2018-2019 QUALITY MANAGEMENT PLAN

Trillium
HEALTH RESOURCES

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STATEMENT OF APPROVAL

This plan was approved by the CEO, Quality Improvement Committee, and/or Governing Board.

Leza Wainwright, CEO — Date: 6/28/18

Governing Board Chair — Date: 6/28/18

Medical Director — Date: 6/28/18

Kim Weeda, MS, LPC, CPHQ
Senior Director of Quality Management — Date: 6/28/18

NEXT ANNUAL REVIEW DATE: JUNE 2019_

QUALITY MANAGEMENT PLAN OF TRILLIUM HEALTH RESOURCES

The Quality Management Program of Trillium Health Resources is designed to ensure that Local Management Entity (LME)/Managed Care Organization (MCO) core functions and qualified provider network services are delivered in a manner that is entirely consistent with the State Plan, our mission, philosophy, values, working principles, and in a manner that meets or exceeds the standards and statutory requirements under which the LME/MCO operates. The Quality Management Program promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement activities based upon the findings. The Quality Management Program is designed to assess and analyze systems performance data that will subsequently guide performance improvement for better supporting the people we serve. The Quality Management Program balances Quality Assurance and Quality Improvement activities in that Quality Assurance activities inform the Quality Improvement process. Quality Assurance activities yield data from multiple sources, which, after analysis, is integrated and utilized for planning and guiding administrative and managerial decision-making. The ultimate measure of the Quality Management Program's success is the achievement of desired individual outcomes by the people we serve.

STATEMENT OF PURPOSE/OBJECTIVES:

The overarching purpose of the Quality Management Program is to ensure that:

- individuals benefit from the services they receive;
- public resources are used effectively and efficiently, and
- members in the system of supports are empowered to improve the system and be accountable for their actions.

Achieving this purpose will depend on having:

- comprehensive, egalitarian stakeholder involvement;
- well-coordinated, effective quality management processes that empower members, providers, and LME/ MCO employees to set goals, create improvements, learn from mistakes, and celebrate achievements;
- a pervasive culture of respect, collaboration, and improvement among all participants;
- adequate resources and staff;
- administrative commitment to hear and consider input from all stakeholders and implement those recommendations for improvements that are reasonable, economically feasible and actionable; and
- state leaders, policy makers and legislators who support member and employee empowerment and system improvements through enthusiastic, creative leadership over the long-term.

STRUCTURE OF THE QUALITY MANAGEMENT PROGRAM:

1. Authority And Responsibility

The organization's governing body, the Governing Board, is responsible for the oversight of the Quality Management Program and the annual approval of the written Quality Management Plan. The approval of the Plan is documented in the minutes of the QI Committee and the Board meeting. The Senior Director of Quality Management has the authority and responsibility for the overall operation of the Quality Management Program and is responsible for overseeing the implementation of the Quality Management Program, which includes:

- Supervising the implementation of the Quality Management Plan
- Supporting the QI Committee in conducting activities
- Tracking identified opportunities for improvement through the ongoing analysis of data.
- Facilitating and supporting all areas in data collection and analysis, as well as in designing interventions.
- Ongoing monitoring for compliance with URAC standards and providing leadership in accreditation reviews.
- Providing quality related training to employees of Trillium Health Resources and to providers in the network.
- Reporting on the Quality Management Program to the Governing Board.

2. Continuous Quality Improvement (CQI) Model:

Trillium Health Resources quality improvement philosophy is based on the continuous quality improvement model which involves a process of design, discovery, remediation, and improvement.

There are three categories of requirements that provide the framework for these principles:

- Organizational framework, policies and procedures = Design
- Quality Assurance (QA) System = Discovery
- Quality Improvement = Discovery, Remediation, and Improvement

A process for implementing appropriate remedial action for continuous quality improvement includes the following elements;

- A structured and systematic approach to identify quality improvement opportunities;
- A common language for problem solving techniques;
- Facilitation of communication among groups;
- Provides supports for the basis quality value of managing by data;
- An increase in the credibility of data and reproducibility.

The design, discovery, remediation and improvement model is a process to identify and implement strategies and improvement activities.

- Design: The designing and incorporation of quality and improvement strategies into the structures and processes of the organization.
- Discovery: Evaluate data, identify opportunities to prevent/improve behavioral health problems or occurrences, and identify appropriate intervention strategies based on best practices and known barriers.
- Remediate: Implement program(s) to address identified needs and barriers.

- Improvement: Measure the effects of the improvement program and assess its effectiveness; continue intervention if effective; adjust as necessary to achieve goal targets; and repeat the cycle if the intervention does not achieve desired result.

Trillium's implementation and fulfillment of this model allows for an integrative approach that combines strategy, data, and communication to build a culture of excellence founded on quality principles.

3. Resources:

The philosophy of Trillium Health Resources is that all employees, contractors, and providers are "quality-driven." Quality improvement and quality management is integrated throughout the organization, and all employees have a role in the assurance of quality.

Trillium Health Resources has a full-time Senior Director of Quality Management who has the authority and responsibility for the overall operation of the Quality Management Program. The Senior Director of Quality Management is supported by the Medical Director, with the Medical Director co-chairing the Quality Improvement Committee along with the Senior Director of Quality Management.

The Information Technology department provides a technology framework for increasing overall productivity, efficiency, and performance, all of which support the agency's mission and goals. The Business Informatics unit ensures that data is made available for timely, accurate reporting, and analysis. This data is used by committees and management to make decisions regarding operations and the service system. Data enables the agency to monitor, coordinate and improve operations, and evaluate areas of need as well as potential areas for improvement.

The Performance Improvement Unit consists of a Performance Improvement Manager and Quality Management Coordinators. This Unit is responsible for monitoring provider incident reports, provider quality improvement projects, Trillium's quality improvement projects, satisfaction surveys, Trillium's Committee Structure, policy and procedure development, and various other tasks.

