

**CMHAMM**  
Work Group Meeting Minutes

<p><b>WORK GROUP NAME:</b> Quality Improvement</p> <p><b>LOCATION:</b> @ Improving Outcomes Conference Kellogg Center, Lansing</p> <p><b>DATE:</b> 11/30/06</p>	<p><b>PRESENT:</b> (please <b>bold</b> note-taker)</p> <p>Paul Duff, CEI Liz Holcomb, CEI Fran Jozefowicz, CEI Stefanie Zin, CEI Lynn Charping, Gratiot <b>Sally Culey, Ionia</b> Chip Johnston, Manistee-Benzie Bonnie Sage, Manistee-Benzie Susan Kilgore, Newaygo Guests: Carolyn Hilley, Gratiot</p>	<p><b>cc:</b> Work Group Members:</p> <p>Liz Holcomb, CEI Paul Duff, CEI Fran Jozefowicz, CEI Pamela Stants, CEI Stefanie Zin, CEI Lynn Charping, Gratiot Sally Culey, Ionia Chip Johnston, Manistee-Benzie Susan Kilgore, Newaygo Cindy Ingersoll, Newaygo</p>
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New	1) Deficit Reduction Act	1) Discussion ensued on information obtained from the DRA seminar of 11/29/06. Training presentation has been obtained from North Country CMH for possible use. Staff and contractors will have to be trained by 1/1/07. Need to ensure Compliance Plan is in accordance with the DRA requirements, and that appropriate affiliation procedures are in place.	Stefanie to lead discussion on Compliance Plan review. Fran to work with Finance staff regarding draft procedure language.	12/15/06  11/30/06	
Ongoing	2) MA Claims Data Review	2) Reviewed handout of data from 9/1/02-6/30/06, primarily focusing on FY05 and FY06. Reviewed claims review procedure: 5% and over requires a formal corrective action plan on the quarterly report, which will be forwarded to the affiliation Compliance Officer; sampling procedure...are within current method, but need to get a larger sample size in most cases, between 5-10%.  Identified that ICCMH has a problem regarding CLS and residential documentation filing. This has been addressed in the last corrective action plan submitted with the last quarter data.  Identified that CEICMH has a problem with small sample size and underreporting. This has been addressed with the hire of an auditor staff.	Sally to get with Lynn Henley regarding recommendations for changes to the reporting format.	12/15/06	

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Ongoing	3) Record Reviews	Tool revisions in process.	Susan to email out the tool draft revisions for review.	12/15/06	
Ongoing	4) Customer Services	<p>4) Update on dedicated phone line: line is technically ready to use, and staffed 24/7. The Customer Services Ad Hoc Committee has a meeting planned for December to develop a procedure and work on training staff.</p> <p>Customer Handbook: targeted for 1/1/07.</p> <p>Provider lists: to be updated quarterly with revision date to be included on the list. Clarified that a list of <u>all PIHP area providers</u> must be provided to all consumers initially and offered again minimally annually.</p>	Ad Hoc Committee to meet.	12/31/06	
Follow-Up	5) QI Plan	5) Discussed new access PIP, which will be population specific. The State has yet to send out study questions and indicators. Reviewed QI Plan revisions and accepted changes. Plan to be presented to the Steering Committee on 12/6/06, and to the PIHP Governing Board on 12/11/06.	<p>Sally to present QI Plan and annual report at Steering Committee;</p> <p>Liz to present at PIHP Board</p> <p>-----</p>	<p>12/6/06</p> <p>12/11/06</p>	

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Follow-Up	6) Compliance Issues	<p>6) HSAG: Got State report back from HSAG's last visit and CMHAMM did very well! Good job everyone! Fran will present to PIHP Leadership and Steering Committee, then disseminate results.</p> <p>Performance Indicators: 3<sup>rd</sup> quarter plans of correction due 11/30/06.</p> <p>Manistee Benzie reported errors in their inpatient reporting for FY06. These have been corrected and sent to the PIHP.</p>	Fran to report to leadership and Steering Committee.	12/6/06	
Ongoing	7) QI Issues	7) None.	-----	-----	
	8) Other	<p>8) General discussion on information from the Improving Outcomes sessions with David Lloyd related to documentation, focus on medical necessity which is more of a focus from his previous seminars, and efficiencies.</p> <p>9) Next Meeting: 12/15/06 at Ionia.</p>	-----	-----	