



## Quality Operations Technical Assistance Workgroup Meeting Agenda

Wednesday, June 29, 2022

Via Zoom Link Platform

9:30 a.m. – 11:00 a.m.

- |       |  |  |
|-------|--|--|
| I.    | Announcements  | Tania Greason/April Siebert              |
| II.   | SUD Updates  | Gregory Lindsey                          |
| III.  | MDHHS Waiver Full Site Audit Review POC Update                   | Starlit Smith & Performance Monitor Team |
| IV.   | HSAG External Quality Reviews                                    |  |
|       | • Performance Measurement Validation                             | Tania Greason                            |
|       | • Documentation for No-Shows/Reschedules                         |  |
|       | • Compliance Review  | Tania Greason                            |
|       | • PIP (Reducing Racial and Ethnic Disparity)                     | Justin Zeller                            |
| V.    | Policies/Procedure Updates                                       |  |
|       | a. PIHP Disenrollment  | Michele Vasconcellos                     |
|       | b. Organizational Credentialing/Re-Credentialing                 | Ricarda Pope-King                        |
|       | c. Member Stipend <b>(tabled)</b>                                | Donna Coulter                            |
|       | d. Peer Services   | Donna Coulter                            |
|       | e. IPOS / Person Centered Plan                                   | Sherry Scott /Monica Hampton             |
|       | f. Customer Service (CS) Enrollee/Member Appeals <b>(tabled)</b> | D. Johnson                               |
| VI.   | PI #2a (Q1 – Q3 Analysis)  | Justin Zeller/Tania Greason              |
| VII.  | MMBPI View Only Module 4a (Exceptions) & PI's Requirement        | Justin Zeller/Tania Greason              |
| VIII. | CE/SE Processing Update  | Micah Lindsey                            |
| IX.   | Provider Feedback  | Group                                    |
| X.    | Adjournment  |  |



**Quality Operations Technical Assistance Workgroup Meeting**

**Wednesday, June 29, 2022**

Via [Zoom Link Platform](#)

**9:30 a.m. – 11:00 a.m.**

**Note Taker: Aline Hedwood**

**1) Item: Announcements: None**

**2) Item: SUD Updates – Gregory Lindsey**

**Goal: Discussion of SUD Updates**

**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		
<p>Gregory Lindsey provided the following updates:</p> <ul style="list-style-type: none"> <li>○ SUD had its (State Opioid Response) SOR 2 grant compliance review on June 9th, 2022 all requirements were met. .</li> <li>○ The SOR 3 (State Opioid Response) grant will be in FY 2023; SUD providers can submit their information to qualify to provide SOR services; this grant will provide qualified members with utilities and rental assistant that live in recovery housing and provide additional funds for SUD mobile units.</li> <li>○ For treatment and prevention providers make sure your staff are licensed and credentialed to provide services they are contracted for, if you have any questions about credentialing contact your contract manager.</li> <li>○ The Men’s Conference will be held at Sobriety House on July 18, 2022 from 12 p.m. – 3 p.m.</li> <li>○ SUD is getting ready for the 6th Annual Opioid / SUD virtual submit. This year's topic “Progress Through Integrated Collaborations.</li> <li>○ The 8th Annual Behind the Wall Conference will be held on August 18 &amp; 19, 2022 topic “Taking Aim at Health Disparities” from 8 a.m. – 12 p.m. both days.</li> <li>○ For FY 2024 instead of providers submitting an ( Request For Information)RFI for prevention services SUD is asking providers to submit a Requesting For Qualification (RFQ).</li> </ul>		



Provider Feedback	Assigned To	Deadline
No additional provider feedback was provided.		
Decision Made		
None		
Action Items	Assigned To	Deadline
None Required.		

**3) Item: MDHHS Waiver Full Site Audit POC Update - Starlit Smith, QI Administrator**

**Goal: Update for the MDHHS Waiver Review**

**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	Assigned To	Deadline
Starlit Smith provided an update for the MDHHS 1915 (c) Waiver Review. DWIHN has received notification from MDHHS requesting additional supporting documentation, the initial CAP has not been approved. QI will inform the workgroup of updates as they are made available from MDHHS. Also, DWIHN's CPI and QI units will be providing training on IPOS and BTAC requirements. Once the dates have been finalized, information will be forwarded to the provider network.		
Provider Feedback		
No additional provider feedback was provided.		
Decision Made		
None		
Action Items	Assigned To	Deadline
DWIHN's CPI and QI units will host BTAC and IPOS trainings to the provider network. Information will be forthcoming.	CPI and QI Units	July, 2022