The Data Unit consists of a Data Manager, Senior Data Analysts Data Analysts. The Data Unit is responsible for data analysis and data management, which includes measuring outlined performance indicators in the core functional areas in order to assure compliance with DMH and DMA contract requirements, as well as accreditation standards. The Data Unit generates reports, analyzes data, and identifies notable trends and patterns for various internal quality measures. When applicable, data reports are submitted to, at minimum, Executive/Leadership Teams, and the Quality Improvement Committee. Organizational decisions and recommendations are made by these groups based on the data provided.

In addition to QM staff, the following support the QM Department:

- Microsoft Office Software, including Excel and Microsoft Project
- CIE Application for STR and UM
- CIE Provider Monitoring Database
- CIE Complaints Database
- Outlook
- CISCO
- MS SQL Reporting Services
- SPSS (Analytic Software)
- SharePoint
- Smart sheet
- Incedo
- RStudio

4. Committee Structure

A. Quality Improvement Committee:

The Quality Improvement Committee (QIC) is granted authority for quality management by the Governing Board and therefore provides on-going reporting to the Board. The QIC consists of a cross functional team including members from various departments across the organization, in addition to the Trillium Health Resources Medical Director (See Attachment A). The QIC has been established as the method by which the annual Quality Management Plan is brought to life. The QIC is designed to support Trillium Health Resources' goal of providing care of the highest caliber possible within the constraints of available resources. The QIC's ongoing goal is to ensure that the LME/MCO meets, at minimum, state and national accreditation standards for quality. Its primary purpose is to analyze, interpret and integrate data from multiple sources within the system, and to formulate recommendations for quality improvement. The QIC meets, at minimum, on a monthly basis and maintains approved minutes of all Committee meetings. The QIC is co-chaired by the Medical Director and the Senior Director of Quality Management. A quorum must be present in order for voting to occur. A quorum shall exist when there is a simple majority of voting members present at an official committee meeting or during an expedited approval process.

The primary responsibilities of the QIC are to:

- Provide guidance to staff on quality management priorities and projects
- Approve quality improvement projects to undertake
- Monitor progress in meeting quality improvement goals
- Evaluate the effectiveness of the Quality Management Program, annually
- Approve and maintain policies and procedures

B. Compliance Committee

The purpose of the Compliance Program is to prevent and/or detect operational non-compliance within the organization. The Compliance Committee has the primary responsibility for ensuring that the organization's compliance policies and procedures are accurate and, as appropriate, integrated into the operations of the organization.

The Compliance Committee:

- Meets on a monthly basis, in order to identify opportunities for reducing risks within the organization by identifying and reviewing any potential conflicts of interest. The Compliance Committee consists of member representation from various departments, including the Medical Director.
- Reviews results/risks identified from Internal Compliance Monitoring of each Department/functional area throughout the year.
- Reviews the Compliance Plan and the evaluation of the Compliance Program, at minimum, on an annual basis.
- Arranges for responses to all employee questions concerning Compliance that may or may not be readily answered from policies or procedures.
- Receives, documents, and acts in response to any complaints made by employees regarding Trillium Health Resources' Compliance practices and procedures.
- Maintains the accuracy of the organization's Compliance policies and procedures. This includes a review of federal and state laws and regulations and modifying policies and procedures, as necessary and appropriate, to comply with changes in the law.

- Detects and prevents fraud and abuse within the provider network through reviewing reports, complaints, and current investigations on fraud and abuse.

C. Human Rights Committee

The Human Rights Committee is comprised of board representation and member/family members and providers representing all disability groups. Trillium employees serve as liaisons to the committee.

The primary responsibility of the committee is to ensure the protection of members' rights by:

- Reviewing complaints and grievances regarding potential client rights violations
- Reviewing member appeals
- Reviewing concerns regarding the use of restrictive interventions by network providers
- Reviewing concerns regarding confidentiality
- Reviewing concerns regarding member incident reports

D. Global Quality Improvement Committee

The Global Quality Improvement Committee serves as a fair and impartial committee representing the provider network to discuss and explore ideas related to quality improvement issues. In addition to provider representatives, the committee membership also includes representatives from the Regional Consumer and Family Advisory Committees (CFAC). Trillium's QM program provides opportunities for providers, members, and families to provide input and feedback on QM issues and projects through their representation on the GQIC. The CFAC representatives serve as liaisons for members and families while participating in the selection of quality improvement topics, the formulation of project goals, and other QM topics.

The objectives of this Committee are to:

- Review quality concerns developing in the Network
- Assess training needs of the network related to quality
- Collaborate with Trillium Health Resources QM staff regarding quality issues
- Participate in the selection of Trillium quality improvement projects and the formulation of project goals
- Review current standards and set minimum standards for provider QA/QI systems
- Allow for avenues in which providers can learn from each other

E. Sentinel Events Review Committee

The Sentinel Events Review Committee meets monthly for internal review of sentinel events of members, such as deaths, and/or other serious incidents. The committee serves to identify any unexpected occurrence involving a member's death, serious psychological injury or the risk thereof. The committee also ensures that any recommended changes be implemented and monitored in a timely manner to ensure the health and safety of members. Events may trigger a more in-depth review of provider processes and action may be requested of a provider (i.e., Root Cause Analysis, Plan of Correction, etc.)

F. Clinical Advisory Committee

The Clinical Advisory Committee meets on a quarterly basis. The goal of the Clinical Advisory Committee is to identify clinical practices that improve outcomes for people.

This group serves to promote evidence-based practices for all populations served within the network. The Clinical Advisory Committee facilitates an open exchange of ideas, shared values, goals, a vision, and promotes collaboration and mutual accountability among providers. The Clinical Advisory Committee strives to achieve best practices to empower members within our community to achieve their personal goals. Committee membership consists of licensed physicians and clinicians, including the Medical Director of Trillium Health Resources.

G. Credentialing Committee

The Credentialing Committee meets monthly and serves as a fair and impartial representation of all providers within the Network. The objectives of this committee are:

- To review a list of practitioners and/or facilities approved by the Medical Director
- To review all "red-flagged" applications and decide what action is to be taken
- To review and approve all procedures related to provider credentialing
- To provide oversight of delegated credentialing by reviewing annual reports, delegation tools and having final approval of credentialing decisions made by the delegated entity.

