



Origination	N/A	Owner	Vicky Politowski: Director of Integrated Care
Last Approved	N/A	Policy Area	Quality Improvement
Effective	Upon Approval	Applicability	Detroit Wayne Integrated Health Network
Last Revised	N/A	References	NCQA CC1, CC2
Next Review	1 year after approval		

# Healthcare Effectiveness Data and Information Set (Hedis) Provider Link Population Health Management Application Policy

## POLICY

The Detroit Wayne Integrated Health Network (DWIHN) promotes service coordination and integration at the Pre-paid Inpatient Plan (PIHP) and Medicaid Health Plan/Integrated Care Organizations (MHP/ICO) level. DWIHN has been dedicated to developing and implementing Health Effectiveness Data and Information Set (HEDIS) to assist Clinically Responsible Service Providers (CRSP) in coordinating care and improving overall health outcomes by a set of standardized measures used to evaluate individuals receiving services.

## APPLICATION

1. The following are required to implement and adhere to this policy:
  - a. DWIHN Board,
  - b. DWIHN Staff including the following
    - i. DWIHN PIHP Staff
    - ii. DWIHN Community Care Clinic Staff (Direct Care Staff)
    - iii. DWIHN Community Care Clinic Staff (DWIHN staff operating as a CCBHC)
  - c. Contractual Staff

- d. Clinically Responsible Service Provider (CRSP) and their subcontractors
  - e. Specialty Providers
  - f. Crisis Services Vendors
  - g. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
- a. Adults
  - b. Children
  - c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
  - d. Serious Mental Illness (SMI),
  - e. Serious Emotional Disturbance (SED),
  - f. Substance Use Disorder (SUD)
  - g. Autism
  - h. Mild/Moderate levels of care
3. This policy impacts the following contracts/service lines:
- a. Autism
  - b. Certified Behavioral Health Clinics
  - c. General Fund
  - d. Grants
  - e. MI-HEALTH LINK
  - f. Medicaid
  - g. SUD

## KEYWORDS

Healthcare Effectiveness Data and Information Set (HEDIS): HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is a widely used tool in the managed care industry for measuring and comparing the performance of health plans. It provides standardized measures across various domains of care, allowing consumers and purchasers to assess and compare the quality of different health plans. HEDIS is developed and maintained by the [National Committee for Quality Assurance \(NCQA\)](#).

### Standards

1. CRSP providers are responsible for monitoring, updating and reporting to DWIHN the HEDIS data as outlined in the HEDIS procedure.
2. CRSP providers that perform below the established goal set for each HEDIS measure during the reported quarter is subject to complete a Performance Improvement Plan (PIP) or Root Cause Analysis (RCA). The CRSP and SUD providers are responsible for ensuring a process is in place to implement the completed PIP or RCA to improve and sustain access, adequacy and

appropriateness of quality of care for members served.

3. Continuous noncompliance with the performance indicator measures and related PIP's will be addressed pursuant to the contract provisions which can include, but not limited to, sanctions, no referrals or termination of contract.

## PERFORMANCE MEASURES INDICATORS

1. Follow-up After Hospitalization (FUH) for Mental Illness 7 and 30 days with a clinician, nurse practitioner or psychiatrist. Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days. This measure is also measured by stratification of race to ensure there are not racial disparities
2. Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity (ADHD) Medications (ADD). *Initiation Phase*: Assesses children between 6 and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication. *Continuation and Maintenance Phase*: Assesses children between 6 and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase.
3. Antidepressant Medication Management (AMM). *Effective Acute Phase Treatment*: Adults who remained on an antidepressant medication for at least 84 days (12 weeks). *Effective Continuation Phase Treatment*: Adults who remained on an antidepressant medication for at least 180 days (6 months)
4. Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic (A1C and Cholesterol) testing during the year.
5. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP). Assesses the percentage of children and adolescents newly started on antipsychotic medications without a clinical indication who had documentation of psychosocial care as first-line treatment.
6. Follow-up After Emergency Department Visit for Substance Use (FUA). Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, who had a follow up visit for SUD by a clinician, nurse practitioner or psychiatrist. This measure is also measured by stratification of race to ensure there are not racial disparities
7. Initiation and Engagement into Substance Use Disorder Treatment (IET). *Initiation of SUD Treatment*: New episodes, after which the individual initiated treatment through an inpatient SUD admission, outpatient visit, telehealth or intensive outpatient encounter or partial hospitalization, or received medication within 14 days of diagnosis. *Engagement of SUD Treatment*: New episodes, after which the individual initiated treatment and had two or more additional SUD services or medications within 34 days of the initiation visit. This measure is also measured by stratification of race to ensure there are no racial disparities
8. Use of pharmacotherapy for opioid use disorder (OUD/POD). Assesses the percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members aged 16 and

older that continue for at least 180 days (6 months).

