

NorthCare Network

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN (QAPIP) FY18

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INTRODUCTION

NorthCare Network is a regional entity under Section 1204(b) of the Michigan Mental Health Code and is governed by a board of directors with representation from five member Community Mental Health Authorities. NorthCare Network holds a contract with the Michigan Department of Health and Human Services (MDHHS) for the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program, Healthy Michigan Plan (HMP), MI Child benefits, and the MI Health Link Demonstration Program. NorthCare Network is also a contractor for the Upper Peninsula Health Plan L.L.C, identified by MDHHS as the Integrated Care Organization (ICO), for the provision of Covered Services to Enrollees in the MI Health Link Program.

This document outlines requirements for the annual QAPIP (Quality Assessment and Performance Improvement Program) as set forth in the PIHP/MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract Attachment. It also describes how these functions are accomplished and the organizational structure and responsibilities relative to these functions.

The mission of NorthCare Network states “NorthCare Network ensures that every eligible recipient receives quality specialty mental health and substance use disorder services and supports through the responsible management of regional resources.” As the PIHP for the Upper Peninsula, this mission guides the activities of NorthCare Network.

PURPOSE

The QAPIP is intended to outline requirements and provide guidance for carrying out several functions, including but not limited to:

- ✓ Outlining the quality improvement structure for the managed care activities of the NorthCare Network.
- ✓ Evaluating and updating, as appropriate, NorthCare Network's QI processes and outcomes;
- ✓ Monitoring and evaluating the systems and processes related to the quality of clinical care and non-clinical services that can be expected to affect the health status, quality of life, and satisfaction of persons served by Network Providers;
- ✓ Identifying and assigning priority to opportunities for performance improvement;
- ✓ Creating a culture that encourages stakeholder input and participation in improvement initiatives and problem solving;
- ✓ Stressing the value of employees; cooperation between employees; team building; and a partner relationship between the PIHP, Member CMHSPs, Network Providers, advocacy groups and other human service agencies within a continuous quality improvement environment;
- ✓ Promoting the basic quality management principle of prevention over remediation. It is less expensive in the long run to build quality into an organization's services than it is to expend additional resources on rework and dissatisfied customers;
- ✓ Providing guidance for the PIHP Performance Improvement Projects;
- ✓ Ensuring verification that services reimbursed by Medicaid were actually provided to enrollees by Network Providers according to the plan of service and adequately documented;
- ✓ Working with the Clinical Practices Quality Improvement Committee to assure implementation of clinical evidence based practices throughout the region;
- ✓ Meeting standards specified in the NorthCare Network Medicaid Managed Specialty Supports and Services QAPIP contract attachment, the ICO/PIHP Contract for the MI Health Link Project, quality assurance provisions of the Balanced Budget Act of 1997, as amended, HSAG, and URAC Accreditation Standards.

QUALITY IMPROVEMENT AUTHORITY AND STRUCTURE

The QAPIP is reviewed and approved on an annual basis by the NorthCare Network Governing Board. Through this process, the governing body gives authority for the implementation of this plan and all of its components.

NorthCare Network's Chief Executive Officer provides day-to-day guidance and authority to the Quality Improvement Coordinator who is responsible for implementation of the QAPIP. The Performance Management Committee and Governing Board also receive routine reports on the progress of the QAPIP including performance indicators, quality improvement projects, progress and actions taken, and the results of those actions. The committee structure is designed to encourage contributions from a variety of sources, facilitate accountability, and ensure follow through on improvement efforts. NorthCare Network's Medical Director is involved in QI, UM, and credentialing activities and is available for consultation to any of the regional committees as requested, including review and consultation regarding sentinel events.

The Customer Services Committee and NorthCare Network's Governing Board provide significant opportunity for involvement by consumers. Additionally, focus groups and surveys are utilized to elicit consumer feedback.

ACCOUNTABILITY AND RESPONSIBILITIES

I. NorthCare Network Governing Board

Membership: NorthCare Network's 15 member Governing Board includes three representatives from each of the five Member CMHSP Boards of Directors.

Role/Function: The NorthCare Network Governing Board retains the ultimate responsibility for review and approval of the QAPIP, policy approval and governance. Functions include, but are not limited to:

Oversight of the QAPIP: This includes documented evidence that the Board has approved the overall QAPIP and QI Plan. The Board's role is to monitor, evaluate and establish policy that supports improvements to care.