Committee Members include the Medical Director (Chair), Credentialing Specialists, and at least three licensed clinicians from within the Trillium Health Resources network representing different NC clinical licensing boards. The Network Director participates as an ad hoc member.

H. Provider Council

The Provider Council meets quarterly and represents the provider community. The Council represents the interests and needs of providers and identifies strategic issues that affect the performance of the network. Responsibilities include efforts to promote standardization and consistency throughout the system and to advise Trillium Health Resources on the impact that changes in the system have on members and providers. The Council membership includes network providers representing various services, member/family members and Trillium Health Resources staff.

I. Sanctions Committee

The Sanctions Committee meets, at a minimum, monthly or as needed to consistently and fairly review recommended sanctions for network providers. These reviews are in response to investigated and identified violations related to contractual obligations, state and federal laws, rules, regulations and policies set to protect the health and safety of members. The Sanctions Committee is charged with responding to suspicious practices that would expose Trillium Health Resources to liability. The committee is dedicated to maintaining professional conduct and integrity in support of the agency's Mission, Vision, and Values. The committee will assist in protecting against fraud and abuse within the catchment area, which in turn will assist in assuring the quality of the service delivery system.

RESPONSIBILITIES OF THE QUALITY MANAGEMENT PROGRAM

1. Annual Policy And Procedure Review

The Quality Management Department is charged with the maintenance of all Trillium Health Resources' policies and procedures. This includes ensuring that all new and revised policies and procedures go through the appropriate approval process and are distributed to all employees. Additionally, QM is responsible for ensuring that the annual review of policies and procedures is completed by the Quality Improvement Committee.

2. Clinical Practice Guidelines

Trillium Health Resources is contractually mandated to select, communicate and evaluate the use of Clinical Practice Guidelines utilized by the Provider Network. Trillium provides practitioners within the network with nationally recognized Clinical Practice Guidelines and encourages proper implementation. These clinical practices recommended for adoption must meet criteria including being evidence based, measurable and sustainable. Trillium Health Resources reviews, selects and then disseminates clinical practice guidelines relevant to its members based on literature review, input from the Clinical Advisory Committee and the Trillium Medical Director. Specifically defined elements from a minimum of two adopted clinical practice guidelines will be monitored at any one time to evaluate the extent of practitioner adherence. Trillium Medical Director and the Clinical Advisory Committee will review the monitoring of practitioner adherence to selected elements of the guidelines on an annual basis, and provide feedback and assistance to the provider agencies as needed. The Trillium Medical Director, with the input from the Clinical Advisory Committee, may suggest additional or substitution guidelines to be monitored when that is appropriate.

3. Over And Under Utilization

Utilization Management: The Utilization Management department of Trillium Health Resources focuses on high-level managed care issues such as over and underutilization of services by reviewing reports using claims data from the previous 12 months. Identified members are researched in other available internal and external databases for trends (i.e. past treatment adherence, physical health status, medications, etc.). This pattern may point to areas of fraud, waste and/or abuse, and more accurately can highlight risk to members who may not be receiving the level of care required to maintain stability and functionality. Trends in over and underutilization of services are monitored by the Medical Director and the UM Director monthly.

Program Integrity: The Program Integrity department of Trillium Health Resources monitors over and underutilization of services through identifying patterns and outliers in data. These utilization trends are detected through comprehensive reviews of data identified using the IBM software platform, Fraud and Abuse Management System ("FAMS") as well as internal reports developed using the CIE platform. Outcomes and findings are discussed during departmental staff meetings as well as Sanctions Committee and Compliance Committee.

4. Satisfaction Surveys

Provider Satisfaction Survey:

An annual Provider Satisfaction Survey is conducted by the Division of Medical Assistance (DMA). DMA contracts with an External Quality Review Organization (EQRO) to conduct this survey each year to assess provider satisfaction. Once complete, results of the survey are returned to Trillium Health Resources. Trillium Health Resources conducts an analysis of the survey results and completes a comparison to previous annual survey data. All results are reviewed by QIC to identify any systemic issues that would need to be addressed by Trillium Health Resources through corrective actions or quality improvement projects. Details of discussions, conclusions and any action needed are documented in meeting minutes.

Member Satisfaction Survey (ECHO- Experience of Care and Health Outcomes):

DMA also conducts an annual satisfaction survey for all Medicaid members. DMA contracts with an External Quality Review Organization (EQRO) to conduct this survey each year to assess member satisfaction with services. Once complete, results of the survey are returned to Trillium Health Resources. Trillium Health Resources conducts an analysis of the results and completes a comparison to previous annual survey data. All results are reviewed by QIC to identify any systemic issues that would need to be addressed by Trillium Health Resources through corrective actions or quality improvement projects. Details of discussions, conclusions and any action needed are documented in meeting minutes.

Perception of Care Survey:

The NC Division of MH/DD/SAS conducts a Perception of Care survey on an annual basis to assess members perception of care of services received from network providers. A designated number of members are selected to participate in the survey. Once the designated number of surveys are completed, the surveys are returned to NC DMH/DD/SAS for analysis. Results of the surveys are returned to Trillium Health Resources. Trillium Health Resources conducts an analysis of the survey results and completes a comparison to previous annual survey data. All results are reviewed by QIC to identify any systemic issues that would need to be addressed by Trillium Health Resources through corrective actions or quality improvement measures. Details of discussions, conclusions and any action needed are documented in meeting minutes.

Communication of Survey Results:

Trillium's Quality Management department is committed to sharing information with our members, families and providers about our quality assurance initiatives. Trillium shares results of Satisfaction Surveys with members, families, and providers by posting results on our website and sharing with various committees including the Global Quality Improvement, Consumer Family Advisory Committee (CFAC), and the Provider Network Council.

5. Delegation Oversight

Trillium Health Resources is responsible for monitoring delegated activities to ensure that subcontracted functions are performed in accordance with contract stipulations and accreditation standards.

