



Quality Operations Technical Assistance Workgroup Meeting Agenda
Wednesday, October 16, 2019
Second Floor Training Room
9:30 a.m. – 11:00 a.m.

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|-------|--|--|
| I. | Announcements – | T. Greason |
| II. | Substance Use Disorder (SUD) – | J. Davis |
| III. | PHQ- 9 – | S. Scott & R. Compton |
| IV. | DWMHA Policy Review:
a) Claims Processing Procedure -
b) Claims Mailroom Procedure -
c) PHQ-A -
d) Respite/In Home and Out of Home -
e) Self-Management Tool Policy -
f) Complex Case Management (CCM) | D. Hardrick-Crump
D. Hardrick-Crump
S. Scott & R. Compton
C. Palmer
S. Scott & R. Compton
T. Forman |
| V. | NCI Survey – | M. Keyes-Howard |
| VI. | Performance Indicator -
o Quarter 2 and 3 Data (Overview) | T. Greason |
| VII. | Clinical Case Record Review –
Quarter 2 (Overview of Findings) | T. Greason |
| VIII. | Provider Questions/Comments | |
| IX. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, October 16, 2019

Second Floor Conference Room

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcement – Tania Greason

Goal: Review of DWIHN’s announcements

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

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

Discussion/Decisions Made		
<ul style="list-style-type: none"> DWMHA name changed to Detroit Wayne Integrated Health Network (DWIHN) effective October 1, 2019. April Seibert, QI Director sent a memorandum out to the CRSP providers regarding their responsibility as CRSP providers. The letter is available on DWIHN’s web-page “Provider Support” page. The HSAG PMV review was held on July 26, 2019, during the review it was determined that ongoing services should not be submitted on the same claim as the initial assessment code H0031. DWIHN’s Claim unit has issued a memo requesting that initial assessments and ongoing services be submitted and billed on separate claims. 		
Action Items	Assigned To	Deadline

2) Item: Substance use Disorder (SUD) – J. Davis

Goal: Update of SUD activities

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

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

Discussion/Decisions Made		
<p>Judy Davis informed the committee that providers were informed of the reduction in recovery support services via a memo distribution from the SUD Unit (October 11, 2019). The memo indicated that there would be a reduction in recovery support services. Therefore, the codes that relate to H0023 and T1012 the fees were reduced from \$100 to \$50 effective October 13, 2019.</p>		
Action Items	Assigned To	Deadline



3) Item: PHQ-9 Requirement – R. Compton & S. Scott

Goal: Review of PHQ-9 Requirement

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>PHQ-9 Requirement – Sherry Scott & Robert Compton</p> <p>Robert Compton provided an overview of the PHQ- 9 policy. Discussion ensued regarding the data for the PHQ-9 questionnaire completeness through the Biopsychosocial which is completed in MH_WIN. Currently DWIHN scored below 50% on the PHQ-9 for completion of the biopsychosocial section. In addition, the CPI unit has developed a Performance Improvement Project (PIP) for improvement of reporting PHQ-9 data. Dr. Butler has submitted a letter to our provider network (October 2019) outlining the importance of utilizing and completing the PHQ-9 Questionnaire in MH_WIN. Robert asked the group to send him all questions and issues relative to utilizing the PHQ-9 Questionnaire for the CPI unit to address and answer. All questions should be directed to Robert Compton at DWIHN.</p>		
<p>Sherry Scott also informed the committee that the PHQ-A has been developed and implemented for the adolescent population and many of the providers have been confusing the PHQ-A with the PHQ-9 for adults. When reviewing the PHQ-9 make certain that you are utilizing the correct form for adults. CPI unit is looking for a benchmark of 95% for completeness by the end of next quarter. The CPI unit will also send out letters to the providers with each individual percentage scores for completing the required documentation. For additional information please review the PHQ-9 Procedure policy on:</p> <ul style="list-style-type: none"> • Eligibility Criteria • Screening for depression • Assessment for Major Depression • Treatment and follow-up • Monitoring 		
Action Items	Assigned To	Deadline
Continue to conduct routine monitoring and analysis of the PHQ-9 data (MH_WIN). Monitor PHQ-9 PIP results.	CPI Unit	Ongoing



