



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, August 25, 2021

Via Zoom Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|--|
| I. | Announcements | Tania Greason/April Siebert |
| II. | SUD Updates (tabled) | Judy Davis |
| III. | Mission Based Performance Indicator <ul style="list-style-type: none">• Quarter 2 (Due 6/30/2021)• Data Analysis (Quarter 1 & 2 FY 2020-21) (tabled) | Tania Greason & Justin Zeller |
| IV. | Crisis Services Update PI 1 (tabled) | Judy Davis |
| V. | Review of Performance Indicator 2a Data | Tania Greason |
| VI. | Memo ACCESS-TIMELINESS/FIRST REQUEST (PIHP) Appointment Slots | Ebony Reynolds |
| VII. | CRSP Reengagement and Closure Policy | Dorian Johnson |
| VIII. | Over and Under Utilization Management (UM) Report | John Pascaretti & Rhianna Pitts |
| IX. | General Fund Medication Program | Jackie Summerlin |
| X. | DWPHN Policies/Procedures <ul style="list-style-type: none">• Wraparound (tabled)• Use of Behavior Treatment in CHM Settings (tabled) | Monica Hampton
Fareeha Nadeem |
| XI. | Critical Events/Sentinels Events Processing | Carla Spight-Mackey & Sinitra Applewhite |
| XII. | Provider Feedback | Group |
| XIII. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, August 25, 2021

Via **Zoom Platform**

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert & Tania Greason

Goal:

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>April Siebert informed the group that the initial Support Coordinators and Case Managers quarterly meetings will be held on Thursday September 30th, 2021 from 10:00 am – 12:00 pm via Zoom Link. These meeting will also be posted on DWIHN website. Please encourage your support coordinators/case managers to attend these meetings. This meeting is <u>only</u> for the support coordinators/case managers at this time. Tania Greason discussed that effective October 2021, MDHHS will issue new CPT codes. QI will contact Jeff White (DWIHN Finance) to present during the September 2021 meeting to review the new code requirements.</p>		
Action Items	Assigned To	Deadline
<p>QI to schedule Jeff White to attend the QOTAW meeting in September to review the new CPT code requirements.</p>	<p>DWIHN QI Unit (Tania Greason)</p>	<p>September 29</p>



2) Item: Mission Based Performance Indicator Quarter 1-2 Comparison Data - Tania Greason & Justin Zeller

Goal: Review of the MMBPI Quarter 1-2 Data

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #4** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Justin Zeller provided an overview of the FY 2020-21 comparison report for Quarters 1-2 indicating that MDHHS overall benchmark is 95%, for PI #1, 4a and 4b. The following information was shared:</p> <p>The state’s overall benchmark of 95% for FY2021(Q1) was met for indicators PI#1, PI#4a and PI# 4b. PI# 4a and 4b were also met for Q2. PI#1 slipped below the 95% compliance rate from Q1 to Q2. DWIHN’s Crisis and Access is working with Crisis providers to address challenges/barriers for this indicator as it has slightly decreased over the last couple of quarters. PI#2 dropped over 13% from Q1 to Q2. Beginning Q3 of FY 2020, separate indicators were developed for new persons receiving a completed Biopsychosocial Assessment within 14 calendar days of a non-emergency request for service and/or SUD Services. There are no exceptions for indicators 2a or 2b. No standard/benchmark for first year of implementation has been set by MDHHS. Also, beginning Q3 of FY 2020, a separate indicator was developed for new persons starting any medically necessary on-going covered service within 14 days of completing a non-emergent Biopsychosocial Assessment. There are no exceptions for indicator 3. No standard/benchmark for first year of implementation has been set by MDHHS. Indicator #2a review has become a top priority for DWIHN as the rates have continued to fall and reporting is significantly below the other PIHP’s. Meetings are occurring within DWIHN to address ways to improve this indicator and reduce barriers. All areas involved in this process are being evaluated including the Access Center, CRSPs and members showing for scheduled appointments.</p>		
Action Items	Assigned To	Deadline
<p>The performance indicator data will continue to be shared with the committee. Quarters 3-4 including a year-end analysis will be presented at the February 2022 meeting.</p>	<p>QI Unit (Justin Zeller)</p>	<p>February, 2022</p>



3) Item: Review of Performance Indicator 2a Data – Tania Greason

Goal: Review of PI#2a data and provider responsibility.

