noted via Amendments during FY2016. Gap Analysis delegated items discussed with Committee members at length throughout the FY
	Review CMH and SUD Gap Analysis Report results.	<ul style="list-style-type: none"> Clarification provided to CMH Providers on previous Monitoring citations regarding Gap Analysis functions / delegated items. CMH Providers / PIHP (SUD) continue work to standardize process across the region.
QUALITY MANAGEMENT COMMITTEE		
MDHHS	Review quarterly PIHP performance indicator data, including CMH/CA results.	<ul style="list-style-type: none"> Review of the FY16 third Quarter Performance Indicator Report is pending.

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		<ul style="list-style-type: none"> • Oversight of the Performance Indicator Workgroup continued this quarter • Continue goal into FY 2017
MDHHS	Conduct regional consumer satisfaction survey. Participate in MDHHS annual consumer satisfaction survey.	<ul style="list-style-type: none"> • The regional consumer satisfaction surveys have been completed and submitted. • Continue goal into FY 2017
MDHHS	Monitor critical incidents.	<ul style="list-style-type: none"> • Critical incident reports continue to be reviewed by committee for accuracy and submitted to the department. • Continue goal into FY 2017
	Oversight of performance improvement projects	<ul style="list-style-type: none"> • PIP 1 HASG Validation Report has been received and corrective edits have been completed and resubmitted. • PIP 2 activities have been taking place per-CMH improvement action plans • Continue goal into FY 2017
	Other areas of focus	<ul style="list-style-type: none"> • KPI reports have been reviewed as an FYI and potential areas of QI/QM focus. Committee member input has also been given the next round of KPIs. Also discussed were various quality systems and services innovations (e.g. recent grant activities, MDHHS contract) taking place throughout the region that, in turn, appear to be within this committee's purview for network feedback and implementation. • Recommendations were identified, to: • Continue KPI reports into FY 2017 as a separate goal. • Generate a new QMC goal pertaining to monitoring for emerging quality initiatives and requirements.
UTILIZATION MANAGEMENT COMMITTEE		
MDHHS	Monitor service utilization review results. <ul style="list-style-type: none"> a) Continued review of regional crisis reports b) As regional reports become available, set up a reports review schedule for the Utilization Management Committee 	<ul style="list-style-type: none"> • Regional crisis reports reviewed • Monthly review schedule implemented • Minor monthly variation within and between network entities, suggesting no significant departures or concerns
MDHHS	Develop common utilization management plan and strategies for the region.	

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MDHHS	Monitor data on use of intrusive or restrictive techniques, physical management, or contact with law enforcement used in an emergency behavior crisis.	<ul style="list-style-type: none"> • Quarterly BTPRC standardized reporting process in place • Generally, spikes in activity are linked to individual, not systemic, issues • Committee discussion has noted broad adherence to technical standards
	<p>Continue to expand outlier reports for UR case selection by:</p> <ul style="list-style-type: none"> a) Gather/review distribution of service utilization data on specific services across the region in developing outlier criteria b) Expand outlier case selection approach to other services 	<ul style="list-style-type: none"> • Continued review of T1016/T1017 service utilization data across all CMHs • Committee findings and recommendations support adding T1016/T1017 service utilization, particularly noting the utility of tracking under-utilization trends • ZTS sample data reports reviewed and consensus achieved on continued discussion of future utility of these reports into FY 2017
	Other Areas of Focus	<ul style="list-style-type: none"> • Reviewed SUD UR reports on Catholic Charities, CPI, Holy Cross, New Paths, Oakland Psychological Clinic; audit findings, recommendations and POCs endorsed • UM Workgroup activities monitored • UM Consultant for FY 2017 UM Program Plan development endorsed • Access Management System Mid-Year (inaugural) Report reviewed and endorsed, thus aligning systems reporting process for both the Flint and Port Huron Access sites; report improvement recommendations given and support provided to continue AMS report process • CMH Delegation Agreements in connection to FY 2017 UM Program Planning were discussed; support was given to pursue further centralization of UM/UR processes

Analysis and Recommendations

Finance Committee: Recommend accepting new goals.

Sentinel Event Review Committee: Recommend the approval of the SER Committee, with a revised Sentinel Events, Critical Incidents and Risk Events policy (07-01-03). While the Quality Management and Information Systems Committees will continue to review Critical Incident Reports monthly to ensure accurate reporting numbers, the regional oversight review process of sentinel events now flows through the Sentinel Events Review Committee. The committee is comprised of the following Region 10 PIHP staff: CEO, CIO, SUD Treatment and Prevention Director, Quality Manager and Chief Clinical Officer (committee chairperson).

Performance Indicator Workgroup: Goals have been completed. Recommend dissolving group at this time.