4) Item: DWMHA Policy Review:

- | | |
|-----------------------------------|---|
| ○ Claims Processing Procedure - | D. Hardrick-Crump |
| ○ Claims Mailroom Procedure - | D. Hardrick-Crump |
| ○ PHQ-A - | C. Palmer |
| ○ Respite/In Home & Out of Home - | M. Hampton |
| ○ Self Management Tool Policy - | S. Scott & R. Compton (Tabled until next meeting) |
| ○ Complex Case Management - | T. Forman |

Goal: Review of approved DWHN Policies

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

NCQA Standard(s)/Element #: X QI #11,9 CC# ___ X UM #12 CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
<p>Claim Processing Procedure – D. Hardrick-Crump</p> <p>Debra Hardrick-Crump provided an overview the the claim processing procedure policy and stated the purpose of the claim processing policy is to educate the providers on the adjudication process. For additional information please review the “Claim Processing Procedure” policy for:</p> <ol style="list-style-type: none"> 1) Medicaid & Medicare 2) MI Health Link 3) Paper Claims 4) Claims processing 5) Claims payment 6) Denied Claims 7) Completed Claims 		
<p>Claims Mail Room Procedure – D. Hardick-Crump</p> <p>Debra provided an overview of the claim mail room procedure policy and stated the purpose of this policy is educate the providers on how the claim unit received claims in DWHN mailroom and it is physically related to paper claims only, not electronically or via direct submit. The claim unit process for counting, faxing and date stamping the claims follows protocol for claims received, if received after 60 days the claim is past due. The claim unit-processing period is to pay a claim or denial claim within 30 days. The date is important because it lets the Claims unit know that the claim was process within DWHN policy guidelines.</p>		



<p>PHQ-A – Crystal Palmer</p> <p>Crystal Palmer informed the committee that the PHQ-A is a screening tool for depression (adolescent) population The Children’s Initiatives (CI) unit screens every child age of 11-17 years old on their intake verifying information that is complete on the biopsychosocial. Crystal informed the committee to make certain that when completing the biopsychosocial make you sure you click PHQ-A. If a member scores 10 or higher than an intervention or treatment including an assessment must be completed and included in IPOS for the client. However, at any point, if Question # 9 is answered yes, further assessment must also be completed to ensure that the child is safe. Monitoring is completed quarterly, CI recommends that monitoring is done no less than annually.</p>		
<p>Respite/In Home and Out of Home – Monica Hampton</p> <p>Monica informed the committee that respite is not a substitute or supplement for community living support and is to be utilized for short term relief. In order to provide families with respite a worker must be at least 18 years of age, be able to read and follow plans, and write legible process notes. Respite maybe provided in the beneficiary’s home or in a licensed childcare home. Respite is <u>not</u> allowed in day program settings or hospitals. In addition, parents, spouses or guardian may <u>not</u> provide Respite. For additional information, please review the DWIHN “Respite (In-Home and Out-of-home)” policy.</p>		
<p>Complex Case Management (CCM) Policy – Tina Forman</p> <p>Tina Forman provided an overview of the complex case management (CCM) policy. The CCM policy is to developed to improve the health status and quality of life of DWIHN enrollees/members. Integrated Healthcare (IHC) unit goal is to decrease hospital admissions, ER visits and improve self-management skills. In addition, this is for people who have both medical and behavior health concerns. CCM services are developed to assist individuals in becoming connected and reengaged with behavioral health services as well as medical services. These are voluntary and short-term services, applying to both children and adults; it applies to individuals with disability to all designation SMI, IDD, and SUD. If anyone is interested in CCM services IHC unit has a referral form that is listed on DWIHN website with instructions on how to submit and what clinical information should be included on the referral. Once submitted Pam Bourdaganis (IHC) will review the information and contact the provider as a referral source. If you any question regarding CCM services please feel free to contact Pamela Bourdaganis via email at pbourdaganis@dwihn.org.</p>		
<p>Action Items</p>	<p>Assigned To</p>	<p>Deadline</p>
<p>None Required (Policies available on DWIHN’s Website)</p>		



