

# NorthCare Network

## QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT PLAN (QAPIP) FY09

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**NorthCare Network**  
**Quality Assessment and Performance Improvement Program**  
**FY09**

**INTRODUCTION**

The Michigan Department of Community Health (MDCH) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a Quality Assessment and Performance Improvement Program (QAPIP) which meets the specified standards in the contract with MDCH. This document outlines the QAPIP for the NorthCare Network in affiliation with Copper Country CMH, Gogebic CMHA, Hiawatha Behavioral Health, Northpointe Behavioral Healthcare Systems, Pathways CMH, and the NorthCare Substance Abuse Coordinating Agency.

In addition to meeting the MDCH QAPIP requirements, the plan is also designed to meet other requirements, such as:

- A. The Center for Medicare and Medicaid Services (CMS) for a Quality Improvement System for Managed Care (QISMC) as outlined through the quality assurance provisions of the Balanced Budget Act of 1997 as amended.
- B. Many of the MDCH requirements for a CMHSP to have a Quality Improvement Program (QIP) have been standardized and are included in this document. Areas where CMHSP distinctions are necessary have been outlined in NorthCare's Delegation Agreement.

**PURPOSE**

The purpose of the NorthCare's QI Plans is as follows:

- A. Continually evaluate and enhance NorthCare's QI processes and outcomes.
- B. Monitor and evaluate 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 each affiliate member.
- C. Identify and assign priority to identified opportunities for performance improvement.
- D. Create a culture that encourages stakeholder input and participation in improvement initiatives and problem solving.
- E. To stress the self-worth of employees; cooperation between employees; team building; and a partner relationship between the PIHP, CMHSPs, CAs, advocacy groups and other human service agencies within a continuous quality improvement environment.
- F. To promote 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.

## QUALITY IMPROVEMENT AUTHORITY AND STRUCTURE

The Quality Council (QC) membership represents each CMHSP affiliate, the PIHP including the Substance Abuse Coordinating Agency (CA), and stakeholders. Members of the regional Quality Council work closely with managers, clinicians, utilization management staff, information technologists, and consumer members, at the local level, to integrate a continuous quality improvement culture into the structure of each network provider organization.

NorthCare's Chief Operating Officer provides day-to-day guidance and authority to the Quality Improvement Coordinator who is responsible for implementation of the QAPIP. The NorthCare Board of Directors approves the overall QAPIP. The Performance Management Committee (composed of the Chief Executive Officers of the Five CMHSP) and Board of Directors 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. (See Attachment A, Quality Improvement Program Structure) NorthCare'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 Quality Council, the Customer Services Committee, and NorthCare's Board of Directors all provide significant opportunity for involvement in NorthCare activities by consumers. Additionally, focus groups and surveys are utilized to elicit consumer feedback.

### ACCOUNTABILITY AND RESPONSIBILITIES

#### I. NorthCare Board of Directors

**Membership:** With Pathways being the "lead" agency serving as the PIHP (this department doing business as NorthCare), the Pathways Board of Directors also serves as the NorthCare Board of Directors. Members are appointed to the Pathways/NorthCare Board, hereinafter referred to as the NorthCare Board, by their respective county of residence Board of Commissioners.

**Role/Function:** The NorthCare Board retains the ultimate responsibility for the quality of the services provided to Medicaid beneficiaries by Network providers. The NorthCare Board approves the overall Network Quality Assessment and Performance Improvement Plan. Each CMHSP Board approves the specific CMHSP QAPIP structure, goals, and objectives. Functions include, but are not limited to:

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

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

**Annual QAPIP Review:** The NorthCare Board formally reviews, on an annual basis, a written report on the operation of the QAPIP, the NorthCare's Annual Performance Management Report.

**Reporting Accountability:** The NorthCare Board of Directors reports to stakeholders monthly via committee and Board meeting minutes.

**Reporting Frequency:** As required to assure situations requiring management attention are addressed in a timely manner.