**4) Item: HSAG External Quality Reviews - Tania Greason, QI Network Administrator**

**Goal: Review of EQR Requirements**

**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		
<p>Tania Greason discussed with the workgroup the HSAG/MDHHS External Quality Review (EQR) requirements. There at three(3) reviews conducted by HSAG under contract with MDHHS which include the following:</p> <ul style="list-style-type: none"> <li>• <b>Performance Measurement Validation (PMV):</b> The PMV review took place on June 9<sup>th</sup>, 2022. During the last reviews for FY2021 and FY2022, DWIHN met <u>all</u> required reportable areas with the performance indicator data, confirming that DWIHN’s systems and processes successfully captured critical data elements needed to calculate performance indicators in alignment with MDHHS’ expectations and codebook. Recommendations include that providers continue to document “No Shows” for PI #2, #2a and #4a when members do not show up for their appts; cancel and or request an appointment outside of the required timeframe. This process will ensure that providers are doing their due diligence to reach out to members no less than three (3) attempts by documenting in their records as required per DWIHN’s RE-engagement policy/procedure.</li> <li>• <b>Compliance Review:</b> The Compliance Review is for a three (3) year cycle. During FY-2021 HSAG reviewed DWIHN on the following standards: <ul style="list-style-type: none"> <li>○ Standard I—Member Rights and Member Information</li> <li>○ Standard II—Emergency and Poststabilization Services</li> <li>○ Standard III—Availability of Services</li> <li>○ Standard IV—Assurances of Adequate Capacity and Services</li> <li>○ Standard V—Coordination and Continuity of Care</li> <li>○ Standard VI—Coverage and Authorization of Services</li> </ul> </li> </ul> <p>During FY-2022 HSAG reviewed DWIHN on the following standards:</p> <ul style="list-style-type: none"> <li>○ Standard VII—Provider Selection</li> <li>○ Standard VIII—Confidentiality</li> <li>○ Standard IX—Grievance and Appeal Systems</li> <li>○ Standard X—Subcontractual Relationships and Delegation</li> <li>○ Standard XI—Practice Guidelines</li> <li>○ Standard XII—Health Information Systems</li> <li>○ Standard XIII—Quality Assessment and Performance Improvement Program,</li> </ul>		



<p>During FY-2023 MDHHS will be reviewing all DWIHN CAP's from FY2021 and FY2022. The compliance review focus on the 42-CFR and DWIHN's contractual requirements with MDHHS.</p> <ul style="list-style-type: none"> <li> <b>PIP Reducing Racial and Ethnic Disparities:</b> MDHHS required each PIP to develop a PIP that will help reduce racial disparities for members served. After review and analysis, DWIHN chose to <i>Reducing the Racial Disparity of African Americans Seen for Follow-Up Care Within 7- Days of Discharge From a Psychiatric Inpatient Unit.</i> The chosen PIP will evaluate the technical structure to ensure DWIHN's reporting methodologically written, meeting all State and Federal requirements. QI has submitted the written PIP to HSAG/MDHHS for approval. Identified barriers and interventions will be shared with this workgroup for input and feedback.         </li> </ul>		
<b>Provider Feedback</b>		
No additional provider feedback was provided.		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
None		



**5a) Item: Policies/Procedure Updates - PIHP Disenrollment - Michele Vasconcellos, CS Director**

**Goal: Review of PIHP Disenrollment Policy/Procedure**

**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		
<p>Michele Vasconcellos provided an overview of DWIHN’s requirements of the disenrollment process. The process of disenrolling members that are not currently receiving services is very important as the information is submitted to MDHHS which could result in an increase in mental health funding (BH-Teds); incorrect reporting will also affect providers metric and potential incentives; cause liability when no active service is being provided. In May of 2021 DWIHN identified three large CRSP providers to pilot the training and initial process for disenrollment. The polite included review of the draft CRSP reengagement case closure and PIHP Disenrollment policies; providing members notification; and developing a MH_WIN module for providers to utilize for disenrolling members. The pilot was successful, and went live in August 2021. A training was also made available for CRSP’s to assist with training and providing feedback for their assigned responsibilities. DWIHN will continue to provide technical assistance and offer ongoing trainings. For additional information please review Power Pointe Presentation “PIHP Disenrollment Policy” on DWIHN Website on the following highlighted areas below:</p> <ol style="list-style-type: none"> <li>I. Case Closure</li> <li>II. Dis-enrollment</li> <li>III. Enrollment:</li> <li>IV. Intellectual/Developmental disability</li> <li>V. Functional impairment</li> <li>VI. Line of Business</li> </ol>		
Provider Feedback		
<p>Providers questions/concerns:</p> <ul style="list-style-type: none"> <li>• Member with open RFS does not show up in the que and is it the provider responsible to for search that information?</li> <li>• Some of larger provider organizations has bigger ques to manage and are receiving pressure from DWIHN to get ques empty.</li> <li>• This is a huge burden on providers it’s a challenge working the que, searching around in MH_WIN, go back to the que and find you place again, could this information be sent over automatically it will be helpful to providers.</li> </ul>		