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #4** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Tania Greason shared with the workgroup that for PI# 2a, effective Q3 FY 2020, exceptions are not allowed for members that cancel or do not show for their appointments outside of the 14 day requirement. The analysis report for Q2 noted that there were 12% of individuals that did not show for their appointments, or wanted to reschedule an appointment outside the 14 days. Providers need to ensure they are actively reaching out to members to keep their appointments and that the biopsychological assessment is completed within 14 days of the initial request for new service. DWIHN is working with the access center to ensure the referrals are provided to Provider’s timely. The new standard is from the time that the member contacts the access center to the time the biopsychological assessment is complete. Providers are to document in MH-WIN if the members are requesting an appointment outside of the 14 days. For PI#2a in Q3 DWIHN scored an overall compliance of 47% which was the lowest amongst the PHIP’s in the state. MDHHS has not yet set a standard for PI# 2a, because they want to receive a clear picture over time on how members are accessing the mental health system. DWIHN is making changes within the Access Center to ensure the clinical screenings are done within 24-48 hours of request allowing for providers to complete the IBPS within the 14 day requirement. Please use the correct IBPS code and not the T1017 code once the IBPS is complete. Providers must also make certain that they check the radar button in MH-WIN when a member reschedules outside of the 14 day. Providers have noted that there are staffing issues at their organizations, DWIHN must be notified of such staffing issues. Additional communication regarding this process will be forwarded to providers.</p>		
Action Items	Assigned To	Deadline
<p>DWIHN’s clinical team has scheduled meetings with providers regarding scheduling and availability of appointments. Meetings are scheduled to begin next week.</p>	<p>DWIHN’s Clinical Team</p>	<p>January, 2022</p>



4) Item: Memo ACCESS-TIMELINESS/FIRST REQUEST (PIHP) Appointment Slots – Ebony Reynolds

Goal: Review the Memo ACCESS-TIMELINESS/FIRST REQUEST (PIHP) Appointment Slots

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Ebony Reynolds provided an overview of the Memorandum ACCESS-TIMELINESS/FIRST REQUEST (PIHP) sent out to DWIHN provider network on August 20, 2021. The Memo highlights the new reporting requirement for PI# 2a.</p> <ul style="list-style-type: none"> ○ The PIHP is required to track the percentage of new persons during the quarter receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service (Please see the attached PIHP Reporting Codebook.) ○ A biopsychosocial assessment is considered completed once the professional has submitted an encounter for the assessment and a qualified professional has determined a qualifying diagnosis for the individual. If the biopsychosocial assessment and the determination of the diagnosis occur on different dates, use the latter date when calculating the time from the initial request to the completion of the biopsychosocial assessment. ○ A person is also required to have a biopsychosocial completed if they are considered as “new” to services. “New” is defined as: <ul style="list-style-type: none"> ○ Either never seen by the PIHP for mental health services or for services for intellectual and developmental disabilities, or ○ It has been 90 days or more since the individual has received any MH or IDD service from the PIHP, or ○ It has been more than 60 days since the initial request (during the same quarter), either in-person or non-face-to-face. In this case a person did not receive and subsequent services following the initial request for services ○ The request date is the date the person makes their first request in which they include their name and contact information. The 14-day count starts at this first request, even if multiple attempts are needed to contact the person to set up a referral. ○ Individuals who come in with a crisis and are stabilized are counted as "new" for indicator #2a when they subsequently make a non-emergency request for MH or IDD services. The indicator will be tracked from the point of the non-emergent request forward. <p>Under these criteria, if an individual has not received services at your agency in last 90 days please direct them to the DWIHN Access Center for an appointment. An Integrated Biopsychosocial must be completed</p>		



