



Quality Improvement Steering Committee (QISC)
February 24, 2026
10:30 am – 12:00 pm
Via Zoom Link Platform
Agenda

- | | |
|---|--|
| I. Welcome | T. Greason |
| II. Authority Updates | S. Faheem |
| III. Approval of Agenda | S. Faheem/Committee |
| IV. Approval of Minutes <ul style="list-style-type: none">○ January 27, 2026 | Dr. Faheem/Committee |
| V. QAPIP Effectiveness <ul style="list-style-type: none">● Utilization Management (Table)<ul style="list-style-type: none">○ UM Annual Evaluation FY2025● Children’s Initiative<ul style="list-style-type: none">○ Performance Improvement I/DD PI2A● Integrated Health Care (IHC)<ul style="list-style-type: none">○ HEDIS Measures:<ul style="list-style-type: none">○ Antidepressant Management Medication (AMM)(Table)○ Adherence to Antipsychotic Medications/Schizophrenia (SAA)○ Diabetes Screening for Individuals with Schizophrenia/Bipolar (SSD)○ Follow-up after Hospitalization for Mental Illness (FUH) | M. Hampton

L. Gogliotti

V. Politowski |



Quality Improvement Steering Committee (QISC)

February 24, 2026

10:30 am – 12:00 pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

Committee Chairs: Dr. Shama Faheem, DWIHN Chief Medical Officer, and Tania Greason, DWIHN Provider Network QI Administrator

1) Item: Welcome: Tania asked the committee to put their names, email addresses, and organization into the chat for attendance.

2) Item: Authority Updates: Dr. Faheem shared the following updates: There were not many updates to share. Currently, this is the time of the year when we review Evaluations and Reports to seek feedback and approval from the QISC.

3) Item: Approval of Agenda: Agenda for February 24th, 2026, approved as written by Dr. Faheem and the QISC.

4) Item: Approval of Minutes: QISC Meeting Minutes for January 27th, 2026, approved as written by Dr. Faheem and the QISC.



5) Item: QAPIP Effectiveness

Goal: Children’s Initiative

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

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

Discussion		
<p>Luke Gogliotti, Children Initiatives shared the following with the QISC</p> <p>Performance Improvement I/DD P#12A</p> <ul style="list-style-type: none"> ● Purpose: <ul style="list-style-type: none"> ○ The Children's Initiative Department is seeking feedback from QSIC regarding the performance improvement project for Intellectual Developmental Disability (IDD) services. ● Goal: <ul style="list-style-type: none"> ○ Meet 57% compliance for completed biopsychosocial assessments within 14 calendar days of a non-emergency request for service. ● Data: <ul style="list-style-type: none"> ○ Historical underperformance across multiple quarters. ○ Census increased from 5,561 to 6,872 over two years (+1,300 members). ○ Average supports coordination caseload: high 50s–60s (ideal target: 40–45). ○ IDD children remain in services long-term, unlike SED children. ○ Complex onboarding process contributes to missed timelines. ● Barriers: <ul style="list-style-type: none"> ○ Staffing shortages ○ High caseload sizes ○ Intake calendar availability limitations ○ Family-requested appointments outside 14-day window ○ Multiple required intake steps (Access Center, Screening, CRSP, evaluator) ○ No-show appointments due to confusion ● Current Interventions: <ul style="list-style-type: none"> ○ 45-day provider meetings ○ Quarterly IDD staffing reports ○ Core competency training access ○ Financial incentives for meeting PI 2A ○ Daily intake availability requirement (effective Oct 2025) ○ Provider capacity reporting ● New Proposed Interventions: <ul style="list-style-type: none"> ○ Annual/semi-annual IDD supports coordination training (with pre/posttests) ○ Add 3 additional providers in FY26 ○ 90-day inactive member review to reduce caseload size ○ Streamline onboarding process (Access Center + ABA team collaboration) ○ CRSP engagement training (reduce no-shows & improve discharge processes) 	<p>■</p>	



Please refer to the handout <i>"Children I/DD Services PIP.pdf"</i> for additional information		
Provider Feedback	Assigned To	Deadline
The provider expressed optimism about the newly proposed interventions, especially the PI2a incentive model for fiscal year 2026. They believe that this model will significantly contribute to sustaining and advancing current improvements within the organization.		
Action Items	Assigned To	Deadline
The ongoing review of the Performance Improvement I/DD P#I2A Project will involve meetings with the Quality Improvement (QI) and Children Initiatives teams. During these meetings, we will assess current and new interventions to effectively measure their outcomes. The Children Initiatives team will continue to monitor and provide additional analysis and findings for the Quality Improvement Steering Committee (QISC) within the next three months.	Children Initiatives (C. Phipps, L. Gogliotti)	June 30, 2026



5) Item: QAPIP Effectiveness

Goal: Integrated Health Care (IHC)

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

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

Discussion				
<p>Vicky Politowski, Director of Integrated Health, shared the following HEDIS Measure updates:</p> <p><i>Follow-up after Hospitalization for Mental Illness (FUH)</i></p> <ul style="list-style-type: none"> ● Goal Change: <ul style="list-style-type: none"> ○ Adult target increased from 58% to 62% per State requirement. ● Performance Highlights: <ul style="list-style-type: none"> ○ Adult compliance stable at 53–54%. ○ Children below 79% benchmark at 61%. ○ Racial disparity decreased to 5.2%. ○ African American members represent significantly higher hospitalization volume (+1,800 vs Caucasian). ● Root Causes: <ul style="list-style-type: none"> ○ Transportation barriers (48–72-hour advance requirement) ○ ADT notification gaps ○ Incorrect member demographics ○ Housing instability ○ Staffing shortages ○ IDD service capacity challenges ● Interventions & Activities: <ul style="list-style-type: none"> ○ Transportation Intervention Outcome: <ul style="list-style-type: none"> ▪ 2,374 FUH appointments ▪ 26 used DWIN transportation ▪ Minimal impact observed <p>Vicky noted that IHC will reach out to the CRSPs to review their transportation requests and compare the differences we have noted for further review and analysis.</p>				



The state increased the benchmark for adults from 58% to 62%, noting approval of the revised benchmark by Dr. Faheem and the QISC.

Adherence to Antipsychotic Medications/Schizophrenia (SAA)

This HEDIS measure is for individuals 18 years and older, and our goal is 66.28%, a benchmark set by Quality Compass, based on a full year of antipsychotic use.

- **SAA Data (Adults 18+):**
 - Benchmark/Goal: 66.28%
 - Current: 50.29%
- **Key insights or trends** (e.g., Improved post-discharge follow-up by CRSP)
 - Majority of providers are billing 96732 for long-acting injections
- **Gaps identified:**
 - Shortage of Psychiatry appointments availability within 30 days. Increased barrier for children.
- **Data validation or caveats:**
 - 90 Day Claims Lag
 - Outcomes based on refill data, which do not always align with medication compliance
- **Barriers:**
 - Pharmacy access
 - Psychiatry shortages
 - Shelter transitions
 - Side effects
 - Medicare claims lag
 - Complex regimens
- **Interventions & Activities:**
 - Expand Med Drop program (direct medication support)
 - Current Enrollment:
 - 55 total members
 - 11 on antipsychotics
 - Goal: Increase enrollment and improve compliance by 3% annually.



Diabetes Screening for Individuals with Schizophrenia/Bipolar (SSD)

- **SSD Data (Adults 18+):**
 - Benchmark Goal: 80.99%
 - Current: 65.27%
- **Key insights or trends:**
 - Collaboration between 2 largest CRSP and hospital in the implementation stage with documented progress
 - Continued collaboration with MHP/ICO for real-time claims data and increased early intervention
- **Gaps identified:**
 - Billable diabetes screening required. Most providers are unable to bill on site, despite completing many screenings on site and entering the information into their nursing assessments.
- **Data validation or caveats**
 - 90 Day Claims Lag
- **Barriers:**
 - Lab completion gaps
 - Lack of billable lab claims
 - PCP disconnection
 - In-office glucose testing not claim-submitted
- **Interventions & Activities:**
 - Complex Case Management (CCM) to connect members to PCPs.
 - Data:
 - 9 new members
 - 7 connected to PCP
 - 0 completed screening

Please refer to the handout "IHC - HEDIS Q3 FY25 QIP Report.pptx" for additional information.

Provider Feedback	Assigned To	Deadline
<p>Questions:</p> <ol style="list-style-type: none"> 1. Elaine Thomas, DWIHN CS Engagement Manager - Are African American male therapists available and matched to African American male members? 2. Elaine Thomas, DWIHN CS Engagement Manager - Are CRSPs provided cultural competency training? 		



<p>Answers:</p> <ol style="list-style-type: none"> 1. Vicky Politowski, Director of IHC The data has not been analyzed at that level yet; we will explore this further with MCO. 2. Vicky Politowski, Director of IHC - - Yes, training is required. 		
Action Items	Assigned To	Deadline
<p>Dr. S. Faheem and QISC approved the Performance Improvement Projects for continued monitoring and reporting. IHC will continue to monitor and report additional analysis and findings within 3 months.</p> <ul style="list-style-type: none"> ○ <i>Follow-up after Hospitalization for Mental Illness (FUH)</i> ○ <i>Adherence to Antipsychotic Medications/Schizophrenia (SAA)</i> ○ <i>Diabetes Screening for Individuals with Schizophrenia/Bipolar (SSD)</i> 	<p>IHC (Vicky Politowski, Director of IHC)</p>	<p>June 30, 2026</p>

New Business Next Meeting: March 31, 2026

Adjournment: February 24, 2026



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Children Services IDD Performance Project

February 24, 2026

Children Initiative Department

Cassandra Phipps (Director)

Lucas Gogliotti (IDD Clinical Specialist)



Purpose

Childrens Initiative Department is requesting feedback from QSIC on Intellectual developmental disability (IDD) services Performance Improvement Project.