5) Item: NCI Survey – M. Keyes-Howard

Goal: Review of NCI Survey Requests

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

NCQA Standard(s)/Element #: **X QI #6** CC# ___ UM # ___ CR # ___ RR # ___

<Notes on discussion>

Discussion/Decisions Made		
Margaret Keys-Howard provided an overview of the NCI Survey requirements. Customer Services (CS) unit has received the list for members that have been selected to participate in the NCI survey last week. There is a total of 160 NCI consents/applications to complete before December 1, 2019. CS will be obtaining the consent forms and sending them directly to the providers, however, during this process, CS will be including as many providers as possible which including the CRSP providers. It is the CRSP’s provider responsibility to complete the pre-survey and survey application information. In addition, Margaret informed the committee that she has discussed with DWIHN Administrators to produce sanctions to providers if the applications are not received timely. Margaret will be contacting each CRSP provider by email before Friday October 18, 2019. Margaret also informed the committee that all questions must be answered on the pre-survey applications in order for the state to accept the survey information. The survey will go to each of the selected providers CEO and Quality. If you have not received a listing or have additional questions, please contact Margaret Keys-Howard at (313) 333-1248 (cell) or vial email mkeyeshoward.dwihn.org		
Action Items	Assigned To	Deadline
Providers to complete assigned pre-survey and background information	Providers	December 1, 2019

6) Item: Performance Indicator (PI) – Quarter 2 and 3 Data (Overview) – T. Greason

Goal: Review of MMBPI Data Quarters 2-3

Strategic Plan Pillar(s): Advocacy Access 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		
Tania Greason informed the committee that the Quality Improvement (QI) unit has submitted the Performance Indicator (PI) data to MDHHS and for Quarter 3 on September 30, 2019. Tania also provided an overview of Quarter 1, 2, and 3 data. For quarter 3 QI met the standards for indicator number 1 and 2. However for indicator #3 the scored when down slightly; for indicator #4 QI received a score of 95.2%; for indicator #4b QI received a score of 95.03% and for indicator 10 QI received a score of 16.12%, which was slightly higher than the 15% standard. Tania informed the group that QI will begin to complete a drill down for review of members that are continuing to be readmitted the review will allow DWIHN to reach out to their providers to complete a plan of correction as		



applicable. Quarter 4 data will be due to MDHHS on December 30, 2019. Providers are to begin to review data for analysis of exclusions etc. The next Provider Performance Indicator Workgroup is scheduled for today October 16, 2019 @ 11:30 a.m.		
Action Items	Assigned To	Deadline
Providers to review Quarter 4 data for review of exceptions and continued readmissions.	DWIHN Providers	December 15, 2019

7) Items: Clinical Case Record Review – Quarter 2 (Overview of Findings) – S. Smith