QAPIP Progress Reports: The NorthCare Network Governing Board routinely receives written reports from the Chief Executive Officer describing performance improvement initiatives undertaken, the actions taken, and the results of those actions.

Annual QAPIP Review: The NorthCare Network Governing Board formally reviews a written report on the operation of the QAPIP.

Reporting Accountability: The NorthCare Network Governing Board reports to stakeholders via committee and Board meeting minutes.

Reporting Frequency: Monthly

II. **Designated Senior Official:**

The NorthCare Network Chief Executive Officer has the overall responsibility to the NorthCare Network Governing Board for the QAPIP. NorthCare Network employs one full-time Quality Improvement Coordinator/Compliance Officer who is responsible for coordinating activities related to the design, implementation, management and evaluation of the quality improvement and compliance programs. Overall quality management responsibilities are dispersed throughout the organization primarily through the NorthCare Network Quality Management and Oversight Committee and other committees/teams/workgroups noted below.

III. **QAPIP Committee/Teams/Workgroups**

NorthCare Network's QAPIP is implemented through various PIHP and regional committees/ teams, including but not limited to the:

- a. NorthCare Leadership Committee
- b. NorthCare Compliance Oversight and Risk Management Committee (CORMC)
- c. NorthCare Information Management Committee
 - Regional Elmer Management Committee (REM)
 1. Regional Analytics Committee
 2. Regional Help Desk Committee
 3. Regional Medical Records Committee
 4. SUD Elmer Workgroup
- d. NorthCare Network Management Committee
 - NorthCare Network Site Review Team(s)
 - Regional Sub-Contract Provider Management Committee
- e. NorthCare Credentialing Committee
- f. NorthCare Quality Management Committee
 - NorthCare Network Documentation Review Team(s)
 - NorthCare Network Medicaid Service Verification Team
 - Regional Quality Improvement Committee
 - NC/MGH QI Workgroup
 - NC/War Memorial QI Workgroup
- g. NorthCare Utilization Management Committee
 - Regional Utilization Management Committee
 - Regional Emergency Services Committee
- h. Regional Clinical Practices Committee
 - Regional Employment Leadership Committee
 - Regional Jail Diversion Committee
 - Health and Safety Review Team
- i. Regional Customer Services Committee
 - Regional Recovery Conference Planning Workgroup
- j. Regional Finance Committee
 - Regional Billing Committee
- k. Regional Information Technology and Security Committee

Each committee and Team has an approved "Fact Sheet" which documents each committee's charge, reporting requirement(s), membership, deliverables, and meeting frequency. Workgroups identified are utilized for ongoing communication and specific projects.

Additional Workgroups may be established at any time to address new projects.

QUALITY MANAGEMENT SYSTEM (Components and Activities)

NorthCare Network’s Quality Management System combines the traditional aspects of quality assurance and adds the elements of continuous quality improvement. The Quality Management System helps NorthCare Network achieve its mission, realize its vision, and live its values. It protects against adverse events and it provides mechanisms to bring about positive change while ensuring quality services. Continuous quality improvement efforts assure a proactive and systematic approach that promotes innovation, adaptability across the Network, and a passion for achieving best practices.

The *Quality Management System* includes:

- Predefined standards
- Formal and informal assessment activities
- Measurement of performance in comparison to standards
- Strategies to improve performance that is below standard

The various aspects of the system are not mutually exclusive. However, for descriptive purposes, the following table separates the components.

QUALITY MANAGEMENT SYSTEM			
Quality Standards	Assessment Activities	Performance Measurements	Improvement Strategies
<ul style="list-style-type: none"> ▪ Federal & State Rules/Regulations ▪ Stakeholder Expectations ▪ MDHHS Contract ▪ Provider Contracts ▪ Practice Guidelines and Evidence Based Practices ▪ Network Standards ▪ Accreditation Standards ▪ Network Policies and Procedures ▪ Delegation Agreement ▪ Clinical Documentation Standards ▪ AFP/ARR 	<ul style="list-style-type: none"> ▪ Quality Monitoring Reviews ▪ Accreditation Surveys ▪ Credentialing ▪ Risk Assessment/Management ▪ Utilization Reviews ▪ External Quality Reviews ▪ Stakeholder Input ▪ Sentinel Events ▪ Critical Incident Reports ▪ Documentation Reviews ▪ Medicaid Verification of Service Reviews ▪ Performance Improvement Projects ▪ Critical Event Reporting 	<ul style="list-style-type: none"> ▪ MDHHS MMBPIS ▪ Audit Reports ▪ External Quality Reviews (HSAG) ▪ MDHHS Site Reviews ▪ Outcome Reports ▪ Benchmarking ▪ Grievance & Appeals 	<ul style="list-style-type: none"> ▪ Corrective Action/Improvement Plans ▪ Improvement Projects ▪ Improvement Teams ▪ Strategic Planning ▪ Practice Guidelines ▪ Organizational Learning ▪ Administrative and Clinical Staff Training ▪ Cross Functional Work Teams ▪ Reducing Process Variation