Monitoring includes the review of both the delegated vendor's policies/procedures/practices and performance standards. The delegated activity objectives are:

- Pre-evaluate potential delegated entities prior to delegation
- Complete an annual assessment of delegated activities
- Monitor oversight of delegated activities
- Ensure delegated entities meet or exceed established performance and operational measures
- Ensure delegated entities meet or exceed accreditation standards
- Establish corrective action plans if performance measures are not met

6. Quality Management Work Plan

The Quality Management Work Plan specifies quality management activities that Trillium Health Resources will undertake throughout the year. The plan includes goals and objectives based on the strengths, weaknesses and initiatives identified in the previous year. The work plan is a mechanism for tracking quality management activities. The QM Work Plan is reviewed and revised on an annual basis and is monitored throughout the year to assess the progress of activities.

7. Quality Management Plan/Program Description

The purpose of the Quality Management Plan/Program Description is to ensure the continual assessment and improvement of Trillium Health Resources' operations with an emphasis on open communication, interdepartmental cooperation, and total agency teamwork. The QM Plan/Program Description details the objectives and structure of the QM program and describes Trillium Health Resources philosophy based on the Continuous Quality Improvement model. Resources used to support quality management efforts are also identified. This plan is reviewed and revised, at minimum, on an annual basis for the purpose of evaluating its effectiveness. In addition, the plan is reviewed and approved by QIC and the Governing Board annually.

8. Quality Management Program Evaluation

Trillium Health Resources completes an evaluation of the agency's Quality Management Program annually. The written evaluation is an assessment of the effectiveness of the components of the program. The evaluation outlines accomplishments, documents limitations or barriers to meeting objectives, and identifies recommendations for the following year. The evaluation addresses the structure and functioning of the overall QM program, the processes in place, and the outcomes or results of QI activities. The QM Evaluation is presented to the QIC and Governing Board annually.

9. Accreditation

Trillium Health Resources maintains URAC accreditation for the following programs:

1. Health Utilization Management
2. Health Call Center
3. Health Network

The Quality Management Department is responsible for ensuring that Trillium Health Resources maintains ongoing compliance with all accreditation standards relevant to these programs. The Quality Management Department is also responsible for conducting all accreditation activities, including the completion of the reaccreditation application every 3 years, ensuring monitoring reviews are conducted by the Internal Compliance Unit, and completing all relevant URAC documentation.

Trillium will be completing the reaccreditation process in the 2018-2019 fiscal year by submitting the desktop application in August of 2018 and participating in an on-site review in early 2019.

Trillium will also begin exploring a Managed Behavioral Healthcare Organization (MBHO) accreditation through NCQA. Trillium will participate in NCQA accreditation training, obtain a consultant to assist with the accreditation process, and begin conducting a self-assessment of compliance with the MBHO accreditation standards.

10. Data Analytics

The Quality Management Team, in collaboration with the Business Informatics Team, leads the analytic function for support of the continuous quality improvement efforts of the agency and for discerning opportunities for identifying and responding to areas of operational need. Included in this is the implementation of drill down analytics, which provides the opportunity to discover disparities in quality metrics and to understand variation in quality across various venues of performance. These investigative analytics lead to an understanding of what is driving gaps in services and aid in identifying areas for improvements in order to enhance the overall quality of care for Trillium Health Resources members. Trillium Health Resources uses the information discovered to guide policy decisions and annual improvement goals.

11. Key Performance Indicators (KPIS)

Trillium Health Resources conducts ongoing monitoring of KPIs to assure that the organization is meeting and maintaining identified performance benchmarks. KPIs are chosen by the Quality Improvement Committee on an annual basis. Monitoring of the designated key performance indicators is conducted on a monthly basis by the Quality Improvement Committee. Performance issues identified may require corrective action.

12. State Reporting

The Data Unit is responsible for ensuring that Trillium Health Resources follows the reporting requirements outlined within the NC DMH/DD/SAS and DMA contracts. The Data Unit ensures that all state reports are developed according to specifications provided, validated, reviewed to determine any areas of deficiencies that need improvement, and are submitted in a timely manner to the appropriate agencies.

13. Dashboards

The Data Unit is responsible for internal reporting requirements for the purposes of analysis, pattern and trend identification, compliance, and tracking and monitoring of service provision. Data Analysts, develop dashboards that highlight strengths and help determine any areas that need improvement. Dashboards are reviewed with various committees, including Quality Improvement Committee, Sentinel Events Review Committee, Global Quality Improvement Committee, Human Rights Committee, etc. Areas needing attention will be submitted to the Quality Improvement Committee for possible corrective action.

14. Quality Improvement Projects (QIPS):

Trillium Health Resources develops Quality Improvement Projects (QIPs) as part of its assessment and implementation of continuous quality improvement. QIPs are created in response to identified problems, gaps, performance issues, accreditation requirements, or other performance initiatives. QIP selection is based on the analysis of clinical and administrative data and/or input from system stakeholders.

The Quality Improvement Committee is responsible for approving all

QIPs prior to the planning and implementation of the project. Each QIP will include goals, a study question, baseline data and performance targets, timelines, strategies/activities to be undertaken, responsible staff, data sources and validation, mechanisms for collecting, analyzing, reporting and reviewing data to evaluate the results of improvement efforts. The Quality Improvement Committee monitors the progress of the projects on a routine basis to ensure that interventions are appropriate and data indicates the project is on target with reaching its goal. The Performance Improvement Unit conducts an annual QIP Peer Review on all QIPs using a review tool that includes all guidelines and standards related to QIPs. In addition, Trillium Health Resources obtains approval from DMA on the implementation and closure of all quality improvement projects. Trillium Health Resources' Medical Director provides oversight of all quality improvement projects. Members, families and guardians review and provide input for Quality Improvement Projects through Global Quality Committee and CFAC.

Per URAC standards, Trillium Health Resources maintains two quality improvement projects at all times for each accredited program (Health Network, Health Call Center, and Health Utilization Management). In each accredited program, at least one project must focus on member safety for the population served. Projects can overlap accredited programs to count for more than one area.

