



Quality Improvement Steering Committee (QISC)
March 31, 2026
10:30am – 12:00pm
Via Zoom Link Platform
Agenda

- | | |
|---|---|
| I. Welcome | T. Greason |
| II. Authority Updates(Table) | S. Faheem |
| III. Approval of Agenda | S. Faheem/Committee |
| IV. Approval of Minutes <ul style="list-style-type: none">○ February 24, 2026 | Dr. Faheem/Committee |
| V. QAPIP Effectiveness <ul style="list-style-type: none">● Utilization Management<ul style="list-style-type: none">○ UM Annual Evaluation FY2025● HEDIS Measures:● Integrated Health<ul style="list-style-type: none">○ Antidepressant Management Medication (AMM)● Quality Improvement<ul style="list-style-type: none">○ HEDIS Update | T. Bridges

V. Politowski

L. Harmon/T.Greason |



Quality Improvement Steering Committee (QISC)

March 31, 2026

10:30am – 12:00pm

Via Zoom Link Platform

Meeting Minutes

Note Taker: DeJa Jackson

Committee Chairs: Dr. Leonard Rosen, DWIHN 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. Dr. L. Rosen will chair the QISC in March 2026.

2) Item: Authority Updates: Tabled for the next QISC Meeting in April.

3) Item: Approval of Agenda: Agenda for March 31st, 2026, approved by Dr. Rosen and the committee.

4) Item: Approval of Minutes: QISC Meeting Minutes for February 24th, 2026, approved by Dr. Rosen and the committee.

5) Item: QAPIP Effectiveness



Goal: Utilization Management

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>Tasha Bridges, UM Administrator, shared the SFY2025 UM Annual Evaluation for review and approval.</p> <p>UM Annual Evaluation FY2025:</p> <p>As part of our ongoing commitment to quality improvement, the Utilization Management (UM) Program is assessed annually and integrated into the Quality Assurance Performance Improvement Plan (QAPIP). This summary provides a clear overview of the department’s progress toward its goals, highlights key achievements, focuses on important areas, and identifies opportunities for fiscal year 2026.</p> <p>Department Goals and Outcome:</p> <ul style="list-style-type: none"> • Complete 95% of standard (non-urgent) prior authorization requests within 14 days. (Partially Met) <ul style="list-style-type: none"> • Manual approvals: 86.1% (FY-End); 94% (Q4) • Review utilization reports and finalize a FY25 schedule with at least 3 priority metrics and defined reporting intervals by Q3 FY25. (Met) • Identify and evaluate 3 tools that could reduce barriers to member access to self-directed services by Q4 FY25. (Met) <p>FY2025 Goals & Outcomes:</p> <ul style="list-style-type: none"> ○ Timeliness of Prior Authorizations <ul style="list-style-type: none"> ▪ Goal: 95% within 14 days ▪ Result: <ul style="list-style-type: none"> 📊 86.1% overall 📊 94% by Q4 ▪ Status: Partially Met ○ Utilization Reporting Metrics: <ul style="list-style-type: none"> ▪ Goal: Establish reporting schedule with priority metrics ▪ Status: Met ○ Self-Directed Services Tools: <ul style="list-style-type: none"> ▪ Goal: Identify/evaluate 3 tools ▪ Status: Met 		