- Looking for additional feedback regarding the data and analysis



Goal

MDHHS Performance Indicator Goal: PI-2a

The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service

- Effective 10/1/2024 – the new goal is 57%
- MDHHS does not allow any exceptions



PI 2a - Data

FY23

Q1: $122 / 425 = 28.71\%$

Q2: $145 / 452 = 32.08\%$

Q3: $133 / 408 = 32.60\%$

Q4: $226 / 491 = 46.03\%$

FY24

Q1: $303 / 425 = 21.78\%$

Q2: $146 / 523 = 27.92\%$

Q3: $155 / 493 = 31.44\%$

Q4: $369 / 655 = 56.34\%$

FY25

Q1: $200 / 558 = 35.84\%$

Q2: $244 / 712 = 34.27\%$

Q3: $263 / 720 = 36.53\%$

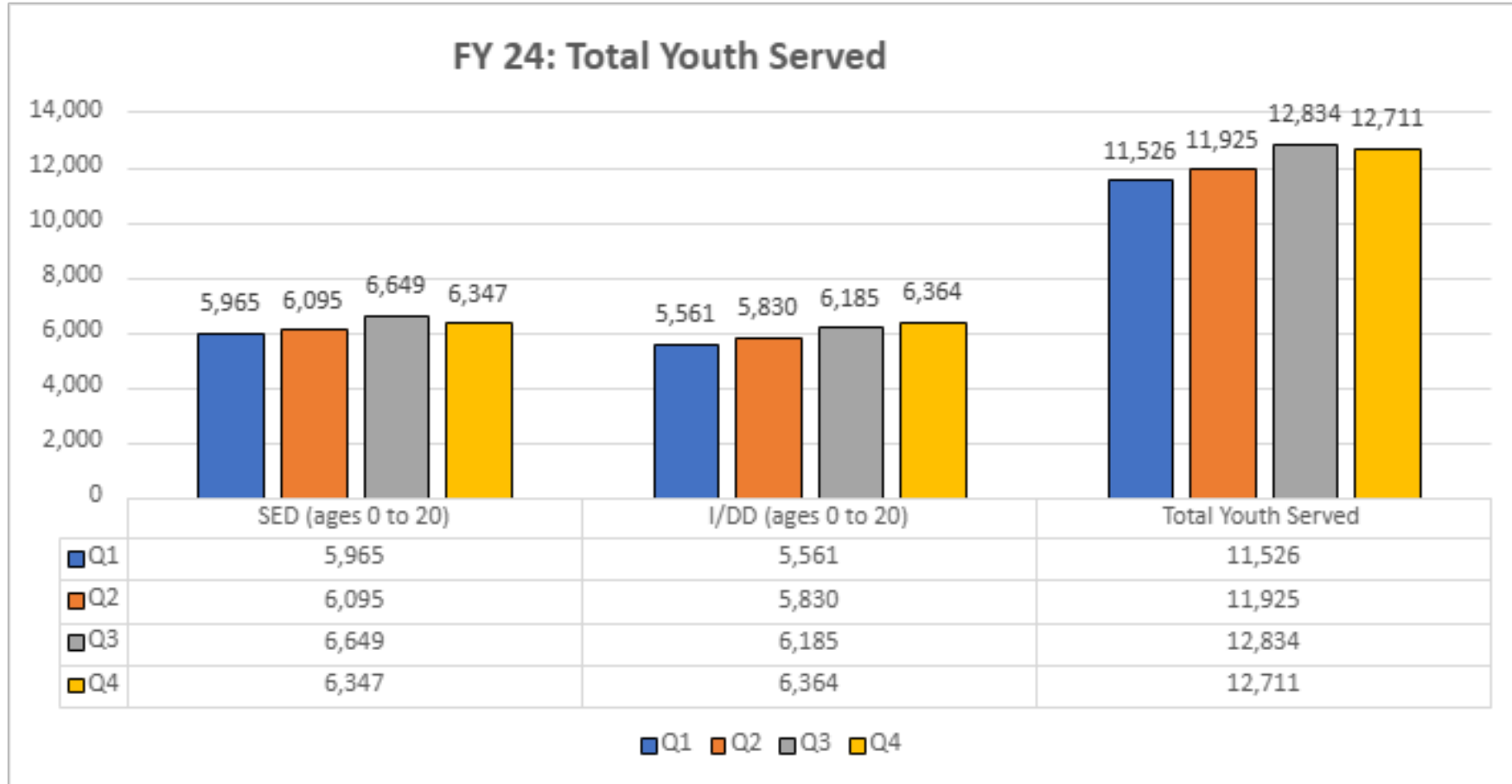
Q4: $232 / 669 = 34.68\%$

FY26

Q1 $274/701=39.09\%$

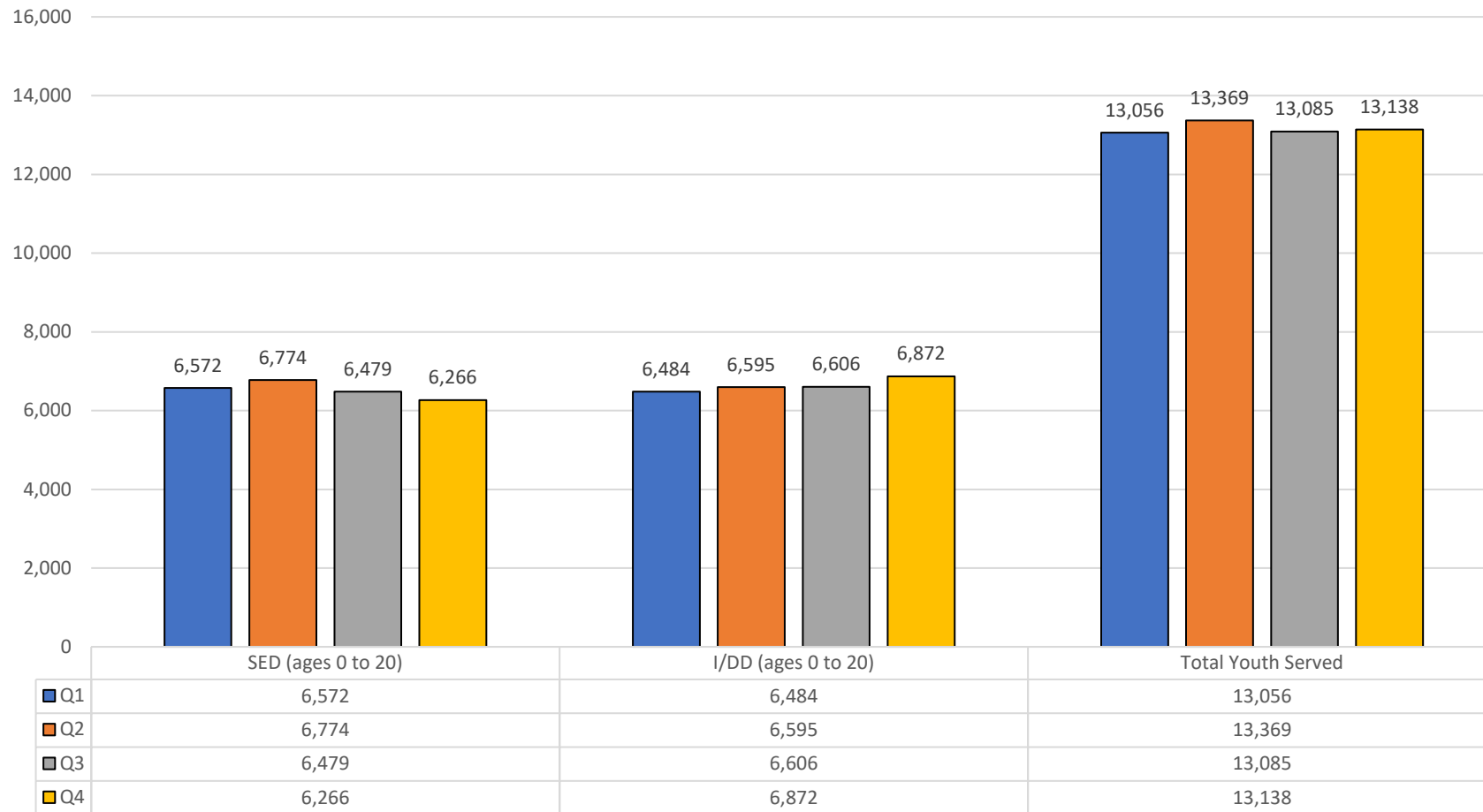


Census Data



Census Data

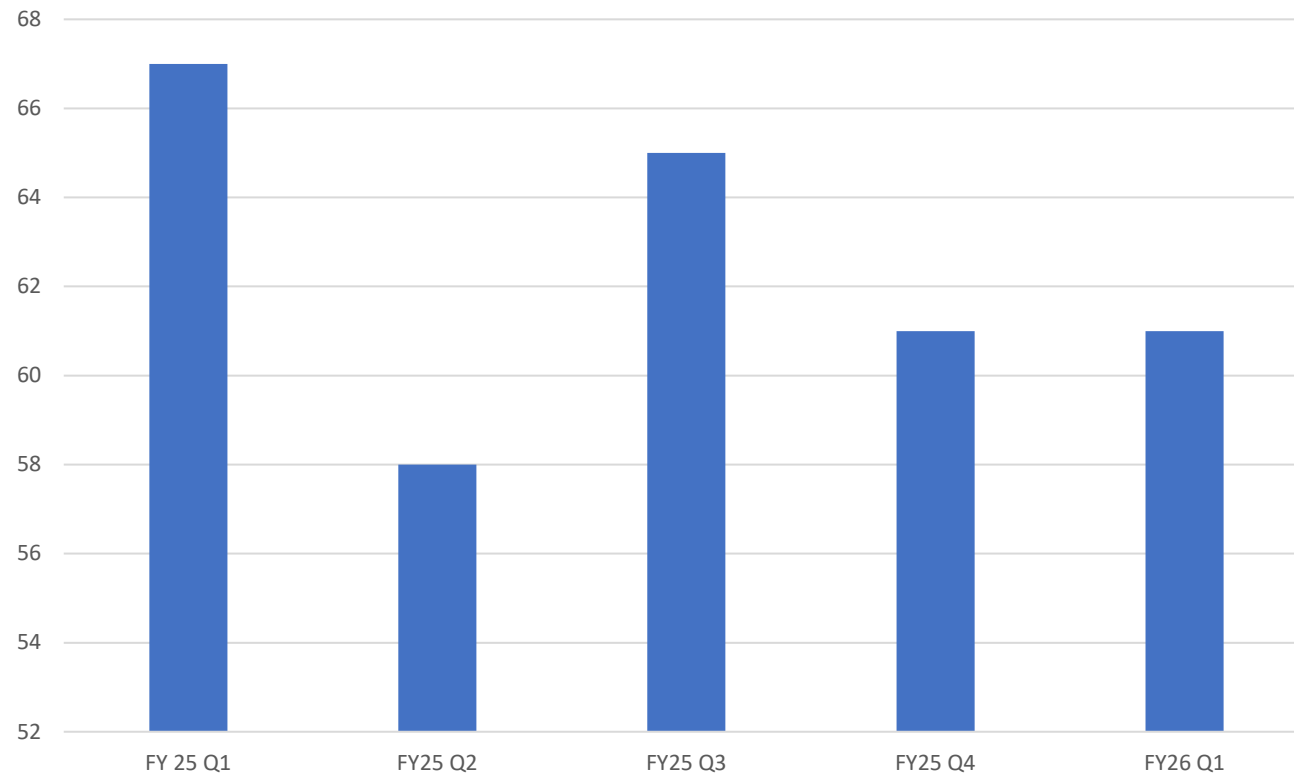
FY25 Total Youth Served



■ Q1 ■ Q2 ■ Q3 ■ Q4



Average Supports Coordination Caseload Size



Source material

- The Improving Practices Leadership Team (IPLT) – DWIHN’s internal workgroup, comprised of clinical and other departmental leaders that meets monthly. Clinical issues from other entities (i.e., Children’s Cross System Management) are brought to this group for discussion, planning and approval.
- The Children’s System Transformation Committee (CST), who come together bi-monthly to discuss any trends, issues, information, and updates that pertain to system-wide endeavors. CST is a subcommittee of key children’s service leaders who assist in defining operational issues, workforce development activities and advise the Director of the Children’s Initiatives.
- The IDD provider meeting :DWIHN IDD providers meet bi-monthly to discuss policy changes, barriers to treatment, network trends. This meeting consists of supervisors and directors from DWIHN’s clinically responsible service providers (CRSPs)
- Supports Coordination Quarterly Data- Supports coordination supervisors submit quarterly reporting data to DWIHN in regards to their staffing levels, caseload size, and children’s census. This data also includes qualitative responses about barriers to treatment, network trends, and suggestions for network improvement.