Per the DMA contract, Trillium Health Resources will maintain at least four Quality Improvement Projects and one of the QIPs shall be related to the Transitions to Community Living Initiative. At least one of the QIPs shall focus on a clinical area and one shall focus on a non-clinical area. Where possible, QIPs will track measurements for Medicaid and state-funded populations separately. Trillium Health Resources will sustain any observed performance improvements for at least one year after the goal is achieved.

15. Provider Performance Data

Provider Performance Reports are created by the QM Data Unit. These reports are sent out to providers on a quarterly basis. The purpose of the Provider Performance Report is to offer providers a snapshot into how they are performing in certain areas compared to similar providers.

These reports may include performance data related to Claim Denials and Claim Denial Reasons, Authorization Denials and Authorization Denial Reasons, Accessibility, and Quality Improvement Projects, among other measures. This data is for informational purposes and can assist the providers in making internal improvements such as validating data or possible development of Quality Improvement Projects.

16. Incident Reporting

Providers of publicly funded services licensed under NC General Statutes 122C (Category A providers-except hospitals), AND providers of publicly funded non-licensed, periodic services (Category B providers) are required to complete and report incidents for members receiving mental health, developmental disabilities and substance abuse services.

QM staff review all incidents for completeness, appropriateness of interventions, and achievement of short and long term follow up, both for the member, as well as the provider's service system. If questions/concerns are noted when reviewing the incident report the QM staff work with the provider to resolve any identified issues/concerns. If issues/concerns are raised related to member care, services, or the provider's response to an incident, the QM staff may elect to refer the concerns to the Network Department to further investigate. On a daily basis, QM staff track specific category types of Level II and III incidents. This information is used to create a daily report that is distributed to all Sentinel Events Review Committee members and other identified persons within Trillium to assess if there is any immediate action needed due to health and safety concerns. Trillium Health Resources will provide incident report training to the provider network, as needed, and when changes are made by the Division of MH/DD/SAS.

17. Provider QIP Review

Annually, providers with state contracts are required to complete three quality improvement projects (QIPs) that demonstrates evidence of performance improvement related to some aspect of organizational processes/structure, member outcomes, or other provider improvement activities. The QM team reviews and scores these QI projects using a monitoring tool and provides feedback to each of the submitting providers. Technical assistance related to quality improvement projects is provided, mid-year and as needed to providers. Trillium Health Resources may request a corrective action plan from providers that fail to submit QIPs. The QIP monitoring tool is available on the Trillium Health Resources website as a resource to providers.

ESTABLISHED ORGANIZATIONAL PRIORITIES FOR THE

2018-2019 FISCAL YEAR:

Trillium Health Resources is committed to improving the value and cost effectiveness of behavioral healthcare delivery. The Agency's quality-focused strategic and long-term initiatives and plans, as well as the continuous quality improvement ideals have driven the following priorities:

Trillium Health Resources
2019 Priorities

Transforming Lives
Trillium HEALTH RESOURCES

Every Person First, Every Time: Engagement and outstanding *customer service* to all members and communities

Trillium 2020 Vision: Data-driven activities that increase the quality of services for members; focus on *social determinants of health*, evidence-based practices, and integrated care.

Advancing Technology: Strengthen the *use of technology* for members (assistive technology) and within Trillium (personal portals, video conferencing)

One Community Together: Activities that increase Trillium's reputation in the community through *partnership and education*; focus on unique issues such as the *opioid crisis*.

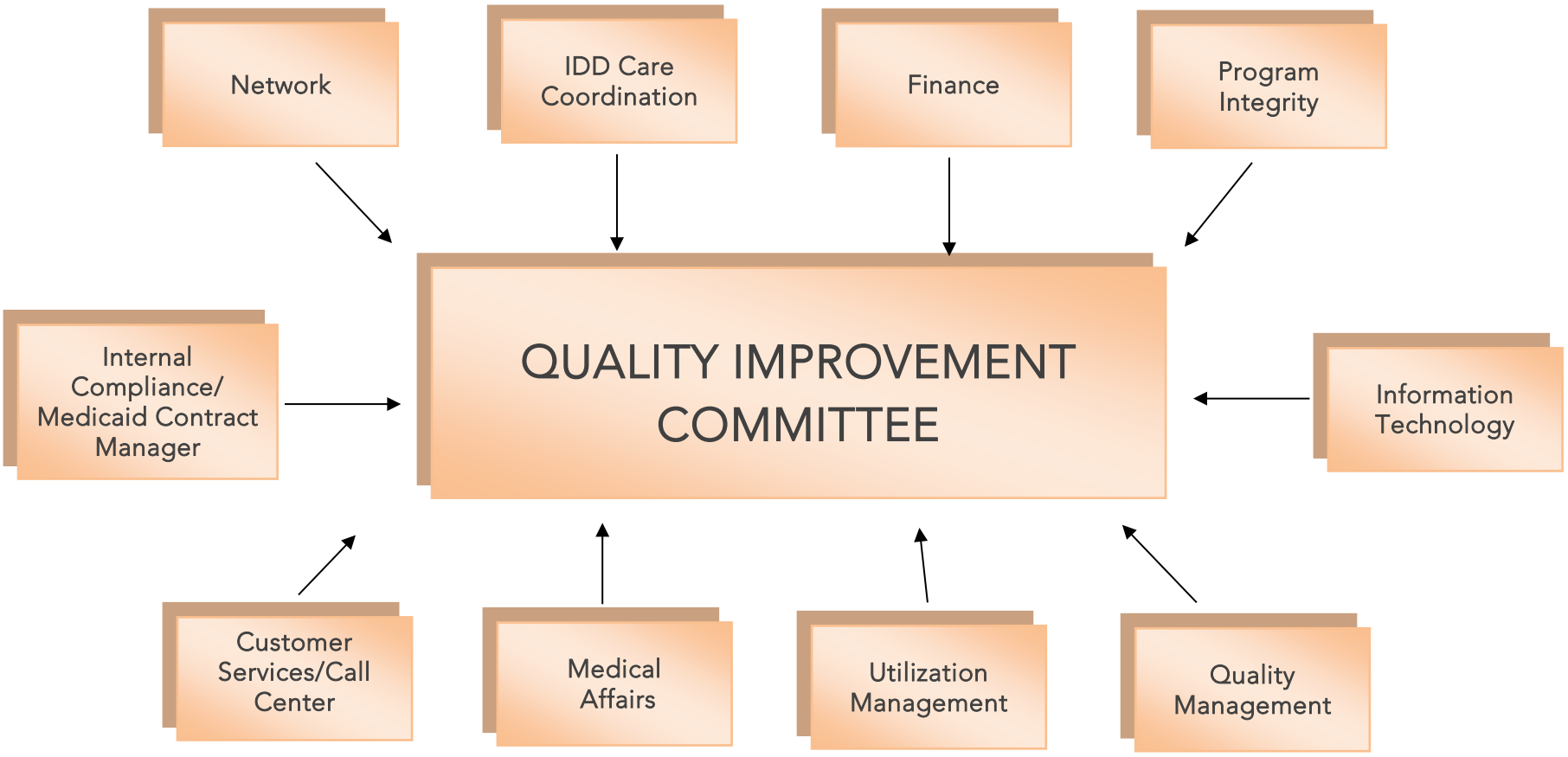
Enterprise Integration: Actions and technologies that improve partnerships with members, providers, employees, and processes to support Trillium's *ecosystem of care*.