Goal: Review of Quarter 2 Clinical Case Record Review

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

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

<Notes on discussion>

Discussion/Decisions Made		
<p>Quarter 2 data summary was presented to the committee (see attached). Starilt Smith informed the committee that DWIHN’s provider auditing standard tools will be updated for FY 2019-2020. Starlit is requesting that one staff from the adults, children, and Autism programs be involved in reviewing the tool revisions/updates. The “Case Record Review Tool”, serves a number of purposes, each program identified should have measurable goals and outcomes. Goals and outcomes must be written in order for QI’s monitoring staff to review if goals are met which will improve the outcomes for our members served. The standardized tool will also allow the providers to monitor their programs allowing for Continuous Quality Improvement initiatives. QI is requesting that providers provide input and feedback areas of the tools that would improve outcomes.</p> <p>In addition, case record review tool for the 4th quarter was be sent to providers today with the exception of Wayne Center.</p>		
<p>Farheea Nadeem also informed the committee that the residential home providers for members who are on a behavior treatment plan (BTP), must be trained on the BTP by the Psychologist only. After ongoing reviews by our QI team, it has been determined that nearly 50% of DWIHN’s residential home providers do not have an updated copy of BTP and have not been trained on the BTP. It is a requirement by the State and DWIHN that staff be trained on the BTP has required. Ongoing monitoring will continue.</p>		
Action Items	Assigned To	Deadline
Update FY 2019-2020 DWIHN Audit Tools. CRSP providers to training residential staff as applicable to members that are on a current BTP, trainings can only be conducted per the Psychologist, not the SC or home managers.	CRSP Providers	Ongoing.