I. Quality Standards

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. NorthCare Network identifies and sets standards by reviewing, analyzing, and integrating such areas as:

- Performance expectations of network providers for both clinical services and administrative functions
- Government regulations/rules
- Practice Guidelines
- Accreditation and/or Network Standards
- External review findings
- Utilization Management and Authorizations

II. Quality Assessment Activities

Quality assessment consists of various strategically planned activities that help to identify the actual practices, attitudes, performance, and conformance to standards that are enhancing or inhibiting the achievement of quality. Obtaining stakeholder input is critical to quality assessment activities.

A. Stakeholder Input

NorthCare Network recognizes that a vital aspect of any continuous improvement system is a means to obtain stakeholder input and satisfaction information. Stakeholders identified to provide input to NorthCare Network include individuals who are or have received services, staff, contract service providers, families/advocates, and the local communities; representing both internal and external customers.

Input is collected to better understand how NorthCare Network is performing from the perspective of its stakeholders. The input is continually analyzed and integrated into the practices of the PIHP. NorthCare Network's Customer Services Committee and Governing Board both provide opportunity for stakeholder input. NorthCare Network encourages stakeholder participation on other committees as appropriate. Each Member CMHSP will ensure that there is adequate input from stakeholders for local decision-making.

The table below summarizes methods and sources for obtaining stakeholder input.

STAKEHOLDER INPUT METHODS AND SOURCES						
Type of Input	Consumer	Staff	Providers	Family/ Advocates	Community	MDHHS/EQRO
Interviews	MDHHS Site Reviews, Accreditation, NorthCare Network Site Reviews, Satisfaction Surveys, PCP process	Performance Evaluations, Termination/Exit Interviews	ORR Site Visit, Contract Provider Quality Review	MDHHS Site Reviews Fidelity Reviews of Evidence Based Practices	Open Door Policy of the NorthCare Network CEO	MDHHS Site Reviews, External Quality Review Organization (EQRO)– under contract w/MDHHS, Accreditation
Suggestions	Ongoing opportunity through PCP process	Supervision, Suggestion for Improvement process	Quality reviews	Ongoing opportunity through PCP process per consumer choice	Focus Groups or Public Forums	MDHHS, EQRO, Accreditation
Forums	Consumer advisory committees, Board meetings	Team/Dept Meetings, All staff meetings	MDHHS Review, Contract negotiations, meetings	MDHHS Review, Advisory committees	MDHHS /EQR/ Accreditation Reviews, Annual PRR forum, Public comments at Board meetings	MDHHS, EQRO, Accreditation
Surveys	Consumer surveys Health Plan Survey per Accreditation	Staff surveys	Provider surveys, Accreditation surveys	Satisfaction surveys	Stakeholder Surveys	MDHHS, EQRO, Accreditation
Assessment of experience with services/ organization	Ongoing through PCP process, progress notes, d/c summary, Various regional committee membership	Performance evaluations	Quality review of provider, AFC licensing reports	Regional committee membership	Community Needs Assessment	MDHHS, EQRO, Accreditation
Grievance & Appeals	Recipient Rights, Grievance & Appeals Process	Staff Grievance	Provider Grievance	Grievance systems	Comments via NorthCare Network Website	MDHHS, EQRO, Accreditation
Complaints	RR Complaint, Complaints discussed w/customer services, Compliance complaint process	Employee complaint, Compliance complaint process	RR Complaint, Compliance complaint process	RR Complaint, Compliance complaint process, Customer Service compliant process	RR Complaint, Compliance complaint process	MDHHS, EQRO, Accreditation

B. Ongoing Assessments Of Consumer Experiences With Services and the Health Plan

Through the various methods charted above, each method or a combination of, will address issues of quality of care and services; access to and the availability of services; satisfaction with services, customer services and the health plan; and accessibility of care.