<p>Key Highlights:</p> <ul style="list-style-type: none"> ○ Significant improvement in authorization timeliness: <ul style="list-style-type: none"> ▪ Increased from 76% to 97% (within 14 days) ▪ Increased from 47% to 85% (within 7 days) ○ Implementation of utilization metrics: <ul style="list-style-type: none"> ▪ Approvals/denials ▪ Over/underutilization ▪ Enrollment/discharge tracking ○ Participation in Partners Advancing Self-Determination (MDHHS initiative) <p>FY2026 Goals:</p> <ul style="list-style-type: none"> ○ Clinical review compliance (100%) ○ Timeliness: <ul style="list-style-type: none"> ▪ Increase to 95% within 7 days (standard) ▪ Increase to 95% within 72 hours (urgent) ○ Appropriate level of care (increase to 80%) ○ Appeals timeliness increases to 95% ○ Delegated oversight compliance (100%) <p>Please refer to the handout “UM Program Description FY25-26.docx” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
Dr. L. Rosen and the QISC committee approved the UM Utilization Management Annual Evaluation for FY2025 as written.	Dr. L. Rosen and QISC	March 31, 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>Antidepressant Management Medication (AMM)</i></p> <ul style="list-style-type: none"> • Overview: <ul style="list-style-type: none"> ○ Measurement period: Aug–Oct 2025 ○ Two phases: <ul style="list-style-type: none"> ▪ Acute ▪ Continuation • Performance Results: <ul style="list-style-type: none"> ○ Acute Phase: <ul style="list-style-type: none"> ▪ Score: 46.33% ▪ Benchmark: 66.93% ○ Continuation Phase: <ul style="list-style-type: none"> ▪ Score: 17% ▪ Benchmark: 50.71% • Barriers Identified: <ul style="list-style-type: none"> ○ Limited psychiatry appointment availability ○ 90-day claims lag ○ Lack of Medicare pharmacy data ○ Medication adherence uncertainty (fills ≠ usage) ○ Social factors: <ul style="list-style-type: none"> ▪ Transportation barriers ▪ Housing instability • Interventions: <ul style="list-style-type: none"> ○ Complex case management ○ MedDrop program ○ 45-day provider meetings ○ HEDIS memos/action plans 				



<ul style="list-style-type: none"> • Trend Insights: <ul style="list-style-type: none"> ○ Improvement seen in acute phase over time ○ Mixed results across interventions • Key Updates: <ul style="list-style-type: none"> ○ Measure discontinued by NCQA/state <ul style="list-style-type: none"> ▪ No updated coding for new medications ▪ Will be retired July 2026 <p>Please refer to the handout “AMM QIP Report.pptx” for additional information.</p>		
Provider Feedback	Assigned To	Deadline
No provider feedback.		
Action Items	Assigned To	Deadline
<p>Dr. L. Rosen and the QISC have approved the AMM HEDIS Measure with the following updates:</p> <ul style="list-style-type: none"> • Approval is required for a sunset date of April 30, 2026, or July 31, 2026. • Continuing interventions: Efforts will continue with an increased focus on AMM until the sunset date of the AMM QIP. • New interventions: No new interventions will be added for AMM as this measure is being discontinued by MDHHS. 	IHC (V. Politowski)	July 31, 2026



5) Item: QAPIP Effectiveness

Goal: Quality Improvement

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

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

Discussion		
<p>Tania Greason, QI Administrator, shared the following updates with the committee:</p> <p>HEDIS Update Overview: As part of the statewide transition away from the MMBPI framework, the Michigan Department of Health and Human Services (MDHHS) has implemented a new set of performance measures aligned with HEDIS (Healthcare Effectiveness Data and Information Set) to guide quality monitoring and reporting. These measures represent a more standardized, outcomes-focused approach and will require increased emphasis on timely follow-up, care coordination, and clinical monitoring across both behavioral health and substance use services.</p> <p>The goal of this initiative is to align the program with national standards for specialty behavioral healthcare and to concentrate clinical efforts on achieving high-impact outcomes. Going forward, HEDIS measures reporting will be conducted on a calendar-year basis. The data source for reporting and monitoring will be Vital Data, with a 90-day claims lag.</p> <ul style="list-style-type: none"> • 2025 Performance (Key Measures): <ul style="list-style-type: none"> ○ Follow-up After Hospitalization (FUH30): <ul style="list-style-type: none"> ▪ Adults: 68.16% (met benchmark) ▪ Children: 74.95% (below benchmark) ○ Adherence to Antipsychotic Medications for Individuals with Schizophrenia or schizoaffective disorder (SAA): <ul style="list-style-type: none"> ▪ 44.53% (below benchmark 66.28%) ○ Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD): <ul style="list-style-type: none"> ▪ 69.72% (below benchmark 80.99%) • 2026 Measures Introduced: <ul style="list-style-type: none"> ○ Follow-Up After Emergency Department Visit for Mental Illness (FUM30) ○ Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) ○ Use of first-line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) ○ Follow-up Care for Children Prescribed ADHD Medication (ADD) ○ Initiation and Engagement of Substance Use Disorder Treatment (IET) (SUD) ○ Follow-up After Emergency Department Visit for Substance Use (FUA) (SUD) 		