Barriers

Identified Barriers:

- Supports Coordination staffing challenges
- The needs for children with IDD are lifelong needs resulting in services lasting longer.
- High caseload sizes for officed based and community based services.
- Fewer intake appointment slots with the MHWIN calendar
- Increase in the number IDD children seeking services
- Providers accept members outside of the 14-day requirement per request from DWIHN Access which lowers Provider compliance. (Will not count for MDHHS indicator requirement; however, can still qualify for financial incentive).
- Families are requesting an intake outside of the 14 day window because they want a specific Provider.
- Families rescheduling on their intake appointments and missing 14 day window
- Complex intake onboarding process



Current Interventions in place

- **Ongoing 45-day meetings with Providers**

DWIHN has implemented ongoing 45-day meetings with its Clinically Responsible Service Providers (CRSPs) to address barriers related to intake completion and staffing. These meetings provide a multi-departmental approach aimed at improving communication between DWIHN and CRSPs regarding provider-specific challenges and system-wide trends. The goal is to enhance efficiency, collaboration, and the overall timeliness of intake processing across the network.

- **FY25 gather IDD staffing status and caseload sizes quarterly**

Beginning in Fiscal Year 2025, DWIHN started to track staffing levels for IDD supports coordination providers on a quarterly basis. CRSPs now submit data that includes the total number of children served, total number of supports coordinators, and the number of open positions. The reporting tool also includes space for qualitative feedback, allowing providers to identify emerging trends and offer suggestions for improvement. This process enables DWIHN to better understand its provider network's staffing needs and capacity to serve IDD members effectively.

- **FY25 started allowing IDD staff to attend the Core Competency Trainings**

Historically, DWIHN's Core Competency Training was available only to SED providers. In FY25, this training opportunity was expanded to include staff serving children with IDD. Many providers have noted that a lack of training contributes to staff turnover in supports coordination positions. Expanding access to this training helps enhance staff competence, confidence, and retention within the IDD provider network.



Current interventions in place

- **Financial incentives for IDD services**

DWIHN offers financial incentives to providers who meet key performance indicators related to timeliness and quality. CRSPs that achieve compliance with IDD intake timeliness standards are eligible for these financial incentives, reinforcing accountability and rewarding high performance within the network. Data for CRSPs meeting this metric will be reviewed

- **Daily availability for intake calendars**

Previously, DWIHN did not mandate CRSPs have availability for intakes. CRSPs largely set their own standards in limiting intake availability related to capacity concerns. Effective October 2025 CRSP statement of work now includes a mandate for daily intake scheduling. This measure is intended to increase available intake slots and ensure timely access to services for IDD children. CRSPs not able to meet daily availability are required to regularly complete capacity forms detailing efforts required to improve staffing levels. Data for CRSPs meeting this metric will be reviewed.



New Proposed Interventions:

- **Ongoing network wide Supports Coordination trainings**

DWIHN's Children's Initiatives and Adult Initiatives Departments collaboratively hosted a network-wide supports coordination training in October 2025, attended by over 120 supports coordinators. This training focused on training Supports Coordinators in relevant processes related to IDD services and provided training materials for new and existing staff. The training was developed in response to staff feedback about inconsistent understanding of processes and insufficient preparedness to implement services. Making this training an annual or semi-annual event may support workforce development and retention efforts. Pre post and Post test will be given to measure competence gained from training.

- **Expansion of provider network**

To meet the increasing demand for IDD children's services, DWIHN is expanding its provider network. At the end of FY24, DWIHN had 14 providers offering children's supports coordination. During 2025, three additional providers were added, with continued expansion planned to meet rising intake requests. This growth aims to increase service capacity and reduce wait times for families seeking care. This intervention will be viewed as successful by adding three additional providers that service IDD children by FY 26 Q4.

- **Analysis of Service Duration and Utilization**

DWIHN will conduct further analysis of treatment length and service utilization among IDD members to assess patterns and identify opportunities for improved care delivery and resource allocation. A review of members not seen for 90 days to determine scope of members not actively engaged in services by 6/30/26.



New Proposed Interventions:

- **Review of Onboarding Process for IDD Children**

The onboarding process for IDD members is often complex, requiring multiple appointments with various providers. DWIHN aims to streamline this process to reduce confusion and missed appointments. Simplifying onboarding steps may increase the rate of appointment attendance and improve overall timeliness metrics.

- **CRSP Engagement Trainings**

A new training initiative focused on best practices for CRSP intake processes is being considered. This training would emphasize early engagement—encouraging CRSPs to follow up with families within 72 hours of scheduling an intake appointment. Early engagement allows for timely rescheduling when necessary and may reduce last-minute cancellations and no-shows.

Training related to the DWIHN CRSP engagement policy may also be beneficial in reducing caseload size. This policy details steps and criteria for members not engaged in services to be discharged from their CRSP agency. Supports coordinators often do not appropriately follow the CRSP member re-engagement policy. This leads members who are not engaged in services to remain on caseloads and elevate caseload size. Better application of this policy may allow CRSP to discharge members not engaged in services and create additional space for new members. Pre post and Post test will be given to measure competence gained from training.



Conclusion

Any questions?

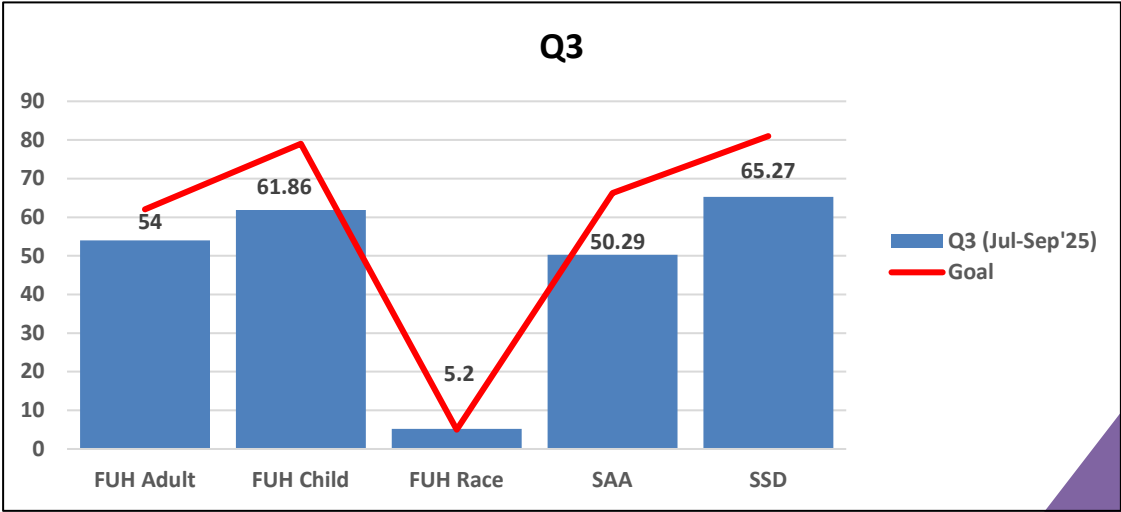
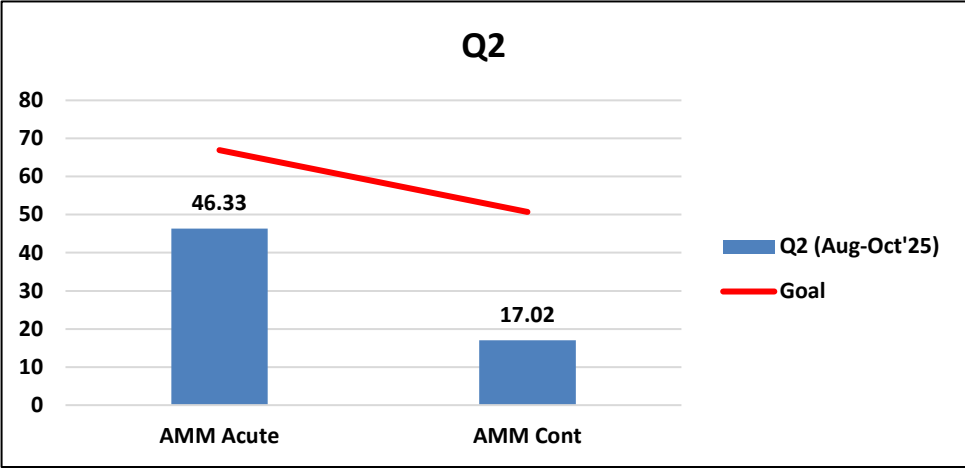


Q3 HEDIS Report

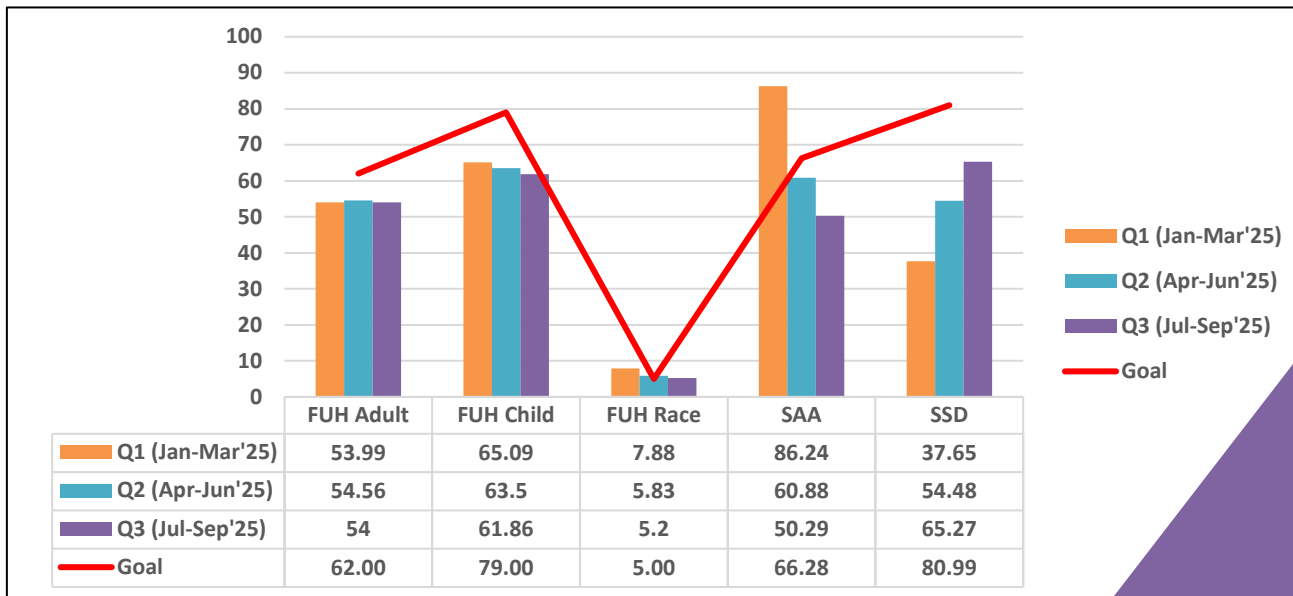
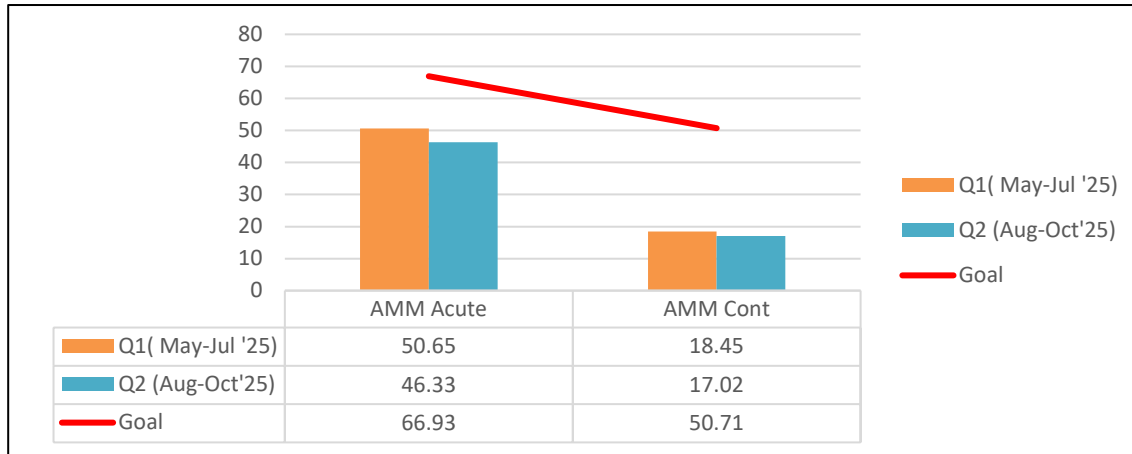
Review of July-September 2025 HEDIS
Outcomes