<p><b>Customer Service Reply/Answers:</b></p> <ul style="list-style-type: none"> <li>• Person with upcoming appointments are not to fall in the disenrollment ques. If your organization come across a case and you see there is a scheduled appointment please reach out to the CS team. The CS team goal is to document anything that could be a barrier and address the problem.</li> <li>• Currently this cannot be an automate process, in the past the automatic process created errors and malfunction. CS wants to make certain providers are doing their due process to ensure reengagement is taking place.</li> <li>• DWIHN can only view when a disenrollment notice is sent out to member.</li> </ul>		
<b>Action Items</b>	<b>Assigned To</b>	<b>Deadline</b>
None		



**5b) Item: Organizational Credentialing/Re-Credentialing - Ricarda Pope-King, MCO Provider Network Administrator**

**Goal: Review of the Credentialing/Re-Credentialing Policy/Procedure**

**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		
Ricarda Pope-King provided an overview of the Organizational Credentialing/Re-Credentialing policy, noting there were not many changes. New Providers can go to DWIHN’s website and complete the provider inquire form which is now managed by the MCO unit. Once that form is completed and approved for services, credentialing does a deeper search of the provider to ensure staff qualifications and that the provider has no sanctions. Many of the providers credentialing specialists have gone through the Medversant training which demonstrates how to complete the three levels of the microsite application. Once training is complete, the provider will receive a link to complete the application. Medversant completes the primary source verification and DWIHN then makes the final determination for approval of the contract. There is different process if the provider wishes to add on additional services which will be discussed at the next credentialing provider meeting, if you want to add a location or new services please send that request to the <a href="mailto:PHIPcredentialing@dwinh.org">PHIPcredentialing@dwinh.org</a> . For MI-Health Link providers contracted with the ICO’s, when terminating your contract with DWIHN you must give a 90 days advance notice so DWIHN can transition members to other providers. For additional information please review DWIHN “Organizational Credentialing/Re-Credentialing” policy on DWIHN website for additional information.		
Provider Feedback		
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		





**5c) Item: Peer Services Policy and Procedure- Donna Coulter, CS Administrator**

**Goal: Review of Peer Services Policy and Procedure**

**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		
<p>Donna Coulter shared with the workgroup that there have not been any changes to the Peer Services Policy/Procedure this year, however Donna wanted to remind providers and review the procedures. The purpose of this policy is to guide and direct contractors and subcontractors in the provision of peer services. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers, Crisis Services Vendors, Credentialing Verification Organization (CVO) This policy serves the following populations: Adults, Children, Individuals with Intellectual and/ or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Autism. This policy impacts the following <b>contracts/service lines:</b> MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund For additional information please review PowerPoint presentation DWIHN Peer Services policy posted on DWIHN Website on the following highlighted area below:</p> <ul style="list-style-type: none"> <li>a. Peer services are a Medicaid Managed Care 1915 (b)</li> <li>b. DWIHN Providers</li> <li>c. Two broad categories of peer services</li> <li>d. Certified Peers:</li> <li>e. Non-Certified Peers</li> <li>f. Drop-in Centers</li> <li>g. Documenting Peer Services</li> </ul>		
Provider Feedback		
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		