II. NorthCare Quality Improvement Coordinator and Quality Council

**Quality Improvement Coordinator:** NorthCare employs one full-time Quality Improvement Coordinator who is responsible for: coordinating activities related to the design, implementation and evaluation of quality improvement program; compliance issues as they relate to QI; coordination and participation in site visits of network provider organizations; etc. NorthCare's Quality Improvement Coordinator will participate in the ongoing monitoring and evaluation of the providers' compliance with applicable regulatory standards as well as monitoring the quality and appropriateness of care provided to consumers. The QI Coordinator reports directly to the NorthCare Chief Operating Officer.

**Quality Council Membership:** Membership on the NorthCare Quality Council (QC) consists of the NorthCare QI Coordinator, who serves as Chair, NorthCare Chief Operating Officer, NorthCare Customer Services Specialist, NorthCare UM Coordinator, consumer representation, and Network Providers (one from each contracted CMHSP and CA). NorthCare's CEO and Medical Director are kept informed through meeting minutes and attend the Council meetings as needed. Others may be appointed to the QC in order to add balance and/or expertise within the membership.

**Role/Function:** The QC helps to establish a culture based on a continuous quality improvement model as a means to develop and implement improvement processes and monitor their ongoing success. The work of the Quality Council may overlap with work done and/or monitored by the Utilization Management, Member Services, and/or Compliance Committees. Examples of areas with a shared interest are over and under utilization of services, accessibility/accommodations, and Medicaid Verification. Functions include, but are not limited to:

- management of specific quality improvement efforts with its members serving as the primary avenue for communication and integration across the region;
- monitoring regional progress on required performance improvement projects, performance indicators, and other projects as deemed necessary by the Council and/or NorthCare and/or Michigan Department of Community Health;
- reviews and responds to information from a variety of sources, including but not limited to: regional committees, external audit findings and reports, regional data, CMS and MDCH requirements, etc.;
- promotes the delivery of timely services in a culturally competent manner, including those with limited English proficiency and diverse cultural and ethnic background;
- assists in identifying methods for evaluating provider performance and exploring techniques for expanding the evaluation processes that are based upon the systematic, ongoing collection and analysis of valid and reliable data;
- assists in analyzing summary data including quality indicators, QI study results, population demographics and morbidities, credentialing, Customer complaints and appeals, customer satisfaction survey results, provider

satisfaction survey results, utilization management, provider profiles, and clinical record reviews;

- assists in evaluating consistency in the provision of services across the region;
- assists in evaluating the impact of operational policies and procedures.

**QAPIP:** Assist NorthCare's QI Coordinator with annual revisions, educating respective CMHSP staff, and implementing required QAPIP standards. The QI Coordinator will present QAPIP updates to the Board of Directors for approval annually.

**QAPIP Progress Reports:** Assist NorthCare's QI Coordinator with preparing written reports describing performance improvement projects undertaken, the actions taken, and the results of those actions. Quarterly progress is reported to the Board of Directors as part of NorthCare's COO report.

**Annual QAPIP Review:** Quality Council members will assist in the development and distribution of NorthCare's Annual Performance Management Report. The QI Coordinator will present annually to the Board of Directors and make this report available to other stakeholders.

**Reporting Accountability:** The Quality Council reports via NorthCare's QI Coordinator, to the Chief Operating Officer, PMC, and Pathways/NorthCare Board of Directors as appropriate.

**Reporting Frequency:** Routinely to Chief Operating Officer, quarterly reports to NorthCare's CEO and the Board of Directors, and as requested to the Performance Management Committee.

### III. Other QAPIP Committees

#### a) **Compliance Committee**

This committee establishes processes and practices for ensuring overall regulatory compliance with ~~specific regard to:~~ the MDCH Contract, the *Health Insurance Portability and Accountability Act (HIPAA)* – which includes Transaction Standards, Privacy Rules, and Security Rules; and the *Balanced Budget Act (BBA)* – which includes General Contract Requirements, Enrollee Rights and Protections, Quality Assessment and Performance Improvement, Grievance System, and Certifications and Program Integrity Provisions.

The purpose of this team is to focus on regulatory management in a pro-active, preventive manner. The committee identifies, monitors, and controls risks associated with complex duties, obligations, rules, regulations, and requirements. Suggested improvement efforts will be directed to the Quality Council.

NorthCare's QI Coordinator also serves as NorthCare's Compliance Officer and will coordinate related compliance and QI issues.