Assessment results will be used to improve services, processes, communication, etc. Processes found to be effective and positive will be continued, while those with questionable efficacy or low consumer satisfaction will be revised by doing the following:

- Taking specific action on individual cases as appropriate.
- Identifying and investigating sources of dissatisfaction.
- Outlining systemic action steps to follow-up on the findings.
- Informing practitioners, providers, recipients of service, and the NorthCare Network Governing Board of assessment results.

Just as the original processes must be evaluated, the interventions used to increase quality, availability, satisfaction, and accessibility to care and services must also be assessed. Therefore, all actions taken as a result of assessments will be evaluated periodically. Quality improvement is never static, and it is an expectation that all evaluation efforts will be examined on an ongoing basis.

C. Provider Network Monitoring

NorthCare Network conducts annual site reviews of organizational providers with whom we directly contract to ensure compliance with delegated functions as well as regional, state, and federal mandates. NorthCare Network delegates and monitors annual review of Member CMHSP sub-contractors.

NorthCare Network's process is a systematic and comprehensive approach to monitor, benchmark, and make improvements in the provision of mental health and substance use services. NorthCare Network conducts annual (at minimum) site reviews to evaluate:

- Compliance with regional, state, federal and accreditation standards through annual site visits
- Compliance with delegated functions
- Clinical documentation reviews
- Verification of Medicaid services
- Clinical Implementation of effective treatments

The Provider Network Monitoring process provides NorthCare Network the ability to:

- Establish clinical and non-clinical priority areas for improvement
- Use a number of measures to analyze the delivery of services and quality of care
- Establish performance goals and compares findings and ratings with past performance
- Provides performance feedback through written report
- Requires an improvement/corrective action plan from providers in areas not achieving targets or in non-compliance with accepted standards
- Ensures implementation of the improvement plan by providers

D. Utilization Management and Authorizations

NorthCare Network implements a Utilization Management Plan within the provisions of its contract with Michigan Department of Community Health (MDHHS) to manage the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (Medicaid Program) and the MI Health Link (MHL) Demonstration Program. NorthCare Network has oversight authority to ensure these funds are used for authorized purposes and from that perspective, indirectly manages consumer care from the point of entry, through treatment and delivered services, to discharge. The UM Plan establishes a framework for oversight and guidance of the Medicaid and MHL Programs by assuring consistent application of program/service eligibility criteria, and in decisions involving the processing of requests for initial and continued authorization of services.

Utilization Management is committed to not only reviewing practices related to resource utilization, but also to taking action to modify inappropriate, inefficient or ineffective utilization. Many of the NorthCare Network Utilization Management functions overlap or are reliant on coordination with, Quality Assessment & Performance Improvement, Provider Relations, Clinical Practices Quality Improvement Committee, Claims/Reimbursement, Management of Information Services and other service management functions. Successful interface among the various functions of the PIHP is essential for effective and efficient management of resources, identification of gaps in service delivery and resolution of over- and under-utilization of services and resources. Interface between Utilization Management and other PIHP functions occurs through exchange of data, information and reports, joint participation in a variety of committees and collaboration in planning, projects and operational initiatives.

E. Credentialing and Qualification for Scope of Practice

The NorthCare Network Credentialing Committee is responsible to apply legal, professional and ethical scrutiny to applicants seeking to be credentialed as a provider in the network and to approve the re-credentialing of existing providers. NorthCare Network retains final authority for the credentialing of individual and organizational providers employed and under contract. The qualifications of physicians and other licensed behavioral healthcare practitioners/professionals employed by or under contract to the PIHP are reviewed according to the NorthCare Network Credentialing and Privileging Policies. Continuous monitoring of the credentialing program occurs across the network to ensure compliance and identify quality or network issues. Organizations are responsible for ensuring that individual practitioners/providers, employed or under contract, and organizational providers meet all applicable licensing, scope of practice, contractual, and payor requirements. The oversight and monitoring of the credentialing of sub-contract provider staff is delegated to direct contractors.