Provider Questions/Comments

NEXT MEETING: Wednesday, November 20, 2019

ah_11/04/2019

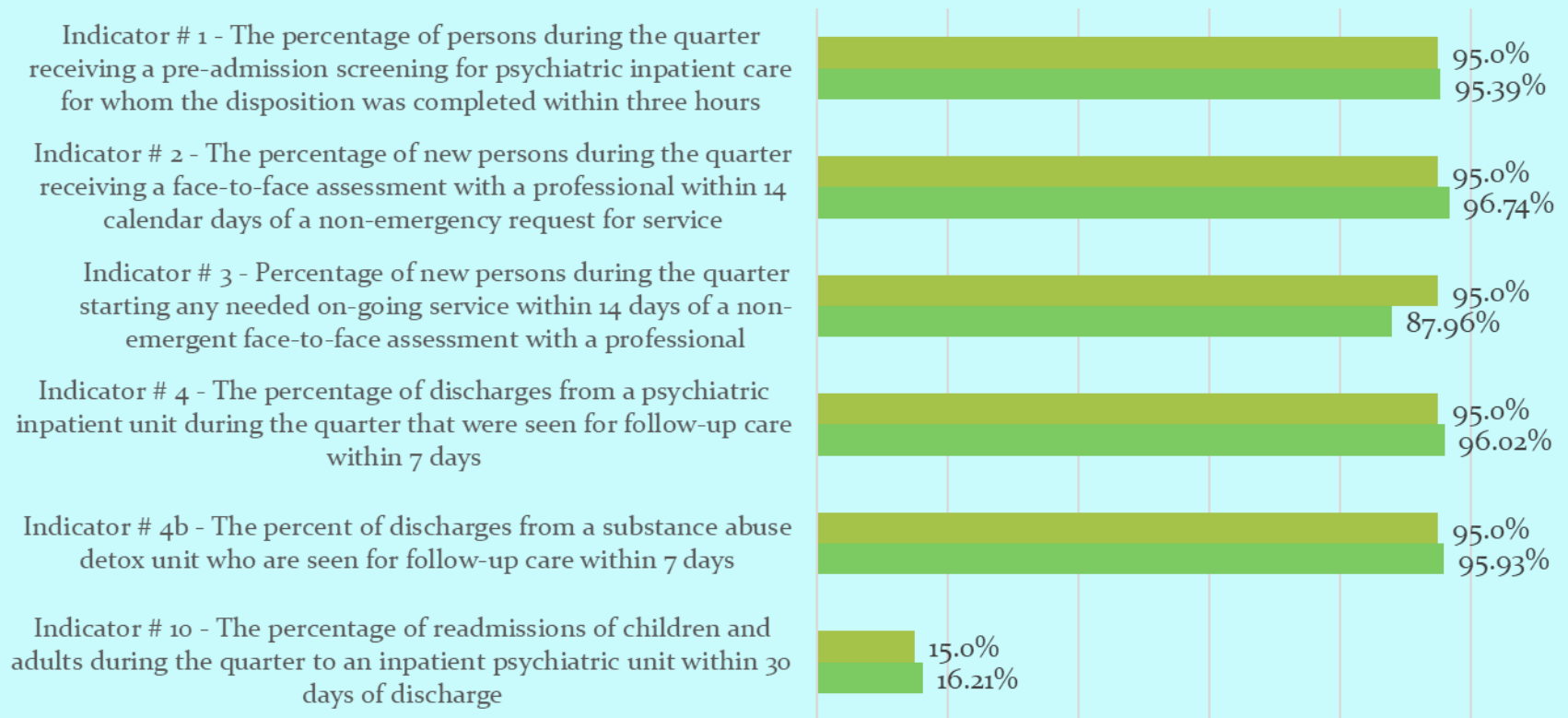