<p>at the scheduled appointment to meet the standard for the performance indicator. For additional detail on the performance indicators, please see the attached Michigan Mission-Based Performance Indicator System Version 6.0 PIHP Reporting Codebook for your reference.</p> <p>For additional information please review the memo “ACCESS-TIMELINESS/FIRST REQUEST (PIHP) – Appointment Slots”.</p>		
Action Items	Assigned To	Deadline
<p>Providers voiced concerns that they may lose clients if they have to do a biopsychological assessment every 90 days.</p> <p>QI and CPI will take the providers concerns back for review based on the reporting requirements standards for service and send a copy of the memo and the indicator standard code book out to providers.</p>	<p>DWIHN QI and CPI Team</p>	<p>February, 2022</p>



5) Item: CRSP Re-Engagement and Closure Policy – Dorian Johnson

Goal: Review of CRSP Re-Engagement and Closure Policy

Strategic Plan Pillar(s): Advocacy Access X Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: X QI #5 CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Dorian Johnson provided an overview of the CRSP re-Engagement closure policy stating that the purpose of the policy is to provide procedure operations to DWIIN’s CRSP and all staff involved in case closure functions. The intended target will involve all groups of business excluding MI Health link. The CRSP’s are responsible for the monitoring the activity of their members on an ongoing basis and identify persons who has not received services within 60 days. 45 days of inactivity for SUD members. For additional information please review the DWIHN reengagement CRSP Re-engagement Closure policy on the following highlighted areas:</p> <ul style="list-style-type: none"> • Case closure • Dis-enrollment • Enrollment • Functional Impairment • Intellectual/Development disability • Line of business • Re-Engagement 		
Action Items	Assigned To	Deadline
<p>Providers had the following questions:</p> <ul style="list-style-type: none"> ○ Does the advance benefit determination (ABD) count as a contact? ○ For members that have an expired treatment plan is the closure still necessary because the client does not have an existing treatment plan, treatment agreement process is not necessary for ABD. <p>Dorian will take these questions for review and provide this workgroup of providers with answers.</p>	<p>DWIHN CS Unit (Dorian Johnson)</p>	<p>January, 2022</p>



6) Item: UM Over and Under Utilization Management Report – John Pascaretti and Rhianna Pitts

Goal: Review of UM Over and Under Utilization Management Report

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Rhianna and John shared with the workgroup that as part of the HSAG 42CFR Requirements, UM is working on Over and Under Utilization reporting and will begin to share information throughout the provider network. The Over and Under Utilization reporting will include the following:</p> <ul style="list-style-type: none"> • Authorizations are entered into MH-WIN and the timeless. • How many authorizations are coming in for retrospective review. • Analyzing the case management code T1017. • Over and Underutilization across the DWIHN provider network. • Working on the over and under ACT code H0039 with all HPT providers. 		
Action Item	Assigned To	Deadline
<p>UM will be sharing Over and Under Utilization Management reporting with the group at the next meeting.</p>	<p>DWIHN UM (Rhianna Pitts)</p>	<p>February 2022 and on-going.</p>



7) Item: UM General Fund Medication Program - Jackie Summerlin - John Pascaretti

Goal: Review of General Medication Program

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Jackie Summerlin and John Pascaretti discussed with the workgroup that DWIHN’s UM Unit is working with Genoa Pharmaceuticals to develop a general fund medication program for any active member that do not have insurance and are eligible for this program. The outpatient service providers can request medication be filled through this program. The general fund is for DWIHN members who have lost their Medicaid, never had Medicaid or are in the process getting insurance.</p> <p>There is a benefit grid on DWIHN’s website documenting the availability and continuation for starting of services for members that are in need. There is currently a 90 day authorization process which will allow time for members, parent or guardians to reinstate or inquire of Medicaid benefits while continuing services. UM will have a process where the provider agency that are requesting service for the uninsured can use the cpt code T1999 in which the process will be the same as requesting service for general fund services through MH-WIN. There is a listing of Genoa pharmaceuticals on DWIHN’s website in which the member can call or electronically send their prescription to the pharmacy, some medications may require a paper prescription. Members must have an authorization number in order to receive medication. The prescriptions can be prescribed for 30 days, 60 days or a maximum 90 days and can include medications for medical health.</p>		
Action Items	Assigned To	Deadline
<p>UM is working to start this program very soon after all details have been finalized. DWIHN’s UM unit will be notifying the provider network once the program has been implemented.</p>	<p>DWIHN UM Unit (Jackie Summerlin)</p>	<p>Provide update January, 2022</p>