NorthCare Network requires professional staff in the network to have a documented review and approval of their clinical privileges as needed to assure services provided to the network members are delivered by qualified and competent staff. Minimally, this is done as part of the initial credentialing/re-credentialing process and when duties/responsibilities change in terms of primary eligibility group a person is working with and/or scope of work. MI Health Link (MHL) Community Providers are privileged per the MHL Standard Operating Procedures as codes are identified by professional discipline.

F. Oversight of Vulnerable Individuals

NorthCare Network utilizes the appropriate clinical staff and various reporting mechanisms and data sets to identify vulnerable individuals and events that put them at risk of harm, including required health measures and health assessments. Such events and data, that are not a product of a protected peer review process, will be used to determine opportunities for improving care and outcomes and reported to the Compliance Oversight and Risk Management Committee as appropriate. However, if an issue that places an individual in imminent risk to health or welfare is identified, NorthCare will invoke an immediate review and response by the Provider, which must be completed within seven (7) calendar days.

G. Behavior Treatment Review

NorthCare Network's Behavior Treatment Committee will review analyses of data from Member CMHSP behavior treatment review committee(s) on a quarterly basis. Patterns and trends will be evaluated for possible system and/or process improvement initiatives and will be reported to NorthCare Network's Quality Management and Oversight Committee. Only the techniques permitted by the Technical Requirement for Behavior Treatment Plan Review Committees and that have been approved during person-centered planning by the beneficiary or his/her guardian may be used with beneficiaries. Data includes numbers of interventions and length of time the interventions were used with the individual.

H. Event Reporting and Notification

Each Network Provider will record, assess, and report critical incidents according to NorthCare Network policy. They will analyze at least quarterly the critical incidents, sentinel events, and risk events to determine what action needs to be taken to remediate the problem or situation and to prevent the occurrence of additional events and incidents and report the outcome of this analysis to NorthCare Network. NorthCare Network's Health and Safety Review Team will analyze aggregate data to identify any trends or patterns and may follow-up with individual CMHSPs as warranted. The Health and Safety Review Team will report high risk areas and concerns to NorthCare Network's Compliance Oversight and Risk Management Committee as appropriate. Member CMHSPs utilize NorthCare Network's Incident Report Module to report all events defined below. Other Network Providers may continue to report on paper.

- 1) Critical Events: Critical Event Reporting will be uploaded, monthly at minimum, to MDHHS's PIHP Event Reporting Data Warehouse by PCE (NorthCare Network's software vendor) automatically. This Critical Incident Reporting System captures information on five specific reportable events based on varying populations as mandated by MDHHS. Detailed requirements can be found in NorthCare Network's Event Reporting and Notification Policy and the PIHP/MDHHS Contract Attachment P 7.7.1.1 (Reporting Requirements).
- 2) Event Notification: The PIHP is also required to immediately notify MDHHS of specific events as outlined in the Reporting Requirement Attachment P 7.7.1.1 and NorthCare Network Event Reporting and Notification Policy.
- 3) Sentinel Events, as defined in the MDHHS Sentinel Event Guideline and MDHHS /PIHP Contract, must be reviewed and acted upon as appropriate and in accordance with NorthCare Network's Event Reporting and Notification Policy.

- 4) Risk Events are additional events that put individuals at risk of harm, including at minimum: actions taken by individuals that cause harm to themselves or others; two or more unscheduled admissions to a hospital within a 12-month period; emergency use of physical management by staff in response to a behavioral crisis, and police calls by staff under certain circumstances. For detailed information refer to PIHP/ MDHHS Contract Attachment P 7.9.1 (QAPIP). NorthCare Network's Health and Safety Review Team and CMHSP staff review trends and follow up as indicated.
- 5) All unexpected deaths of Medicaid beneficiaries, who at the time of their deaths were receiving specialty supports and services, must be reviewed. Unexpected deaths include those that resulted from suicide, homicide, an undiagnosed condition, were accidental, or were suspicious for possible abuse or neglect. Specifics for reporting are included in NorthCare's Incident, Event & Death Reporting & Monitoring Policy.

I. External Quality Reviews

1) MDHHS Site Reviews

Follow up activities for site reviews conducted by MDHHS are carried out and/or monitored by NorthCare Network's Leadership and Quality Oversight teams. To best address local concerns, each Member CMHSP may be asked to draft a remedial action plan for all citations for which the Member CMHSP has been identified as being out of compliance. NorthCare Network will consider each response for inclusion in the Plan of Correction submitted to MDHHS. NorthCare Network also provides consultation for Member CMHSPs and monitors the implementation of improvement activities.

