



Community Health &  
Research Center

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Quality Assurance and Quality Assessment Performance Improvement Program (QAPIP) Section ___/# ____	Ana Dutcher Quality Assurance Manager	7/1/12	11/4/19	Page 1 of 7

Approved By: Mohamad Khraizat	Title: Operations Manager
Signature:	Date: 11-4-19

### I. POLICY:

It is the policy of ACCESS Community Health and Research Center (CHRC) that quality assurance activities take place to ensure that we maintain our compliance with regulators and that our activities are efficient, effective, and productive.

### II. PURPOSE:

The purpose of this policy to provide direction to all of ACCESS' staff, contractors, and subcontractors regarding related quality assurance activities and processes. The QAPIP will drive the quality improvement process. This process assesses the service, quality, efficiency and positive outcomes, including client satisfaction. Ongoing monitoring and evaluation of programs and services will ensure that the most appropriate services are provided in a manner which promotes integrated care and supports community and client needs and that meets the prevailing expectations for timeliness, continuity safety and efficiency.

### III. APPLICATION:

This policy applies to ACCESS staff, its affiliates, contractors, and subcontractors.

### IV. DEFINITIONS:

**Accountability:** Providing information (such as performance measurement) to elected officials, oversight bodies, managers, citizens, and others, and of justifying that the activities and choices that were made were legitimate, effective, and in the public interest.

**Claims Verification Review:** Internal and external medical reviews, mental health reviews by the all funding sources of a randomized sample of the designated percentage of claims paid.

**Communication:** Those activities that improve the use and dissemination of information. Information is intended to speed up and improve decision making; it should be made available to

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people when people need it; and it should provide for rapid performance feedback. Communication can be vertical, horizontal and diagonal; formal-informal; written-spoken; electronic-personal; external-internal, etc. Teamwork is a way of operationalizing communication. Communication identifies activities and solutions and restrict

**Compliance:** Conforming to a rule or regulation, such as a specification, policy, standard or law. Regulatory compliance describes efforts that corporations and public agencies aspire to so as to ensure that personnel are aware of and take steps to comply with relevant laws and regulations. In addition to government rules and regulations, there are a number of other regulations.

**Contractor:** (for this policy only): An individual under contract with ACCESS or the Agency or an individual who is employed by an entity that is contracted with ACCESS or the Agency to perform a specific task or tasks for ACCESS or the Agency.

**Customer service:** Involves attending to the needs of everyone. Everyone that we interact with is a customer (supervisor, individual, auditor, board member, etc.). This attention takes the form of delivering services or products to customers in a way that the customer wants it delivered. The focus is on activities for a purpose: seeking to achieve a desired outcome. Customer service tools include: conducting surveys and evaluating service delivery for external customers and internal customer, instituting system improvements, and attending to work environment issues for internal customers.

**Data Analysis:** involves seeking an objective review of activities by performing quantitative assessment o activities.

**Medicaid Provider Manual:** The Medicaid Provider Manual contains coverage, billing, and reimbursement policies for Medicaid, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS), and other healthcare programs administered by the Department of Community Health as well as primary care and internal medicine standards and practices.

**Performance:** is the effective and efficient use of resources to achieve results.

**Performance improvement:** An intervention, a change in existing roles, relationships, or expectations.

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**Policy:** a definite course of action adopted for prudence or wisdom in the management of affairs or the definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions.

**Policy Analysis:** Individual-oriented advice relevant to public decisions and informed by social values. Policy analysis is the systematic comparison and evaluation of alternatives available to public actors for solving social problems by using multiple methods of inquiry and argument to produce and transform policy-relevant information that may be utilized in political settings to resolve policy problems.

**Productivity:** Relates to efficiency aspect of work ("x" hours per month, etc.).

**Program Evaluation:** The systematic method for collecting, analyzing, and using information to answer questions about projects, policies and programs particularly about their effectiveness and efficiency. Program evaluations can involve both quantitative and qualitative methods of social research. Program evaluation assesses the programs' need; the program's costs and efficiency; the program's outcomes and impact (what is actually being achieved); how the program is being implemented; and the program design.

**Quality:** A measure of excellence or a state of being free from defects, deficiencies, and significant variations, brought about by the strict and consistent adherence to measurable and verifiable standards to achieve uniformity of output that satisfies specific customer or user requirements. Another definition is "the totality of features and characteristics of a product or service that bears its ability to satisfy stated or implied needs.

**Quality Assurance:** The systematic measurement, comparison with a standard, monitoring of processes, and an associated feedback loop that confers error prevention. This can be contrasted with Quality "Control", which is focused on process outputs. Quality Assurance involves the standardization of the process not just the product: quality analysis (process) is favored over quality control (product). Quality Assurance focuses on standardization, communication, customer service, training and data analysis.

**Root-Cause Analysis:** The identification and evaluation of the reason for non-conformance, an undesirable condition, or a problem which (when solved) restores the status quo. It is the structured process that uncovers the physical, human, and latent causes of any undesirable event in the workplace.

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**Standardization:** Establishing narrow (non-variable) standards of work (this way, not that way) – standardized tools/processes/forms which are organized around outcomes (results), not outputs (work activities).

**Statistical Analysis:** The collection, organization, analysis, and interpretation of data (descriptive statistics) and/or the evaluation of the randomness and uncertainty in observations regarding the process or population (inferential statistics).