Detroit Integrated Health Network

Michigan Mission Based Performance Indicator
PIHP

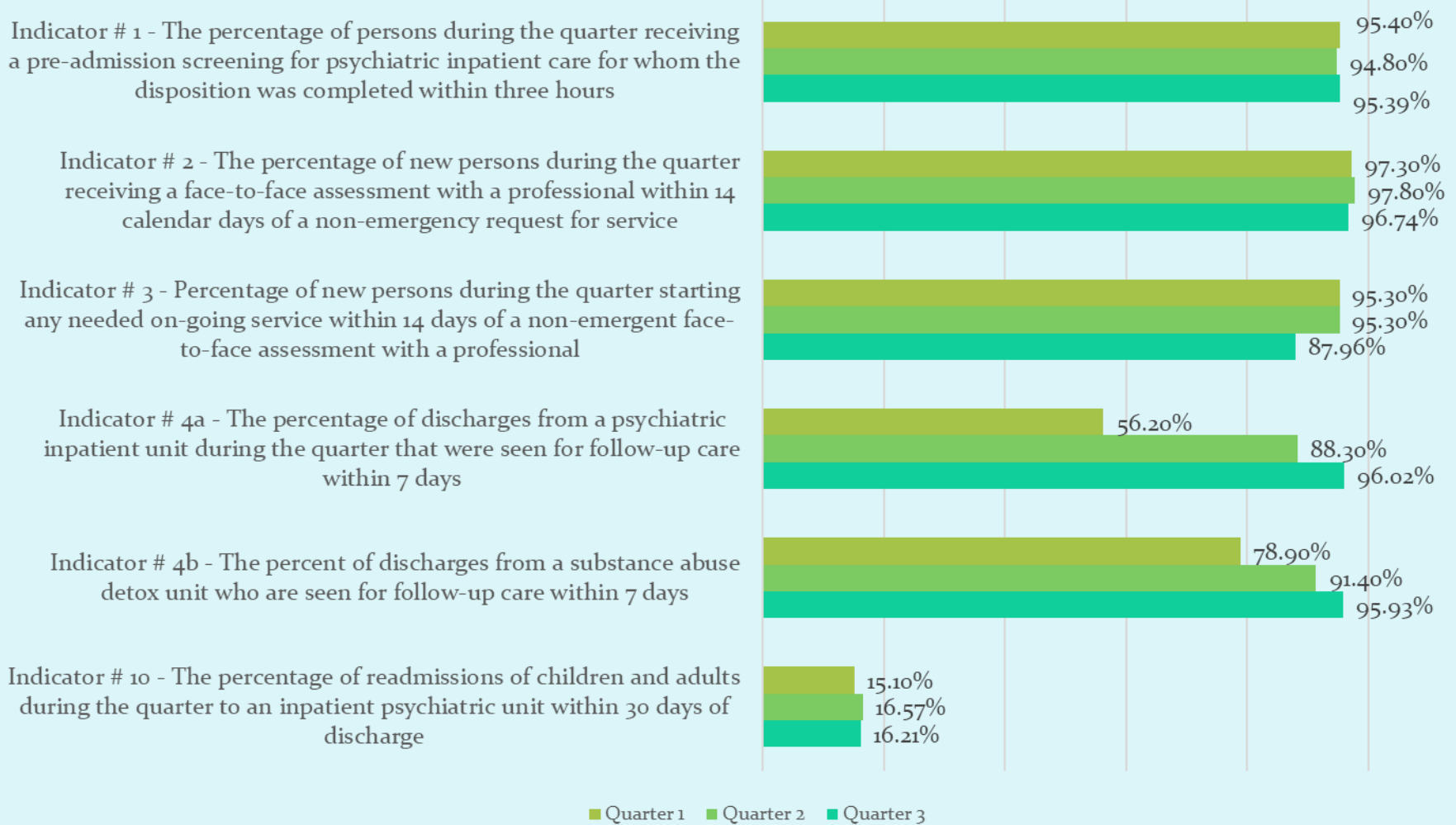
Quarter 1, 2 and 3 (2019)