TRILLIUM HEALTH RESOURCES
KEY PERFORMANCE INDICATORS
FY 2018-2019

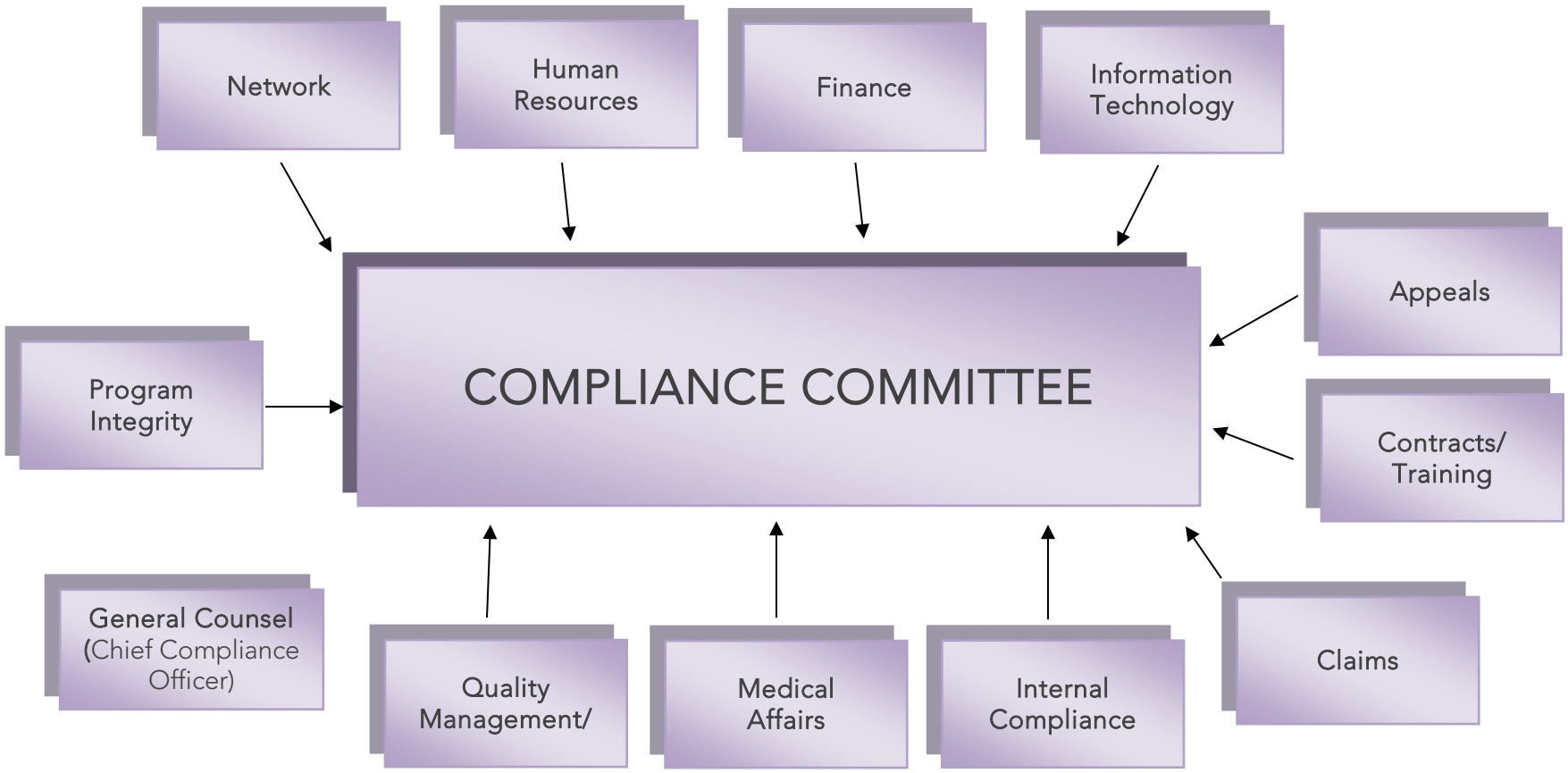
INDICATOR	TARGET	RATIONALE
TELEPHONE STANDARDS		
% answered within 30 seconds	95%	Monitoring call center telephone data is one of the most efficient and effective methods for evaluating the ease of member access.
Blockage Rate	5% or less	
Abandonment Rate	5% or less	
TIMELINESS OF UM PROCESSING		
Total % of TAR's processed in required timeframe (Medicaid and State funded)	95%	Responding timely to requests for authorizations facilitates member access to care. • Prospective-Urgent: 72 hours • Prospective-Non-Urgent: 14 calendar days • Concurrent-Urgent: 72 hours • Concurrent-Non-Urgent: 14 calendar days • Retrospective-Urgent: N/A • Retrospective-Non-Urgent: 30 calendar days
% of routine authorizations processed in 14 days (Medicaid and State funded)	95%	
% of expedited inpatient authorizations processed in 3 days (Medicaid and State funded)	95%	
CARE COORDINATION AND TRANSITIONS TO COMMUNITY LIVING INITIATIVE		
% of community inpatient readmissions assigned to Care Coordination	85%	Ensuring those who are readmitted to a Community Psychiatric Inpatient Facility within 30 days of a previous admission are Care Coordinated.
% of annual allotted TCLI housing slots for whom eligible individuals have transitioned to supportive housing.	100%	Ensuring that the TCLI population transitions into supportive housing.
COMPLAINT RESOLUTION		
% of complaints resolved within 30 days (Medicaid and State funded)	90%	Ensuring complaints being reported to the MCO are either resolved in 30 days or referred to other entities for investigation within 30 days
TIMELINESS OF CLAIMS PAYMENT/ENCOUNTER PROCESSING IN NCTRACKS		
% of claims processed within 30 days (Medicaid and State funded)	90%	Ensuring clean claims received during the month were processed (paid or denied) within 30 days.
% of denied Medicaid encounter claims	<5%	Ensuring less than a 5% denial rate for encounter claims on a monthly basis.