**Training:** The acquisition of knowledge, skills, and competencies as a result of the teaching of vocational or practical skills and knowledge that relate to specific useful competencies. Training has specific goals of improving one's capability, capacity, and performance. Training can take many forms: large or small group instruction, presentations can be personal, or technology based, interactive or didactic, address small or big issues, on-site or off-site, should always be consultative not punitive, emphasize cross training as well so as to increase worker skill set, utilize technology as much as is possible.

**Utilization Management (UM):** The collection, assessment and monitoring of data that pertains to individuals' services and treatment. UM activities evaluate many aspects of care, such as the timeliness of services, the number and type of services and discharge planning.

**Utilization Review (UR):** The process by ACCESS determines whether mental or physical health care diagnosis and treatment are medically necessary for a individuals. It is usually done after the services are delivered. Utilization review can lead to utilization management.

## V. PROCEDURES

The ACCESS Quality Assurance Manager shall:

- Coordinate with the various departments, develop policies and procedures relevant to required work, in compliance with funding sources, professional standards, and ACCESS organization standards along with ACCESS leadership.
- Monitor and ensure implementation of required or agreed upon policies. Conduct Policy analysis and program evaluations as needed. Seek to continually improve processes for efficiency and effectiveness. Conduct Root Cause analysis (process and problem identification).
- Assist in preparing for audits and assist in writing/reporting on corrective action plans. This includes clinical chart, claim verification and staff credentialing reviews.

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- Oversee the ACCESS Peer Review Committee, Staff Development Committee and the Utilization Management/Utilization Review Committee.
- Assist in improving staff accountability by providing relevant information and data. Involved in providing and tracking staff training activities. Produce Productivity and Utilization management reports of staff productivity, clinical compliance and credentialing, with the assistance of the program supervisors and managers.
- Continually seek to improve customer service activities. Conduct satisfaction surveys for individuals, staff, and stakeholders. Perform annual individual demographic analysis: age, country of origin, employment status, geographical location, and program association
- Monitor and review the monthly qualitative (subjective) surveys and report findings.
- Participate in the Quality meetings and provide a minutes of the decisions and discussion to the ACCESS leadership.
- Monitor and assist in the performance improvement plan development and monitoring, as well as and standardization of the coordination of care activities that are occurring with internal (other ACCESS organization departments) and external human service agencies (such as public health departments, community mental health agencies, beneficiaries' physicians, etc.).
- Coordinate and lead the Utilization Review Process

### Utilization Review Process

The Utilization Review Process is a component of the Quality Assurance Committee and is made up of interdisciplinary staff. Other individuals may be included as necessary upon request of the committee coordinator. The Utilization Review process through the UR/UM committee addresses under utilization, over utilization and inefficient scheduling of resources, as well as clinical chart reviews, staff productivity and staffing issues.

### Meeting

The Utilization Review Committee Coordinator will present monthly data at least quarterly at the UR/UM. Other meetings may be called at the discretion of the Quality Assurance Manager. Subcommittees may be formed to meet as needed to discuss special issues.

### Conduct of Business

The Utilization Review Committee Coordinator will meet at least quarterly with the UR/UM Committee to conduct its major activities. Subcommittees meet more frequently and may be formed utilizing additional staff to assist the committee in carrying out its functions. Concurrent review will



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occur monthly; participation in such will include at a psychiatrist, master level social worker, and a Medical Professional, and be opened to all professional staff. Results of the subcommittee's findings will be made available as part of the Utilization Review process.

Concurrent and Retrospective review findings will be forwarded to the Performance Improvement and to the professional staff. The Utilization Review Committee is responsible for monitoring and evaluating the quality of all direct and indirect services through the use of case records and other applicable records.

The Committee will conduct a continuing evaluation of direct service cases selected at random or to other systematic means focusing on:

- Appropriateness and clinical necessity of admission.
- Appropriateness of continued stays and uses of professional services.
- Timeliness of provision of additional services.
- Quality, timeliness, completeness of client records.
- Appropriateness and effectiveness of referral for other services and resource allocation

This UR process will promote the most efficient use of the clinic's elements of service as well as identify or analyze community needs.

#### Annual Review/Report

The committee will prepare an annual report which summarizes the UR activities and results. The annual report is approved by the CHRC Director and the Medical Director and is then submitted to the UR/UM committee.

Results from the concurrent review process are maintained in the credential file for each staff and are utilized in the re-credentialing of professional staff every two years.

The Utilization Review plan/policy is reviewed annually, and adopted by the UR/UM Committee and approved by the Governing Board.

## **VI. QUALITY ASSURANCE/ IMPROVEMENT**

ACCESS Quality Assurance Unit shall review and monitor adherence to this policy as one element in its management program.

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## **VII. COMPLIANCE WITH ALL APPLICABLE LAWS**

ACCESS, its affiliates, and other contracted and subcontracted employees are bound by all applicable local, state and federal laws, rules, regulations, all federal waiver requirements, and state and county contractual requirements, policies and administrative directives in effect, or as amended. ACCESS shall review and monitor adherence to this policy as one element in its management program, and as one element of the QAPIP Goals and Objectives.

## **VIII. LEGAL AUTHORITY AND REFERENCES**

Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual.  
Detroit-Wayne Mental Health Authority "Financial Liability for Mental Health Services Ability to Pay Determinations Reimbursement" policy.

## **IX. EXHIBITS**

Medical Center Claim Verification Form  
Case Record Review Form