<ul style="list-style-type: none"> • Key Clarifications: <ul style="list-style-type: none"> ○ October–December data represents full calendar year performance ○ Quarterly reporting used for monitoring only • System/Data Updates: <ul style="list-style-type: none"> ○ DWIHN (IHC) is currently working with the vendor (Vital Data) to remove Medicare members from the denominator ○ This will allow for improved data accuracy moving forward • Expectations for Providers: <ul style="list-style-type: none"> ○ Monitor performance in the Vital Data platform ○ Participate in improvement efforts ○ Respond to and track Performance Improvement Plans (PIPs) <p>Please refer to the handout “ Quality Performance Improvement Plan HEDIS 3.30.26.pptx for additional information.</p>		
Provider Feedback	Assigned To	Deadline
<p>No direct feedback was provided regarding the recent update. Therefore, providers will maintain communication with the Quality Improvement team and reach out for further guidance and support whenever necessary. This ongoing dialogue ensures that they receive the assistance they need to enhance their practices and outcomes.</p>		
Action Items	Assigned To	Deadline
<p>DWIHN's Quality Improvement team will continue to review and monitor HEDIS measures, providing updates to the Quality Improvement Steering Committee at least quarterly.</p>	DWIHN's QI Team	Ongoing (No less than quarterly)

New Business Next Meeting: April 28, 2026

Adjournment: March 31, 2026

EXECUTIVE SUMMARY

Marlena J. Hampton, MA, LPC - Director of Utilization Management

UTILIZATION MANAGEMENT ANNUAL PROGRAM EVALUATION – FY 2025

As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). This summary serves as a high-level overview of the department's progress toward goals, highlights, key areas of focus and identified opportunities for FY 2026.

The UM Program Evaluation offers a comprehensive assessment of our goals and outcomes. It analyzes the effectiveness of various initiatives and strategies implemented during the previous year, highlights our successes, and identifies areas for improvement, ensuring transparency and continued accountability to the UM Committee, Quality Improvement Steering Committee (QISC), and members of this esteemed Board.

STRATEGIC REALIGNMENT OF THE UM PROGRAM EVALUATION

Historically, the UM Program Evaluation was structured to directly align with the DWIHN Strategic Plan. While important, this did not adequately capture the UM department's work and progress. The program itself is designed to align with the Plan; this is reflected in the Program Description.

In FY25, the UM Committee, with support from the VP of Clinical Operations and Chief Medical Officer, agreed that future goals would be simplified and directly tied to department needs. This allows for more meaningful and measurable outcomes.

DEPARTMENT GOALS & OUTCOMES

1. Complete 95% of standard (non-urgent) prior authorization requests within 14 days. **(Partially Met)**
 - Manual approvals: 86.1% (FY-End); 94% (Q4)
2. Review utilization reports and finalize a FY25 schedule with at least 3 priority metrics and defined reporting intervals by Q3 FY25. **(Met)**
3. Identify and evaluate 3 tools that could reduce barriers to member access to self-directed services by Q4 FY25. **(Met)**

