



## Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, September 23, 2020

Via Blue Jean Platform

9:30 a.m. – 11:00 a.m.

- |       |  |                        |
|-------|--|------------------------|
| I.    | Announcements                            | T. Greason             |
| II.   | Substance Use Disorder (SUD)             | J. Davis               |
| III.  | Service Utilization Guideline (UM)       | J. Pascaretti/R. Pitts |
| IV.   | Mediation and Adverse Benefit Notices    | D. Johnson             |
| V.    | DWIHN Policies:                          |                        |
|       | a) Ability to Pay                        | D. Brown               |
|       | b) Benefit                               | R. Pitts               |
|       | c) Denial of Service                     | T. Bridges             |
| VI.   | Echo Survey Update                       | M. Keyes-Howard        |
| VII.  | Medicaid Claims Verification Review      | S. Smith               |
| VIII. | Quarterly Case Record Review             | S. Smith               |
| IX.   | Provider Annual Review (Remote)          | S. Smith               |
| X.    | Critical/Sentinel Event Reporting Update | C. Spight-Mackey       |
| XI.   | Mission Based Performance Indicator      | T. Greason             |
| XII.  | Performant Indicator Workgroup           | T. Greason             |
| XIII. | Provider Feedback                        | T. Greason             |
| XIV.  | Adjournment                              |                        |



**Quality Operations Technical Assistance Workgroup Meeting**

**Wednesday, September 23, 2020**

Via **Blue Jean Platform**

**9:30 a.m. – 11:00 a.m.**

**Note Taker: Aline Hedwood**

**1) Item: Announcement – Tania Greason & April Seibert**

**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		
<ul style="list-style-type: none"> <li>○ DWIHN has hired Chief Clinical Officer (CCO) Ms. Melissa Moody. Ms. Moody has extensive experience working in the Mental Health field with noted experience from Oakland County Mental Health Network.</li> <li>○ On September 18<sup>th</sup>, 2020, DWIHN has submitted a mandatory <i>Telehealth Questionnaire</i> to all Outpatient providers within our provider network. The questionnaire is required for completion by providers to ensure that adequate and efficient services are being provided to the people we serve and that proper monitoring of this service delivery is accomplished. DWIHN is requesting that each organization complete the questionnaire by October 5<sup>th</sup>, 2020.</li> </ul>		
Action Items	Assigned To	Deadline
Outpatient providers to submit Mandatory <i>Telehealth Questionnaire</i>	Outpatient Providers	October 5, 2020

**2) Item: DWIHN Substance Use Disorder Update – Judy Davis (tabled)**

**Goal: Update SUD services**

**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		
Action Items	Assigned To	Deadline
Table for the October 28 <sup>th</sup> , 2020 meeting		



**3) Item: Service Utilization Guidelines (UM) – J. Pascaretti**

**Goal: Review of SUG requirements**

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

**NCQA Standard(s)/Element #:**  QI # \_\_\_  CC# \_\_\_ **X UM #2**  CR # \_\_\_  RR # \_\_\_

<Notes on discussion>

Discussion/Decisions Made		
John Pascaretti shared with the workgroup the <i>Service Utilization Guidelines</i> (SUG) information that was presented during the UM SUG CRSP training in August 2020. The overview presented during the QOTAW included PowerPoint slides and frequently asked questions. The SUG information is posted on DWIHN's UM website. The workgroup was provided with instruction as to how to access the Website and updated procedure codes and policies. All UM specific questions should be forwarded via email to <a href="mailto:pihpauthroizations@dwhin.org">pihpauthroizations@dwhin.org</a> .		
Action Items	Assigned To	Deadline
None Required		

**4) Item: Mediation and Adverse Benefit Notices– Dorian Johnson**

**Goal: Review overview of the Mediation and Adverse Benefit Notice**

**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		
Dorian Johnson provided an update on the <i>Mediation and Adverse Benefits</i> process. DWIHN received communication from MDHHS indicating that the appeals and adverse determination process will go into effect on March 1, 2021. Customer Service (CS) has a training scheduled for October 13, 2020 from 10:00 am – 12:00 pm for providers to attend. DWIHN's CS Appeals Unit has conducted provider audits to review if notices are submitted accordingly with regards to medical necessity. Review findings include that Adverse Benefit Notices are missing information and currently do <u>not</u> meet guidelines due to members not being notified timely. The training that is scheduled for October will be provided to ensure that our provider network is aware of processes for properly completing notices of adverse benefit determination and are educated on the items that are required to be included in the determination. CS welcomed a new team member to the Appeals Unit, Ms. Susan Gardner who will be in charge of all the monthly reporting for the appeals unit. The QOTAW was informed to contact Ms. Gardner with questions regarding the monthly reporting requirements via email at <a href="mailto:sgardner@dwhin.org">sgardner@dwhin.org</a> .		



