Northern Michigan Regional Entity
Quality Assessment and Performance Improvement Program
Fiscal Year 2015 Annual Summary

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; Centra Wellness 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

The Quality Assessment and Performance Improvement Program (QAPIP) has a written plan that is reviewed and approved on an annual basis by the Northern Michigan Regional Entity (NMRE) Board 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 Quality Manager.

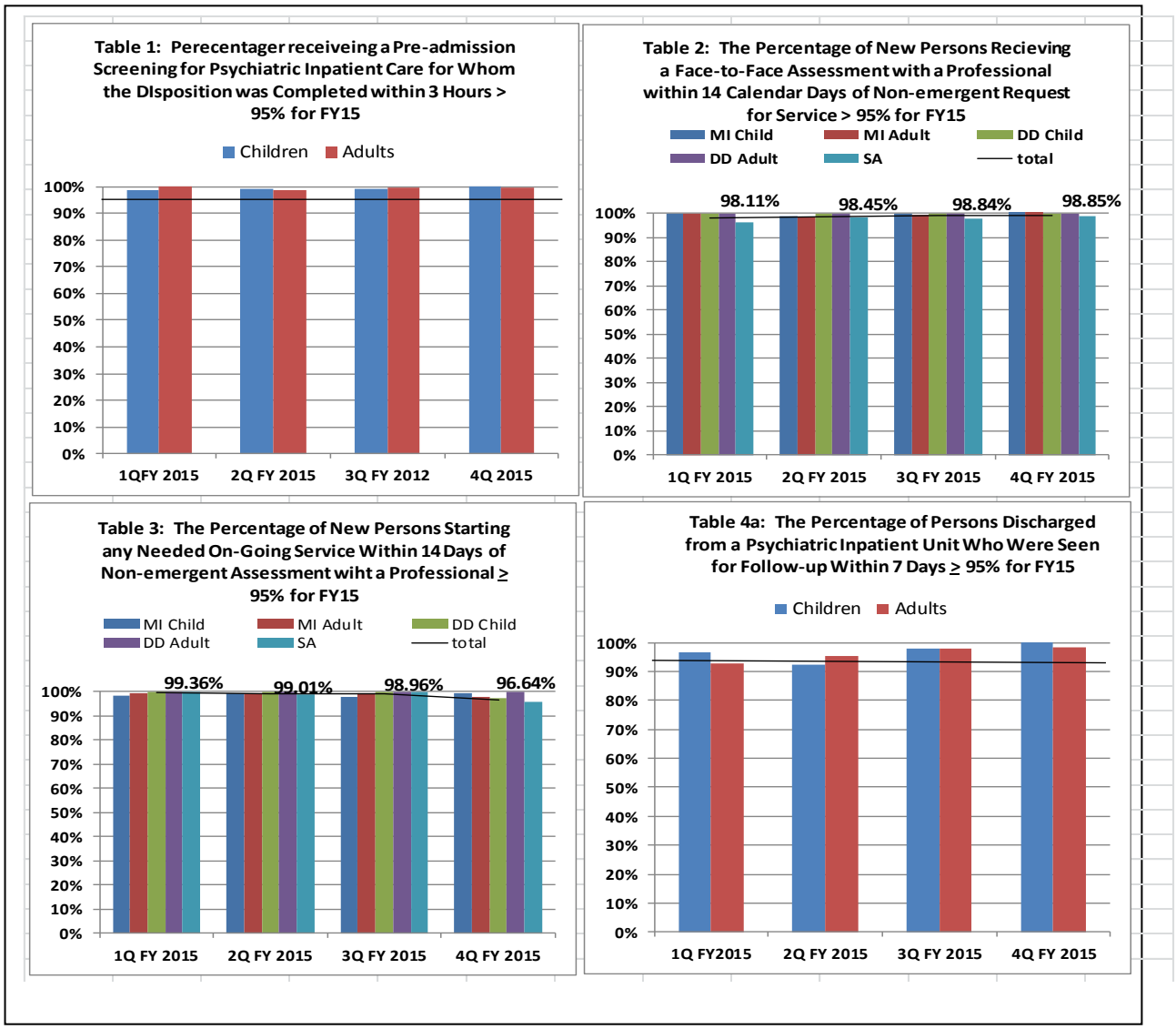
The Quality Oversight Committee is primarily responsible for assuring that the provider network has appropriate quality improvement structures and activities necessary to monitor the provision of quality services and to meet federal and state requirements. This group provides the primary link between 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:

