



Southwest Michigan Behavioral Health

Quality Assurance and Performance Improvement Program

Year 2015 (October 1st 2014- September 30th 2015)

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Introduction

The Michigan Department of Community Health (MDCH) requires that each specialty Prepaid Inpatient Health Plan (PIHP) has a documented Quality Assessment and Performance Improvement Program (QAPIP) that meets required federal regulations: the specified Balanced Budget Act of 1997 as amended standards, 42 CFR § 438, requirements set forth in the PIHP contract(s), specifically Attachment P.6.7.1.1.

The Southwest Michigan Behavioral Health (the “SWMBH”) uses its QAPIP to assure it is meeting all contractual and regulatory standards required of the Regional Entity, including its Prepaid Inpatient Health Plan (PIHP) responsibilities. The QAPI Program describes the organizational structure for the SWMBH’s administration of the QAPIP; the elements, components and activities of the QAPIP; the role of service recipients in the QAPIP; the mechanisms used for adopting and communicating process and outcome improvement, and to implement improvement strategies to meet and exceed best practice performance levels. Additionally, more information related to the QAPIP standards can be found in SWMBH policies and procedures, along with other departmental plans.

The SWMBH “QAPI Program” is approved annually by the Southwest Michigan Behavioral Health (SWMBH) Board. The authority of the QM department and the QM Committee is granted by the SWMBH EO and SWMBH Board.

Purpose

The Quality Assurance and Performance Improvement Program (QAPIP) delineate the features of the SWMBH quality management program. This QAPIP serves to promote quality customer service and outcomes through systematic monitoring of key performance elements integrated with system-wide approaches to continuous quality improvement.

The SWMBH QAPIP spans across clinical service delivery within the network as well as benefit management processes within SWMBH. The program addresses access, quality and cost for services delivered, inclusive of administrative aspects of the system, service delivery and clinical care. Populations served by the SWMBH include persons who experience mental illness, developmental disabilities and substance use disorders.

Additional purposes of the QAPIP are to:

- continually evaluate and enhance the regional Quality Improvement Processes and Outcomes
- monitor, evaluate, and improve systems and processes for SWMBH
- provide oversight and data integrity functions
- develop and implement efficient and effective processes to monitor and evaluate service delivery, quality of care, and enrollee satisfaction
- promote and support best practice operations and systems that promote optimal benefits in service areas of service *accessibility, acceptability, value, impact, and risk-management* for all customers
- conduct and report the results of ongoing performance monitoring and structure accountabilities for meeting performance standards and requirements
- promote best practice evaluation design and methodology in performance monitoring and outcomes research and push process improvement techniques throughout the system
- promote timely identification and resolution of quality of care issues

- conduct performance monitoring and improvement activities that will result in meeting or exceeding all external performance requirements
- meet the needs of external and internal stakeholders and provide performance improvement leadership to other departments

Values

1. Quality healthcare will result from a benefit management system embracing input from all stakeholders
 - Educating all customers of SWMBH on continuous improvement methodologies including providing support to other SWMBH departments and to providers as requested. Inclusion of customers, families, stakeholders, and providers in the performance improvement design will promote optimal results
 - Promoting a person-centered philosophy will promote customer satisfaction as well as optimal treatment outcomes
2. Poor performance is costly
 - Performance improvement initiatives will be consistent with metrics as established by the SWMBH Board and prioritized in accordance to potential risk
 - Quality Improvement projects are best approached systemically; best practice improvement planning should promote elements of systematic monitoring, evaluation, feedback and follow-up
 - Valid, acceptable, accurate, complete and timely data is vital to organizational decision-making
 - Making data accessible will impact value and reduce risk to SWMBH
3. Data Collection Values
 - Data that is consistently complete, accurate, and timely will lead to consistent measurement and over time ensure data integrity
 - Providers submitting data to SWMBH shall certify data integrity and have available for review the process used to collect the data
 - Performance that has demonstrated instability or significant variance to comparison performance on an on-going basis will be monitored closely. Significant variation in results will indicate the need for a corrective action/performance improvement plan.