Action Items	Assigned To	Deadline
None Required		

**5a) Item: DWIHN UM Policies: UM Benefit Policy – R. Pitts**

**Goal: Review UM Benefit Policy with Provider Network**

**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 Pitts reviewed the updates for the <i>UM Benefit Policy</i>. The UM Benefit Policy (BP) outlines DWIHN’s prepay inpatient plan and community health programs. UM has established initial criteria for covered services within the benefits policy. The policy outlines the procedural and operational guidance to DWIHN’s Access Center, Crisis Service Vendor, and Providers to develop and implement consistent access to DWIHN’s BP. Additionally, the policy delineates and describes the eligibility/admission criteria and covered services contained in DWIHN’s BP. For additional information please review the “DWIHN Benefits Policy (NCQA CC3 Element C)” on the below topics:</p> <ol style="list-style-type: none"> <li>1. General</li> <li>2. Benefits Plan Service</li> <li>3. Behavioral Health Services for Uninsured or Underinsured Individuals</li> <li>4. General Fund Exception Process</li> <li>5. Care Transitions</li> </ol>		
Action Items	Assigned To	Deadline
None Required		



**5b) Item: DWIHN Ability to Pay (UM) – D. Brown**

**Goal: Ability to Pay Policy review with Provider Network**

**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>The current Ability to Pay (ATP) policy is in the final review/approval process. Additional keys words were added to the ability to pay processes services definitions. It is the policy of (DWIHN) to exert all due diligence ensuring that the appropriate fees for services are collected from consumers or their responsible financial entities, as required by contract, law, and by their benefit. The ATP policy will be placed on DWIHN’s website once approved. Updates on the revised ATP include the following:</p> <ol style="list-style-type: none"> <li>1) DWIHN is reserving all due diligence an assumed that the appropriate fees for DWIHN services are collected from consumers or their responsible finance entity as required by contact law and by their benefit.</li> <li>2) Consumer access care is not denied due to the ability to pay and their financial determination are calculated no less then annually by the CRSP and updated whenever a consumer financial situation changes.</li> <li>3) Persons and their financially responsible entity have a responsibility to pay for the cost of services within their compacity without imposition on their long-term financial obligation or material disturbance on their transit of living remain the same</li> <li>4) The CRSP ensure that the network providers would routinely make collection attempts the determine fees, code pays and the ability to pay charges</li> <li>5) The CRSP will utilize standards determinations of eligibility formula available in the DWIHN MH-WIN ability to pay modular</li> <li>6) DWIHN is responsible for ensuring that the CRSP providers and network providers have a policy in place consistence with this policy.</li> <li>7) DWIHN and the CRSP will utilized standards determinations of eligibility formula available in the DWIHN MH-WIN ability to pay modular</li> <li>8) DWIHN is responsible for ensuring that the CRSP providers and network providers have a policy in place consistence with this policy.</li> </ol>		
Action Items	Assigned To	Deadline
None Required		



**5c) Item: DWIHN Denial of Services – T. Bridges**

**Goal: Denial of Service Policy review with Provider Network**

**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		
Tasha Bridges reviewed with the workgroup the <i>Denial of Services Policy</i> . The purpose of this policy is to provide procedural and operational guidance on the denial process to all staff performing UM functions including UM Reviewers, UM clinical specialists, UM appeal coordinators, and physicians. Also availing enrollees/members or their authorized representative of the right to appeal an adverse determination while ensuring all adverse decisions are fair, consistent, and in compliance with federal and state regulations. There is one noted change in which DWIHN will make medical necessity determinations on Autism Spectrum Disorder (ASD) cases. DWIHN’s contracted physicians will be rendering decision for ASD cases. For additional information please review the “DWIHN Denial of Service Policy (NCQA UM4, UM5, UM6 and UM7)” available on the DWIHN website under the UM policy library.		
Action Items	Assigned To	Deadline
None Required		

**6) Item: Echo Survey Update (CS) – Margaret Keyes-Howard**

**Goal: Review and Update for the Echo, Provider and NCI Survey**

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

**NCQA Standard(s)/Element #:**  QI #5  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

<Notes on discussion>

Discussion/Decisions Made		
Margaret Keyes-Howard reviewed and provided an update for the 2019-2020 Children and Adult Echo Surveys. The Echo Survey is DWIHN’s annual member experience survey which is completed in conjunction with Wayne State University the School of Urban Planning. The CS Unit will provide a complete analysis of the Echo Survey final report to the QISC meeting scheduled for October 2020. The review/analysis will compare data from the Echo Survey completed in May of 2017 and include recommendations for noted interventions and barriers.		



