



Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, October 27, 2021

Via Zoom Platform

9:30 a.m. – 11:00 a.m.

- | | | |
|-------|---|---------------------|
| I. | Announcements | April Siebert |
| II. | SUD Updates (tabled) | Judy Davis |
| III. | MDHHS Consent Memo | Ebony Reynolds |
| IV. | FY2021 Modifiers Update | Jeff White |
| V. | Review of Quality Improvement Projects: <ul style="list-style-type: none">• Decreasing the Risk of Hepatitis, C• Video Hepatitis C Message | Alicia Oliver |
| VI. | Review of Access Center Quarterly Performance Update | Bonnie Herndon |
| VII. | Mission Based Performance Indicator <ul style="list-style-type: none">• Quarter 4 (Exceptions for 4a and 4b) | Justin Zeller |
| VIII. | PI# 2a Data Analysis <ul style="list-style-type: none">• Best Practices (Provider Discussion) | Justin Zeller |
| IX. | Critical Events/Sentinels Events Processing | Carla Spight-Mackey |
| X. | Provider Feedback | Group |
| XI. | Adjournment | |



Quality Operations Technical Assistance Workgroup Meeting

Wednesday, October 27, 2021

Via **Zoom Platform**

9:30 a.m. – 11:00 a.m.

Note Taker: Aline Hedwood

1) Item: Announcements – April Siebert, QI Director

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 provided the following DWIHN updates:</p> <ul style="list-style-type: none"> • Jacqueline Davis has been promoted to Clinical Officer and will be responsible for UM, Residential and Crisis units. Also, Ms. Davis was recognized in CRANE’s Magazine as the most notable rising star. • Daniel West has been promoted to Clinical Director of the Crisis /Access Services unit at DWIHN. • Michele Vasconcellos, Customer Service Director was recognized by the Mental Health Association of Michigan and received the Data Alumni Outstanding Professional Service Award. 		
Action Items	Assigned To	Deadline
None Required.		



2) Item: MDHHS Consent Question Memo – Ebony Reynolds, DWIHN Clinical Officer

Goal: Review of MDHHS Consent Requirement

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 update on the memo sent out to DWIHN provide network on September 28th from MDHHS. The memo rescinds the memo titled "Accept Verbal Consent for Services" from 3/20/2021, thereby returning to the statutory requirement of consent.</p> <p>*This does not apply to the 1915 (c) waivers as they are still under the COVID Appendix K approval tied to the public health emergency</p> <p>The memo states that due to the COVID-19 emergency, the Office of Recipient Rights (ORR) and Behavioral Health and Developmental Disabilities Administration (BHDDA) temporarily suspended enforcement of the written consent requirements to ensure that services were not being withheld or limited due to the inability to get a written consent. CMHSP and their contract providers may still make use of alternatives to face to face encounters to obtain written consent, including but not limited to, digital signature, fax, email or picture of signed document sent via text or email. Verbal consent may only be given by the person receiving services and it must be witnessed and documented by an individual other than the individual providing treatment. For additional information please review Memorandum from MDHHS dated 9/28/2021</p>		
Action Items	Assigned To	Deadline
<p>QI will send out a copy of the memo to the group.</p>	<p>QI Unit</p>	<p>October 31, 2021</p>



3) Item: FY2021 Modifiers Update – Jeff White, UM

Goal: Modifier Update FY2021

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>Jeff White informed the workgroup that MDHHS made changes to the modifiers for FY 2022 this will impact the authorizations and claim process for services rendered on or after October 1, 2021. The updated modifiers for FY 2022 are available on DWIHN website under the Billing and Authorization Section.</p> <ul style="list-style-type: none"> • Authorizations can be submitted with a FY 2022 modifier per services of 10 or more for FY 2021 as long as the code is the same authorization code approved for FY 2022. • Providers can use their old authorization to submit a claim only if providers use the new modifier for service; exhaust the old authorization; use all the units; or submit a new authorization for FY 2022. • The CRSP have the ability to update authorizations in their PCE system. • MDHHS has eliminated the TT modifier the new code for authorization doesn't have a TT modifier. • UM is working on regrouping the authorizations on services rendered for new members during their intake process. 		
Action Items	Assigned To	Deadline
<p>Providers are required to review the changes/modifications through DWIHN's website (Billing and Authorization Section). Please contact Jeff White at jwhite@dwihn.org with additional questions.</p>	<p>DWIHN CRSP providers</p>	<p>Ongoing</p>



