

Community Mental Health Affiliation of Mid-Michigan

Affiliation QI Minutes
October 8, 2003
9am – 4pm
Gratiot CMH

Present: Lynn Charping (Gratiot) Liz Holcomb (CEI), Susan Kilgore (Newaygo), Paul Duff (CEI), Moira Davenport-Ash (CEI), Chip Johnston (Manistee-Benzie), Tammy Quillan (Ionia)

1. Cost Savings

Liz advised that Bob Sheehan requests that affiliation workgroups continue to track cost savings.

2. Annual QI Plan Review/Revisions

The Affiliation QI Plan was reviewed. There was discussion regarding affiliation committees structure and indicators. It was decided that the affiliation committees would be eliminated and that all monitoring would be done by this workgroup. If projects arise, ad-hoc committees or process improvement teams can be established. It was also decided that the affiliation indicators would be eliminated unless an ongoing workgroup decided to continue to use them.

The QI Plan was compared to the DCH PHP/Medicaid contract and the BBA. Seven focus areas were identified (access, coordination of care, grievance and appeals, credentialing and privileging, practice guidelines, utilization management, and quality improvement). These seven focus areas will be incorporated into the QI Plan along with changes to the QI structure. Changes to the QI Plan will be effective 1/1/04.

- ✓ Tammy to update the QI Plan
- ✓ Liz to revise flowchart for the QI structure
- ✓ Everyone is to review the QI Plan and let Tammy know if any additional changes are needed
- ✓ Tammy and Susan are to develop a quarterly report format (for affiliates to report local QI activities)

There was discussion regarding the development of QI reports for the affiliation. It was decided that an annual affiliation QI report would be developed for the last year to be presented along with the revised QI Plan to Core group and then the local boards. The report format will incorporate the MMBPIS indicators using the grid format used for the AFP submission.

- ✓ Tammy to find AFP MMBPIS grids for updating

There was discussion regarding the QISMC requirements and Tom Renwick's (DCH) comments that the projects did not need to be reported or continued beyond the second year. It was decided that the affiliation would continue the projects for the five years and establish goals for each year. Goals will be included in the QI Plan (Phase-In Years: Yr1=baseline; Yr2=education; Yr3-5=improvement. Review Years: Goal of 3 years of demonstrable improvement).

- ✓ Get QISMC projects going!!

3. QI Goals

The following goals were identified for the upcoming year and will be incorporated into the QI Plan:

- Implement QISMC projects
- Implement new QI structure
- Improve communication with stakeholders
- Implement quarterly QI report format
- Standardize the Medicaid claims verification methodology
- Standardize MMBPIS data collection methodologies

4. Medicaid Claims Verification

There was discussion regarding Tom Renwick's (DCH) announcement at the last conference that CMHs should reduce the amount of claims being verified to less than 5%. There was discussion as to a standardized methodology. It was decided that this could be better discussed at the meeting on 10/17/03 with the relevant staff.

5. Next Meeting: Medicaid Claims Verification, 10/17/03, 9am–Noon, Gratiot

6. Future Meeting Dates: 11/7/03 and 11/21/03, 9am-Noon, Gratiot