Vicky Politowski, Director of Integrated Care

DWIHN Outcomes



DWIHN CY25 Quarterly Comparison



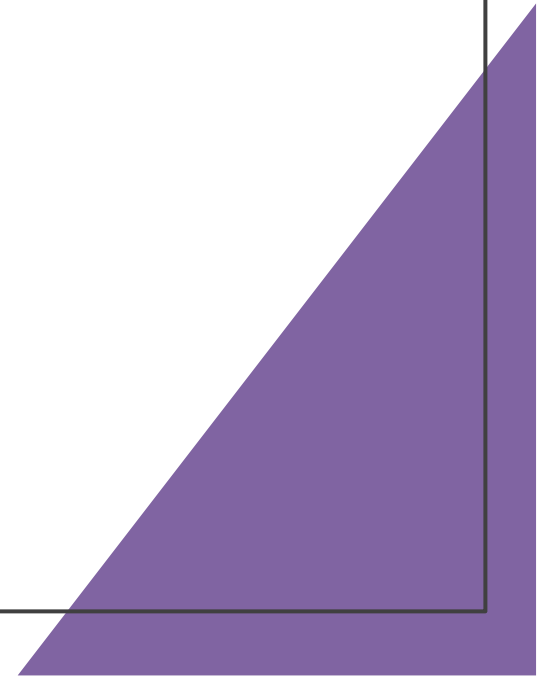
FUH 30 Day

- Measure Description: Beneficiaries who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider
 - FUH Race Description: Disparity gap calculated by total Caucasian members vs. African American Members who were compliant with their FUH appointment

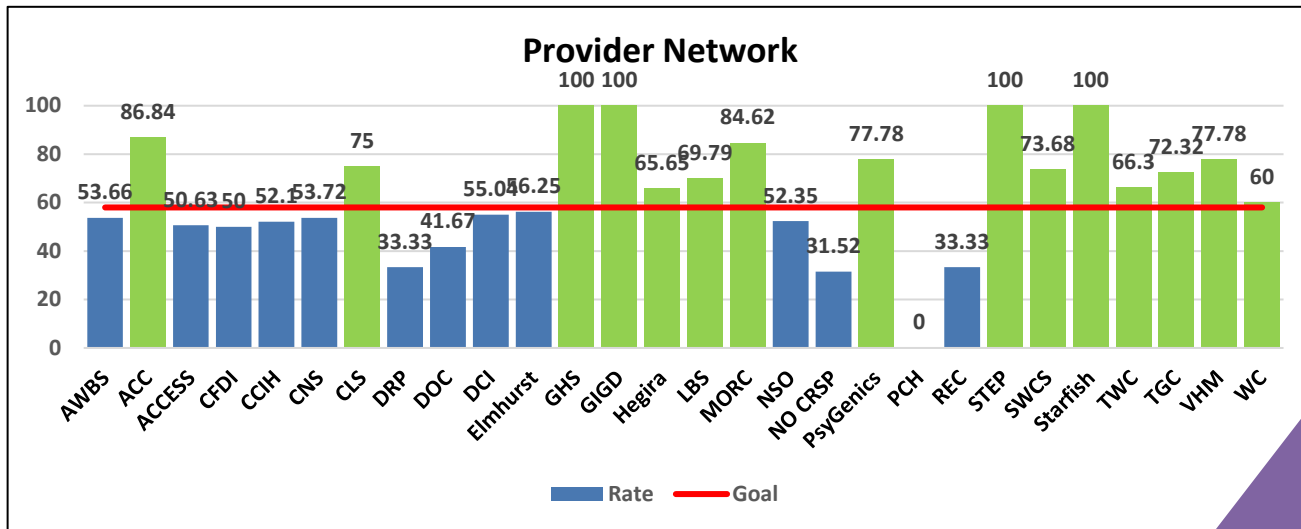
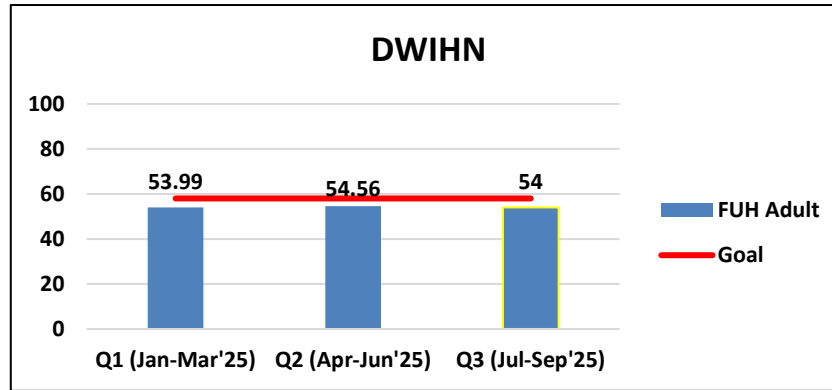
- Population & Goals

Population	Goals
Adult members 18+	2025: 58% 2026: 62%
Children 1-17	79%
Race:	5% or less

- Measure Steward: NCQA / HEDIS
- QIP Start Date: 01/2023
- Next IPLT/QISC Review Date: 04/2026
- Current Phase: Implementation

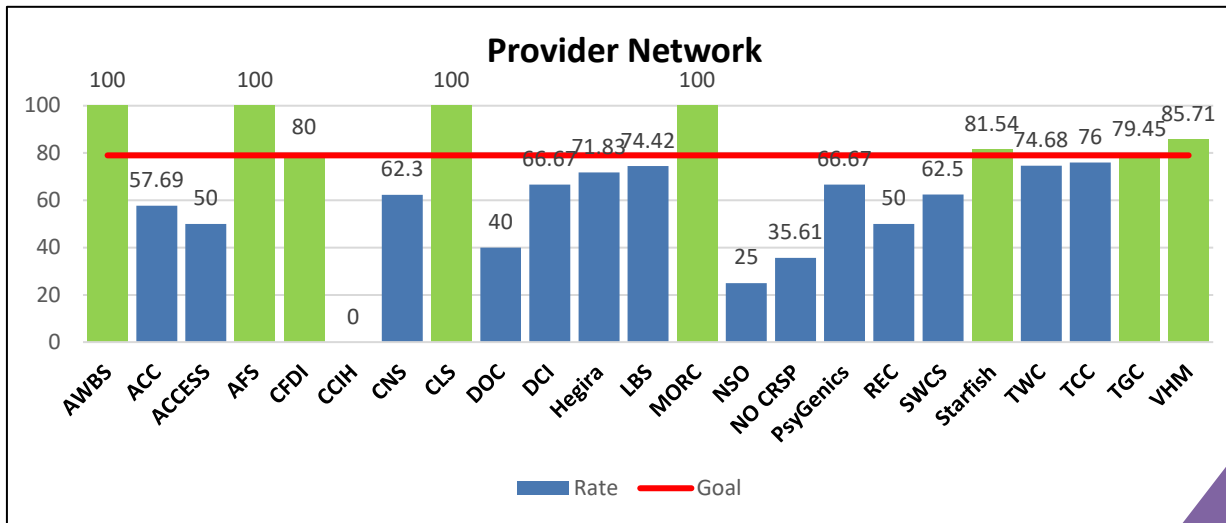
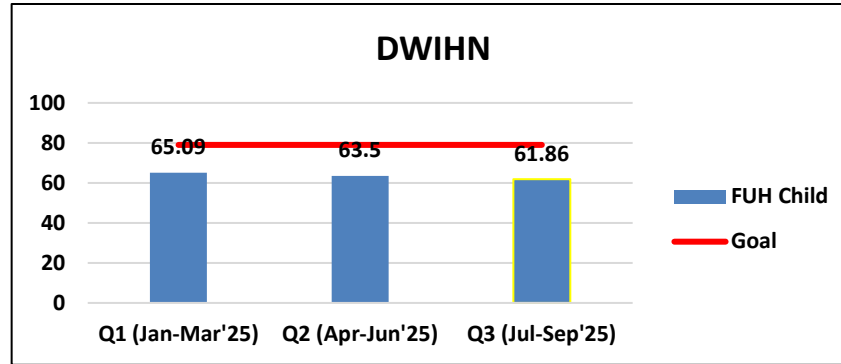


FUH 30 Day - Adult



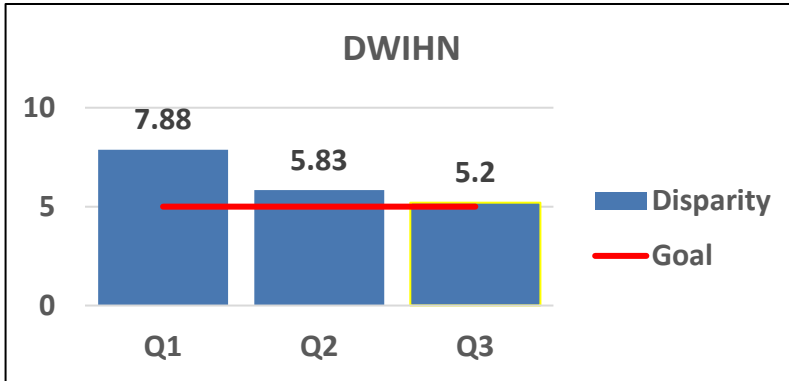
Out of 27 providers, 55.6% (15) providers met the goal for FUH 30 Adults.