#### b) **Customer Services Committee**

The NorthCare Customer Services Committee serves as an advisory committee to the Quality Council. The committee reviews and provides feedback on performance indicator data and reports; performance improvement project development, data and reports; policy/procedure; and customer satisfaction

survey tools, development and results. The committee may also identify and suggest improvement efforts that would positively impact the region.

The Customer Services Specialist works closely with the QI Coordinator and will provide routine reports of the Customer Services Committee activity to the Quality Council.

c) **Utilization Management Committee**

The NorthCare UM committee is responsible for a variety of tasks primarily focused on the development of standard UM processes across the region. They are responsible for establishing mechanisms to identify and correct over and under utilization of services. The UM Committees provides oversight for the regional implementation of Practice Guidelines.

The UM Coordinator works closely with the QI Coordinator and will provide routine reports to the Quality Council.

d) **Performance Management Committee (PMC)**

The QI tasks of the PMC are to determine short and long-term directions and establish performance expectations while balancing the expectations of consumers, staff, and stakeholders. This leadership-based committee focuses on creating an environment for empowerment, innovation, organizational agility, and learning. PMC members are responsible to communicate regional initiatives to their CMHSP staff and contract providers and for translating NorthCare policies and mandates into action at the local level.

NorthCare's Chief Operating Officer attends PMC meetings and is the liaison between the PMC and NorthCare's Quality Council.

## QUALITY MANAGEMENT SYSTEM (Components and Activities)

NorthCare's Quality Management System combines the traditional aspects of quality assurance and adds the elements of continuous quality improvement. The Quality Management System helps the 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. 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 assessment activities
- Measurement of performance in comparison to the 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"> <li>▪ Federal &amp; State Rules/Regulations</li> <li>▪ Stakeholder Expectations</li> <li>▪ MDCH Contract</li> <li>▪ Provider Contracts</li> <li>▪ Practice Guidelines and Evidence Based Practices</li> <li>▪ Network Standards</li> <li>▪ Accreditation Standards</li> <li>▪ Network Policies and Procedures</li> <li>▪ Delegation Agreement</li> <li>▪ Medicaid Verification of Service</li> <li>▪ Clinical Documentation Standards</li> <li>▪ AFP/ARR</li> </ul>	<ul style="list-style-type: none"> <li>▪ Quality Monitoring Reviews</li> <li>▪ Accreditation Surveys</li> <li>▪ Credentialing</li> <li>▪ Risk Management</li> <li>▪ Utilization Reviews</li> <li>▪ External Quality Reviews</li> <li>▪ Stakeholder Input</li> <li>▪ Sentinel Events</li> <li>▪ Critical Incident Reports</li> <li>▪ MDCH Site Review Reports</li> <li>▪ Documentation Reviews</li> <li>▪ Medicaid Verification of Service Reviews</li> </ul>	<ul style="list-style-type: none"> <li>▪ MDCH MMBPIS</li> <li>▪ Audit Reports</li> <li>▪ Outcome Reports</li> <li>▪ Benchmarking</li> <li>▪ Grievance &amp; Appeals</li> </ul>	<ul style="list-style-type: none"> <li>▪ Corrective Action/Improvement Plans</li> <li>▪ Improvement Projects</li> <li>▪ Improvement Teams</li> <li>▪ Strategic Planning</li> <li>▪ Practice Guidelines</li> <li>▪ Organizational Learning</li> <li>▪ Administrative and Clinical Staff Training</li> <li>▪ Cross Functional Work Teams</li> <li>▪ Reducing Process Variation</li> </ul>

### I. Quality Standards

Quality Standards provide the specifications, practices, and principles by which a process may be judged or rated. NorthCare 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

## 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.

### Stakeholder Input

NorthCare 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 include individuals who are or have received services, staff, contract service providers, families/advocates, and the local communities.