4) Item: Review of Quality Improvement Projects: - Alicia Oliver, IHC

- **Decreasing the Risk of Hepatitis, Video Hepatitis C Message (video tabled)**

Goal: Review PIP: Decreasing the Risk of Hepatitis, Video Hepatitis C Message

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

NCQA Standard(s)/Element #: **X QI #10** CC# ____ UM # ____ CR # ____ RR # ____

<Notes on discussion>

Discussion/Decisions Made		
<p>Alicia Oliver discussed with the workgroup the Hep C Initiative that is currently underway with MDHHS and Medicaid partnering with the biopharmaceutical company Adamant in an effort to eliminate Hep C through the “We Treat Hep C Initiative” efforts will be to educate members on the resources available, for testing and treatment. Below are some of the highlighted areas Alicia discussed with the group:</p> <ul style="list-style-type: none"> • Hep C is a liver infection disease cause from sharing needles and contact with blood contact from an effective person. • MDHHS recommends a Hep C test for all adults over 18 and pregnant women. • The plan is to eliminate Hep C by providing Hep C transmission information on treatment, intervention, SUD and syringe service programs. • The Hep C treatment guidelines are available on DWIHN’s website. • DWIHN’s goal is to increase prevention and educate providers in the SUD population. • IHC is working with SUD to develop a tool to identify the SUD population with Hep C. 		
Action Items	Assigned To	Deadline
<p>The link for the video on Hep C with the State of Michigan Chief Medical Executive Dr. Bagdasarian Hepatitis C Message will be shared with the workgroup.</p>	IHC	November 1, 2022



5) Item: Review of Access Center Quarterly Performance Update – Bonnie Herndon

Goal: Review of the DWIHN’s Access Center Performance Monitoring

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		
<p>Bonnie Herndon provided an overview of the DWIHN’s Access Call Center 90 days report from July – September 2021 and discussed the following highlighted areas below:</p> <ul style="list-style-type: none"> A. Aligning desk procedures to Standards that must be met for Compliance. <ul style="list-style-type: none"> ○ Added additional data capture to our MHWIN system to allow for more strategic standard focused data capture for our IT partners. B. Addressed our Recording technology to ensure recordings are captured and retained to enable DWIHN to meet audit requests. <ul style="list-style-type: none"> ○ Working with vendor to create hold queues for SUD and Behavioral Health units. ○ Looking into implementation of text messaging. C. Partnering with Corporate areas on Program implementation. <ul style="list-style-type: none"> ○ Reviewing MHWIN to streamline manual processes. D. Modified Provider meeting specific to Access Call Center to every other Month. E. Developing a project plan to complete Access Center Policies and Procedures that support Regulatory Standards. F. Developing a project plan to address Training program plan for all units. G. Partnered with IT to develop Dashboard reporting to track Standard performance. H. Provided training to Managers and Administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity. I. Meeting with Providers around access availability to ensure Member access to care. <p>For additional information please review PowerPoint presentation “DWIHN Access Call Center September 2021 July-September 90 day”.</p>		
Action Items	Assigned To	Deadline
None Required		



6) Item: Mission Based Performance Indicator Quarter 4 (Exceptions for 4a and 4b) - Justin. Zeller

Goal: Review and update for the MMBPI Reporting Module

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>Justin Zeller discussed with the workgroup the following:</p> <ul style="list-style-type: none"> PI# 4a - QI has submitted Quarter 4 reports to providers for review of the out of compliant cases. Providers are to make exceptions i.e. member no show, cancelled as applicable. PI #4b - SUD has submitted Quarter 4 reports to providers for review of the out of compliant cases. Providers are to make exceptions i.e. member no show, cancelled as applicable. Providers are able to review their data in the PI “view only” module in MH_WIN. If you don’t have access please contact Justin Zeller or Tania Greason via email. 		
Action Items	Assigned To	Deadline
<ul style="list-style-type: none"> The providers expressed concern that the phone numbers they are receiving from the DWIHN’s Access Center are incorrect. QI will provide an update to the Access Center to verify phone numbers and contact information while scheduling appointments. Providers are required to document their attempts to contact members in the clinical notes for all appointments that are cancelled or a no-show. 	Providers and DWIHN Access Staff	Ongoing