FUH 30 Day - Child

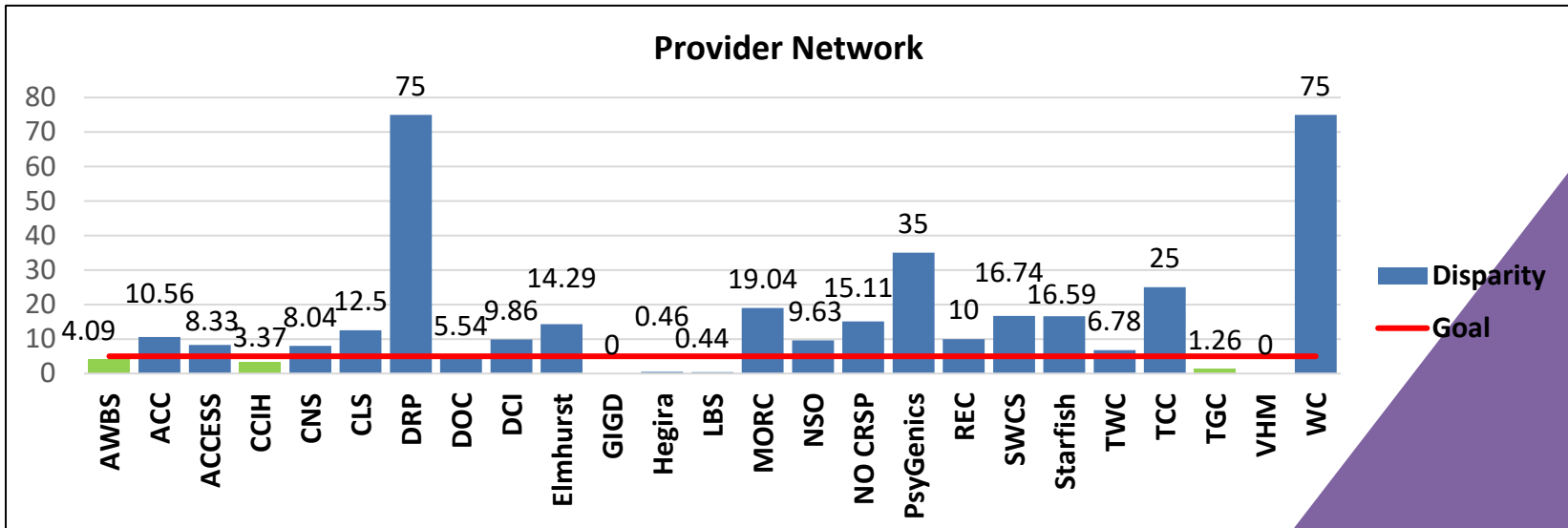


Out of 22 providers, 36.4% (8) providers met the goal.

FUH Race



Quarter	Caucasian		African American	
	Compliant	Total	Compliant	Total
1	363	604	600	1149
2	714	1205	1257	2353
3	1081	1852	1947	3662



Out of 24 provider, 29.2% (7) do not have a disparity gap.

FUH Data Highlights

- Key insights or trends (e.g., Improved post-discharge follow-up by CRSP 2)
 - Racial Disparity trending downward.
 - CLS, MORC, Starfish, TGC, & VHM succeeding the goal for both Adults and Children.
 - TGC & VHM also do not have a disparity gap
- Gaps identified
 - Lower compliance in the IDD Children population, African American Male Members, and members struggling with housing stability
 - Lack of Medicare Claims
 - *DWIHN serves more African American members resulting in more African American member being hospitalized.
 - There were 1810 more African Americans hospitalized than Caucasian Members
- Data validation or caveats
 - 90 Day Claims Lag

*Affecting the FUH Race Outcomes significantly

FUH Root Cause Analysis / Barriers

- Process – Source: Provider Feedback. ACCESS transportation analysis report. MHWIN
 - Lack of Psychiatry appointments available within 30 days which increases recidivism
 - DWIHN transportation (Godspeed) requiring 48–72-hour notice. At times, discharge dates are not always available in advance.
 - Members scheduled with providers other than a mental health provider for FUH appointment (CM, SC, etc.)
- Communication – Source: Provider Feedback. MHWIN ADT Alert Reports.
 - ADT Alerts does not identify reason for inpatient stay to prioritize hospital stay due to mental health
 - *ADT Alerts does not identify race & ethnicity of client
 - Providers notified of extended hospital stay after FUH appointment scheduled which results in a no show instead of being rescheduled
 - *Incorrect Demographics: Phone Number & Address, decreasing appointment reminders received and transportation assistance
- Member Factors – Source: Provider Feedback.
 - Transportation
 - Lack of Member Choice being exercised during discharge planning at hospitals
 - *Limited stable discharge options for members struggling with housing stability increasing discharges to shelters with little support
- Provider Factors – Source: Providers Feedback. MHWIN Staffing Reports. Cc360/Provider Link
 - Staffing Shortages
 - Lack of IDD Children Providers increasing recidivism
 - *High No Show Rates: African American Males have the highest no-show rates
 - *More African American Members served by Providers resulting in more African American Members being hospitalized, creating a disparity gap

*Affecting the FUH Race Outcomes significantly

FUH Interventions & Activities

- Status: Ongoing
 - DWIHN Transportation
 - Responsible Party: ACCESS, Providers, & Members
 - Implementation Date: October 2023
 - Racial Disparity Meetings with 3 CRSP
 - Responsible Party: Quality & CRSP
 - Implementation Date: February 2024
 - Crisis Connection to CRSP
 - Responsible Party: Crisis Team
 - Implementation Date: March 2024
 - MHP/ICO Meetings
 - Responsible Party: CRSP, MHP, ICO, DWIHN Care Coordinators
 - Implementation Date: 2025
 - FUH Race QIP
 - Responsible Party: Quality, IHC, CRSP
 - Implementation Date: 01/2023
 - Targeted Intervention: African American Males TOC Calls
 - Responsible Party: CCM
 - Implementation Date: TBD
- Status: New
 - VDT Predictive Analysis
 - Responsible Party: CCM Team, CRSP
 - Implementation Date: TBD
 - Lumenore Recidivism Project
 - Responsible Party: DWIHN, TWC.
 - Implementation Date: 01/2026
 - Monthly Meeting with Children's Initiatives
 - Responsible Party: IHC, Children's Initiative
 - Implementation Date: December 2025
 - Peer & CCM TOC Calls
 - Responsible Party: Customer Service, CCM
 - Implementation Date: 02/2026
 - CRSP & MHP Transportation
 - Responsible Party: CRSP, MHP
 - Implementation Date: TBD

FUH Evaluation & Outcomes

Intervention Impact Summary

- Interventions for Continuation

- Racial Disparity Meetings with 3 CRSP: Data Validation via VDT System. Sustained via Quality’s Racial Disparity PIP.

CRSP	Q3 (Jul-Sep) 2025 Disparity	Q3 (Jan-Mar) 2023 Disparity	Outcome
CCIH	3.37	11.04	Decreased by 7.67
TWC	6.78	6.11	Increased by .67
CNS	8.04	3.75	Increased by 4.29

- Crisis Connection to CRSP: Data Validation via Crisis Report. Sustained via Clinical Guidelines.

- 23 members were connected to a CRSP.
- Since implantation March 24, Crisis has connected 731 members to CRSP, contributing to decreasing this group. DWIHN NO CRSP group currently has a 68.3% non-compliance rate.

	Non-Complaint	Total No CRSP	Total FUH Population
Q3 2025	552	1741	6255
Q3 2023	1527	3480	6992

FUH Evaluation & Outcomes

Intervention Impact Summary

- Interventions with Modification Required
 - Targeted Intervention African American Males TOC Calls: Data Validation via MHWIN report. Sustainability to be modified.
 - Despite attempts to contact 20 members monthly, 15% or less members are typically reached and more than 55% of this population continue to miss FUH appointments.
 - Partner with Customer Service Department to begin utilizing Peers to assist with TOC calls to increase outreach attempts and members reached.

- Interventions for Discontinuation
 - DWIHN Transportation: Data Validation via MHWIN report. Sustainability to be modified.
 - Transportation severely underutilized. Out of the 2374 FUH appointments scheduled, only 67 members used transportation, with 26 being in Q3. There is no identified impact on outcomes. Transportation continues to be reported as an issue.

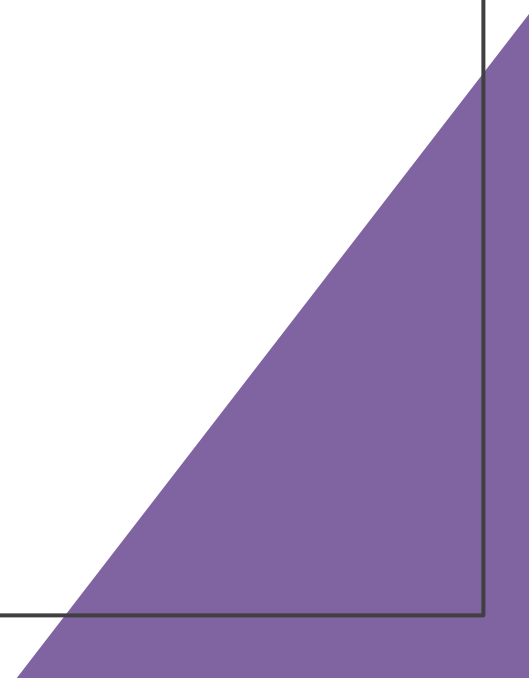
 - FUH Race QIP
 - Quality ending FUH Racial Disparity QIP 1/1/26.

FUH Next Steps / Decisions for IIP

- Approve updated goal: FUH Adults goal updated to 62% for 2026. Approval Needed
- Continue intervention: Yes
- Add new intervention: New interventions currently being discussed for implementation
- Assign follow-up tasks
 - Modification of ongoing interventions: CCM, Customer Service, IHC.
 - Implementation of new interventions: IHC, CRSP, Children's Initiative, & MHP/ICO.
- Next Report Due: 04/2026