8) Item: Critical Events/Sentinels Events Processing - Carla Spight-Mackey & Sinitra Applewhite

Goal: Review of CE/SE processing

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems **Quality** Workforce

NCQA Standard(s)/Element #: **X QI #1** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Carla Spight- Mackey and Sinitra Applewhite provided information and highlights regarding the submission and processing of Critical and Sentinel Events.</p> <ul style="list-style-type: none"> • QI team has a new nurse Micah Lindsey, RN, questions related to members physical health are to be sent via email to mlindsey@dwihn.org . • Effective immediately, no longer contact Tania Greason for media events, send an E-message through MH_WIH to Carla, Micah, and Sinitra. • Media events must be reported immediately and include the members name, MH_WIN & Medicaid ID numbers, and provider name. • Providers will begin to receive a list of CE/SE that QI is requesting additional documentation for. Please submit all documentation timely as outlined in the request. • The next CE & SE training will be held on September 16, 2021 from 9:00 a.m. – 11:30 a.m. Via Zoom Link. Trainings are posted on DWIHN website. 		
Action Item	Assigned To	Deadline
None		



9) Item: Providers Feedback – Group

Goal:

Strategic Plan Pillar(s): Advocacy Access Customer/Member Experience Finance Information Systems Quality Workforce

NCQA Standard(s)/Element #: QI # ___ CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

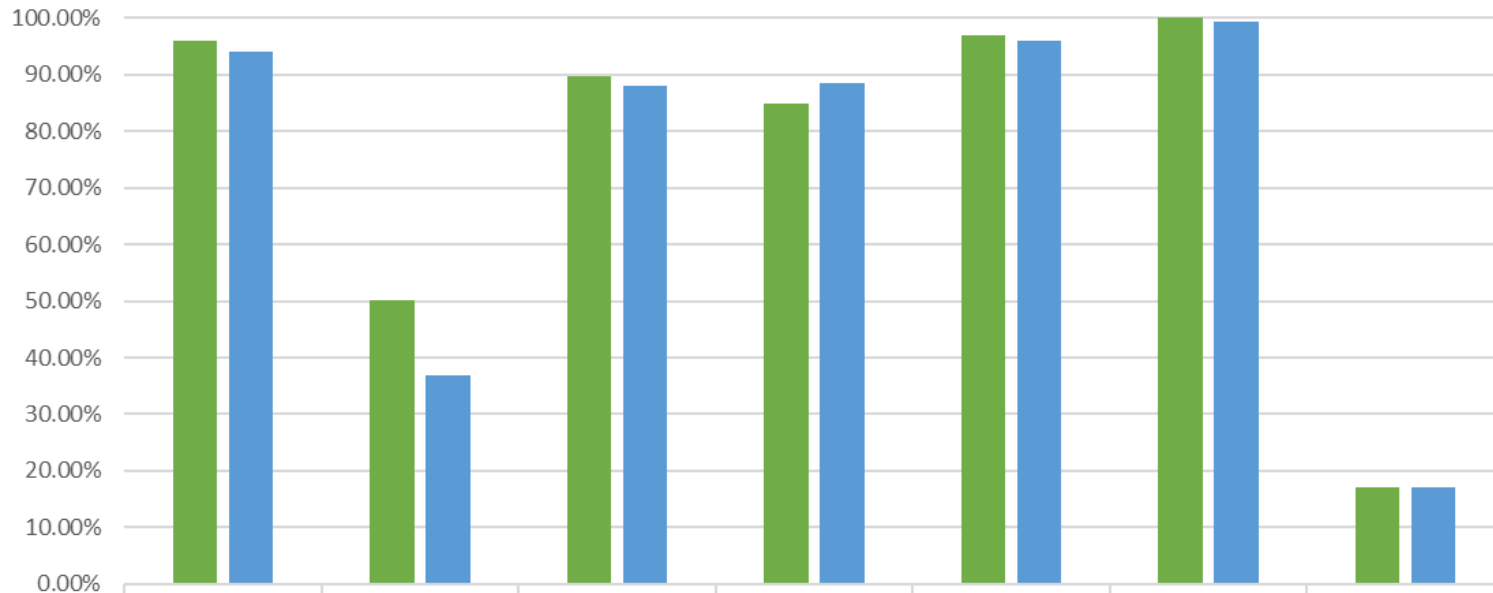
Discussion/Decisions Made		
<p>Why would a case that is open in MH_WIN be sent back to the access center, can't that individual just go back to their provider?</p> <p>Some providers stated these changes are overwhelming and this is one of the reasons they are losing staff because of all the rules and regulation that are required by MDHHS. DWIHN will work with providers to streamline processes while still making certain that we are in compliance with MDHHS requirements.</p>		
Action Items	Assigned To	Deadline
<p>The providers individual data in the PI modular and if you don't have access to the modular please send an email to tgreason@dwihn.org.</p> <p>DWIHN will be discussing and reviewing the process for cases that are not closed but have not received services 90+ days.</p>	<p>DWIHN QI and CPI Units Providers</p>	<p>February, 2022</p>

