

Northern Michigan Regional Entity
Quality Assessment and Performance Improvement Program
Plan #: 04-05-001-17

Introduction

The Northern Regional Michigan Entity is the Medicaid specialty prepaid inpatient health plan (PIHP) for the five community mental health boards serving the northern lower peninsula of Michigan. The member Boards are: AuSable Valley Community Mental Health (AVCMH), serving Iosco, Ogemaw and Oscoda Counties; CentraWellness Network, serving Benzie and Manistee Counties, North Country Community Mental Health (NCCMH), serving Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska and Otsego Counties, Northeast Michigan Community Mental Health (NEMCMH), serving Alcona, Alpena, Montmorency and Presque Isle Counties; and Northern Lakes Community Mental Health (NLCMH), serving Crawford, Grand Traverse, Leelanau, Missaukee, Roscommon and Wexford Counties. The managed care activities are the responsibility of the Northern Michigan Regional Entity.

As the prepaid inpatient health plan (PIHP) for the twenty-one county region, this mission guides the quality improvement activities of the Northern Michigan Regional Entity. The Quality Assessment and Performance Improvement Program (QAPIP) is intended to serve several functions, including but not limited to:

- Serve as the quality improvement structure for the managed care activities of the Northern Michigan Regional Entity (NMRE) as the prepaid inpatient health plan (PIHP) for the twenty-one county area;
- Provide oversight of the CMHSP provider quality improvement structures and assure coordination with PIHP activities as appropriate;
- Provide leadership and coordination for the PIHP Performance Improvement Projects;
- Coordinate with the Regional Compliance Coordinator and Regional Compliance Committee for the verification of Medicaid claims submitted; and

This written plan describes how these functions are accomplished. It also describes the organizational structure and responsibilities relative to these functions.

Authority

The QAPIP is reviewed and approved on an annual basis by the Northern Michigan Regional Entity (NMRE) Board. Through this process, the governing body gives authority for implementation of the plan and all of its components. This authority is essential to the effective execution of the plan.

Consistent with the structure of NMRE, and the governance structure of the Board, this authority is discharged through the Chief Executive Officer (CEO) of the NMRE. In turn, the CEO discharges this authority through the Services Quality Manager.

Structure

Provider/Consumer Involvement

The involvement of provider and consumer representatives is essential to comprehensiveness of the QAPIP. As such, this involvement is sought, encouraged and supported at several levels, including:

- The Northern Michigan Regional Entity Board has consumers as members.

- The NMRE has a consumer advisory panel that provides input to various managed care activities.
- The Quality Oversight Committee is comprised of staff from the comprehensive provider organizations.
- Each member Board has a consumer council and consumer representation on the governing body and on various committees.

PIHP Quality Improvement Committee (PIHP QI)

The PIHP Quality Improvement Committee has central responsibility for the implementation of the QAPIP. The membership consists of staff from the NMRE and includes:

- Chief Executive Officer
- Chief Financial Officer
- Chief Information Officer
- Service Quality Manager, as Committee Chair
- Medical Director
- Access Center Team Leader
- Consumer Relations Specialists
- Regulatory Compliance Coordinator
- Provider Network Manager
- Substance Use Disorder Services System Coordinator
- Substance Use Disorder Quality Improvement Specialist
- Substance Use Disorder Prevention Coordinator

Provider Quality Oversight Committee (QOC)

The Quality Oversight Committee is primarily responsible for assuring that the provider network has appropriate quality improvement structures and activities necessary to monitor the provision of quality services and to meet federal and state requirements. This group provides the primary link between the quality improvement structure of the Boards and the PIHP. To create this link, the Director of each Board appoints one representative from that Board's QI structure to serve as a member of the QOC.

Additional membership includes:

- Minimum of two primary or secondary consumer representatives from appropriate service populations, including persons with developmental disabilities, adults with mental illness, children with severe emotional disturbances and persons with substance use disorders.
- SUD Quality Improvement Specialist, and
- Service Quality Manager.

