

Quality Assessment and Performance Improvement Program (QAPIP)

Lakeshore Regional Entity – 2021

Board Summary – November 2020



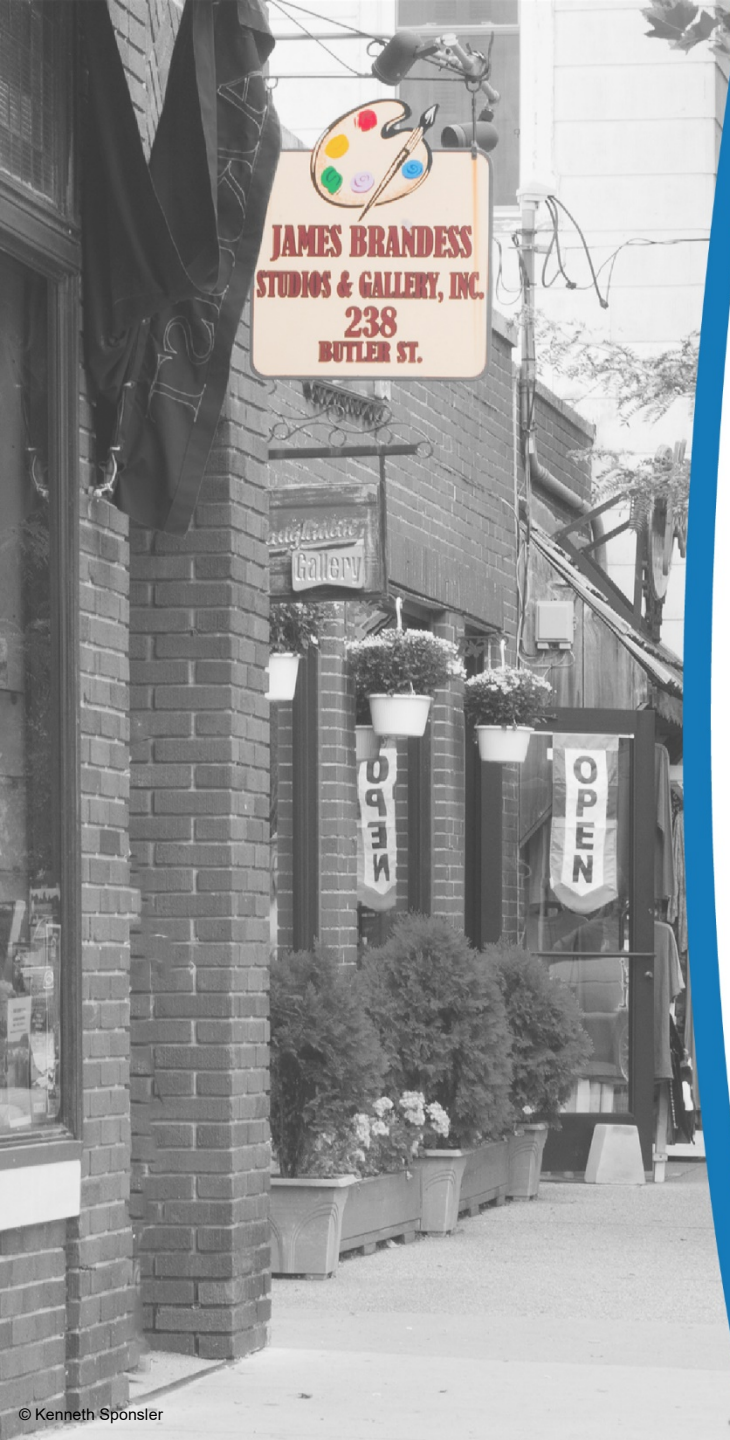
QAPIP Requirements

- The Michigan Department of Health and Human Services (MDHHS) requires that each specialty Prepaid Inpatient Health Plan (PIHP) have a documented Quality Assessment and Performance Improvement Program (QAPIP) which meets the specified standards in the contract with MDHHS.
- The Center for Medicare and Medicaid Services (CMS) requires Quality Improvement System for Managed Care (QISMC) as outlined through the quality assurance provisions of the Balanced Budget Act of 1997 as amended. (CMS “Code of Federal Regulations” (CFRs), specifically 42 CFR § 438, and its QAPIP requirements)



QAPIP Requirements

- The full document attached to the Board packet has met external standards and is inclusive of necessary components.
- The QAPIP is approved annually by the Board of Directors and implemented by the CEO.
- The Quality Improvement Regional Operations Advisory Team (QI ROAT) is the regional team that receives regular reports on performance indicators and trends.
- This plan has been reviewed by the Quality Improvement ROAT and the Operations Group (CMHSP CEOs)



Committee Structure

- The QAPIP structure includes the QI ROAT and other regional work groups, all with CMHSP representation. The QI ROAT has included a consumer representative and network provider representative.
- In addition to the QI ROAT, others include Information Technology, UM/Clinical, Substance Use, and Finance.
- Other workgroups meet on performance metrics, behavior treatment, critical incidents, autism, HAB Waiver, and other Waiver programs.
- The Consumer Advisory Panel is an important component of the structure providing input on key issues to the LRE Staff and Board.



External Reviews of the LRE

- External Quality Review (EQR) – Overall Review of Managed Care Functions
- EQR – Validation of Performance Measure Data
- EQR – Validation of Performance Improvement Project
- MDHHS – Review of Medicaid Waiver Programs.



Regional Oversight Functions

- CMHSP Site Reviews – Annual
- Provider Network Site Reviews – Annual
- State Performance Measures - Quarterly
- Satisfaction Surveys
- Medicaid Claims Verification
- Review of Critical Incidents and Sentinel Events



Continued Goals From FY20 Into FY21

- Improve on State Performance Indicators – Most notably time from request to ongoing service – Continued from FY2020
- Process for Tracking Staff Training on the Treatment Plan – Continued from FY2020
- Reporting of Credentialing Findings – Continued from FY2020
- Develop a regional report for Behavior Treatment Data on Physical Management.
- Implement a new regional Customer Satisfaction Survey and develop electronic capacity



New Goals for FY 2021

- Assure sentinel events are reported within contract standards.
- Assure that ROATs report to the Operations Committee on a regular schedule.
- Conduct review of representation of ethnic groups within service population.
- Review finding from HEDIS measures to demonstrate regional improvement.
 - Cardiovascular screening for persons with schizophrenia or bipolar diagnosis.
 - Medication management for persons with major depression or schizophrenia.



Next

- The Board of Directors will receive an updated FY2020 Quality Improvement Plan Review in February 2021. This will summarize findings from the year and identify areas of strength and ongoing focus.
- FY2021 Goals may be adjusted or strengthened based on the findings from the Plan Review.



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