Input is collected to better understand how NorthCare is performing from the perspective of its stakeholders. The input is continually analyzed and integrated into the practices of the PIHP. NorthCare's Quality Council and the Customer Services Committee both provide stakeholder opportunity for input for the network as a whole. Each affiliate 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
Interviews	MDCH Site Reviews, Accreditation, NorthCare Site Reviews, Satisfaction Surveys, PCP process	Performance Evaluations, Termination/Exit Interviews	ORR Site Visit, Contract Provider Quality Review	MDCH Site Reviews Fidelity Reviews of Evidence Based Practices	Open Door Policy of the NorthCare COO
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
Forums	Consumer advisory committees, Board meetings	Team/Dept Meetings, All staff meetings	MDCH Review, Contract negotiations, meetings	MDCH Review, Advisory committees	MDCH/EQR/ Accreditation Reviews, Annual PRR forum, Public comments at board meetings
Surveys	Consumer surveys	Staff surveys	Provider surveys, Accreditation surveys	Satisfaction surveys	Stakeholder Surveys
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	Various regional committee membership	Community Needs Assessment
Grievance & Appeals	Recipient Rights, Grievance & Appeals Process	Staff Grievance	Provider Grievance,	Grievance systems	Comments through the NorthCare Website
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	RR Complaint, Compliance complaint process

### Ongoing Assessments Of Consumer Experiences With Services

Through the various methods charted above, each method or a combination of, will address issues of quality, availability, satisfaction, and accessibility of care.

Assessment results will be used to improve services. 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 Board of Directors of assessment results.

Just as the original processes must be evaluated, the interventions used to increase quality, availability, satisfaction, and accessibility to care 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.

### Quality Monitoring Reviews

The Quality Monitoring Review (QMR) process is a systematic and comprehensive approach to monitor, benchmark, and make improvements in the provision of mental health and substance use services. NorthCare conducts annual reviews (at minimum) to evaluate:

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

The QMR process provides NorthCare 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

### MDCH Site Reviews

Follow up activities for site reviews conducted by MDCH are carried out by NorthCare's QMR teams. To best address local concerns, each CMHSP will draft a remedial action plan for all citations for which the CMHSP has been identified as being out of compliance. NorthCare will compile the overall response, provide consultation for CMHSPs and oversee the implementation of improvement activities.

### External Quality Review Team

The External Quality Review (EQR) team monitors compliance with the Balanced Budget Act (BBA) requirements. It includes on-site review of the implementation of the QAPIP and determines it achieves the QAPIP goals. The EQR also validates methodologies used in conducting the required performance improvement projects (PIP) as well as validates performance measure data collection and reporting methodologies. MDCH uses the

information from the EQR to make recommendations for system improvements or to take contract action if needed.

#### Credentialing and Qualification for Scope of Practice

Each CMHSP and Network provider will address the credentialing of staff, professionals, and service providers in a manner that is consistent with accreditation standards, State requirements, and NorthCare's policy on Credentialing, Privileging, and Staff Competencies/Education Policies. The quality monitoring review team will work with the human resource and clinical department to monitor, maintain, and enforce all credentialing requirements.

#### Critical Incidents

Each CMHSP/CA/Network provider will record, assess, and report critical incidents according to NorthCare policy. Sentinel events identified by the incident review will be reported as required by MDCH and the various accrediting bodies the providers work with. In addition to reporting and logging sentinel events, each CMHSP/CA/Network provider will review and analyze each critical incident in order to improve the corresponding processes and to help prevent such incidents in the future. Root cause analysis and/or investigations will be completed on each sentinel event by the applicable CMHSP/CA/Network provider **and must commence within two business days of the sentinel event**. Persons involved in the review of the sentinel events must have the appropriate credentials to review the scope of care. For example, sentinel events that involve consumer death, or other serious medical conditions, must involve a physician or nurse. NorthCare will review all root cause analysis, plan of actions and interventions on Medicaid funded consumers for any further opportunities for improving processes. NorthCare's Medical Director is available for consultation purposes and to review sentinel events as deemed necessary.

#### Quality Assessment of Contract Providers

In addition to the mechanisms outlined above, NorthCare's policy on Provider Network Management and Appeals Mechanisms Policy describes other means for monitoring and assessing compliance with contract, state and federal requirements of service providers.

#### Behavior Treatment Review

In collaboration with the regional Utilization Management Committee, NorthCare's Quality Council will review analyses of data from the behavior treatment review committee(s) on a quarterly basis. Patterns and trends will be evaluated for possible system and/or process improvement initiatives.