Board QI Processes

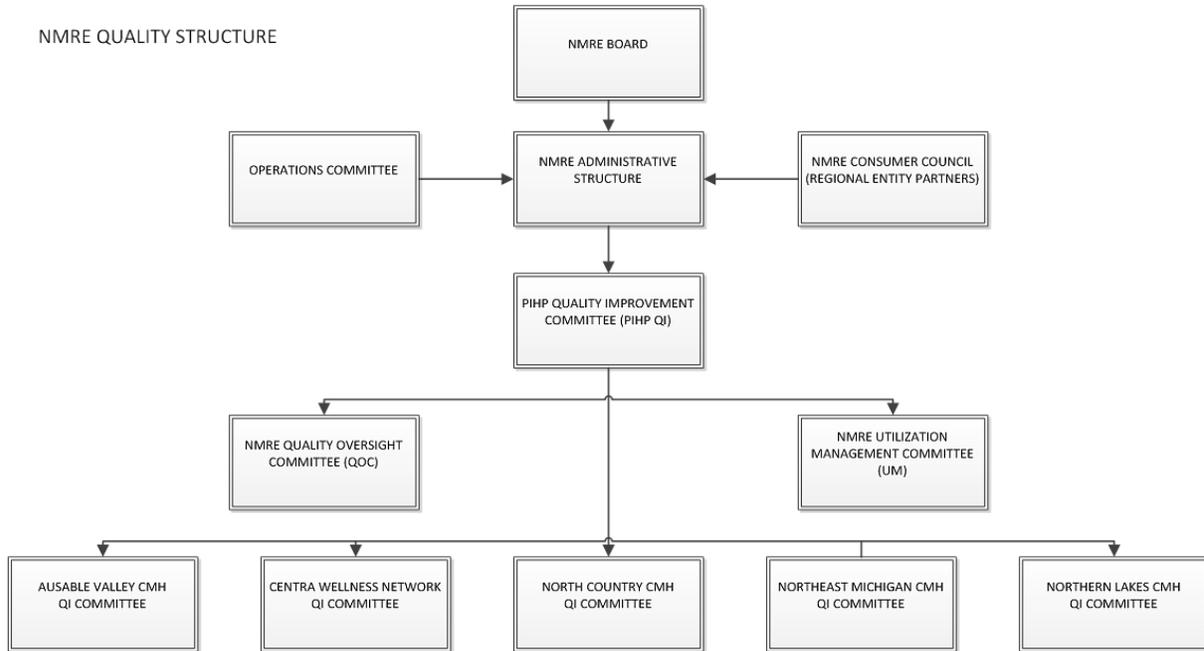
Each member Board of the NMRE has a quality improvement process in place. Consistent with the philosophy of the PIHP, it is within these existing structures that the Boards best address quality issues within their operations. Each of these organizations must have a quality improvement structure meeting the requirements of the Michigan Department of Community Health, and the NMRE. As noted above, one representative from this structure is appointed to the Quality Oversight Committee. This provides coordination and oversight appropriate to the needs of the PIHP.

Accountability

One of the basic tenets of quality improvement, and a key element of all successful teams, is accountability. Consequently, the success of this plan is dependent on each component understanding, and meeting, its accountabilities. This begins with the basic premise that each employee and/or agent

of each organization, whether the PIHP, comprehensive provider, contract agency or subcontract agency, is accountable for the quality and integrity of his/her work: accountable to the consumer, the coworker, various committees to which they belong, and to the organization.

The following table displays the reporting accountability of the various formal components of the quality assessment program.



Responsibilities

Each of the components of the QAPIP structure has specific responsibilities. These various tasks, when taken in whole, assure that the PIHP and the provider panel are providing quality services, effectively managing and protecting the available resources, protecting the rights of service recipients and identifying opportunities to improve.

PIHP QI Committee

The PIHP QI Committee, consisting of staff from the PIHP, has the lead role in implementing this QAPIP. This begins with responsibility for the quality, efficacy and efficiency of the managed care activities. In addition to managing the “QI” function for the managed care organization, the PIHP QI Committee also has responsibility for the following:

Claims Verification

The verification of Medicaid claims is required both by federal regulation and state contract. Primary responsibility for this activity, as specified in the ***Verification of Delivery of Medicaid Services Claimed***, Attachment A, is assigned to the Regulatory Compliance Coordinator.

Practice Guidelines

The process for developing, reviewing, adopting and disseminating practice guidelines is specified in the NMRE procedure for Practice Guidelines. The PIHP QI Committee has responsibility for assuring the procedure is implemented appropriately.

Sentinel Events

Primary responsibility for review of sentinel events is vested in the provider organizations. The Service Quality and Innovation Manager is responsible for assuring that this occurs, with proper reporting, as specified in NMRE procedure. The PIHP QI Committee has responsibility for assuring the procedure is implemented appropriately.

Critical Incidents and Risk Events

At least quarterly, the PIHP QI Committee will analyze the critical incident and risk event data. Based upon this analysis, the PIHP QI Committee will, as appropriate, review additional information needed to determine when and what actions are to be taken to remediate a situation or to reduce the potential for similar events.

Credentialing

The PIHP credentials organizations as providers. Each provider organization completes its own credentialing. This credentialing must be done in a manner consistent with NMRE procedures.

Utilization Management

The Utilization Management Committee is responsible for implementation of the NMRE Utilization Management Plan. This committee provides information to the Quality Oversight Committee and is accountable to the PIHP QI Committee.