FUH Attachments / Supporting Data

- Data Sources
 - MHWIN
 - VDT
 - Cc360
 - Provider Feedback

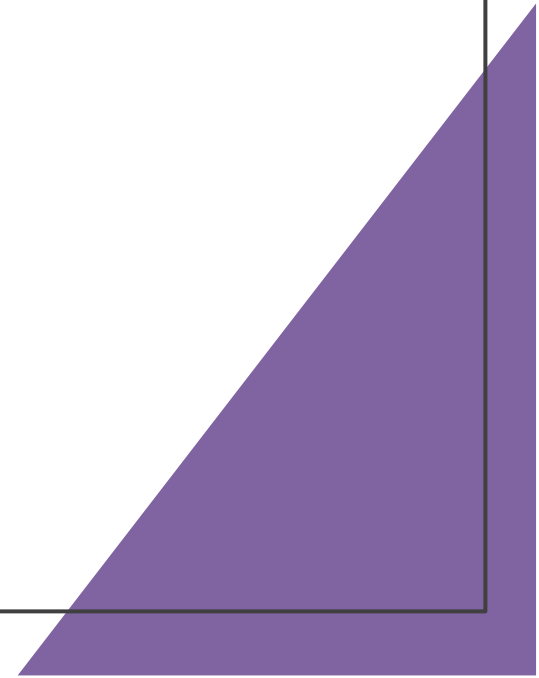


SAA

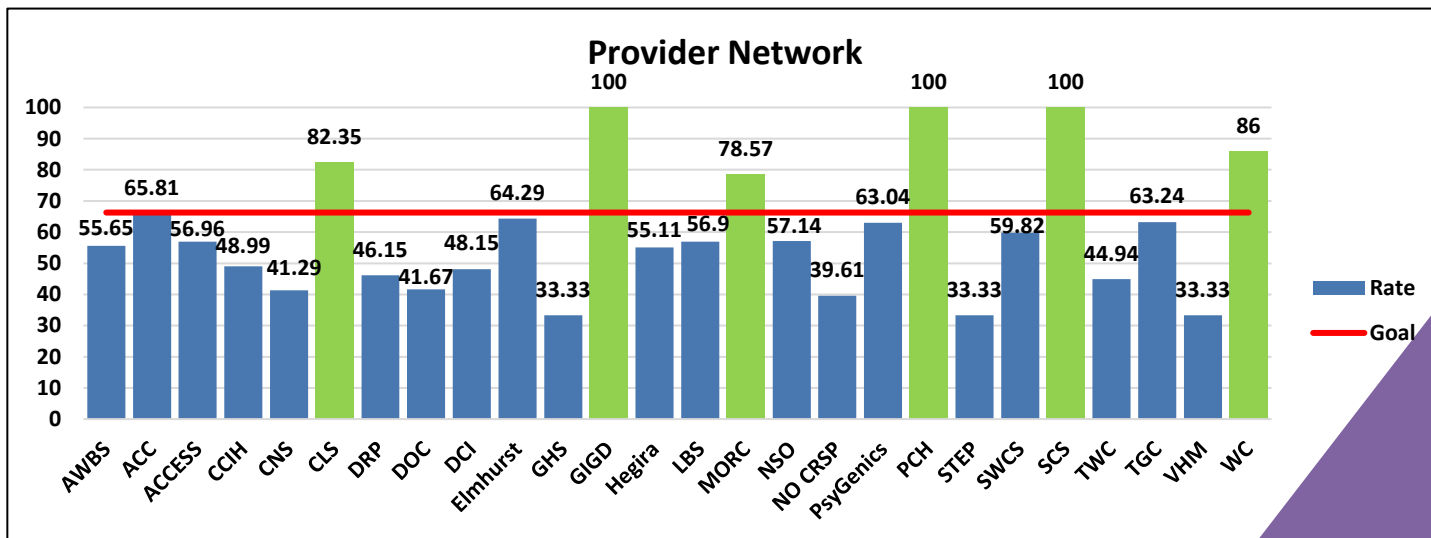
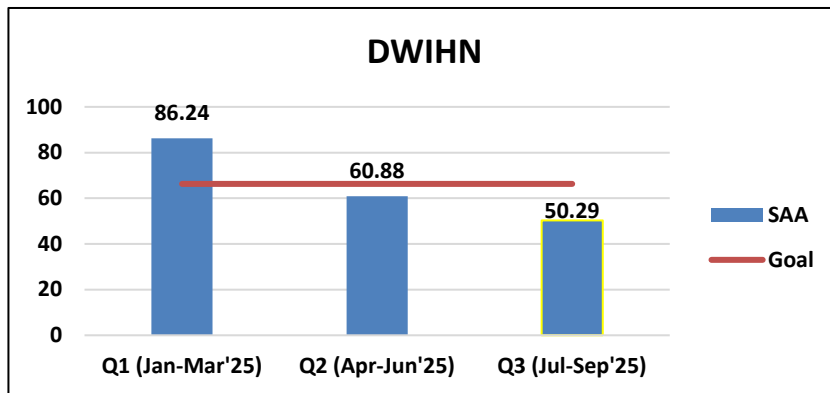
- Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Measure Description: Beneficiaries with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.
- Population & Goal

Population	Goal
Adults: 18+	66.28

- Measure Steward: NCQA / HEDIS
- QIP Start Date: 01/2023
- Next IPLT/QISC Review Date: 04/2026
- Current Phase: Implementation



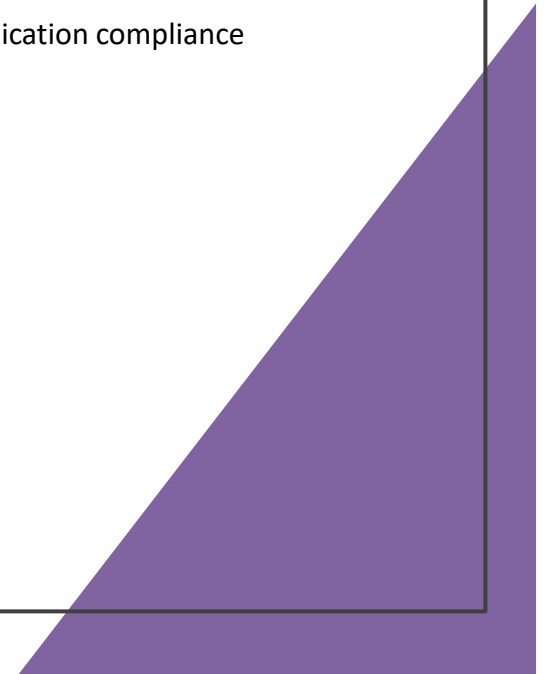
SAA



Out of 24 provider, 25% (6) providers met the goal.

SAA Data Highlights

- Key insights or trends (e.g., Improved post-discharge follow-up by CRSP 2)
 - Majority providers are billing 96732 for long-acting injections
- Gaps identified
 - Shortage of Psychiatry appointments availability within 30 days. Increased barrier for children.
- Data validation or caveats
 - 90 Day Claims Lag
 - Outcomes based on refill data which does not always align with medication compliance



SAA Root Cause Analysis / Barriers

- Process – Source: Provider Feedback. ACCESS transportation analysis report. MHWIN
 - Limited access to pharmacy claims
 - Limited access to Medicare pharmacy claims
- Communication – Source: Provider Feedback. MHWIN ADT Alert Reports.
 - Reliance on Pharmacy Claims. Pharmacy refills does not always align with medication compliance
 - If Medicare pays for medication, we will not get claim information as we have limited Medicare claims data
- Member Factors – Source: Provider Feedback.
 - Lack of transportation to pharmacy
 - Difficulty scheduling psychiatry appt within 30 days and/o before running out of medications
 - When members are discharged to shelters, the shelters do not provide transportation to refill medications
- Provider Factors – Source: Providers Feedback. MHWIN Staffing Reports. Cc360/Provider Link
 - Providers struggle to track pharmacy claims

SAA Interventions & Activities

- Status: Ongoing
 - 96732 Report
 - Responsible Party: CRSP. MHP. ICO. DWIHN.
 - Implementation Date: August 2025
 - MHP/ICO Meetings
 - Responsible Party: CRSP. MHP. ICO. DWIHN Care Coordinators
 - Implementation Date: 2025
- Status: New
 - Claim Validation
 - Responsible Party: VDT. IHC. CRSP
 - Implementation Date: 02/2026
 - Shelter Partnership
 - Responsible Party: Clinical Improvement, CRSP
 - Implementation Date: TBD

SAA Evaluation & Outcomes

Intervention Impact Summary

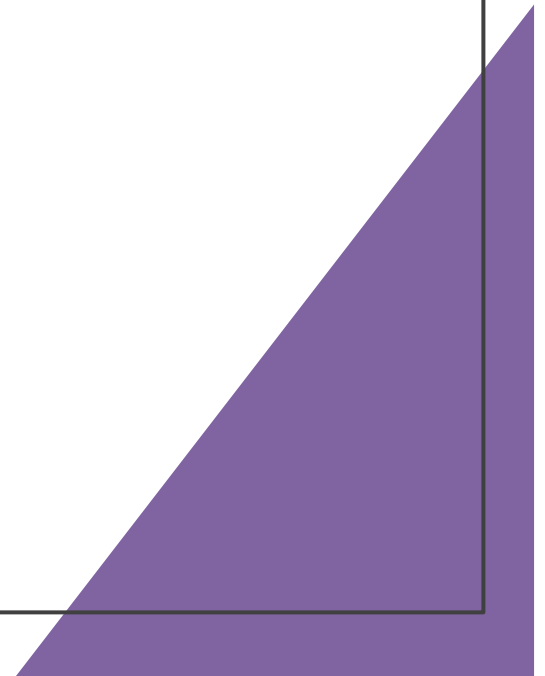
- Interventions for Continuation
 - MHP/ICO Meetings : Data Validation via MHWIN & cc360. Sustained via Care Coordination Protocol
- Interventions with Modification Required
 - 96732 Report: Data Validation via MHWIN & Power BI Dashboard. Sustained via Clinical Practice Guidelines. Identify how to utilize this report to identify which providers are billing 96732 on site compared to coordinating care to an outside provider for services. Determine how to utilize and analyze the data for a SMART Interventions.
 - Will begin to share data in 45 day meetings of providers who are not billing 96732, collaborate on a secondary intervention, and analyze data for effects on outcomes
- No Interventions for Discontinuation

SAA Next Steps / Decisions for IIP

- Approve updated goal: No approvals needed
- Continue interventions: Yes
- Add new intervention: New interventions currently being discussed for implementation
- Assign follow-up tasks:
 - Integrated Health
- Next Report Due: 04/07/2026

SAA Attachments / Supporting Data

- Data Sources
 - MHWIN
 - VDT
 - cc360



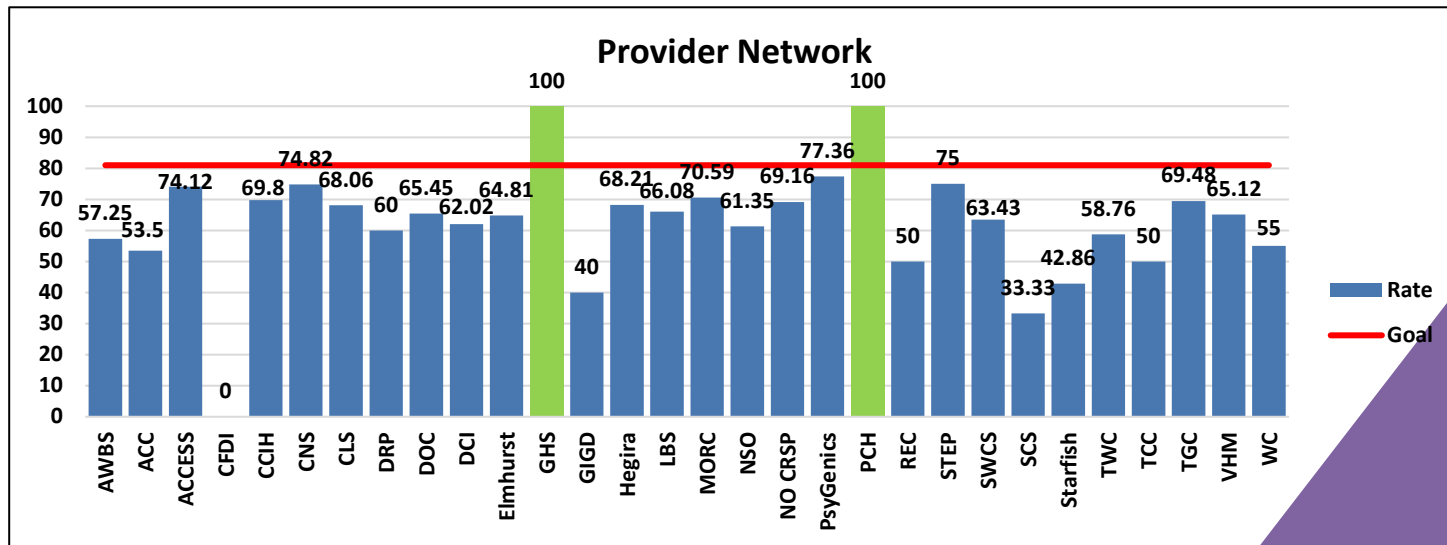
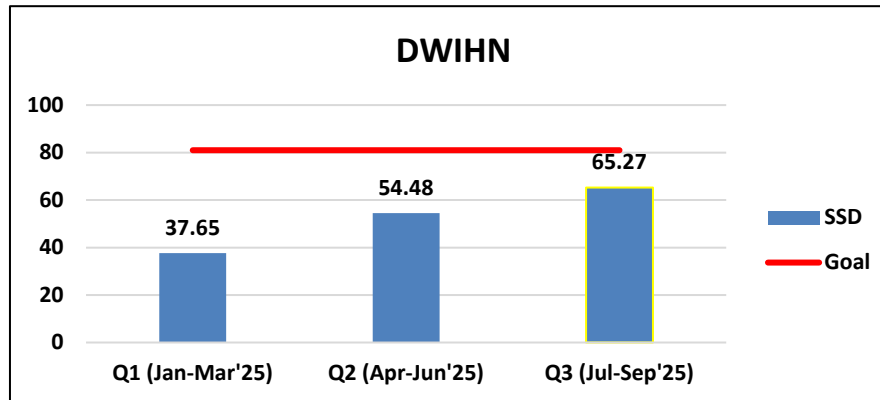
SSD

- Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Anti-Psychotics Medication
- Measure Description: Beneficiaries ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- Population

Population	Goal
Adults: 18+	80.99

- Measure Steward: NCQA / HEDIS
- QIP Start Date: 01/2023
- Next Review Date: 04/2026
- Current Phase: Implementation

SSD



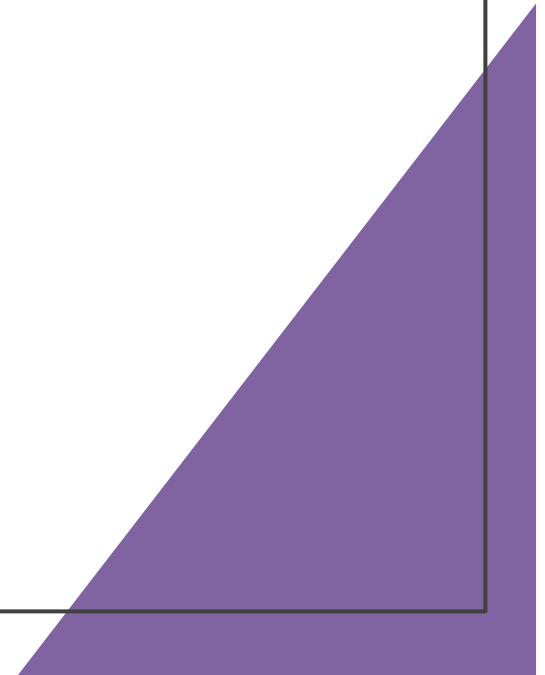
Out of 29 providers, 6.9% (2) providers met the goal.

SSD Data Highlights

- Key insights or trends
 - Collaboration between 2 largest CRSP and hospital in implementation stage with documented progress
 - Continued collaboration with MHP/ICO for real-time claims data and increased early intervention
- Gaps identified
 - Billable diabetes screening required. Most providers are not able to bill on site despite many of them completing the screening on site and entering the information into their nursing assessments.
- Data validation or caveats
 - 90 Day Claims Lag

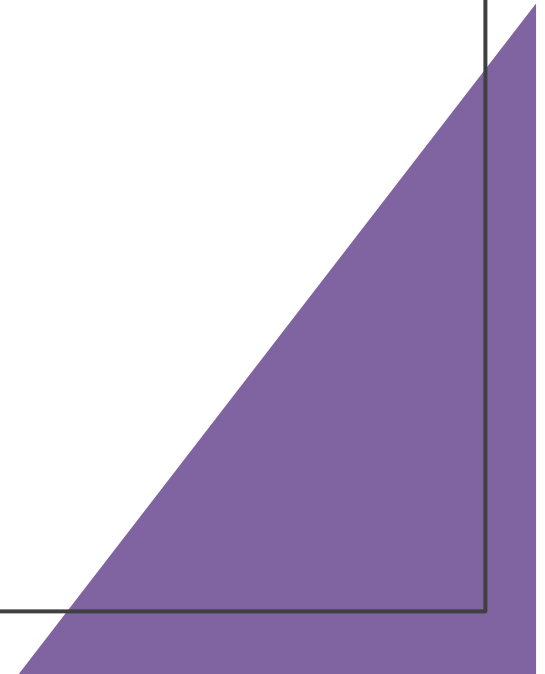
SSD Root Cause Analysis / Barriers

- Process – Source: Provider Feedback.
 - Difficulty confirmation care coordination efforts resulted in lab completion
- Communication – Source: Provider Feedback. MHWIN Staffing Reports.
 - Lack of providers to provide billable diabetes screening on site
- Member Factors – Source: Provider Feedback.
 - Transportation



SSD Interventions & Activities

- Status: Ongoing
 - CCM Connection to PCP
 - Responsible Party: CCM Team
 - Implementation Date: 2024
 - FQHC Partnership with Henry Ford
 - Responsible Party: IHC Team, TWC, CCIH, Henry Ford
 - Implementation Date: March 2025



SSD Evaluation & Outcomes

Intervention Impact Summary

- Interventions for Continuation
 - CCM Connection to PCP: Data Validation via MHWIN. Sustained via Clinical Guidelines and Care Coordination Protocol

CCM Connection to PCP	SSD
Q3 2025	65.27
Q3 2023	65.18

- Interventions with Modification Required
 - FQHC Partnership with Henry Ford: Data Validation via VDT & cc360. Sustainability for improved communication and collaboration with CRSP and Hospital to be further analyzed. Secondary intervention to be created.

CRSP	TWC SSD Rate	CCIH SSD Rate
Q3 2025	58.86% – 1090 compliant members	69.82% – 347 compliant members
Q3 2024	59.1% – 961 compliant members	65.84% – 212 compliant members

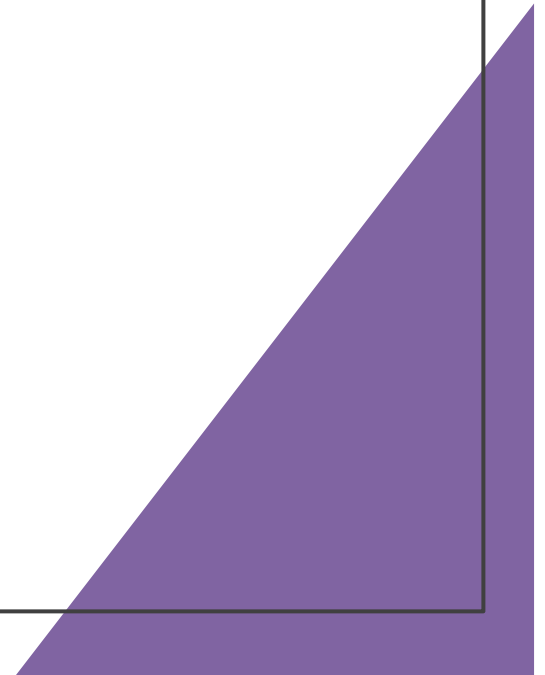
- No Interventions for Discontinuation

SSD Next Steps / Decisions for IIP

- Approve updated goal: None
- Continue intervention: Yes
- Add new intervention: New interventions currently being discussed for implementation
- Assign follow-up tasks
 - Integrated Health
 - CRSP: CCIH & TWC
- Next Report Due: 04/07/2026

SSD Attachments / Supporting Data

- Data Sources
 - MHWIN
 - VDT
 - cc360



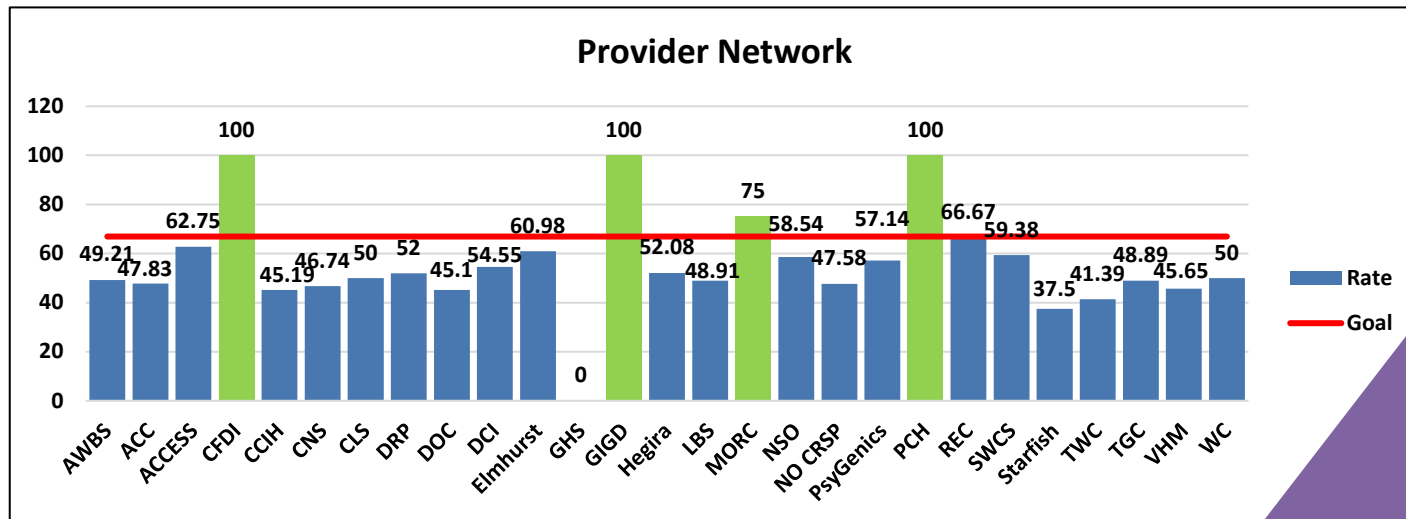
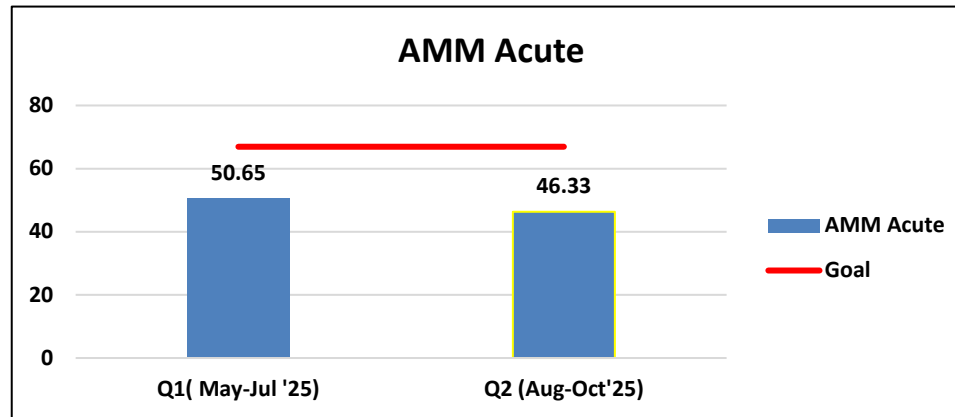
AMM

- Measure Name: Antidepressant Medication Management
- Measure Description: Beneficiaries age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment
 - Acute: At least 84 days (12 weeks)
 - Continuation: At least 180 days (6 months)
- Measurement Year: May-April
- Population: Adult members, 18+
- Goals