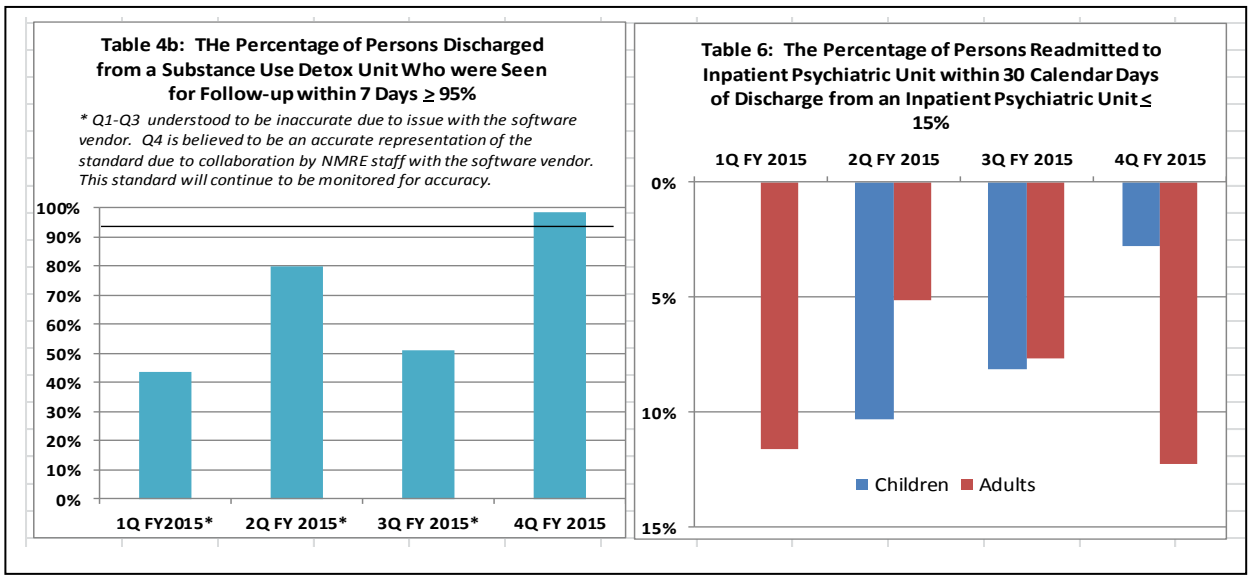
- Minimum of two primary or secondary consumer representatives from appropriate service populations, including persons with developmental disabilities, adults with mental illness, children with severe emotional disturbances and persons with substance use disorders.
- A representative from the quality improvement structure for substance use disorder services and
- Service Quality Manager.

This report provides a summary of the activities of the Quality Oversight Committee and its analysis of behavior treatment data. The summary report demonstrates how the PIHP quality assessment and improvements are improving the quality of health care and services for recipients.