Authority and Structure

The SWMBH Board retains the ultimate responsibility for the quality of the business lines and services assigned to the regional entity. The SWMBH Board annually reviews and approves the QAPIP, receives periodic QAPIP reports, and the QAPI Effectiveness Review/Evaluation throughout the year.

In addition to review by the SWMBH Board and SWMBH EO the QAPIP and QAPI Effectiveness Review/Evaluation will be taken to the SWMBH Operations Committee to facilitate the development and management of quality assurance and improvement. The SWMBH Operations Committee consists of the EO, or their designee, of each participating CMHSP.

General oversight of the QAPIP is given to the SWMBH's Quality Management (QM) Department, with a senior management officer being responsible for the oversight of QAPIP Implementation.

Staffing

SWMBH establishes the Quality Management (QM) Department developing and managing its QAPIP. The QM Department is responsible for collecting measurements reported to the state and to improve and meet SWMBH's mission.

The QM Department is the SWMBH's assigned lead to manage the overall QAPIP, and to work with the QM Committee and SWMBH Board in the development of an annual QI plan. The QM Department is lead to monitor and evaluate the overall effectiveness of the QAPIP, to assess its outcomes, to provide periodic reporting on the Program, including the reporting of Performance Improvement Projects (PIPs), and to maintain the QM Committee (QMC).

Other responsibilities of the QM Department include working with other functional areas, and external organizations like Streamline to review data collection procedures. These relationships are communicated with the EO and the SWMBH Board as needed. Other roles include:

- Reviewing and submitting data to the state
- Creating and maintaining QM policies, plans, and evaluations
- Implementation of regional projects and monitoring of reporting requirements

SWMBH will have appropriate staff to complete QAPI functions as defined in this plan.

Quality Management (QM) Committee

The SWMBH values the input of all stakeholders in the improvement process, as such the QM Committee is charged to provide advice and guidance on the QAPI Program. The SWMBH has established the QMC to provide oversight of the overall quality improvement processes. The QMC is responsible for maintaining contact with other committees as well as identifying people, organizations, or departments that can further the aims of both the QM Department and the QMC. Cooperation with the QMC Program is required of all SWMBH staff, participants, customers and providers.

The Community Mental Health Authorities (CMHAs) are responsible for maintaining a conforming performance improvement program within their respective organizations. Coordination between the participant and provider performance improvement programs and SWMBH's program is achieved through standardization of indicator measurement and performance review through the QM Committee.

In order to assure a responsive system, the needs of those that use or oversee the resources, (e.g. active participation of customers, family members, providers, and other community and regulatory stakeholders) are promoted whenever possible.

Training on Performance Improvement technology and methods along with technical assistance is provided as requested, or as necessary.

Membership

The QM Committee shall consist of an appointed representative from each participating CMHSP, representative(s) from the SWMBH Customer Advisory Committee (CAC), and the regional entity quality staff. All other ad-hoc members shall be identified as needed and could include: provider representatives, IT support staff, Coordinating Agency staff, and/or the SWMBH medical director and clinical representation.

Members of the committee are required to participate; however alternates will also be named in the charter and will have all same responsibilities of members when participating in committee work.

Charter and Charge

Quality management is one of the core functions of the PIHP. The QM Committee is charged with providing oversight and management of quality management functions, and providing an environment to learn and share quality management tools, programs, and outcomes. This committee allows regional input to be gathered regarding the development and management of processes and policies related to quality.

Decision Making Process

The committee will strive to reach decisions based on a consensus model through discussion and deliberation. Further information on decision making can be found in the QMC charter.

Roles of the QM Committee

- The QMC will meet on a regular basis (at a minimum quarterly) to inform quality activities and to demonstrate follow-up on all findings and to approve required actions, such as the QAPI Program, QAPI Effectiveness Review/Evaluation, and Performance Improvement Projects. Oversight is defined as reviewing data and approving projects.
- Members of the committee will act as conduits and liaisons to share information decided on in the committee. Members are representing the regional needs related to quality. It is expected that members will share information and concerns with QMC SWMBH staff. As conduits it is expected that committee members attend and are engaged in Performance Improvement issues, as well as bringing challenges from their site to the attention of the SWMBH committee for possible project creation.
- Maintaining connectivity to other internal and external structures including, but not limited to: the Board, the Management team, other SWMBH committees, and MDCH.
- Provide guidance in defining the scope, objectives, activities, and structure of the PIHP's QAPIP.
- Provide data review and recommendations related to efficiency, improvement, and effectiveness.
- Review and provide feedback related to policy and tool development.
- The secondary task of the QM Committee is to assist the PIHP in its overall management of the regional QM function by providing network input and guidance.
- The primary task of the QM Committee is to review, monitor and make recommendations related to the listed review activities with the QAPI Program.

Other

The QM department will have the relevant staff, technology, and access to complete the assigned tasks related to the BBA, 42 CFR, and MDCH contract requirements, along with any additional tasks as assigned. To complete these functions needed resources include, but are not limited to:

- Access to regional data
- Software to analyze data and determine statistical relationships

Standards and Philosophy

SWMBH's Quality Assurance and Performance Improvement Program functions according to a Continuous Quality Improvement (CQI) methodology to provide sound benefits management strategy that will yield higher satisfaction for all stakeholders. The regional quality management system combines traditional aspects of quality assurance with quality improvement using a variety of process and improvement strategies (including but not limited to):

- ✓ Develop measures that are reliable, and meet related standards
- ✓ Establish thresholds/benchmarks,

- ✓ Achieve target performance levels,
 - ✓ Identify and analyze statistical outliers
 - ✓ Implement Performance Improvement Projects
 - ✓ Evaluate effectiveness (e.g. QAPI Effectiveness Review/Evaluation)
 - ✓ Develop a system that is replicable and adaptable (appropriate scalability of program)
 - ✓ Promote integration of QAPI into PIHP management and committee activity
 - ✓ Promote coordination internally and externally throughout the region
 - ✓ Incorporate relevant process and quality improvement methodologies
 - ✓ Predefined quality standards
 - ✓ Formal assessment of activities
 - ✓ Measurement of outcomes and performance
 - ✓ Strategies to improve performance
- Use of Plan, Do, Check, Act methodology
 - Other methodologies including:
 - **Define** the project, process, and voice of the customer.
 - **Measure** the current process performance.
 - **Analyze** to determine and verify the root cause of the focused problem.
 - **Improve** by implementing countermeasures that address the root causes.
 - **Control** to maintain the gains.

Review Activities

All models support the proactive support and creation of mechanisms to bring about positive change that can be measured.

The QAPI Program is responsible for a wide range of activities and monitoring contract requirements. Quality assessment consists of a variety of strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards. Reviews could be at a systematic, programmatic, or individual level. Some of the observed review activities include:

1. **Annual QAPI Plan**
The QAPI plan consists of the quality improvement, performance and/or outcome goals to be achieved by the SWMBH. The QI plan is developed by the QM Department with guidance from the QMC, Reported annually to the EO, Operations Committee the SWMBH Board, and to customers and other stakeholders. See Attachment A for current year goals and objectives.
2. **Annual QAPI Effectiveness Review/Evaluation**
Monitoring, evaluation and reporting occurs on an on-going basis. Reported annually to the EO, Operations Committee the SWMBH Board and to customers and other stakeholders.
3. **Annual Goals and Objectives – Reports, Dashboards, and Outcome monitoring**
 - a. Annual Goals and Objectives are discussed, monitored, and reported as defined by the objective scope.
 - b. Key Performance indicators will be compared and monitored with reports created.
 - c. Training and monitoring of best practice standards will be completed as necessary.

4. **Key Administrative Functions**

In keeping with the need to provide performance oversight across a broad array of PIHP administrative functions, key areas of performance are reviewed by the identified functional committee(s):

- a. *Provider Network*
- b. *Compliance*
- c. *Customer Services.*
- d. *Utilization Management*

Performance measures for respective functional areas are further described in functional documents, which provides description of associated plans, performance measures, and tracking processes

5. **Credentialing**

The SWMBH will ensure that services and supports are consistently provided by staff (contracted or direct operated) who are properly and currently credentialed, licensed, and qualified. The SWMBH Credentialing and Re-Credentialing policy outlines the guidelines and responsibilities for credentialing and re-credentialing for the SWMBH, and as delegated to the CSSN's and contract service providers. Credentialing activities will be completed and monitored through the Provider Network functional area in conjunction with QM staff and committee.

6. **Provider Monitoring Reviews**

SWMBH will monitor its provider network to ensure systematic and comprehensive approaches to monitoring, benchmarking, and implementing improvements.

7. **External Monitoring Reviews**

The QM department will coordinate the reviews by external entities, including MDCH, an EQRO review organization, and any accreditation organization as identified by the SWMBH Board. The QM department will also be available to assist affiliates in their external reviews.

8. **Performance Improvement Projects (PIPs)**

- a. Every year at least two projects are defined as PIPs. This is done by the QM Committee as directed by MDCH and is based on identified gaps in service quality, penetration, or other performance improvement functions. The PIPs are aimed at impacting error reduction, improving safety and quality.
- b. Reported to EO, the Operations Committee, customers, relevant other committees, and to other stakeholders according to MDCH reporting requirements, and/or according to project plan.

9. **Customer and Provider Assessments**

- a. Surveys are collected throughout the year; and are determined by the QM Committee and required by the PIHP contract.
- b. Reported to EO, the Customer Advisory Committee, the Operations Committee, the SWMBH Board, customers, and other stakeholders annually. This data is used to identify trends and make improvements for the customer experience.

10. **Michigan Mission Based Performance Indicators (MMBPIS)**

- a. A collection of state defined indicators that are aimed at measuring access, quality of service, and provide benchmarks for the state.
 - b. Reported to (by) MDCH, results are additionally communicated to the EO, the Operations Committee, the SWMBH Board, customers, and other stakeholders. SWMBH maintains a dashboard to monitor the progress on each indicator throughout a year.
11. ***Developmental Disabilities and Health Proxy Measures***
- a. MDCH defined demographic data
 - b. The Proxy Measures are reported to MDCH. Other information is distributed throughout the affiliation as appropriate.
12. ***Critical Incidents/Sentinel Events/Risk Events***
- The state has provided definitions for three categories of events that SWMBH monitors through the QAPIC. For further information see SWMBH Policy Critical Incidents/Sentinel Events/Risk Events.
13. ***Customer Grievances and Appeals***
- Collected and monitored by SWMBH and analyzed for trends and improvement opportunities.
14. ***Behavior Treatment Review Data***
- Collected by SWMBH from the affiliates and available for review. For more information see SWMBH Policy Behavior Treatment Review Committee. The PIHP shall continually evaluate its oversight of “vulnerable” people in order to determine opportunities for improving oversight of their care and their outcomes.
15. ***Utilization Management***
- An annual Utilization Management Plan is developed and UM activities are conducted across the Affiliation to assure the appropriate delivery of services. Utilization mechanisms identify and correct under-utilization as well as over-utilization. UM data will be aggregated and reviewed by the Regional UM Committee as well as QM Committee for trends and service improvement recommendations.
16. ***Jail Diversion Data***
- Collected by SWMBH from the participants and available for review.
17. ***Emergent and Non-Emergent Access***
- a. Emergent and non-emergent cases are periodically monitored to ensure compliance with standards.
 - b. Standards:
 - i. All crisis/emergent calls are immediately transferred to a qualified practitioner without requiring an individual to call back.
 - ii. For non-emergent calls, a person’s time on-hold awaiting a screening must not exceed **three minutes** without being offered an option for callback or talking with a non-professional in the interim.
 - iii. All non-emergent callbacks must occur within **one business day** of initial contact.
 - iv. For individuals who walk in with urgent or emergent needs, an intervention shall be immediately initiated.

- v. Those individuals with routine needs must be screened or other arrangements made within **thirty minutes**.

PIHP Contract P.3.1.1

18. **Medicaid Verification**

- a. Managed by compliance department with report to the QM department. Reported annually to MDCH by the compliance department including receiving MDCH approval for methodology of verification and submission of findings from the review process and follow-up action taken as a result of the findings.

19. **Business Line Management**

- a. Manage quality improvement activities as required by different business lines of SWMBH including Medicaid, Healthy Michigan , Coordinating Agency, and MME as required in the appropriate contract.
 - i. Attachment B: has additional requirements and monitoring performed as part of the Medicare/Medicaid Duals Demonstration project also known as Michigan Health Link.

Data Management

As part of a productive and active Quality Improvement system it is critical that data integrity and collection is systemically monitored and improved. As such it is important to review the system for errors and ensure that the data is correct, accurate, and timely.

1. System Reviews- the QM Department along with IT is responsible for ensuring that there are:
 - Data Reviews before information is submitted to the state
 - Random checks of data for completeness, accuracy and that it meets the related standards.
 - Source information reviews to make sure data is valid and reliable.
2. The QMC and QM Department will address any issues identified in the system review.
3. Processes should be clearly defined and replicable with consistently applied methods of tracking to assure measurability in data collection. Re-measurements should happen as often as determined necessary for the identified project(s).

Communication

SWMBH acknowledges the importance of disseminating quality-related information and improvement outcomes. Communication of findings will be made to the following groups:

- Stakeholders
(including providers inside the provider network), Customers and family members of customers (when appropriate)
- SWMBH Board
- CMH staff and SWMBH staff
- Others - State representatives,

These groups and others may be provided information through a variety of methods including but not limited to:

- ✓ Newsletters
- ✓ SWMBH Website
- ✓ SWMBH QM Reports
- ✓ Meetings
- ✓ External Reports

Evaluation

The QAPI Effectiveness Review/Evaluation document is a companion document to the annual QAPI Program and will be completed at the end of the fiscal year, or shortly thereafter. The SWMBH QM department will complete an evaluation of the accomplishments and any potential gaps identified during the previous year's QM activities. When a gap is identified and addressed during that year it will be reported in the QAPI Effectiveness Review/Evaluation, other gaps may be incorporated into the next year's QAPI plan. The findings within the QAPI Effectiveness Review/Evaluation will be reported to the QM Committee, Operations Committee, SWMBH EO, and SWMBH Board.

A Performance Improvement/Corrective Action Plan may be required for any area where performance gaps are identified. This describes a project improvement plan of action (including methods, timelines, and interventions) to correct the performance deficiency. A corrective action/performance improvement plan could be requested of a SWMBH department, CMHSP, or Provider Organization. When a provider within the network is required to complete such a plan, the Provider Network department will be involved and a notification of the needed action and required response will be given to the provider. A sanction may be initiated based on the level of deficiency and/or failure to respond to a Performance Improvement/Corrective Action Plan request.

References:

BBA Regulations, 42 CFR 438.240
MDCH –PIHP Contract Attachment P 6.7.1.1 et al
SWMBH QM Policies

Attachment A

2015 QAPI Plan Goals and Objectives (October 2014- September 2015)

GOAL	Target	Deliverables	Timeframe
State Mandated PIP: <i>“Will the planned interventions performed by SWMBH result in an increase in the proportion of Medicaid eligible plan members with a co-morbid Mental Health and Diabetic condition who demonstrate having treatment for Diabetes during the past year?”</i>	✓ Impact QI completeness ✓ Improve the proportion of members with a documented Diabetes service	1. HSAG report on PIP interventions and baseline	Start Interventions: FY 2015
Monitor Data Elements: <ul style="list-style-type: none"> • MMBPIS • Event Reporting • QI Completeness • Behavior Treatment Review Committee Data • Jail Diversion Data 	✓ MMBPIS standards at 95% or above for contractual requirements ✓ Event Reporting-trending report ✓ QI completeness at 95% or above for contractual requirements	1. MMBPIS- Quarterly report to QMC 2. Event Reporting Bi-monthly report to QMC 3. QI Completeness report quarterly to QMC 4. MMBPIS and Event reporting provided to credentialing committee as part of process.	October 2014 – September 2015
Implement a program to transition from QI field collection to Behavioral Health TEDs throughout the region	✓ Successful submission of the BH TEDS		October 1 st 2015
Review of Provider Network Audits, Clinical Guidelines, and Medicaid Verification	✓ Review audits and reports from other SWMBH departments for continuous improvement opportunities	1. Annual report to QMC 2. CAP as needed.	
Refine the Complaint tracking system for Providers and Customers	✓ Monitor Grievance, Appeals and Fair Hearing Data ✓ Monitor for trends related to provider complaints.	1. At a minimum quarterly reports on customer complaints.	

	✓ Monitor denials and UM decisions		
Monitor AFP and SWMBH QAPIP Evaluation CAPs as needed	✓	1.	

Attachment B

MI Health Link (Medicare/Medicaid Standards) January 2015

Starting on January 1st 2014, with Open Enrollment for members beginning on October 1st 2014, Southwest Michigan Behavioral Health will be part of the CMS demonstration for persons with both Medicare and Medicaid. The SWMBH will be expected to contract with and coordinate Medicare and Medicaid Behavioral Health services with two other organizations called Integrated Care Organizations within the region. The two ICO's identified for Region 4 are Aetna/Coventry Cares and Meridian Health Plan. As such SWMBH will be held to new standards that are incorporated into the QAPIP through this attachment. The standards are sourced from CMS Medicare rules, NCQA Health Plan standards, and ICO contract arrangements.

Reporting Requirements:

1. Access Standards:

- a. SWMBH will monitor that customers provided to SWMBH related to the Duals project will have a face-to-face level 2 assessment completed within 15 days.
- b. Contracts with providers will be monitored to assess customer access to services within Medicare and Medicaid standards on geography and type.
- c. Assessments against standards related to regular and routine appointments, urgent/emergency care, after-hours care, and call center rates.
 - i. Behavioral Health will meet the following standards:
 1. Routine Non-Life Threatening Emergency within 6 hours
 2. Urgent Care within 48 hours
 3. Routine Office Visits within 10 business days
 4. Call Center calls will be answered by a live voice within 30 seconds
 5. Telephone call abandonment rate is within 5%

2. Cultural Standards

- a. An assessment of the ability of the network to meet cultural, ethnic, racial and linguistic needs of customers will be incorporated into improvement activities.

3. Credentialing

The SWMBH will ensure that services and supports are consistently provided by staff (contracted or direct operated) who are properly and currently credentialed, licensed, and qualified. The SWMBH Credentialing and Re-Credentialing policy outlines the guidelines and responsibilities for credentialing and re-credentialing for the SWMBH, and as delegated to the CSSN's and contract service providers. Credentialing activities will be completed and monitored through the Provider Network functional area in conjunction with QM staff and committee.

4. Provider Monitoring Reviews

SWMBH will monitor its provider network to ensure systematic and comprehensive approaches to monitoring, benchmarking, and implementing improvements.

5. Customer and Provider Assessments

- a. Surveys are collected throughout the year; and are determined by the QM Committee and required by the PIHP contracts with the ICOs.

- b. Provider Terminations will also be monitored for trends.

6. Safety Monitoring

a. Patient Safety will be monitored for improvement activities using standardized tools and methodologies.

b. Abuse, Neglect, Exploitation

Will be monitored and reported as required by contract and law.

c. Critical Incidents/Sentinel Events/Risk Events

The state has provided definitions for three categories of events that SWMBH monitors through the QAPIC. For further information see SWMBH Policy Critical Incidents/Sentinel Events/Risk Events.

- i. Root Cause Analysis will be completed and stored at the SWMBH level for Duals members in cooperation with the CMH or the Provider involved.

7. Customer Grievances and Appeals

Collected and monitored by SWMBH and analyzed for trends and improvement opportunities including timeliness, response and resolution.

NCQA categories will be used for reporting including: Quality of Care Complaints, Access, Attitude and Service, Bill/Financial, and Quality of Practitioner Office Site. These trends will be reviewed quarterly and annually.

8. Utilization Management

An annual Utilization Management Plan is developed and UM activities are conducted across the Affiliation to assure the appropriate delivery of services. Utilization mechanisms identify and correct under-utilization as well as over-utilization. UM data will be aggregated and reviewed by the Regional UM Committee as well as QM Committee for trends and service improvement recommendations.

- a. Clinical Practice Guidelines will be monitored and incorporated into QAPI activities.