INDICATOR	TARGET	RATIONALE
RECEIPT OF FOLLOW-UP SERVICES AFTER DISCHARGE FROM HOSPITALIZATION		
% of those discharged from Community Hospitals, State Psychiatric Hospitals, and Facility-Based Crisis Services for Mental Health Treatment who received a Follow-Up service within 7 days(Medicaid)	40%	Ensuring that those discharged after hospitalization for mental health treatment receive an appropriate follow-up.
% of those discharged from Community Hospitals, State Psychiatric Hospitals, and Facility-Based Crisis Services for Substance Use Treatment who received a Follow-Up service within 7 days(Medicaid)	40%	Ensuring that those discharged after hospitalization for substance use treatment receive an appropriate follow-up.
% of those discharged from Community Hospitals, State Psychiatric Hospitals, and Facility-Based Crisis Services for Mental Health Treatment who received a Follow-Up service within 7 days(Non-Medicaid)	40%	Ensuring that those discharged after hospitalization for mental health treatment receive an appropriate follow-up.
% of those discharged from Community Hospitals, State Psychiatric Hospitals, and Facility-Based Crisis Services for Substance Use Treatment who received a Follow-Up service within 7 days(Non-Medicaid)	40%	Ensuring that those discharged after hospitalization for substance use treatment receive an appropriate follow-up.
INTEGRATED CARE		
% of Innovations Waiver enrollees who received at least one primary or preventive health service	90%	Ensuring that Innovations Waiver enrollees receive a primary/preventive health visit during each year.