HIGHLIGHTS – FY 2025

- **Timeliness of Authorization Requests.** The department was placed on an internal performance improvement plan to both meet the current standard and prepare to meet CY 2026 requirement for UM decisions within seven (7) calendar days. The prior authorization teams demonstrated significant improvement over the course of FY25.
 - In October 2024, the team approved 76% of requests within 14 days, with 47% of those requests approved within seven (7) days.
 - In September 2025, the team approved 97% of requests within 14 days, with 85% approved within 7 days.
- **UM Department & UM Committee Priority Metrics.** Establishment of reporting requirements for each line of business with the following primary information:
 - Approvals/Denials

- Over- and Underutilization of Authorized Services
 - Enrollments/Discharges
- **Partners Advancing Self-Determination (PAS).** DWIHN invited to participate in Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community. Cohort includes the Self-Directed Services team, participating providers, and supported individuals.

Tasks/Goals include:

- Review and update of the Self-Directed Services Referral Form
- Renewed Self-Determination/Self-Directed Services “roadmap” for use with interested families and coordinating agencies.
- Review the process for developing and monitoring an individual’s spending plan.

PROGRAM GOALS FOR FY 2026

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

- Measure: Percentage of adverse determinations reviewed by a physician.
- Target: 100%

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

- Measure: Decision timeliness for standard and expedited requests.
- Targets: Standard: ≥ 95% within 7 calendar days; Expedited/Urgent: ≥ 95% within 72 hours.

C. Over/Under-Utilization & Appropriate Use

Goal: Appropriate level-of-care placement for Specialized Services (ACT, ABA, etc.).

- Measure: Concordance between authorized level and service received.
- Target: ≥ 80% concordance.

D. Appeals

Goal: Appeal timeliness & overturn analysis.

- Measures: Timely resolution (standard/expedited); Overturn rate analysis.
- Targets: ≥ 95% timely; Overturns ≤ 20% or corrective action implemented.

E. Delegated UM Oversight

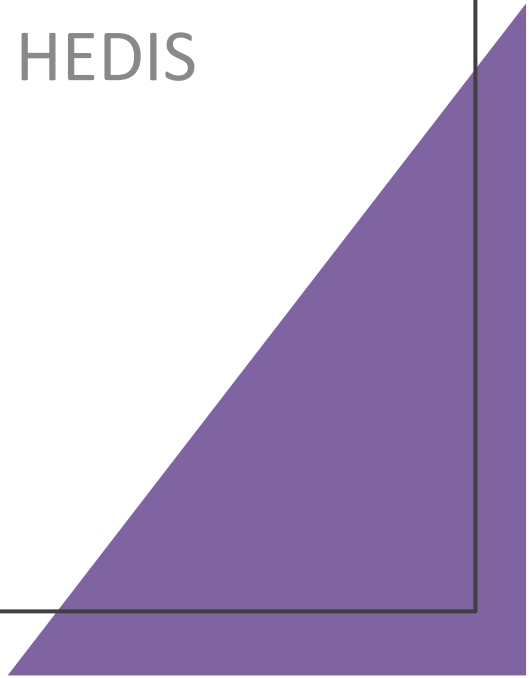
Goal: Ensure full oversight of delegated UM activities.

- Measure: Completion of semi-annual and annual oversight: reports, audits, PIPs.
- Target: 100% compliance with oversight requirements.