7) Item: PI# 2a Data Analysis Best Practices (Provider Discussion) – Justin Zeller

Goal: Provide update for PI# 2a

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 provided an update for PI# 2a (<i>The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service</i>)</p> <p>This measure allows for <u>no</u> exceptions. DWIHN currently has a preliminary score of 44.0% for Quarter 4 data. 3rd Quarter data was reported at 47.9% DWIHN continues to meet with our provider network (CRSP's) to review barriers. Providers are experiencing staffing challenges as a result of many factors associated with the pandemic which is impacting their ability to schedule intakes appointments at the high rate we have in the past. Updates will continue to be provided to this workgroup. QI is working with IT and PCE for a drill down of data for cancel, no shows, and reschedule members appointments.</p>		
Action Items	Assigned To	Deadline
<p>DWIHN QI, CPI and MCO units will continue to meet with the CRSP's to review barriers and work to collaborate on identified interventions.</p>	<p>DWIHN QI, MCO and CPI</p>	<p>Ongoing</p>



8) Item: Critical Events/Sentinels Events Processing – Sinatra Applewhite

Goal: Review and update for requirements on processing CE/SE

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>Sinatra Applewhite informed the workgroup of the following:</p> <ul style="list-style-type: none"> • QI is in the process of closing out all of FY 2020-21 Critical and Sentinel events. • QI has submitted to each assigned CRSP an excel spreadsheet which contains a list of unresolved events via MH-WIN secure email messaging. • CE/SE events documentation must be provided in the comment section within the critical event (MH-WIN) • Reporting of CE/SE require detailed information, staff must answer the questions Who, What, Where, When and Why when completing documentation. • It is very important that Staff does <u>not</u> change the staffing reporting section to another staff person name. • Staff must upload member hospitalization documentation in MH_WIN. 		
Action Item	Assigned To	Deadline
<p>Providers are required to submit all request information as detailed in each submitted secure email. Providers are required to sign up for annual CE/SE trainings for further information please contact Carla Spight-Mackey at cmackey@dwihn.org, Sinatra Applewhite at sapplewhite@dwihn.org and Micah Lindsey at mlindsey@dwihn.org.</p>	Assigned Providers	Ongoing



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		
Providers have requested assistance with the following: <ul style="list-style-type: none"> Provider are receiving links for meetings at DWIHN that sometimes do not work promptly. Providers are requesting to receive notice when the meeting are canceled. QI will reach out to Andrea Smith’s (DWIHN) team and to inform of the aforementioned issues. If you would like to have a DWIHN unit to present during this meeting, please reach out to Tania Greason 2 weeks in advance via email at tgreason@dwihn.org. 		
Action Items	Assigned To	Deadline
QI will follow-up with Workforce Development (DWIN) to review the concerns for provider meeting links.	DWIHN QI Unit	December 30, 2021.

NEXT MEETING: Wednesday, January 26, 2022 @ 9:30 a.m. – 11:00 a.m. [via Zoom Link Platform](#)

ADJOURNMENT: 11:30 a.m.

ah_11.14.2021



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MEMORANDUM

DATE: September 28, 2021

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and
Community Mental Health Services Programs (CMHSPs)

FROM: Raymie Postma, Director *RP*
Office of Recipient Rights

Allen Jansen, Deputy Director *AJ*
Behavioral Health and Developmental Disabilities Administration

SUBJECT: This rescinds the memo titled "Accept Verbal Consent for Services" from
3/20/2020 (attached), thereby returning to the statutory requirement of
consent.
***This does not apply to the 1915 (c) waivers as they are still under the
COVID Appendix K approval tied to the public health emergency.**

Due to the COVID-19 emergency, the Office of Recipient Rights (ORR) and Behavioral Health and Developmental Disabilities Administration (BHDDA) temporarily suspended enforcement of the written consent requirements to ensure that services were not being withheld or limited due to the inability to get a written consent. CMHSP and their contract providers may still make use of alternatives to face to face encounters to obtain written consent, including but not limited to, digital signature, fax, email or picture of signed document sent via text or email. Verbal consent may only be given by the person receiving services and it must be witnessed and documented by an individual other than the individual providing treatment.