Performance Indicators

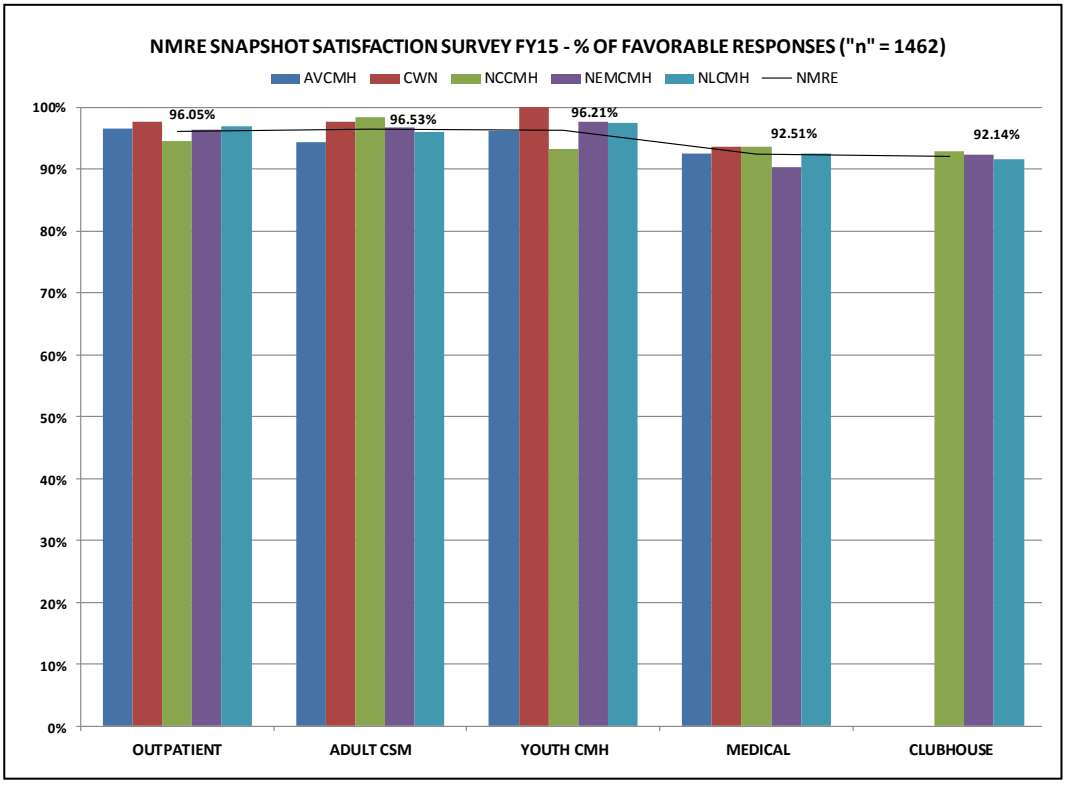
The Michigan Department of Community Health has established performance indicators for CMHSP and PIHP. Each member Board reports performance indicators for all services populations to the MDHHS. Additionally, the PIHP reports performance indicators for Medicaid recipients only. This information includes persons served by the PIHP, whether for mental health, intellectual/developmental disability or substance use disorder 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 MDHHS mandates the topic of one of the two projects. The QOC, working with the Service Quality and Innovation Manager, is responsible for these projects.

The two selected PIP topics are:

- Smoking assessment and cessation of all MA consumers served by the CMH.
- Increasing diabetic screenings for consumers with Serious Mental Illness prescribed a second generation antipsychotic medication by CMH physicians**.**

Increasing Diabetic Screenings for Consumers With SMI Prescribed an Antipsychotic Medication

The Michigan Department of Health and Human Services (MDHHS) contracted with Health Services Advisory Group, Inc. (HSAG), as its external quality review organization to assess the performance improvement projects (PIPs) conducted by Michigan's prepaid inpatient health plans (PIHP). MDHHS is responsible for administration of the Medicaid managed care program in Michigan. MDHHS requires that the PIHP conduct and submit PIPs annually to meet the requirements of the Balanced Budget Act of 1997 (BBA), Public Law 105-33. According to the BBA, the quality of health care delivered to Medicaid consumers in PIHPs must be tracked, analyzed, and reported annually. PIPs provide a structured method of assessing and improving the processes, and thereby the outcomes, of care for the population that a PIHP serves. By assessing PIPs, HSAG assesses each PIHP's "strengths and weaknesses with respect to the quality, timeliness, and access to health care services furnished to Medicaid recipients," according to the Code of Federal Regulations (CFR) at 42 CFR 438.364(a)(2).