Q2 AMM HEDIS Report

Review of August-October 2025 HEDIS
Outcomes

Vicky Politowski, Director of Integrated Care



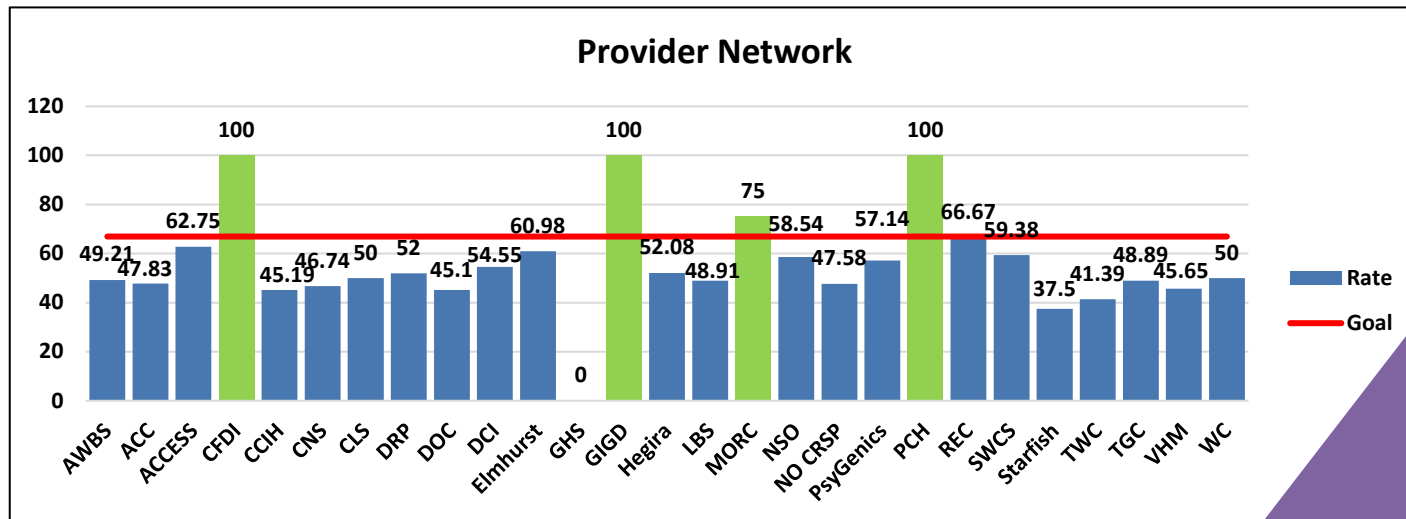
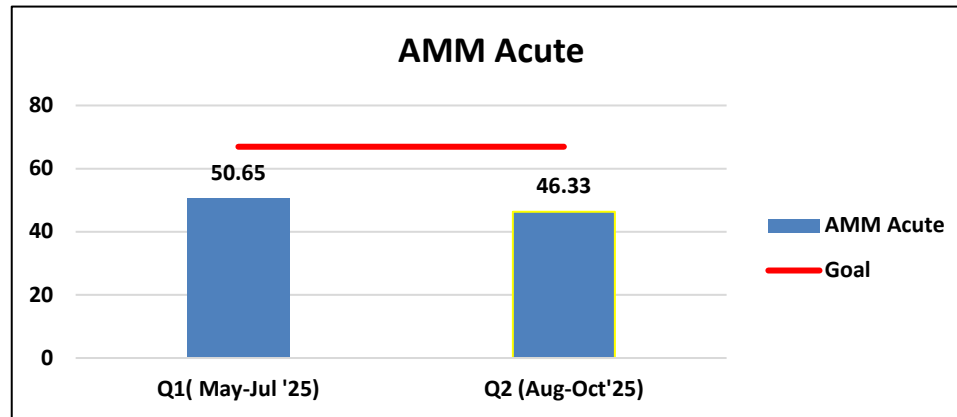
AMM