### III. Performance Measurement

NorthCare 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 and the CMHSPs 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
- Other activities identified by our various stakeholders

Following are some significant sets of performance indicators to NorthCare.

A. Performance Indicators [Measures]

NorthCare's Quality Council monitors performance indicators for individual CMHSP/CAs 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 of negative statistical outliers is required from any affiliate for each Performance Indicator out of compliance for two consecutive quarters. NorthCare's Quality Council 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 MDCH in October of 1998 and is in its 6<sup>th</sup> revision. There are both PIHP and CMHSP level indicators within the system. The PIHP and each affiliate CMHSP submits to the state MMBPIS data on a quarterly basis. MDCH collects MMBPIS information, aggregates and analyzes the information, and publishes quarterly trend reports on indicators that MDCH has determined would best monitor the implementation of managed care. NorthCare and 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 Council will review MMBPIS results. CMHSPs who are out of compliance with DCH standards will work with NorthCare QI Coordinator and the Quality Council to ensure the implementation of effective improvement plans.
- Regional and CMHSP Measures  
NorthCare and the 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.

B. Outcomes Management

CMHSPs will utilize the outcome management models currently embraced by CARF, organizational standards, and MDCH. Each CMHSP is responsible for developing an annual report on outcomes that meet requirements and its needs. NorthCare's Quality Council will review each of the annual reports and offer suggestions for improvement.

C. Utilization Management

NorthCare operates an effective Utilization Management Program. The UM Plan describes procedures to evaluate medical necessity, criteria used, information sources and the process used to review and approve services. The UM Plan has mechanisms to

identify and correct under and over utilization and detailed procedures for prospective, concurrent and retrospective reviews as outlined in the MDCH/PIHP Master Contract Attachment P6.7.1.1 QAPIP guidelines.

The UM Coordinator is charged with the task of overseeing the implementation of Practice Guidelines in the various clinical services. Working with the Quality Council, the UM Coordinator and the regional UM Committee will monitor and measure the effectiveness of newly implemented treatment practices. The UM Coordinator will also provide a quarterly report summarizing UM activities to the Chief Operating Officer and the Quality Council for assistance in identifying patterns and trends and areas for improvement.

#### D. Verification of the Delivery of Medicaid Services

The Michigan Department of Community Health 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 are Medicaid billable services and that the services are sufficiently supported in clinical record documentation.

The Verification of the Delivery of Medicaid Services at each CMHSP will frequently be completed in conjunction with other reviews such as the Clinical Documentation Review and/or the Quality Monitoring Review by NorthCare's Documentation Review Team on an annual basis at minimum. NorthCare's Coordinating Agency Audit Team will conduct annual reviews of each of the participating substance abuse providers.

All findings will be recorded on a regional form and submitted to NorthCare's QI Coordinator. Data will be compiled and analyzed by NorthCare's Quality Council for each division, one addressing CMHSP data and the other addressing CA data and will also be reviewed by the regional Compliance Committee. CMHSPs/CA are expected to submit a corrective action plan to NorthCare who will accept and monitor or require additional action.

A summary report is submitted to MDCH by October 31 of each year and is also made available to various 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. Network Performance Improvement Project (PIP) Teams

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 must engage in at least two affiliation-wide projects during the two-year waiver renewal period. Project topics are either mandated by MDCH 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's Quality Council will act as, or establish, the necessary Network Performance Improvement Teams to conduct regional PIPs.

**B. Practice Guidelines**

NorthCare evaluates, implements, and monitors the use of practice guidelines. The current practice guidelines for the Network are noted in the Utilization Management Plan.

Adoption, development, implementation and continuous monitoring and evaluation of practice guidelines for the Network will be accomplished through the efforts of a project team established for each practice. The project teams will develop a plan for:

1. Education of Board Members, staff and consumers, and other stakeholders;
2. Training of clinical staff and ongoing supervision;
3. Implementation – initially site specific, then regionally; and,
4. Outcomes measurement and consumer satisfaction – NorthCare will utilize the national standard tools developed for each of the EBPs to measure changes in clinical practice and consumer improvements and satisfaction. The Quality Council will assist in the data collection and reporting as needed.