Review Activity		Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA
I.	Select the Study Topic	2	2	0	0	0	1	1	0	0	0
II.	Define the Study Question	1	1	0	0	0	1	1	0	0	0
III	Use a Representative and Generalizable Study Population	1	1	0	0	0	1	1	0	0	0
IV.	Select the Study Indicator	3	3	0	0	0	2	2	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6	1	0	0	0	1
VI.	Reliably Collect Data	6	4	0	0	2	1	0	0	0	1
VII.	Analyze Data and Interpret Study Results	9	4	0	0	5	2	1	0	0	1
VIII.	Implement Intervention and Improvement Strategies	4	2	0	0	2	1	1	0	0	0
IX.	Assess for Real Improvement	4	Not Assessed				1	Not Assessed			
X.	Assess for Sustained Improvement	1	Not Assessed				0	No Critical Elements			
Totals for All Activities		**37**	**17**	**0**	**0**	**15**	**11**	**7**	**0**	**0**	**3**

2014-2015 PIP Validation Report Overall Scores: Increasing Diabetic Screenings for Consumers with SMI Prescribed an Antipsychotic Medication For Region 2 – Northern Michigan Regional Entity	
Percentage Score of Evaluation Elements Met*	100%
Percentage Score of Critical Elements Met*	100%
Validation Status***	**Met**

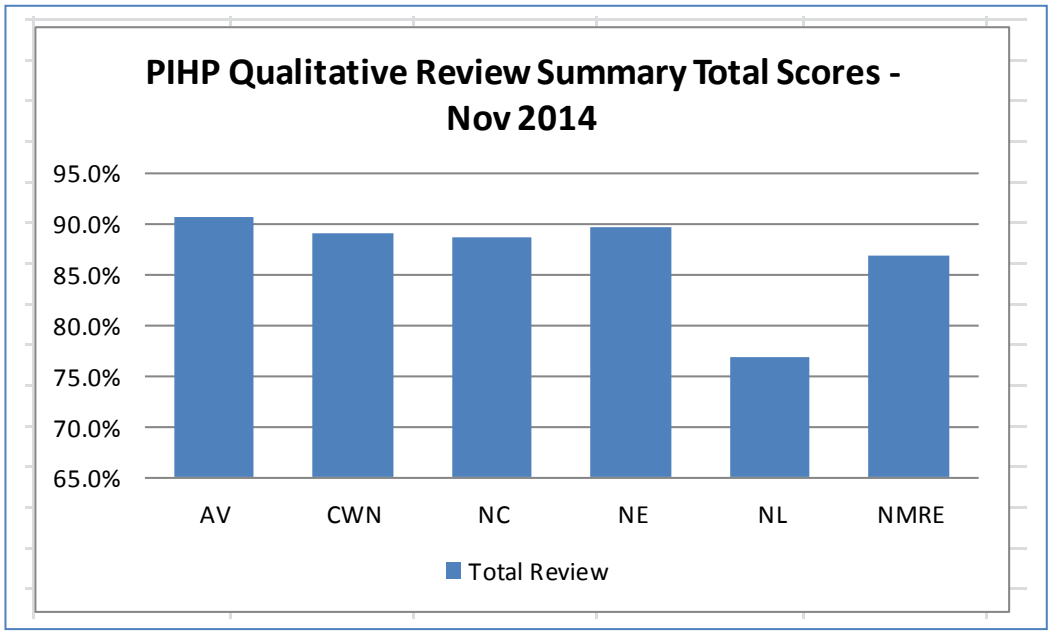
Smoking assessment and cessation of all MA consumers served by the CMH