**5d) Item: IPOS/Person Centered Plan -Sherry Scott, CPI Manager and Monica Hampton, CI Clinical Specialist**

**Goal: Review of the IPOS/PCP Policy/Procedure**

**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		
<p>Sherry Scott provided an overview of the IPOS Plan of Service/Person Centered Planning Policy/Procedure. DWIHN has made some changes recommended by the HSAG auditors during the last HSAG review. The policy was updated/revised to include the Home and Community Based Services requirements. The IPOS must reflect that the setting in which the member resides is chosen by the member. The setting options must be identified and documented in the IPOS and based on the member's needs, preferences, and, for residential settings, resources available for room and board. Any effort to restrict the certain rights and freedoms listed in the HCBS Final Rule must be justified by a specific and individualized assessed health or safety need and must be addressed through the PCP process and documented in the IPOS. For additional information please review the IPOS Individual Plan of Service /Person Centered Plan Policy/Procedure on the following highlighted areas below on DWIHN website</p> <ul style="list-style-type: none"> <li>• Home and Community Based Services (HCBS)</li> <li>• Crisis Plan</li> <li>• The Independent Facilitator</li> <li>• Pre- Planning Process</li> <li>• Self-Determination</li> <li>• IPOS</li> </ul>		
Provider Feedback		
No additional provider feedback was provided.		
Action Items	Assigned To	Deadline
None		



**6) Item: CE/SE Processing Update - Micah Lindsey, QI Clinical Specialist**

**Goal: Review of CE/SE and RCA 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		
<p>Micah Lindsey, RN thanked the workgroup for using the newly root cause analysis (RCA) template. The QI team wants to reinsure providers that information discussed in the peer review committee is not shared with any other units. June White, Director of MCO is on the peer review committee anything regarding contract violations goes directly through MCO and is not getting disbursed through other units, if you have any questions regarding the CE/SE processes, contractual obligations, procedures reach out to the QI team any time.</p> <ul style="list-style-type: none"> <li>• <b>Submission Date /Contractual Requirements:</b> CE/SE events and RCA are required to be submitted within 30 days of the event; deaths are reported within 24 hours of your knowledge.</li> <li>• <b>Using Zoom/TEAMS as a way to have Peer Reviews:</b> For peer reviews and RCA please utilize Zoom or Team to organize your meeting, all meetings are not required to be in person. Providers can send documents to the members of the committee for review, add comments, their names and send it back to the team, as they take a look at their portion for required signature.</li> <li>• <b>Ensure that a licensed physician/psychiatrist is on the review team for RCA:</b> A psychiatrist or RN must be on the team as required by HSAG; in term of a serious medical injury a RN or physician must be present; mental health psychiatrist must be on the peer review team; a license professional must be available to review the standard of care and the score of service that being discuss within the RCA; make sure they have all required documentation.</li> <li>• <b>Updated Fall/Risk Assessment and Protocols:</b> The QI Unit is working on updating the fall risk assessments. Updated Fall/Risk Assessment and Protocols will be available in the fall of this FY.</li> </ul>		
Provider Feedback	Assigned To	Deadline
No additional provider feedback provided.		
Action Items	Assigned To	Deadline
The QI unit to update the Fall/Risk Assessment Protocols	Carla Spight-Mackey, Micah Lindsey	September 30, 2022



**7) Item: PI# 2a Update – Justin Zeller, QI Clinical Specialist**

**Goal: Review of MMBPI 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		
Justin Zeller, provided a brief update for MMBPI 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> ). For Q1, DWIHN scored an overall compliance of 52.85% rate for PI #2a; Q2 will be finalized on July 30 <sup>th</sup> in which we are currently at 51.32% to date; 3 <sup>rd</sup> quarter DWIHN currently at a 32.17% rate; 1/3 of all DWIHN requests have been scheduled outside of the 14 days. Currently, this is the lowest score that DWIHN has had in the last year. DWIHN's continues to meet internally and with our CRSP provider network every 30-45 days to review barriers, interventions and efforts for our members to receive services as required.		
Provider Feedback	Assigned To	Deadline
No additional provider feedback provided		
Action Items	Assigned To	Deadline
None		



**8) Item: MMBPI View Only Module 4a (Exceptions) & PI's Requirement - Tania Greason, QI Network Administrator**

**Goal: Review of MMBPI PI#4a (Exceptions)**

**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		
The QI unit wanted to remind the provider network that MMBPI “View Only” module is available to the provider network. This module allows for each assigned CRSP to review their MMBPI data with the ability to drill down to each member detail. Also, for PI #4a, ( <i>The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days</i> ), providers are able to make exceptions if the member do not show or reschedules an appointment outside of the 7 days. Exceptions are not allowed if the staff have to reschedule the appointment due to staffing issues. Providers are to continue and review their data for possible exceptions. Providers must also lease make certain to document all engagement effort as outlined per DWIHN’s Engagement Re-Engagement Policy.		
Provider Feedback	Assigned To	Deadline
No additional provider feedback provided		
Action Items		
None		