<p>The NCI survey will begin on September 28, 2020. The CS unit will be meeting with the MDHHS to discuss/review how the state will process the survey for this year.</p> <p>DWIHN’s CS unit will receive a listing of 167 members that will receive consent for participation. CS will contact the I/DD providers that are included in receiving the NCI survey requests. The NCI survey will be conducted virtually. Margaret Keyes-Howard also informed the committee of the following:</p> <ul style="list-style-type: none"> <li>• DWIHN is in the process of completing the 2019-2020 Provider Satisfaction Survey. Over 800 surveys were distributed from our MCO unit to our provider organizations. Surveys were distributed on September 18<sup>th</sup> and were to be completed by October 1<sup>st</sup>. The Provider Satisfaction surveys are important to measure DWIHN’s progress and or identified issues within our provider network.</li> <li>• DWIHN’s CS unit is in the process of developing a Practitioner Satisfaction Survey through the Work Force Development unit before October 8<sup>th</sup> this survey will be submitted to approximately 2,000 practitioners.</li> <li>• CS encourages providers to review and respond to all surveys as this allows DWIHN to measure our progress and identify issues within our network.</li> </ul>		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
Continue to provide updates/final analysis for the NCI, Echo and Practitioner Satisfaction Surveys.	CS and MCO Units	December 30, 2020



**7) Item: Medicaid Claims Verification Review – Starlit Smith**

**Goal: Review of the Medicaid Claims Verification Review**

**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	Assigned To	Deadline
<p>Starlit Smith discussed with the workgroup the review and progress of the <i>Medicaid Claims Verification</i> Reviews. To date the following issues have been identified and noted:</p> <ol style="list-style-type: none"> <li>1) Providers must make certain that staff trainings are documented with the time period of the review.</li> <li>2) Providers must make certain clinical notes support the service code and modifiers used.</li> <li>3) Make certain the member has a valid IPOS at the time of service (IPOS signed)</li> <li>4) Services rendered/paid were documented in a valid IPOS.</li> </ol> <p>A final review/report will be shared with the workgroup once complete.</p>		
Action Items	Assigned To	Deadline
<p>Providers will continue to submit requested documentation to the QI unit. A final review/report will be shared with the workgroup after analysis.</p>	<p>QI Unit (Starlit Smith)</p>	<p>December 30, 2020</p>





**8) Item: Quarterly Case Record Review – Starlit Smith**

**Goal: Review/Progress of the Quarterly Case Record Reviews**

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

**NCQA Standard(s)/Element #:** **X QI #11**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

<Notes on discussion>

Discussion/Decisions Made		
<p>Starlit Smith informed the workgroup that the QI unit is in the process of reviewing and completing an analysis of the <i>Self-Monitoring Quarterly Case Record</i> reviews for FY 2019-2020. The outcomes will be shared with the workgroup once complete for Q2 and Q3. Providers are requested to complete Quarter 3 reviews by October 2<sup>nd</sup> however a few providers have asked for a short extension period. QI understands the issues relative to the current COVID-19 pandemic and will allow for a short extension if requested. Providers were informed to reach out to the QI unit for an extension period as needed.</p>		
Action Items	Assigned To	Deadline
QI will review and report to the workgroup Q1, Q2 and Q3 data/outcomes from the Self-Monitoring Quarterly Case Record Reviews	QI Unit (Starlit Smith)	December 30, 2020

**9) Item: Provider Annual Review (Remote) – Starlit Smith**

**Goal: Review and Progress of the Provider Annual Reviews**

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>DWPHN's QI unit continues to collaborate with the CS unit for coordination of provider reviews/audits. QI is currently in the process of creating a review calendar for FY 2020-21. The provider audit review tools will be updated and reviewed with the providers prior to the 2020-2021 annual scheduled reviews. Audit tools are updated annually to ensure alignment with MDHHS and other regulatory requirements. QI will continue to review the audit tool for FY 2020-2021 and will develop a workgroup with selected providers, allowing for providers to be included in the audit tool review process. If you would like to volunteer to be involved in the workgroup, please send Starlit Smith an email at <a href="mailto:ssmith@dwphn.org">ssmith@dwphn.org</a>. Starlit also informed the providers to review updates received from the MDHHS, updates can impact how we deliver services to the members we serve.</p>		
Action Items	Assigned To	Deadline
Provider workgroup will be organized to review the FY 2020-2021 audit tools.	QI Unit (Starlit Smith)	November 30, 2020