Phase	Goal
Acute	66.93
Continuation	50.71

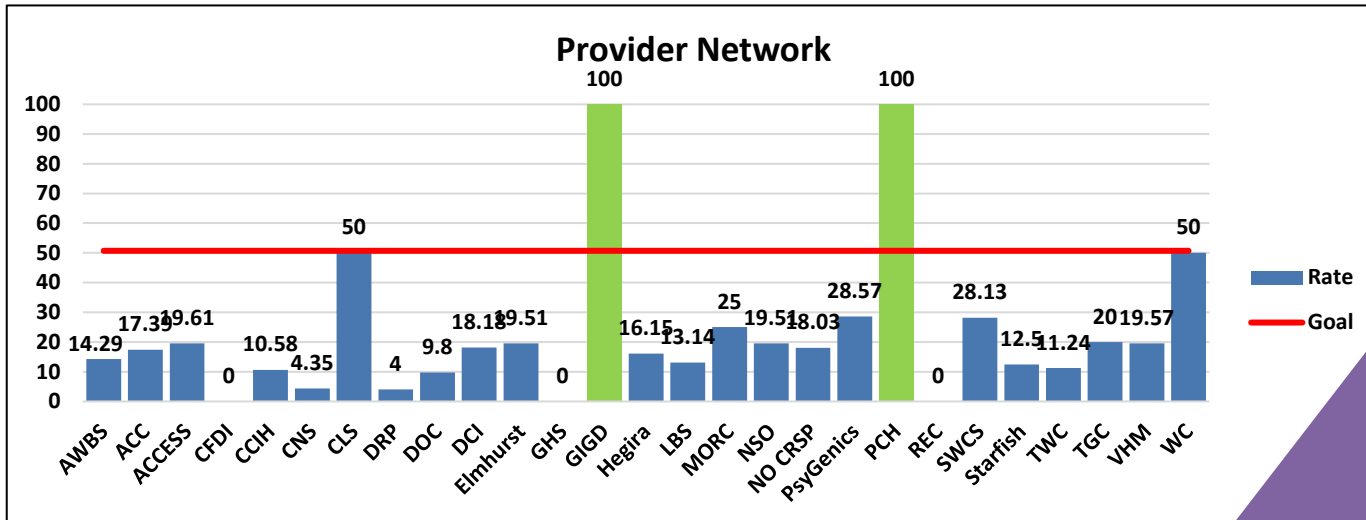
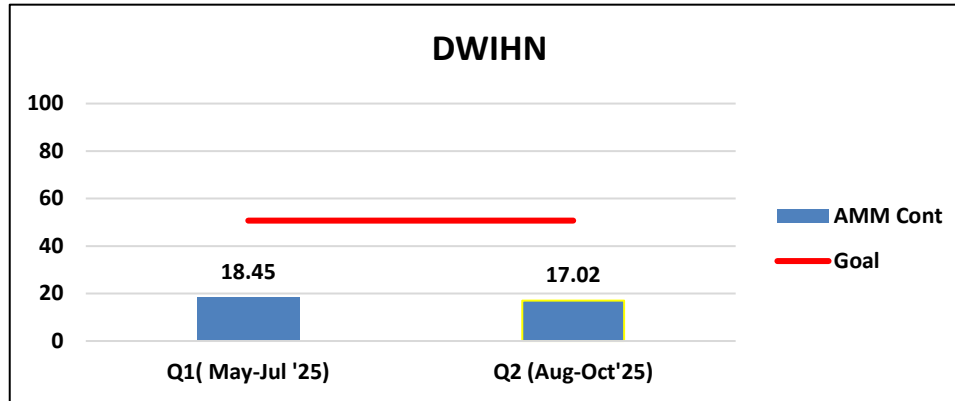
- Measure Steward: NCQA / HEDIS
- QIP Start Date: 01/2023
- Next Review Date: 04/2026
- Current Phase: Implementation

AMM Acute



Out of 26 providers, 15.4% (4) providers met the goal.

AMM Continuation



Out of 26 providers, 7.7% (2) providers met the goal.

AMM Data Highlights

- Key insights or trends (e.g., Improved post-discharge follow-up by CRSP 2)
 - Continued collaboration with MHP/ICO for real-time claims data and increased early intervention
- Gaps identified
 - Shortage of Psychiatry appointments availability within 30 days
- Data validation or caveats
 - 90 Day Claims Lag
 - Outcomes based on refill data which does not always align with medication compliance

AMM Root Cause Analysis / Barriers

- Process – Source: Provider Feedback. ACCESS transportation analysis report. MHWIN
 - Limited access to pharmacy claims
 - Limited access to Medicare pharmacy claims
 - Due to this measure being retired, new anti-depressant medications introduced in 2025 not counted
- Communication – Source: Provider Feedback. MHWIN ADT Alert Reports.
 - Reliance on Pharmacy Claims. Pharmacy refills does not always align with medication compliance
 - If Medicare pays for medication, we will not get claim information as we have limited Medicare claims data
- Member Factors – Source: Provider Feedback.
 - Lack of transportation to pharmacy
 - Difficulty scheduling psychiatry appt within 30 days and/o before running out of medications
 - When members are discharged to shelters, the shelters do not provide transportation to refill medications
- Provider Factors – Source: Providers Feedback. MHWIN Staffing Reports. Cc360/Provider Link
 - Providers struggle to track pharmacy claims

AMM Interventions & Activities

- Status: Ongoing
 - MHP/ICO Meetings
 - Responsible Party: CRSP, MHP, ICO, DWIHN Care Coordinators
 - Implementation Date: 2025
 - CCM Connection to CRSP
 - Responsible Party: CCM Team
 - Implementation Date: 2024
 - Med Drop
 - Responsible Party: Clinical Practice Improvement, Genoa
 - Implementation Date: 2023
- Status: New
 - Shelter Partnership
 - Responsible Party: Clinical Improvement, CRSP
 - Implementation Date: TBD

AMM Evaluation & Outcomes

Intervention Impact Summary

- Interventions for Continuation
 - CCM Connection to PCP: Data Validation via MHWIN. Sustained via Clinical Guidelines and Care Coordination Protocol

CCM Connection to CRSP	AMM Acute	AMM Cont
Q2 2025	46.33	17.02
Q2 2023	44.31	17.34

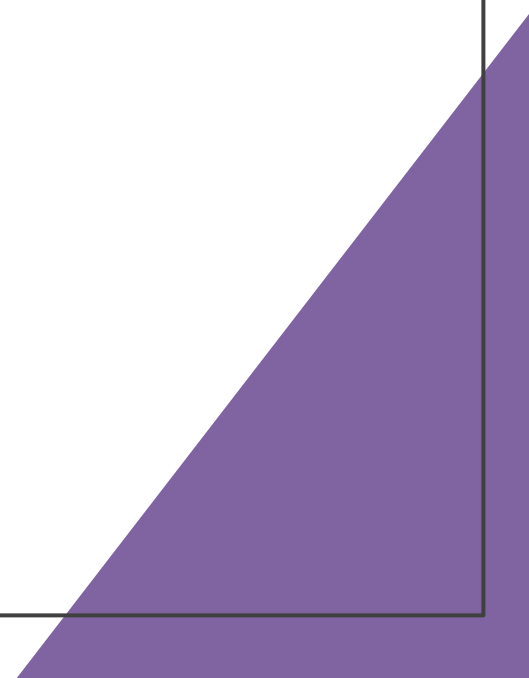
- No Interventions with Modification Required
- Interventions for Discontinuation: Although all interventions will continue, the focus will shift from AMM as the interventions mirror clinical best practices for medication management and care coordination

AMM Next Steps / Decisions for IIP

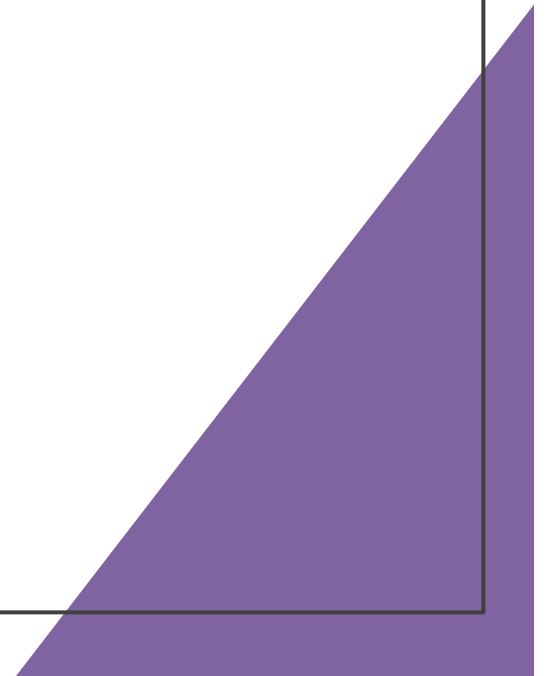
- Approve updated goal: Approval for Sunset Date of April 31, 2026 or July 31, 2026 required.
- Continue interventions: Interventions will continue with an increased focus on AMM through TBD sunset date of QIP
- Add new intervention: No new interventions will be added for AMM due to this measure being discontinued by MDHHS
- Assign follow-up tasks:
 - DWIHN IPLT: Determine date of discontinuation of this measure (April or July 2026)
- Next Report Due: 04/07/2026

AMM Attachments / Supporting Data

- Data Sources
 - MHWIN
 - VDT
 - Cc360
 - NCQA
 - MDHHS



Factors Affecting all HEDIS Measures



All - Root Cause Analysis / Barriers

- Process – Source: Provider Feedback. ACCESS transportation analysis report. MHWIN
 - Limited access to Medicare claims
- Communication – Source: Provider Feedback. MHWIN ADT Alert Reports.
 - If Medicare pays for service, we will not get claim information as we have limited Medicare claims data
- Member Factors – Source: Provider Feedback.
 - Lack of transportation
 - Members in shelters have limited access to resources for care

All - Interventions & Activities

- Status: Ongoing
 - MHP/ICO Meetings
 - Responsible Party: CRSP, MHP, ICO, DWIHN Care Coordinators
 - Implementation Date: 2025
 - 45 Day Meetings
 - Responsible Part: MCO, Quality, IHC, CRSP
 - Implementation Date: March 2023
 - HEDIS Memo & Action Plan
 - Responsible Part: IHC, CRSP
 - Implementation Date: September 2024
- Status: New
 - Quality Performance Improvement Plans
 - Responsible Part: Quality, CRSP
 - Implementation Date: 01/2026
 - Disenrollment List comparison to Non- Compliant Member List
 - Responsible Part: IHC
 - Implementation Date: 02/2026
 - Quality HEDIS Performance Improvement Plans
 - Responsible Part: IHC
 - Implementation Date: 02/2026

All - Evaluation & Outcomes

Intervention Impact Summary

- Interventions for Continuation

- MHP/ICO Meetings : Data Validation via MHWIN & cc360. Sustained via Care Coordination Protocol

	FUH Adult	FUH Child	SSD	SAA		AMM Acute	AMM Cont
Q3 2025	54	61.86	65.27	50.29	Q2 2025	46.33	17.02
Q3 2024	53.12	65.19	64.21	54.09	Q2 2024	43.5	22.13

- 45 Day Meetings: Data Validation via cc360 & VDT. Sustained via Clinical Practice Guidelines.

	FUH Adult	FUH Child	SSD	SAA		AMM Acute	AMM Cont
Q3 2025	54	61.86	65.27	50.29	Q2 2025	46.33	17.02
Q3 2022	44.1	56.5	64.19	54.67	Q2 2022	34.91	5.28

- HEDIS Memo & Action Plan: Data Validation via cc360 & VDT. Sustained via HEDIS Protocol

	FUH Adult	FUH Child	SSD	SAA		AMM Acute	AMM Cont
Q3 2025	54	61.86	65.27	50.29	Q2 2025	46.33	17.02
Q3 2024	53.12	65.19	64.21	54.09	Q2 2024	43.5	22.13