Provider Monitoring

The PIHP monitors its provider network at least annually. This includes the CMH Boards that created the NMRE, inpatient psychiatric units, other contracted providers and certain out-of-network providers, as needed. This monitoring includes the review of delegated functions, service and support provision, and compliance with administrative requirements. As appropriate, targeted monitoring activities for people identified as “vulnerable” are also conducted. When a provider is found to be out of compliance with a contractual requirement, appropriate corrective actions are required, as specified in PIHP procedures.

Provider Quality Oversight Committee

The Quality Oversight Committee is the PIHP’s primary connection to the quality improvement activities and structures of the comprehensive provider organizations. This committee is also a vehicle for consumer input, as it includes consumer members. The primary responsibilities of the QOC include:

Coordination with CMHSP Structures

An inherent principle of quality improvement is that improvement is best addressed by the individuals involved in the systems to be improved. Consequently, those best equipped to

improve the various functions of the provider organizations are those within the organizations. For this reason, the NMRE has taken a position of supporting the existing QI structures within the various provider organizations.

It is the responsibility of the PIHP, however, to ensure that each of these structures meets the requirements of federal and state regulations. Oversight of these structures is a primary role of the QOC. For this reason, the membership of the QOC includes a member of the QI Structure from each of the comprehensive providers and SUD services representation. In addition to oversight, this relationship also facilitates opportunities for each of the organizations to benefit from the efforts and experiences of the other organizations.

Performance Indicators

The Michigan Department of Community Health has established performance indicators for CMHSP, PIHP and CA. Each member Board reports performance indicators for all services populations to the MDCH. Additionally, the PIHP reports performance indicators for Medicaid recipients only. This information includes persons served by the PIHP, whether for mental health, developmental disability or substance abuse conditions. The QOC monitors the PIHP performance in this area. When standards are not met, the QOC requires corrective action initiatives from those organizations failing to meet the standard.

Consumer Satisfaction and Outcome Measures

The QOC is responsible for conducting surveys of consumers to assess their degree of satisfaction with services. This includes several surveys and techniques. Specifics are found in the annual work plan for the QOC. Additionally, the QOC will advance the implementation of outcome measurement as appropriate.

Performance Improvement Projects

Federal regulation requires that each PIHP conduct at least two Performance Improvement Projects each year. Currently, the MDCH mandates the topic of one of the two projects. The QOC, working with the Service Quality and Innovation Manager, is responsible for these projects.

Analysis of Behavior Treatment Data

On a quarterly basis, the QOC reviews analysis of data from each CMHSP behavior treatment review process. This review includes any intrusive or restrictive techniques that have been approved or used with consumers where physical management was necessary in an emergency situation. At a minimum, this review will include: number of incidents and duration of intervention, trend analysis as possible, as well as evidence that the CMHSP is examining possible changes in treatment.

As appropriate, the Chair of each Behavior Treatment Review Committee will attend the QOC meeting to present and discuss data and the analysis of trends. This is intended to maximize the value of this process by providing expert analysis and insight.

This PIHP staff position is the individual with primary responsibility for implementation of the QAPIP. This includes providing appropriate staff support to the various committees and structures.

On an annual basis, this individual works with the various committees to conduct a review and assessment of the quality assessment and performance improvement activities of the PIHP. This includes a review of the annual work plan, development of a work plan for the coming year, review of the written QAPIP, and recommending changes as needed. Information on the effectiveness of the PIHP's QAPIP will be provided annually to network providers and to recipients upon request. Information on the effectiveness of the PIHP's QAPIP will be provided to the MDHHS upon request.

Provider Quality Improvement

Each comprehensive provider organization is required to maintain an appropriate quality improvement program sufficient to meet the requirement of federal regulations and national accreditation. Summary reports of the quality improvement activities, minutes of quality improvement meetings, revised Quality Improvement Plans, as well as annual evaluations of the Quality Improvement Plan/Program will be submitted to the NMRE. All quality improvement programs and activities must be consistent with the standards and requirements for Medicaid Specialty PIHP, as specified in federal regulation and state contract. Reporting to the QOC shall be sufficient to assure compliance with these requirements.

Substance Use Disorder

Substance use disorder services are delivered through a network of contracted provider organizations. This network expands beyond the CMHSPs and is funded through different arrangements. Additionally, no manage care functions are delegated to SUD providers. This different structure requires a somewhat different approach to the quality assessment and performance improvement activities relative to SUD services. The SUD Quality Improvement Specialist is a member of the PIHP QI Committee and the Quality Oversight Committee. All provider reviews and quality reports are incorporated into the NMRE's quality improvement activities, conducted by the PIHP QI Committee or the QOC.

REFERENCE

REVISED: December 28, 2016; February 24, 2016; December 23, 2014

REVIEWED: December 15, 2016

APPROVED: September 18, 2013

Signed copy is on file with NMRE

Dave Schneider
Northern Michigan Regional Entity Chief Executive Officer

Date

Signed copy is on file with NMRE

Dennis Priess
Northern Michigan Regional Entity Board Chair

Date