Detroit Wayne Integrated Health Network Michigan Mission Based Performance Indicator PIHP Quarter 3



■ Standard ■ Quarter 3

Detroit Wayne Integrated Health Network Michigan Mission Based Performance Indicator PIHP Quarter 1, 2 and 3 (2019)



Analysis of MMBPI Data

- Quarter 3 data indicates an overall steady increase in performance for Indicator # 4a and #4b with an overall compliance score of 96 % and 95 % from the previous quarters.
- Quarter 3, indicator # 10 (Recidivism) continues to show a non-compliance score of 16 %, demonstrating a slight decrease from Quarter 2.
- Ongoing efforts will include review of members that continue to be readmitted, i.e. several members that are readmitted are not assigned to a CRSP thus could contribute to recidivism.

Continued Interventions/Improvement Strategies

- Provider ability to review reports of their data for each case and determine if exceptions are needed. Exceptions are those that chose to have an appointment outside of the 7 days, or did not show for the scheduled appointment. Providers are to correct information via MH_WIN and also follow up with each member as needed.
- Obtain CAPs from providers who fall below the respective standards
- Performance Indicator Workgroup to partner with providers
- The Quality Unit will continue to provide technical assistance and training as required.







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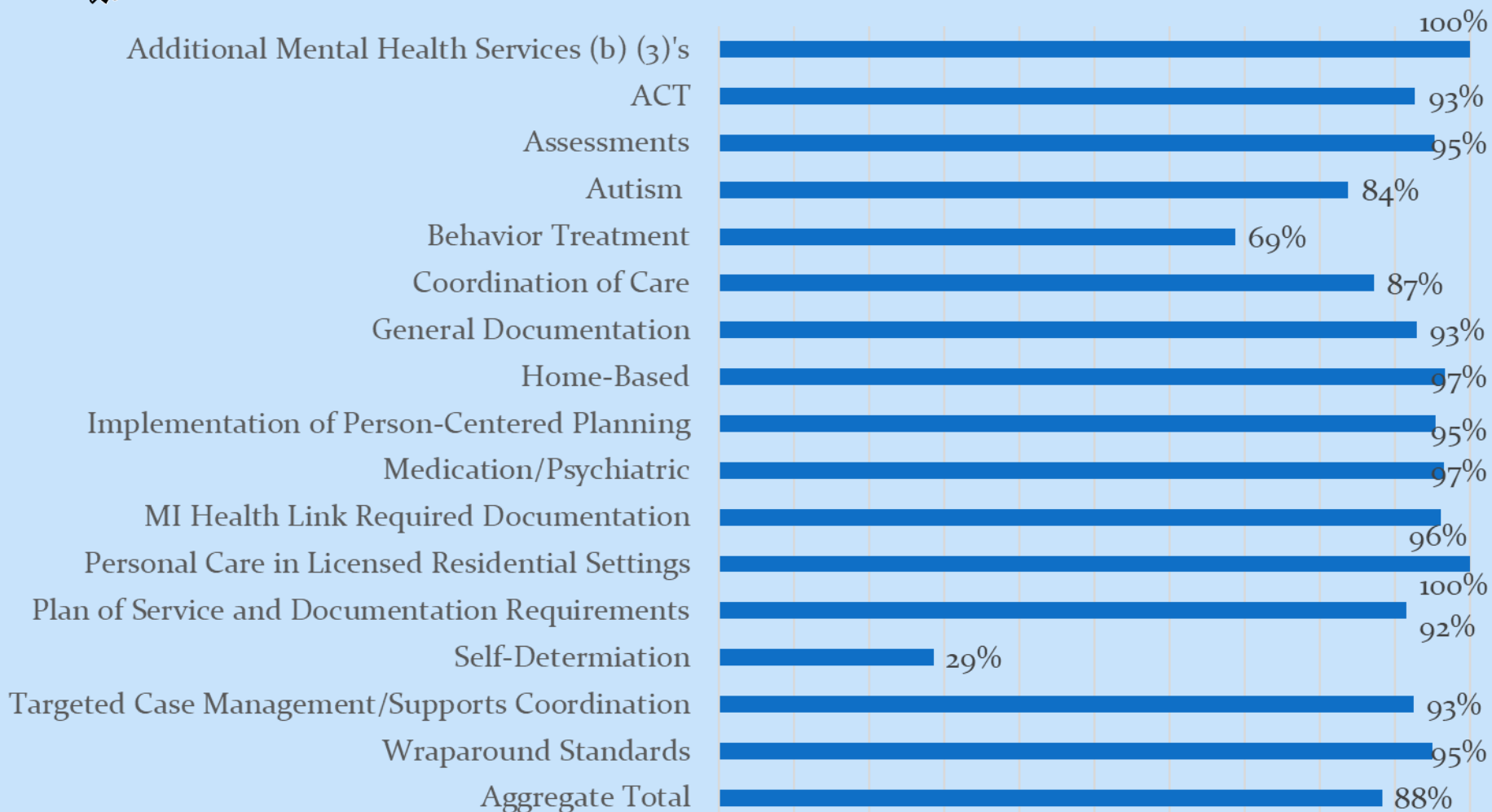
Clinical Case Record Reviews
Quarter 2 (2018-2019)



Detroit Wayne Integrated Health Network

Quarter 2 (2018-2019)