## PROCEDURES FOR ADOPTING & COMMUNICATING PROCESS & OUTCOME IMPROVEMENTS

NorthCare 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'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:

- Participant access
- Person-centered planning and service delivery
- Provider capacity and capabilities
- Participant safeguards
- Participant rights and responsibilities
- Participant outcomes and satisfaction
- System performance

Suggestions for improvement can come from a variety of sources. Feedback from consumers, advocates, stakeholders, network providers, MDCH, and NorthCare staff is incorporated into the QI Plan's components and activities. NorthCare'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's QAPIP is reviewed and updated annually by NorthCare with final review and approval secured from the Board of Directors. Likewise, each CMHSP affiliate reviews and updates their local QAPIP with final review and approval from their respective Boards of Directors.

In addition, NorthCare publishes an annual Performance Management Report that provides a summary of accomplishments and highlights from the previous Fiscal Year. Another important evaluation of how NorthCare is doing is our Provider Analysis, which is also reviewed and updated every other year at a minimum. These documents provide direction to NorthCare's annual strategic planning. They also provide key information that will identify whether or not current systems and processes are providing desired outcomes which include:

- NorthCare is achieving established targets;
- NorthCare is moving toward full compliance in all areas;

Based on these evaluations, systems and processes found not to be producing desired outcomes will be re-evaluated and necessary adjustments made.

## CROSS REFERENCES

- NorthCare Staff Competencies/Staff Education/Monitoring Policy
- NorthCare Credentialing Policy
- NorthCare Utilization Management (UM) Plan
- NorthCare Sentinel Event Policy
- MDCH/PIHP Master Contract and pertinent Attachments
- NorthCare Methodology – Michigan Mission Based Performance Indicator System V6.0
- MDCH Michigan Mission Based Performance Indicator System V6.0 Codebook
- All NorthCare policies can be found at [www.northcare-up.org](http://www.northcare-up.org).