9. Follow-up After Emergency Department Visit for Mental Illness (FUM). Assesses emergency department (ED) visits for adults and children 6 years of age and older with a diagnosis of mental illness or intentional self-harm and who received a follow-up visit for mental illness within 7 and 30 days.
10. Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD). *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*: Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
11. Adherence to antipsychotic medications for individuals with schizophrenia (SAA). Assesses adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period
12. ***Glycemic Status Assessment for Patients with Diabetes (GSD)*** The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year

## QUALITY ASSURANCE/IMPROVEMENT

Healthcare Effectiveness Data and Information Set (HEDIS) data is reported and reviewed as part of the Quality Assurance and Performance Improvement Plan (QAPIP). DWIHN's regional performance is monitored through quarterly performance summaries. Regional trends are identified and discussed through quality forums which include the Quality Improvement Steering Committee (QISC), Quality Operations Technical Advisory Work Group (QOTAW) and the Program Compliance Committee (PCC) for planning efforts and coordination. When minimum performance standards or requirements are not met, DWIHN requires the CRSP, Crisis Providers to identify causal factors through written Corrective Action Plans (CAPs) or Root Cause Analysis (RCA) to correct undesirable variation. The effectiveness of improvement efforts is monitored through quarterly performance data.

## COMPLIANCE WITH ALL OTHER APPLICABLE LAWS

DWIHN staff, providers, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## LEGAL AUTHORITY

1. Michigan Department of Health and Human Services Medicaid Provider Manual (in effect, and as as amended), Section 17.G. H.3
2. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts (in effect, and as amended)

# RELATED POLICIES AND PROCEDURES

Health Effectiveness Data and Information Set (HEDIS) Procedure

## CLINICAL POLICY

Yes

## INTERNAL/EXTERNAL POLICY

External

### Approval Signatures

Step Description	Approver	Date
Final Approval Policy	Melissa Moody: Vice President Of Clinical Operations	Pending
Stakeholder Feedback	Allison Smith: Director of Strategic Operations	11/2025
Compliance/Administrative Review	Yolanda Turner: Vice President Of Legal Affairs	11/2025
Compliance/Administrative Review	Rai Williams: Director of Contract Management	11/2025
Compliance/Administrative Review	Sheree Jackson: Vice President Of Compliance	10/2025
Compliance/Administrative Review	Michele Vasconcellos: Director of Customer Service [AS]	10/2025
Compliance/Administrative Review	Manny Singla: Deputy Chief Executive Officer	10/2025
Compliance/Administrative Review	Stacie Durant: Vice President Of Finance	10/2025
Compliance/Administrative Review	Polly McCalister: Director of Recipient Rights	10/2025
Clinical Review Committee	Marlena Hampton: Director of Utilization Management	10/2025
NCQA Committee	Margaret Keyes-Howard: Strategic Planning Administrator	08/2025

Unit Review and Approval	April Siebert: Director of Quality Improvement	07/2025
Clinical Review Committee	Shama Faheem: Chief Medical Officer	06/2025
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	05/2025
Clinical Review Committee	Stacey Sharp: Clinical Officer	05/2025
Clinical Review Committee	Daniel West: Director of Crisis Services	05/2025
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	05/2025
Clinical Review Committee	Matthew Yascolt: Interim Director of Substance Use Disorder	05/2025
Clinical Review Committee	Ryan Morgan: Director of Residential Services	05/2025
Clinical Review Committee	Melissa Moody: VP of Clinical Operations	05/2025
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	05/2025
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	05/2025
NCQA Committee	Tania Greason: Quality Administrator	05/2025
NCQA Committee	Justin Zeller: Project Manager	04/2025
NCQA Committee	Allison Smith: Director of Strategic Operations	04/2025
Unit Review and Approval	Vicky Politowski: Director of Integrated Care	04/2025

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## Applicability

Detroit Wayne Integrated Health Network

## Standards

No standards are associated with this document