- 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

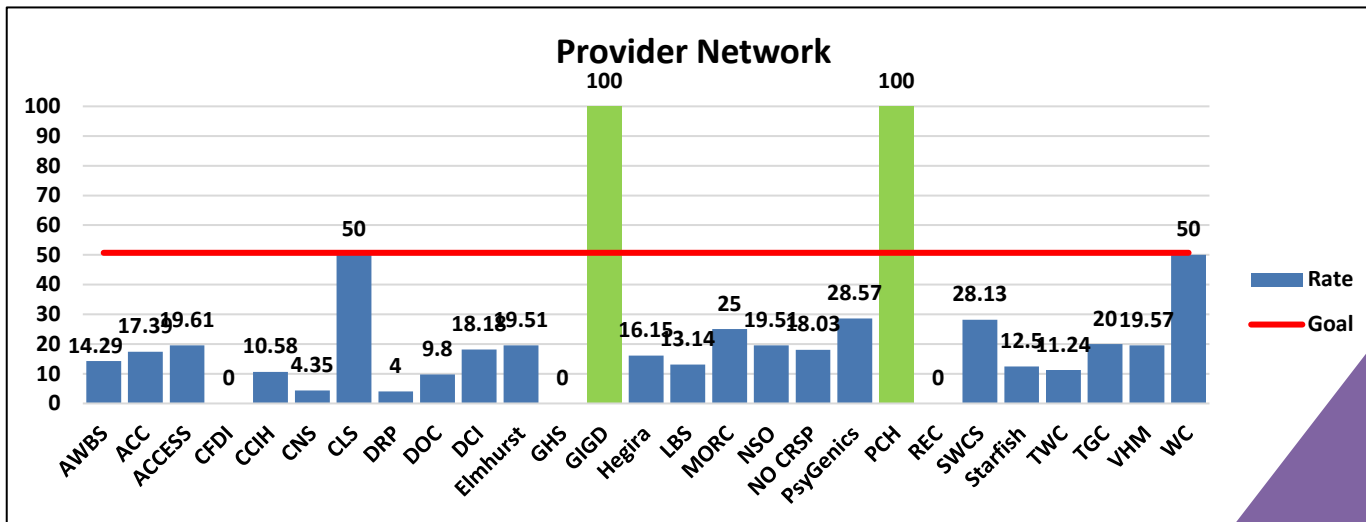
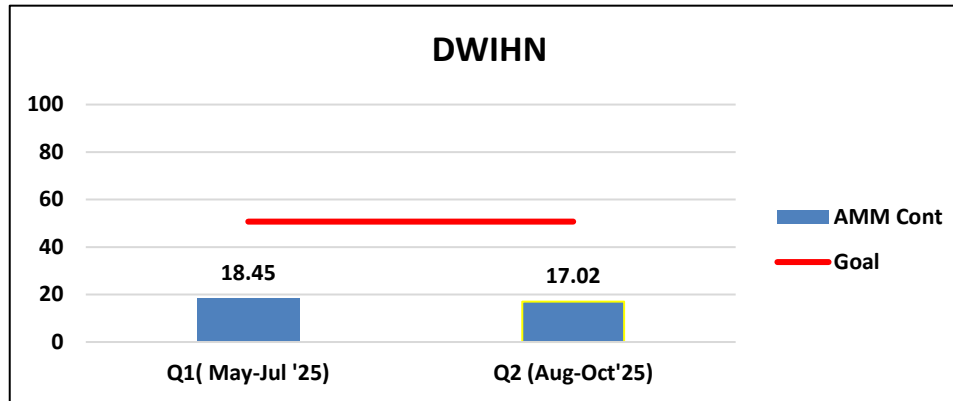
- QIP Date: 05/2023 – 4/31/2026

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
 - No longer in VDT

AMM Interventions & Activities

- 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
- 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