2) External Quality Review Organization

The External Quality Reviewers (EQR) monitors NorthCare Network's compliance with the managed care requirements of Balanced Budget Act (BBA). It includes on-site review of the implementation of the QAPIP. The EQR also validates methodologies used in conducting the required performance improvement projects (PIP) as well as validates performance measure data collection and reporting. MDHHS and NorthCare Network use the information from the EQR to make recommendations for system improvements or to take contract action if needed.

3) Accreditation - URAC (Utilization Review Accreditation Commission)

As evidenced by developments in federal and state policy, the ability to perform managed care functions to industry standards while also assuring program integrity with federal and state funds is an expectation for the PIHPs. The URAC accreditation process demonstrates NorthCare Network's commitment to quality services and will provide a framework to improve business processes through benchmarking NorthCare Network against nationally recognized standards.

NorthCare informs MDHHS of accreditation status which is to be included on the MDHHS website (42 CFR 438.332). NorthCare authorizes URAC to forward a copy of the most recent accrediting review to the MDHHS.

III. Performance Measurement

NorthCare Network measures its performance using standardized indicators based upon the systematic, ongoing collection and analysis of valid and reliable data. Through monitoring and evaluation, the efforts and resources of the Network can be redirected to obtain the desired outcomes.

By using performance indicators, the variation between the target desired and the performance being measured can be identified. Indicators are used to alert NorthCare Network and the Network Providers of issues that need to be addressed immediately, to monitor trends and contractual compliance, and to provide information to consumers and the public. Performance indicators are the foundation to control and improve processes.

Performance indicator results are used to guide management decision-making related to:

- Strategic planning
- Resource allocation
- Modification of service delivery
- Administrative process changes
- Staff training, credentialing and privileging
- Other activities identified by our various stakeholders

A. Performance Indicators [Measures]

NorthCare Network's Quality Oversight Committee monitors performance indicators for individual Member CMHSPs and collectively for the region. The QAPIP is utilized to assure that at least the minimum performance level on each indicator is achieved. A plan of correction that includes a review of possible causes for outliers is required from any Member CMHSP for each Performance Indicator out of compliance for two consecutive quarters. NorthCare Network's Quality Oversight Committee and/or Quality Improvement Coordinator will monitor any plans of correction. Performance data is reviewed and discussed with the various QAPIP committees.

- Michigan Mission Based Performance Indicator System (MMBPIS)
The MMBPIS was fully implemented by MDHHS in October of 1998. There are both PIHP and CMHSP level indicators within the system. The PIHP and each Member CMHSP submits to the state MMBPIS data on a quarterly basis. MDHHS collects MMBPIS information, aggregates and analyzes the information, and publishes quarterly trend reports on indicators that MDHHS has determined would best monitor the implementation of managed care. NorthCare Network and Member CMHSP staff will ensure the reliability and validity of the data on these indicators across the Network and that these conform to the "Validation of the Performance Measures" of the BBA protocols. The Quality Oversight Committee will review MMBPIS results. Member CMHSPs who are out of compliance with DCH standards will work with NorthCare Network QI Coordinator and the Quality Oversight Committee to ensure the implementation of effective improvement plans.
- Regional and CMHSP Measures
NorthCare Network and the Member CMHSPs may establish and monitor additional performance indicators specific to its own program for the purpose of identifying process improvement projects. Performance indicators employed should be objective, measurable, and based on *current* knowledge and experience in order to monitor and evaluate key aspects of care and service. Performance goals and/or a benchmarking process are utilized for the development of each indicator.

- NorthCare Network will ensure compliance with and sustainability to meet performance measures as outlined in the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract with the MDHHS, Attachment P.7.0.2, and the ICO/PIHP Contract for the MI Health Link Demonstration Program.
- NorthCare Network will participate and collaborate with the ICO in regular and ongoing initiatives that address methods of improved clinical management of chronic health conditions and methods for achieving improved health outcomes for Members enrolled in the MI Health Link Demonstration Program.

B. Outcomes Management

NorthCare Network's Clinical Practices Quality Committee will establish outcome measures and conduct quality improvement efforts to assure effective clinical practices based on a recovery and trauma informed system of care.

