

Quality Improvement/Compliance/Information Technology Board Report

June 2021

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QUALITY IMPROVEMENT

- HSAG Pre-Authorization Denials Report submitted to LRE. Random cases have been selected that will require proof documents to be submitted by June 9th.
- Finished and submitted the MDHHS Authorization Denials report. This is a new quarterly report that collects different data than the HSAG report. This first report was for Q1 and Q2 of FY21.
- Submitted MMBPIS PMV proof documents to the LRE for HSAG. Five random cases were selected for each Indicator (1, 2a, 2e, 3, 4a, 4b, and 10). Each case requires proof of the consumer's name, birthdate, Medicaid number, Medicaid active dates, EMR Case number, service dates/times, follow-up service dates, and exception data. The documents and MMBPIS process will be evaluated during the June HSAG review at the LRE.
- Prepared, organized, and submitted HSAG documents to the LRE for Standards 1 – 6 for the June review.
- Organized and submitted to MDHHS proof documents for the Waiver Corrective Action Plans.

INFORMATION TECHNOLOGY

- Tyler Ward started as IT Specialist
- Kick off of iPhone upgrades
- Review of secure apps for texting as standard texting is not HIPAA compliant
- Review Microsoft Teams for initial IT planning
- Developed Client Letter document in Smart Care as a custom form
- Started design of Change of status form to be used in Smart Care
- Attending Improving outcomes conference week of June 1st

UTILIZATION MANAGEMENT

- Completed work for the State Waiver Audit CAP review. The desk audit required nearly 80 proofs for the HSW portion of the audit. The desk audit will be completed during the first week of June.
- Completed review and prep of proofs requested by the Beacon for the HSAG Audit. This audit will also take place in June.
- Quality Records Review completed for Children's Teams during the month of May. Rechecks also completed for prior Quality Records Reviews.
- SUD Coalition is meeting once a month. Goals for the committee include: improved accuracy of data reporting, improved understanding of the needs of consumers utilizing the services, improved services, and improved outcomes for consumers.
- Nearly 200 authorizations and 27 discharges processed. This does not include case reviews that were completed in order to extend authorizations.

CORPORATE COMPLIANCE

- 2 external cases to review