All - Evaluation & Outcomes

Intervention Impact Summary

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

	AMM Acute	AMM Cont
Q2 2025	46.33	17.02
Q2 2024	43.5	22.13

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

	AMM Acute	AMM Cont
Q2 2025	46.33	17.02
Q2 2022	34.91	5.28

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

	AMM Acute	AMM Cont
Q2 2025	46.33	17.02
Q2 2024	43.5	22.13

- 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

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



DWIHN
Your Link to Holistic Healthcare

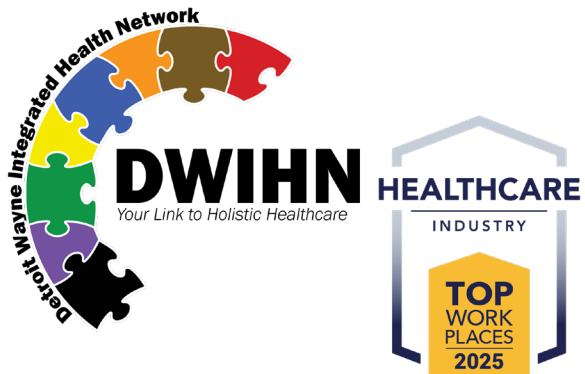


MDHHS HEDIS Measures Quality Improvement Steering Committee March 31, 2026



Purpose

- Overview of MDHHS HEDIS Measures
 - Calendar Year 2025
 - Calendar Year 2026
- Discuss Pay for Performance Measures /Incentives
- Performance Improvement Plans (PIPs)



MDHHS HEDIS Measures

(Oct–Dec 2025 Reporting Period Data Finalized on March 31, 2026)

PIPs will be issued each quarter, not just for the full calendar year.

Plans will be issued for:

- FUH 30-Day (Follow-Up After Hospitalization for Mental Illness) - **P4P Measure**
 - Adult (68.16%) Benchmark (62.0%)
 - Children (74.95%) Benchmark (79.00%)
- SAA (Adherence to Antipsychotics Medication) - **P4P Measure**
 - Adult/Children- (44.53%) Benchmark (66.28%)
- SSD (Diabetes Screening for Antipsychotic Use)
 - Adult – (69.72%) Benchmark (80.99%)

Data pulled from Vital Data Platform 3.30.2026



DWIHN
Your Link to Holistic Healthcare



Reporting Timeline & Measurement Structure

- HEDIS measures are based on the **calendar year**
 - Example: 2025 measurement year = January 1 – December 31, 2025
- For performance monitoring, the Quality Improvement Team **divides the year into quarters**:
 - Q1: January – March (Data finalizes at the end of June for the quarter)
 - Q2: April – June (Data finalizes at the end of September for the quarter)
 - Q3: July – September (Data finalizes at the end of December for the quarter)
 - Q4: October – December (Data finalizes at the end of the March closing out the year)



Newly Monitored HEDIS Measures

Monitoring 2026 for the following HEDIS Measures:

- FUM 30 (Follow-Up After ED Visit for Mental Illness)
 - Children (79.82) Benchmark (84.33%)
 - Adults (68.71%) Benchmark (61.05%)
- APM (Metabolic Monitoring)
 - Ages 1-11 (18.33%) Benchmark (23.36%)
 - Ages 12-17 (28.09%) Benchmark (32.70%)
- APP (Psychosocial Care for Youth on Antipsychotics)
 - Ages 1-11 (82.50%) Benchmark (67.39%)
 - Ages 12-17 (76.26%) Benchmark (71.16%)
- ADD (ADHD Medication Follow-Up Care)
 - Initiation (68.35%) Benchmark (64.0%)
 - Continuation (76.47%) Benchmark (76.0%)
- **IET (Initiation and Engagement of Treatment) {SUD Providers Only} (**P4P Measure**)
 - Initiation Total Within 14 Days (37.41%) Benchmark (40.0%)
 - Diagnosis and Engagement Total 34 Days (9.53%) Benchmark (15.0%)
- **FUA 30 (Follow-Up After Emergency Department Visit for Substance Use) {SUD Providers Only} (**P4P Measure**)
 - Children (24.80%) Benchmark (36.30%)
 - Adult (34.87%) Benchmark (36.30)



Key Takeaways and Next Steps

- MDHHS HEDIS Measure
 - Low Performance
 - QI Continued Monitoring
- Performance Improvement Projects will continue or be initiated with SME's at DWIHN.
- Data/Analysis from the Performance Improvement Projects will be shared with the QISC.
- Providers to monitor their HEDIS metrics data through the Vital Data Reporting Platform.
- Continued focus on **data transparency and quality improvement** through continued monitoring.



Quality Team Contact Information

- April Siebert – Director of Quality Improvement asiebert@dwihn.org
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