**NEXT MEETING:** Wednesday August 31, 2022 @ 9:30 a.m. – 11:00 a.m. [via Zoom Link Platform](#)

**ADJOURNMENT:** 11:12 a.m.

ah\_07.21.2022

# Racial Disparities Follow-Up After Hospitalization



# Performance Improvement Project

- ▶ DWIHN recognizes that follow-up care after hospitalization for mental illness helps improve health outcomes and prevent readmissions.
- ▶ Studies have also proven that poor integration of follow-up treatment in the continuum of psychiatric care leaves many individuals, particularly African Americans, with poor-quality of ongoing treatment.
- ▶ Culturally appropriate interventions that link individuals in inpatient settings to outpatient follow-up are needed for the reduction of racial disparities with outpatient mental health treatment following psychiatric inpatient admissions.

# Racial Disparities FUH

- ▶ Reduce racial and ethnic disparity with African Americans for the percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days.

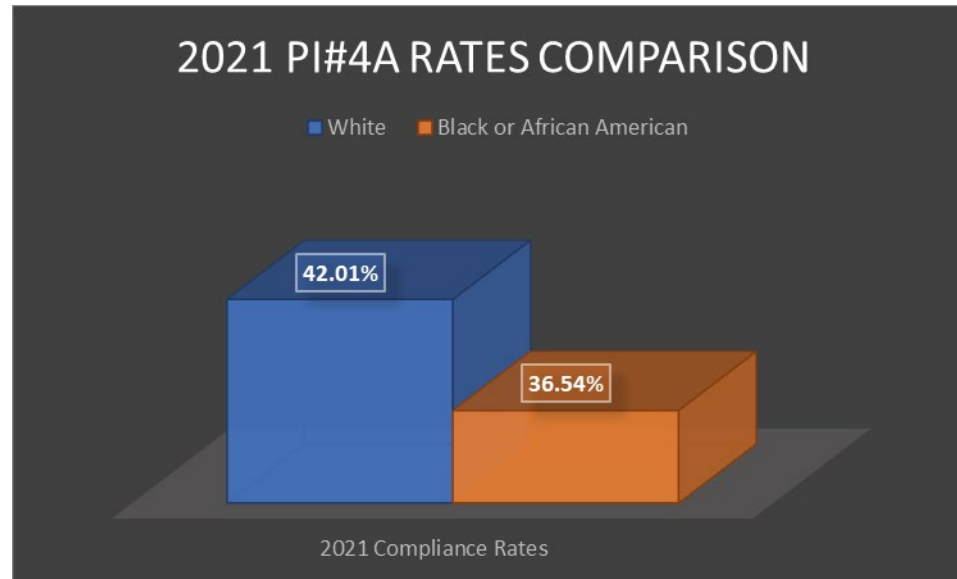


# Service Project

- ▶ The Michigan Mission Based Performance Indicator reporting data for #4a- The percentage of discharges from a psychiatric inpatient unit that were seen for follow-up care within 7 days. This project eliminated the exceptions in the data to show the true follow-up number. MDHHS also informed DWIHN that the exceptions would be removed within the PIP's time frame.
- ▶ Data analysis revealed a racial disparity with the African American population as compared to the White population served.
- ▶ The data demonstrates that there is a 5.47 percentage point difference of African American members keeping their 7-day follow-up appointment compared to White members.

# 2021 Follow-Up After Hospitalization in 7 Days by Population

Population	Total Events	Compliant Events	Non Compliant Events	Exception Events	2021 Compliance Rates
White	907	381	8	518	42.01%
Black or African American	2263	827	47	1389	36.54%



# Meaningful/Measurable Interventions

- ▶ “Hospital Discharge Liaison”- helping with discharge appointments for inpatient members. Referred by DWIHN UM Clinical Specialist. Crisis Alert population is the targeted population.
  - ▶ Pilot from 5/1/22-6/1/22
  - ▶ Thirteen referrals so far and met appointment at 70% rate so far. UM clinical specialist. Identify case and refer to Latraya. This is a method to address real time interventions.
  - ▶ Liaison can discuss with the identified individuals at the CRSP.
- ▶ Intervention involving Access Center when scheduling an appointment.
  - ▶ Involving member in discharge planning
- ▶ Educating providers of the disparities and identifying barriers (i.e. transportation, technology, staff etc.)
  - ▶ Hospital Liaison meeting topic
  - ▶ Education of members (targeting education)
    - ▶ Survey members as to potential barriers (member experience?)

# Questions