NEXT MEETING: Wednesday, September 29, 2021 @ 9:30 a.m. – 11:00 a.m. via [Zoom Link Platform](#)

ADJOURNMENT: 11:30 a.m.

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1st & 2nd Quarter 2021 Performance Indicators



	P#1	P#2a	P#2b	P#3	P#4a	P#4b	P#10
■ 1st Quarter	95.88%	50.12%	89.81%	84.84%	97.00%	100%	17.12%
■ 2nd Quarter	94.08%	36.82%	88.11%	88.40%	95.89%	99.47%	16.97%

■ 1st Quarter ■ 2nd Quarter

Analysis

The state's overall benchmark of 95% for FY2021(Q1) was met for indicators PI#1, PI#4a and PI# 4b. PI# 4a and 4b were also met for Q2. PI#1 slipped below the 95% compliance rate from Q1 to Q2. DWIHN's Crisis and Access is working with Crisis providers to address challenges/barriers for this indicator as it has slightly decreased over the last couple of quarters.

PI#2 dropped over 13% from Q1 to Q2. Beginning Q3 of FY 2020, separate indicators were developed for new persons receiving a completed Biopsychosocial Assessment within 14 calendar days of a non-emergency request for service and/or SUD Services. There are no exceptions for indicators 2a or 2b. No standard/benchmark for first year of implementation has been set by MDHHS.

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Indicator #2a review has become a top priority for DWIHN as the rates have continued to fall and reporting is significantly below the other PIHP's. Meetings are occurring within DWIHN to address ways to improve this indicator and reduce barriers. All areas involved in this process are being evaluated including the Access Center, CRSPs and members showing for scheduled appointments. CRSP providers were submitted information with requests for plans of corrections and root cause analysis. DWIHN continues to score well on PI#2b, #3, #4a total and #4b. #4a child events continue to be examined as we have missed the 95% mark for both of these quarters.

Lastly, Indicator #10 the state standard is 15% or less. DWIHN continues to not meet the 15% (Adult). The total for Q2 continues to demonstrate small decrease to go below 17%. This decrease is close to a 4% drop compared to one year ago. There are several departments within DWIHN that continue to meet and complete work in an attempt to reduce the adult recidivism rates. There are also external workgroups that include our provider network to address the identified issues/barriers for PI#10.