C. Practice Guidelines

NorthCare Network's Clinical Practices Coordinator is charged with the task of overseeing the implementation of Practice Guidelines in the various clinical services. Working together, the Clinical Practices Quality Committee, Quality Oversight Committee, and the regional UM Committee monitors and measures the effectiveness of newly implemented treatment practices for all populations. The NorthCare Network Practices Guideline Manual provides detailed information regarding the process for the adoption, development, implementation, and monitoring and evaluation of the guidelines. This manual can be found at www.northcarenetwork.org

D. Verification of the Delivery of Medicaid Services

The MDHHS requires that the PIHP implement a process for the Verification of the Delivery of Medicaid Services. The purpose of the process is to verify that adjudicated claims and reported encounters are Medicaid billable services, that they have actually been delivered and that the services are sufficiently supported in clinical record documentation. Service verification will be completed at least annually.

Data will be compiled and analyzed by NorthCare Network's Leadership Team and/or Compliance Oversight and Risk Management Committee. Network Providers are expected to submit a corrective action plan to NorthCare Network who will accept and monitor or require additional action.

A summary report is submitted to MDHHS each year and is also made available to stakeholder groups.

IV. Improvement Strategies

Establishing and successfully carrying out strategies to eliminate outliers, incorporate best practices, and optimize consumer outcomes is key to continuous quality improvement. The particular strategy or sets of strategies used vary according to the situation and the kind of improvement that is desired. The following provides a brief description of some of the improvement strategies utilized.

A. Performance Improvement Projects (PIP)

Standards published by the Centers for Medicare and Medicaid Services (CMS) require that the PIHP (Prepaid Inpatient Health Plan) conduct, “performance improvement projects that achieve, through ongoing measurement and intervention, demonstrable and sustained improvement in significant aspects of clinical care and non-clinical services that can be expected to have a beneficial effect on health outcomes and consumer satisfaction.” (Domain One of the Quality Improvement System for Managed Care [QISMC] Part 1.1.2)

NorthCare Network must engage in at least two affiliation-wide projects during each waiver period. Project topics are either mandated by MDHHS or selected by the PIHP in a manner that takes into account the prevalence of a condition among, or need for a specific service by, the organizations’ consumers, consumer demographic characteristics and health risks, and the interest of consumers in the aspect of service to be addressed. NorthCare Network’s Leadership Committee will act as, or establish, the necessary Network Performance Improvement Teams to conduct regional PIPs.

In addition URAC Accreditation requires that at any given time the organization has underway a minimum of three Quality Improvement Projects (QIP). All three QIPs must focus on clinical quality and at least one of the three must address consumer safety for the population served.

Projects selected may fulfill both MDHHS /HSAG and URAC requirements.

B. Utilization Management (UM)/Authorization strategies

NorthCare Network UM activities are specifically designed to ensure only eligible beneficiaries receive plan benefits; that services received meet medical necessity criteria, and are linked to other services when needed. To achieve these goals, various methods are used that focus on eliminating outliers, incorporate best practices, and optimize consumer outcomes. For example, NorthCare Network directly operates a centralized access system which assures more uniform access to non-emergent services, and reduces variability in eligibility determinations in access to the public mental health system. To improve overall quality of consumer outcomes and consistency in the amount, scope, and duration of services, clinicians use the NorthCare Network level of care placement protocols to guide level of care determinations. This clinical decision-support tool allows for greater consistency in level of care assignments and aimed at reducing variances in service delivery. Finally, utilization review activities are employed which include monitoring of individual consumer records, specific provider practices and system trends. Review and monitoring activities are used to determine appropriate application of guidelines and criteria for decision involving level of care assignments, service selection, authorization, and best practices. Tracking consumer outcomes, detecting over utilization/under utilization and reviews of outliers are also the subject of utilization review efforts.

PROCEDURES FOR ADOPTING & COMMUNICATING PROCESS & OUTCOME IMPROVEMENTS

NorthCare Network will incorporate the Home and Community-Based Services (HCBS) Quality Framework developed for the Centers for Medicare and Medicaid (CMS) into its Quality Management Program. This Quality Framework is intended to serve as a common frame of reference in support of productive dialogue among all parties who have a stake in the quality of services and supports provided by NorthCare Network's provider network. The Framework focuses attention on critical dimensions of service delivery and the desired outcomes of the four functions of quality management: design, discovery, remedy and improvement. Further, definitions of the functions of quality are:

- Design: Designing quality assurance and improvement strategies to a program at the initiation of the program.
- Discovery: Engaging in a process of discovery to collect data and direct participant experiences in order to assess the ongoing implementation of the program, identifying both concerns as well as other opportunities for improvement.
- Remedy: Taking actions to remedy specific problems or concerns that arise.
- Continuous Improvement: Utilizing data and quality information to engage in actions that assure continuous improvement in the program.