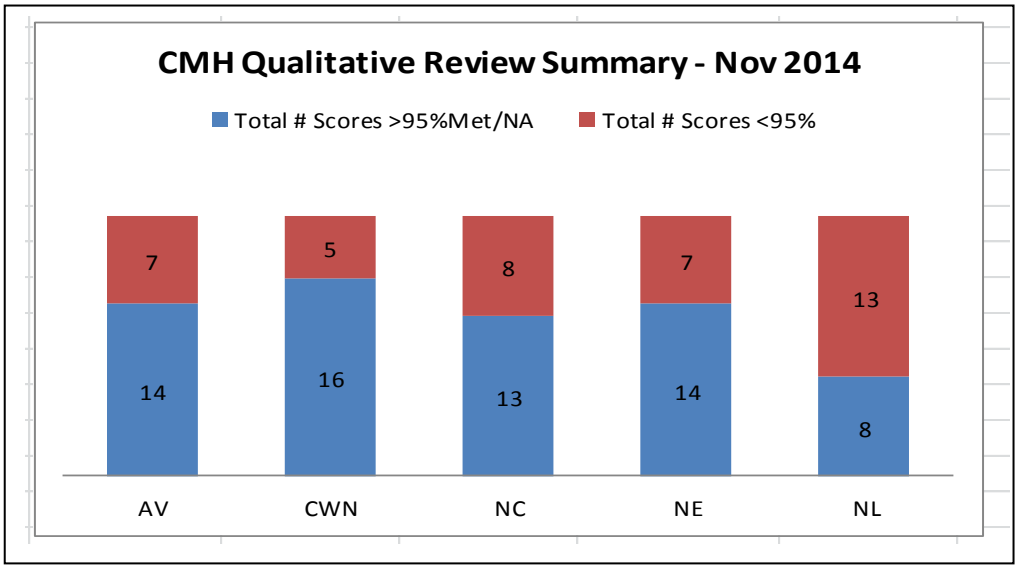
The Quality Oversight Committee developed a Tobacco Survey Tool to be utilized with all Medicaid consumers receiving services. The survey included all forms of tobacco such as cigarettes, cigars, chewing tobacco, use of electronic/smokeless devices, and second hand smoke. Also the survey requested information on negative health effectives, who wanted to quit and was there interest in learning about a cessation program.

The survey was developed into an electronic format for 4 of the 5 CMHSPs so it could be entered into the Electronic Medical Record. Due to the EMR at the 5th CMHSP it was not possible, so that CMH is collecting their information on paper and entering into an excel spreadsheet.

There have been some challenges with getting baseline data completed. Currently the NMRE does not have all baseline data in from all CMHSPs. Once baseline data has been reported then interventions will be selected and re-measurement will occur.

NMRE Annual Site Reviews of CMHSPs including Delegated Functions





Percentage of Total Elements Review across NMRE

REF#	CRITERIA:	NMRE
4.0	**Person Centered**	**86.5%**
5.0	**Health & Safety**	**82.8%**
6.0	**Clinical Recordkeeping**	**89.8%**
7.0	**Other Programs**	**88.2%**
	Total Score Records Review	**86.2%**
8.0	ACT	**88.8%**
9.0	Home-Based	**95.7%**
10.0	Service Authorization	**84.3%**
11.0	Jail Diversion	**73.3%**
12.0	HSCB	**85.0%**
13.0	Provider Network Management	**92.9%**
14.0	Trainings	**70.0%**
15.0	Customer Services	**100.0%**
16.0	Consumer Involvement	**100.0%**
17.0	Appeals	**100.0%**
18.0	Denial of Services	**85.0%**
19.0	Advance Directives	**86.7%**
20.0	Credentialing & Provider Qualifications	**70.0%**
21.0	Grievance System	**89.2%**
22.0	Sentinel Event	**75.0%**
23.0	Behavior Treatment	**93.1%**
24.0	Access Standards	**98.0%**
25.0	Other Programs - Clubhouse	**100.0%**
26.0	Recipient Rights Reports	**90.0%**
27.0	Fiscal Intermediary Monitoring	**87.1%**
	Total Qualitative Review Scores	**90.7%**
	Grand Total - All Elements	**86.9%**

Analysis of Behavior Treatment Data

On a quarterly basis, the QOC reviews data from each CMSHP 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 includes the number of incidents and duration of interventions, trend analysis as possible, as well as evidence that the CMHSP are examining possible changes in treatment.