DWIHN Staff - Monitoring

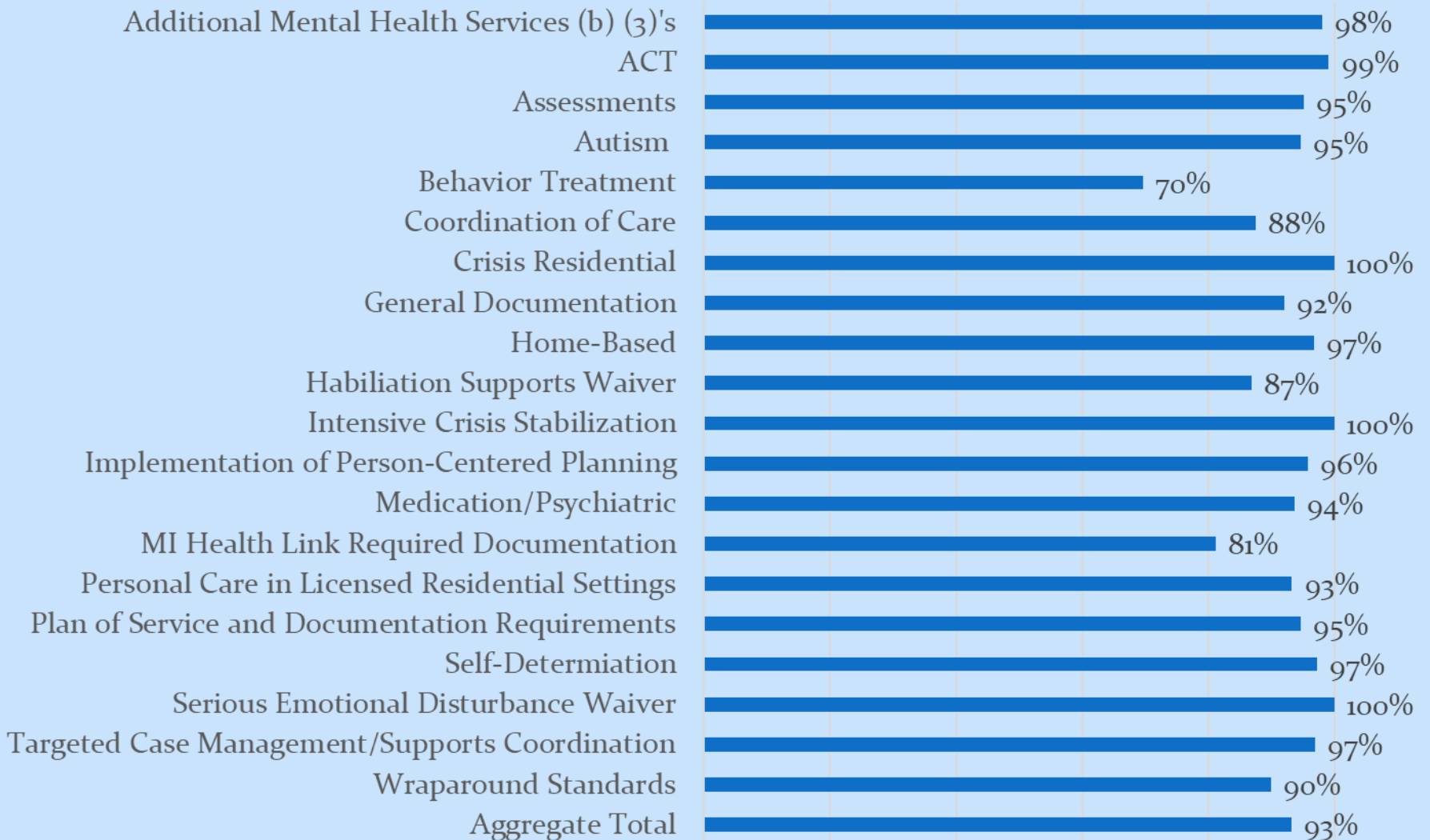




Detroit Wayne Integrated Health Network

Quarter 2 (2018-2019)

Provider Self-Monitoring



Improvements are achieved through team work



Questions ?



The Patient Health Questionnaire (PHQ-9) - Overview

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression:

- The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.
- The tool rates the frequency of the symptoms which factors into the scoring severity index.
- Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation.
- A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.

Clinical Utility

The PHQ-9 is brief and useful in clinical practice. The PHQ-9 is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of depression in response to treatment.

Scoring

See PHQ-9 Scoring on next page.

Psychometric Properties

- The diagnostic validity of the PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.
- PHQ scores ≥ 10 had a sensitivity of 88% and a specificity of 88% for major depression.
- PHQ-9 scores of 5, 10, 15, and 20 represents mild, moderate, moderately severe and severe depression.¹

1. Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. *JGIM*, 2001, 16:606-616

The Patient Health Questionnaire (PHQ-9) Scoring

Use of the PHQ-9 to Make a Tentative Depression Diagnosis:

The clinician should rule out physical causes of depression, normal bereavement and a history of a manic/hypomanic episode

Step 1: Questions 1 and 2

Need one or both of the first two questions endorsed as a "2" or a "3"
(2 = "More than half the days" or 3 = "Nearly every day")

Step 2: Questions 1 through 9

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2" or a "3")

Step 3: Question 10

This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

Use of the PHQ-9 for Treatment Selection and Monitoring

Step 1

A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult"

Step 2

Add the total points for each of the columns 2-4 separately
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score
The Total Score = the Severity Score

Step 3

Review the Severity Score using the following TABLE.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation <i>Patient Preferences should be considered</i>
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

* If symptoms present \geq two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")

++ If symptoms present \geq one month or severe functional impairment, consider active treatment

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to
Do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult