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| **Subject:** Quality Assurance and Performance Improvement | **Accountability:** Quality Management | **Effective Date:**4/22/16 | Pages: 4 |
| **REQUIRED BY**: **BBA Section** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PIHP Contract Section** \_\_\_\_\_\_\_\_\_\_\_\_**NCQA/URAC Standard** QI Standard 1, Element A & QI Standard 2, Element A; QI Standard 11, Element B**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Reviewed Date: 6/1/17 | Past Reviewed Dates:4/22/16 |
| **LINE OF BUSINESS**:**[ ]**Specialty Waiver (B/C)  [ ]  1115 Waiver[ ]  Healthy Michigan[ ]  SUD Medicaid[ ]  SUD Block Grant   [x]  MI Health Link[ ] Other**:**\_\_\_\_\_\_                 | **APPLICATION**:**[x]**SWMBH Staff and Ops[x]  Participant CMHSPs[x]  SUD Providers [x]  MH / DD providers [ ]  Other**:**\_\_\_\_\_\_\_                       | Last Revised Date: | Past Revised Dates:  |
| Approved : Date:\_\_6/1/2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Required Reviewer: Director of QAPI  |

1. **Purpose**

To outline Southwest Michigan Behavioral Health’s (SWMBH) commitment and systematic approach to quality management.

1. **Policy**

SWMBH will establish and maintain an internal Quality Assurance and Performance Improvement Program and Plan that aligns with the MI Health Link goals and requirements, Three-Way Contract and National Committee for Quality Assurance (NCQA) Standards and Guidelines. The Quality Assurance and Performance Improvement (QAPI) department will promote systemic and system-wide approaches to improving clinical and non-clinical operations, services and outcomes for customers, provider quality.

1. **Standards and Guidelines**
2. Quality Department Structure
	1. SWMBH will allocate sufficient human, technical, and analytical resources to meet the needs of the QAPI Program and Plan.
	2. The Quality department will be available to assist all SWMBH internal departments and participant organizations for performance improvement support. If an improvement opportunity is identified, quality will assist in implementation of improving performance.
	3. The Quality department will conduct analysis of data related to access to services, events, complaints and appeals, Coordination and Continuity of Care, Event Data and Satisfaction.
	4. The Quality Director is responsible for updating and implementing the QAPI Program and Plan. The Quality Director will periodically share information with providers, members, MI Health Link Committees and ICOs as appropriate describing performance improvement projects undertaken and the results of those activities.
	5. The Quality department will ensure that standards of staff, program, and management performance exist, are complied with, and ongoing improvements are introduced, monitored, and assessed. Activities include, but are not limited to:
		1. Establishment and maintenance of quality management and MI Health Link Quality policies and procedures.
		2. Development of a MI Health Link Quality Improvement Committee with input from ICOs.
		3. Development of the QAPI work Program and Plan. This will include implementation of surveys and quality measures, ongoing monitoring of metrics, monitoring of provider performance and follow up with providers, Oversight and monitoring of Performance Improvement Projects and performance reporting.
		4. Annual Evaluation of the QAPI Program
	6. A MI Health Link Quality Improvement Committee will be established and involved in the execution and meeting of the MI Health Link goals and requirements. The MI Health Link Committee is accountable to the SWMBH Executive Officer and is responsible for assisting the SWMBH Leadership to meet the Managed Care Benefit MI Health Link requirements and Three-Way Contract. The Committee will:
		1. Meet on a regular basis to discuss QAPI policies, procedures, activities and to demonstrate follow-up on all findings and to approve required actions, such as the QAPI Evaluation, QAPI Plan, and Corrective Action/Quality Improvement Plans. Oversight is defined as reviewing data, and approving projects including but not limited to clinical practices, grievances and appeals and denials. The Quality department and Committee will analyze and evaluate the results of QI activities, Utilization Management activities and Provider Network activities to identify needed actions and make recommendations related to efficiency, improvement, and effectiveness. The Quality department Ensures follow-up as appropriate.
		2. Identify opportunities for improvement in the systems and identify opportunities for efficiencies throughout the organization. The MI Health Link Quality Improvement Committee will recommend policy, promote common policies and procedures throughout the region and suggest standards or administrative adjustments.
		3. The Committee will monitor the overall performance of the program and be involved in staff education about the QAPI Program and Plan and their responsibilities related to quality care and services.
		4. The committee will review national outcomes and benchmarks and promote quality assurance procedures.
		5. Ensure performance will be measured using NCQA, Three-Way Contract and MI Health Link indicators based upon the systematic, ongoing collection and analysis of valid and reliable data. Baseline data will be collected and analyzed; re-measurements will be taken and discussed in the Committee.
		6. Establish and monitor other performance indicators specific to its own program for the purpose of identifying process improvement projects. Including but not limited to setting benchmarks and conducting analyzes if performance goals are not met.
		7. Be involved in the creation and implementation of at least three region-wide Performance Improvement Projects that achieve through ongoing measurement and intervention, demonstrable and sustained improvement and address clinical and non-clinical aspects of care.
3. QAPI Program, Plan & Evaluation
	1. The MI Health Link QAPI Program, Plan and Evaluation encompass all requirements of the MI Health Link guidelines, Three-Way Contract, ICO-PIHP Contract and NCQA guidelines. The QAPI Program serves as the written description of the Quality department role and responsibilities.
		1. The QAPI Program and Plan specifies the role and structure of the Quality Department, MI Health Link Quality Committee, the Performance Improvement Philosophy, measurement processes, and program objectives.
		2. The QAPI Program, Plan and Evaluation will be reviewed at least annually by the Quality Improvement/ Management Committee. The PIHP Board shall annually approve the QAPI Program, Plan and QAPI Evaluation. These reports will be submitted external as required and made available internally.
		3. The QAPI Program and Plan will include goals and measureable objectives for the Fiscal Year, and the QAPI Evaluation will report on results of measureable objectives.
		4. The QAPI Program, Plan and Evaluation will be readily available to members receiving services, other stakeholders and providers.
	2. Performance Improvement Project administration criteria:
		1. The expected impact on performance; and the scope of clinical and non-clinical aspects of care expected to be impacted, and the available resources.
		2. The prevalence of the condition or issue, the need for an intervention, any related demographic characteristics that may impact the study, and the interest of the customers.
		3. At least three relevant clinical issues will be identified
4. QAPI Participation
	1. SWMBH requires compliance with and participation in the QAPI Program. Participation may include but is not limited to:
		1. Implementing an internal Performance Improvement Program consistent with SWMBH standards.
		2. Data collection.
		3. Development of internal indicators of performance as needed and expected by members.
		4. Participation in satisfaction assessments.
		5. Participation in adequate capacity reviews as requested.
		6. Completion of corrective action plans as required and root cause analysis for any sentinel events.
		7. Implementation and/or participation in Performance Improvement Projects and/or Outcome Studies.
		8. Participation on the MI Health Link QI Committee.
		9. Discussion or development of any member focused interventions or outreach materials
		10. During chart reviews and interventions to understand the differences in care provided and outcomes achieved.
		11. Data collected on behalf of SWMBH will be forwarded using the mechanisms and timeframes established within the provider contract.
		12. The process of data collection must be available for review for any data collected on behalf of SWMBH.
		13. At the time of initial contracting and during subsequent provider monitoring visits, the ability to participate in performance improvement will be assessed.
		14. Failure to participate or provide timely, accurate data is grounds for elimination from the Provider Network.
	2. Member Experience
		1. Member feedback will be sought through surveys and complaint and appeals data and incorporated into the QAPI Program and Plan.
		2. Quality will work to improve the safety of services provided to its members. Member safety and PHI data protection will be incorporated into all Quality Management functions.
		3. The Director of Quality shall review reports with the MI Health Link Clinical/Utilization Management and Quality Committees and for guidance on interventions and improvement recommendations
5. **Definitions**

None

1. **References**
	1. NCQA, MBHO Standards - QI Standard 1, Quality Improvement Program Structure, Element A;
	2. NCQA, MBHO Standards- QI Standard 2, Program Operations, Element A; QI Standard 11;
	3. Clinical Measurement Activities, Element B.
2. **Attachments**

None