**10) Item: Critical/Sentinel Event Reporting – Carla Spight-Mackey**

**Goal: Review of CE/SE Reporting**

**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 informed the workgroup that the next <i>Critical/Sentinel Event Module</i> training has been scheduled for October 15<sup>th</sup>, 2020 from 9:00 am – 11:00. Providers are required to submit staff names, titles, end email address and their MH-WIN Sign on ID number if they want to participate in the training. After each CE/SE training, staff will receive a written quiz with access to the CE/SE MH-WIN Module once the quiz has been completed and passed/approved. Providers were informed that CE/SE virtual trainings will continue to occur with a limited seating of 50 staff. Prior notices will be posted via MH-WIN.</p> <p><b>Highlights from critical/sentinel event reporting:</b></p> <ul style="list-style-type: none"> <li>• The critical event modular has been updated, providers no longer have to submit a paper copy of the RORD.</li> <li>• DWIHN has continued to offer and provide critical/sentinel event training which has made a great impact and tremendous improvements with reporting. QI also</li> <li>• Residential programs have direct care staff and home managers that are enrolling in the critical/sentinel event module trainings. Staff are encouraged to attend to review the process of entering CE/SE which will assist with their understanding of completing incident reports.</li> </ul> <p><b>Weakness that were identified in the critical/sentinel event reporting:</b></p> <ul style="list-style-type: none"> <li>• Identified IPOS’s do not have specific measurable goals and are not being monitored as indicated in the plan.</li> <li>• Identified IPOS’s are repetitive, not individualized and are not updated as required when there are some significant behavioral changes. Behaviors are not appropriately being addressed after hospitalization and ER treatment related to the behaviors.</li> <li>• Identifying the need for the direct care staff training is not always provided for the implementation of the IPOS and BTP by the appropriate license and credentialed staff.</li> <li>• Follow up on hospitalization in coordination with primary care ancillary physician is not constant.</li> </ul>		
Action Items	Assigned To	Deadline



<p>QI will continue to report and review CE/SE data with the workgroup. QI monitoring team will continue to complete remote reviews and recommend POC's and Root Causes analysis as deemed applicable. Providers are encouraged to continue to sign up for CE/SE Module Training as needed.</p>	<p>QI Unit (Carla Spight-Mackey)</p>	<p>On-going</p>
---	--	-----------------

**11) Item: Mission Based Performance Indicator Data – Tania Greason**

**Goal: Review of MMBPI Data/Submission**

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

**NCQA Standard(s)/Element #:** **XQI #4**  CC# \_\_\_  UM # \_\_\_  CR # \_\_\_  RR # \_\_\_

<Notes on discussion>

Discussion/Decisions Made		
<p>Tania Greason reviewed with the workgroup the following:</p> <ul style="list-style-type: none"> <li>• The MMBPI data for the Q3 is being reviewed, to date we are meeting all required indicators with the exception of PI 10 (Recidivism) and 4a (7-day follow up)</li> <li>• For PI #2 and PI #3 we are no longer able to include exceptions in the data. Currently, there is no set benchmark.</li> <li>• For PI #4a the 7-day follow-up adults DWIHN is currently at 89% range, our target is 95%. Justin will continue to work with providers to record exceptions.</li> <li>• Justin Zeller has submitted to providers individual reports for PI 10 and PI4 requesting feedback, due date for September 23, 2020.</li> </ul>		
Action Items	Assigned To	Deadline
<p>QI Unit will continue to provide updates and analysis for MMBPI data. Q3 data is due to MDHHS on 9.30.2020. Providers are required to have updates and information entered by September 29, 2020.</p>	<p>QI Unit (J. Zeller, T. Greason) Provider Network</p>	<p>On-going September 29, 2020</p>



**12) Item: Performance Indicator Workgroup – Tania Greason**

**Goal: Discuss/Review Performance Indicator Workgroup Purpose/Roster**

**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><b>Performance Indicator Workgroup – Tania Greason</b></p> <p>The next meeting is scheduled for October 22, 2020. QI has included additional SUD providers to the workgroup. The workgroup primary purpose is for DWIHN and providers to work in collaboration in collecting and monitoring MMBPI data for reporting to MDHHS. Providers that are interested in becoming a part of the workgroup, please reach out to Tania or Justin via email <a href="mailto:tgreason@dwihn.org">tgreason@dwihn.org</a> and <a href="mailto:jzeller@dwihn.org">jzeller@dwihn.org</a>.</p>		
Action Items	Assigned To	Deadline
None Required		

**Provider Questions/Comments**

**NEXT MEETING:** Wednesday, October 28<sup>th</sup>, 2020 via Blue Jean Platform

ah\_09-01-2020