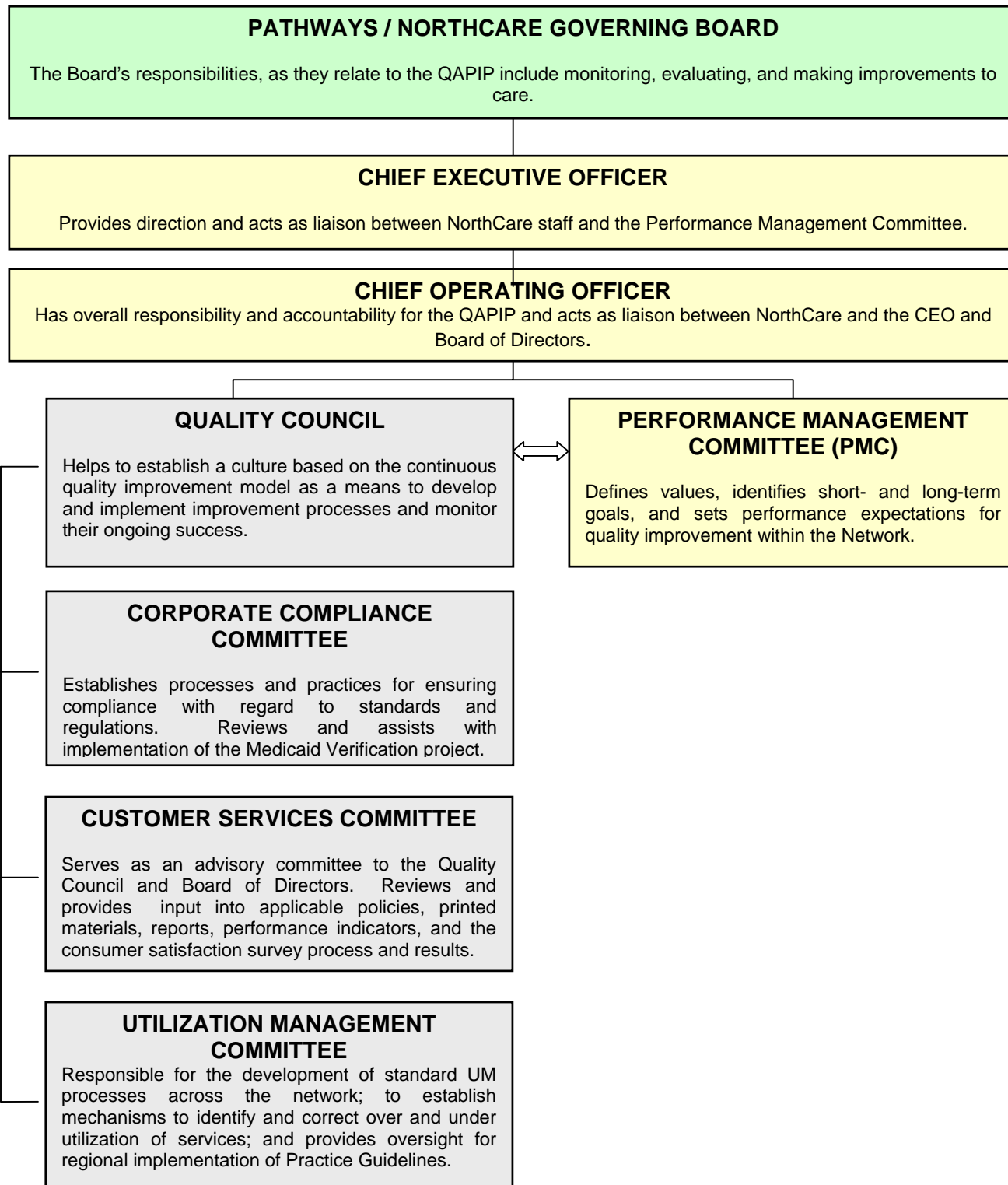
## ATTACHMENTS

Attachment A - Quality Management Organizational Chart  
Attachment B - Quality Improvement Work Plan  
Attachment C - Acronyms Used in this Document

**ATTACHMENT A**

***NorthCare Network***  
**QUALITY IMPROVEMENT PROGRAM STRUCTURE**

**NorthCare Network  
Quality Improvement Program Structure**



**ATTACHMENT B**

***NorthCare's Quality Improvement  
Work Plan***

**NORTHCARE NETWORK  
QUALITY MANAGEMENT WORK PLAN – FY09**

<b>PIHP Staff primarily responsible for Quality Management Program Implementation</b>	<b>PIHP Operating Committee</b> (i.e. policy development, tool development, reporting mechanisms, monitoring schedules, etc)	<b>PIHP Governing Committee</b>
Diane Bennett	NorthCare (Regional) Quality Council NorthCare Quality Review Teams	Program/Planning Committee

Priority/Objective	Steps/Action	Target Date for Completion	Who is Responsible	Coordinated/ Monitored By
1. Application for Renewal & Recommitment	a) Participate in forum w/MDCH b) Prepare responses c) Submit by deadline	a) 10/7/08	a) NorthCare Staff b) All NC Staff c) NorthCare COO	a) NA
2. NorthCare Site Reviews	a) Establish schedule b) Revise Site Review Protocols c) Publish Site Review Protocols d) Site Reviews to begin e) Site Review Report Completion f) Site Review Report Published g) POC Due To NorthCare h) POC Monitoring	a) 1/1/09 b) 2/1/09 c) 3/1/08 d) 4/08 e) 4 weeks post f) 6 weeks post g) 30d post rpt h) Ongoing	a) NC QI Coord b) NC Staff c) NC QI Coord d) NC Staff e) NC Staff f) NC QI Coord g) CMHSPs h) NC Staff	a) NC COO b) NC QI Coord c) NC QI Coord d) NC QI Coord e) NC COO, QI f) NC Staff g) NC QI/CMHSPs h) NC Staff
3. Develop Core Training Courses for LMS	a) Develop Courses b) Post to LMS c) Notify CMHSPs they are posted and ready to be assigned according to NC Training requirements	a) By Course b) Upon Complet c) Upon Complet	a) NC Staff b) NC Customer Sr c) NC Customer Srv	a) NC Cust Srv b) NC Cust Srv c) NC Cust Srv
	Compliance/Ethics	1/08	NC QI Coord	Course Dev & Post
	HIPAA Security	10/1/08	NC QI Coord	Course Dev
4. MDCH Site Review August 17 – Sept 4, 2009 Full Review & CD	a) Distribute Standards to NC and CMHSP b) Gather Supporting Documentation c) Review POC and Update Monitoring Tool d) Gather additional supporting documentation e) Prepare documentation for MDCH f) Schedule consumer interviews and panel	a) Upon Receipt b) TBD c) . d) . e) . f) .	a) NC/CMHSP staff	a) NC QI Coord
5. HSAG Review	TBD	TBD		
6. Co-Occurring PIP Project	a) Will continue this PIP project according to plan. b) Prepare and send report to MDCH	a) Ongoing b) 1/31/09	a) NC UM/Cust Srv b) NC Staff	a) NC UM Coord
8. Improving Access for Children and Adults w/SUD PIP Project	a) Draft Project Plan b) Establish PIP Team(s)	a) 11/15/08 b) 11/30/08	a) NC COO, QI Coord b) NC COO, QI Coord	a) NC QI Coord