Focus will be on the following seven broad categories as outlined by CMS:

1. Participant access
2. Person-centered planning and service delivery
3. Provider capacity and capabilities
4. Participant safeguard
5. Participant rights and responsibilities
6. Participant outcomes and satisfaction
7. System performance

Suggestions for improvement can come from a variety of sources. Feedback from consumers, advocates, stakeholders, network providers, MDHHS, and NorthCare Network Personnel is incorporated into the QI Plan's components and activities. NorthCare Network's QI Work Plan will identify measurable objectives, as well as the individuals and/or departments responsible for each objective. Also included, will be a timeline for completion of tasks and schedule for ongoing monitoring as appropriate.

EVALUATION

NorthCare Network's QAPIP is reviewed and updated at least annually with input from various stakeholders and approved by the Governing Board. The NorthCare Network Governing Board and NorthCare Network Quality Management and Oversight Committee are responsible for the evaluation of the effectiveness of the QAPIP.

NorthCare Network publishes an Annual Performance Management Report that provides a summary of accomplishments and highlights from the previous Fiscal Year as well as key information that will identify whether or not current systems and processes are providing desired outcomes.

This report will be posted at www.northcarenetwork.org, posted at NorthCare Network's main office, a copy sent to all Network Providers and members of NorthCare Network Governing Board and copies provided to stakeholders as requested.

CROSS REFERENCES

- The Balanced Budget Act of 1997 (BBA)
- MDHHS /PIHP Master Contract and pertinent Attachments
- MDHHS Michigan Mission Based Performance Indicator System V6.0 Codebook
- ICO/PIHP Contract for the MI Health Link Demonstration Program
- URAC (Utilization Review Accreditation Commission) Health Plan 7.1 Standards
- NorthCare Network Credentialing Policy
- NorthCare Network Event Reporting and Notification Policy
- NorthCare Network Methodology – Michigan Mission Based Performance Indicator System V6.0
- NorthCare Network Annual Performance Management Report
- NorthCare Network QI Work Plan
- NorthCare Network Training Policy
- NorthCare Network Utilization Management (UM) Plan

All NorthCare Network policies can be found at www.northcarenetwork.org.

ATTACHMENTS

A - Acronyms Used in this Document

ATTACHMENT A

NorthCare Network

ACRONYMS USED IN THIS DOCUMENT

ACRONYMS

BBA – Balanced Budget Act

CA – Coordinating Agency

CEO – Chief Executive Officer

CMHSP – Community Mental Health Service Provider

CMS – Centers for Medicare and Medicaid Services

EBP – Evidence Based Practices

EQR/EQRO – External Quality Review / External Quality Review Organization

HSAG – Health Services Advisory Group (External Quality Review Organization contracted by MDHHS to conduct annual reviews of each PIHP.)

HCBS – Home and Community-Based Services

HIPAA – Health Insurance Portability and Accountability Act

HMP – Healthy Michigan Plan

ICO – Integrated Care Organization

I/DD – Intellectual/Developmental Disability

MDHHS – Michigan Department of Health and Human Services

MI – Mental Illness

MHL – MI Health Link Demonstration Program

PIHP – Prepaid Inpatient Health Plan

PMC – Performance Management Committee (A NorthCare Network Committee represented by Directors of each Member CMHSP and NorthCare Network's CEO)

QAPIP – Quality Assessment and Performance Improvement Plan

QC – Quality Council

QI – Quality Improvement

QIP – Quality Improvement Plan

UM – Utilization Management

URAC – Accrediting Body which was originally was incorporated under the name “Utilization Review Accreditation Commission.” The name was shortened to the acronym “URAC” in 1996 when URAC began accrediting other types of organizations such as health plans and preferred provider organizations. In addition, URAC sometimes uses a second corporate name or DBA which is the “American Accreditation HealthCare commission, Inc.” This corporate name is sometimes used on URAC certificates and other written communications to help explain what URAC does.