MCL 330.1100a Definitions; A to E.

(19) "Consent" means a written agreement executed by a recipient, a minor recipient's parent, a recipient's legal representative with authority to execute a consent, or a full or limited guardian authorized under the estates and protected individuals code, 1998 PA 386, MCL 700.1101 to 700.8206, with the authority to consent, or a verbal agreement of a recipient that is witnessed and documented by an individual other than the individual providing treatment.

If you have further questions, you may contact ORR at MDHHS-recipientrights@michigan.gov.

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center

September 2021

July-September 90 day



Access Call Center Transition 9/01/21 - Monthly Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	17285	16740	553	3.2%	00.18 sec.	05:06 mins	96.8%	86.6%
SUD (Subset of all calls)	2797	2788	9	0.3%	00::16 sec.	16:38 mins	99.7%	99.9%
Clinicians (Subset of all calls)	1423	1423	0	0.0%	00:11 sec.	22:25 mins	100,.0%	99.4%
Totals	17285	16740	553	3.2%	00.18 sec	05:06 mins	96,8%	86.6%

Access Call Center Transition

90 Day Performance

July 2021-September 2021

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	53,758	51,841	1,403	3.6%	00:17 secs	0:4.54 mins	96.4%	87.3%
SUD (Subset of all calls)	8,487	8,418	69	0.8%	00:15 sec.	0:16:14 mins	99.2%	97.5%
Clinicians (Subset of all calls)	4,159	4,150	9	.02%	00:10 sec.	24:21 mins	99.8%	99.1%
Totals	52,758	51,841	1,403	3.6%	00:17 sec	0:4:54mins	96.4%	87.3%

Access Call Center Transition ProtoCall (Crisis Vendor) Performance July 2021-September 2021

Month	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned	Average Call Length	Average Speed of Answer	% of Calls Answered within 30 sec.	Number of Calls answered within 30 sec.
July	926	888	22	2.4%	11.8 min	22 sec	83.4%	756
August	728	655	42	6.0%	11.0 min	45 sec	66.9%	461
Sept.	530	445	67	13.1%	11.6 min	100 sec	41.5%	211
QTR Total	2184	1988	131	7.16%	11.5 min	55.7 sec	63.9%	1428

Access Call Center Transition

- A. Aligning desk procedures to Standards that must be met for Compliance.
 - Added additional data capture to our MHWIN system to allow for more strategic standard focused data capture for our IT partners.
- B. Addressed our Recording technology to ensure recordings are captured and retained to enable DWIHN to meet audit requests.
 - Working with vendor to create hold queues for SUD and Behavioral Health units.
 - Looking into implementation of text messaging.
- C. Partnering with Corporate areas on Program implementation.
 - Reviewing MHWIN to streamline manual processes.
- D. Modified Provider meeting specific to Access Call Center to every other Month.
- E. Developing a project plan to complete Access Center Policies and Procedures that support Regulatory Standards.
- F. Developing a project plan to address Training program plan for all units.

Access Call Center Transition con.

- G. Partnered with IT to develop Dashboard reporting to track Standard performance.
- H. Provided training to Managers and Administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity.
- I. Meeting with Providers around access availability to ensure Member access to care.

Access Call Center Transition Project Work

- A. SUD Program Support
 - MDOC Programs
 - MAT/MOUD
 - Detroit at Work (DAW)
 - Mobile Unit
 - Opioid Health Home
- B. Children Initiatives
 - School Success Initiative Referrals / Access
 - Partnering with CPS on Children Trauma Process
- C. Behavioral Health Initiatives
 - Wayne County Jail Initiatives
 - MCH/OCHN 45th District Court
 - Mi Cal State Initiative
 - Wayne State University Behavioral Health and Justice initiative
 - Diverse SOGIESC initiative

Access Call Center Transition Project Work con.

C. Behavioral Health Initiatives

- Diverse SOGIESC initiative
- 911 Crisis call initiative
- CCBHC
- DHHS /CMH Mental Health Assessment Collaboration

D. CRSP Overlapping Clean-up Project.

E. 21-22 Code and modifier changes project