Priority/Objective	Steps/Action	Target Date for Completion	Who is Responsible	Coordinated/Monitored By
	c) Finalize Project Plan d) Establish objectives e)		c) PIP Team d) PIP Team	
9. Regional Satisfaction Surveys Crisis & After Hours General Consumer Satisfaction Co-occurring Service Satisfaction	a) Develop process and tool for crisis/after hrs b) Develop process and tool for cons satis survey c) Develop process and tool for co-occurring survey d) Determine if CMHSP needs can be me w/regional tool(s) and processes	a)	a) NC QI, UM, CS b) NC QI, UM, CS c) NC QI, UM, CS d) NC/CMHSP staff	a) NC QI, UM, CS
10. Outcome Management Plan	a) Learn what CAFAS data is available b) Develop Outcomes Management Plan focusing on children c) Utilize CAFAS data to evaluate clinical progress in children d) Share information w/regional staff e) Encourage and educate clinical staff re: how to and the benefits of using this data			
11. PI Validation and Reporting	a) Identify differences in PCE v. NC methodologies b) Develop plan to address differences c)	a) 10/30/08 b) 11/15/08	a) NC QI, Data Analyst, DW	
12. Documentation Reviews	a) Revise Documentation Review Tool/Protocols '09 b) Learn/develop Process for Doc Review in Elmer	a) 1/1/09 b)	a) NC QI, Consultan b) NC QI	
13. Performance Mgmt Rpt FY08	a) Gather Information b) Draft report c) Present draft to Board d) Finalize report e) Publish report	a) 11/15/08 b) 11/30/08 c) 12/08 d) 12/30/08 e) 1/09		
14. Behavior Treatment Review Reporting	a) Evaluate data MDCH is requiring b) Develop common methodology for collecting data c) Develop regional form for reporting to NC d) Develop process for data analysis and review e) Develop process for identifying improvement efforts f) Implement and monitor improvement efforts	a) 10/6/08 b) Ongoing c) 10/10/08 Draft	a) Regional Team b) Regional Team c) NC Consultant	a) NC UM Coord

**ATTACHMENT C**

***NorthCare Network***  
**ACRONYMS USED IN THIS DOCUMENT**

## **ACRONYMS**

**BBA** – Balanced Budget Act

**CA** – Coordinating Agency

**CEO** – Chief Executive Officer

**COO** – Chief Operating Officer

**CMHSP** – Community Mental Health Service Provider

**CMS** – Centers for Medicare and Medicaid Services

**DD** – Developmental Disability

**EBP** – Evidence Based Practices

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

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

**HCBS** – Home and Community-Based Services

**HIPAA** – Health Insurance Portability and Accountability Act

**MDCH** – Michigan Department of Community Health

**MI** – Mental Illness

**PIHP** – Prepaid Inpatient Health Plan

**PMC** – Performance Management Committee (A NorthCare Committee represented by Directors of each CMHSP and NorthCare's COO.)

**QAPIP** – Quality Assessment and Performance Improvement Plan

**QC** – Quality Council

**QI** – Quality Improvement

**QIP** – Quality Improvement Plan

**UM** – Utilization Management