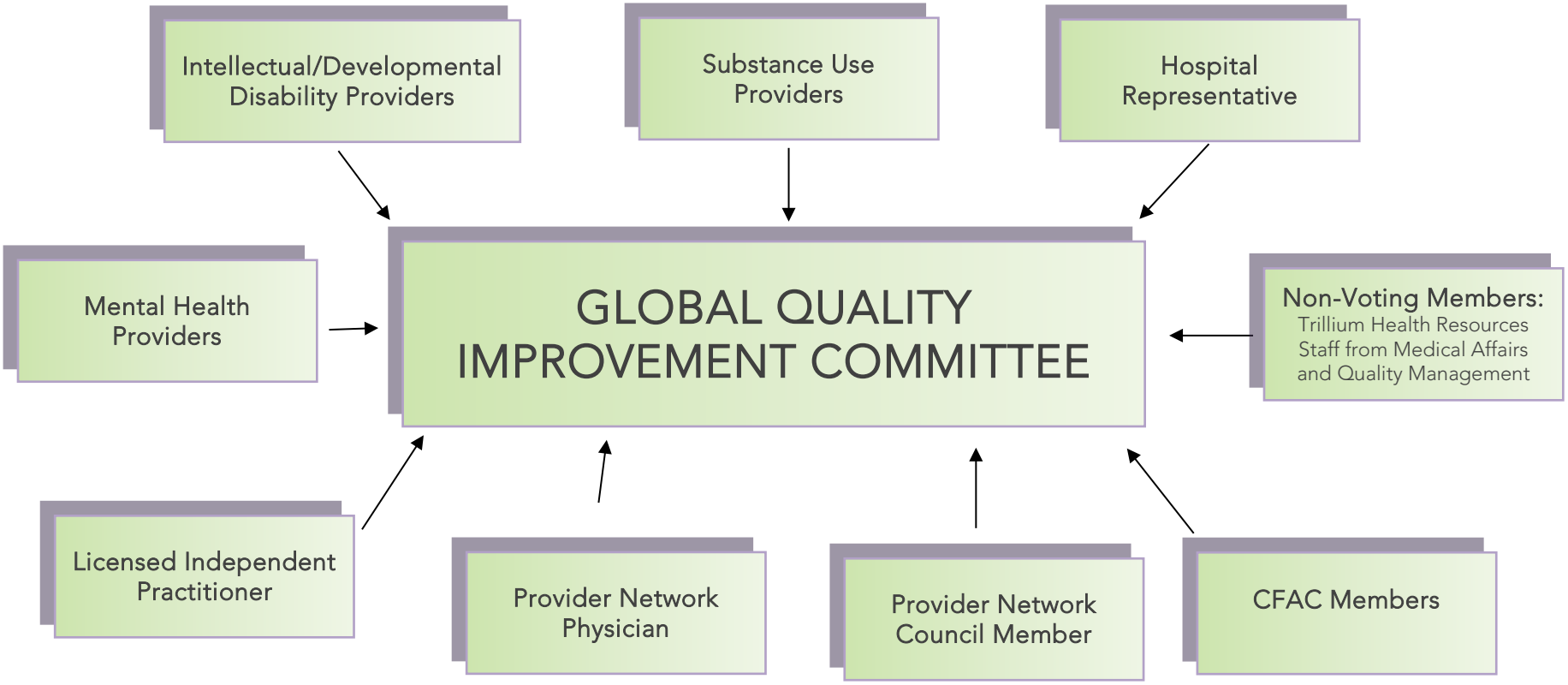
ATTACHMENT A: STRUCTURE OF THE QUALITY IMPROVEMENT COMMITTEE



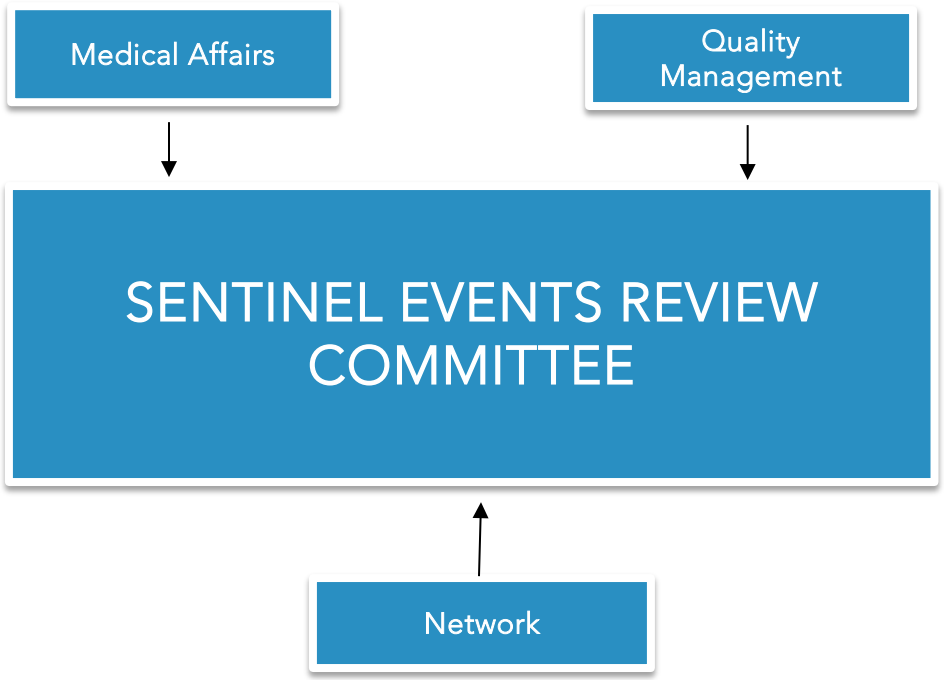
ATTACHMENT B: STRUCTURE OF THE COMPLIANCE COMMITTEE



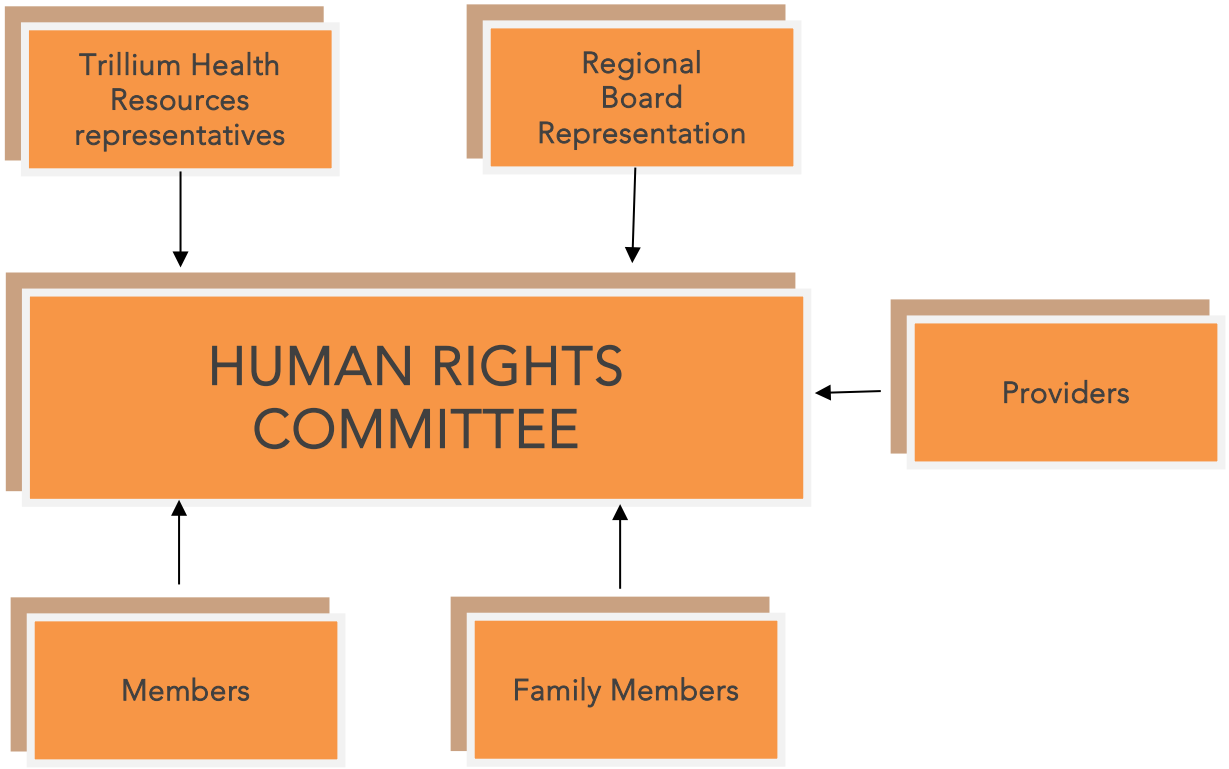
ATTACHMENT C: STRUCTURE OF THE GLOBAL QUALITY IMPROVEMENT COMMITTEE



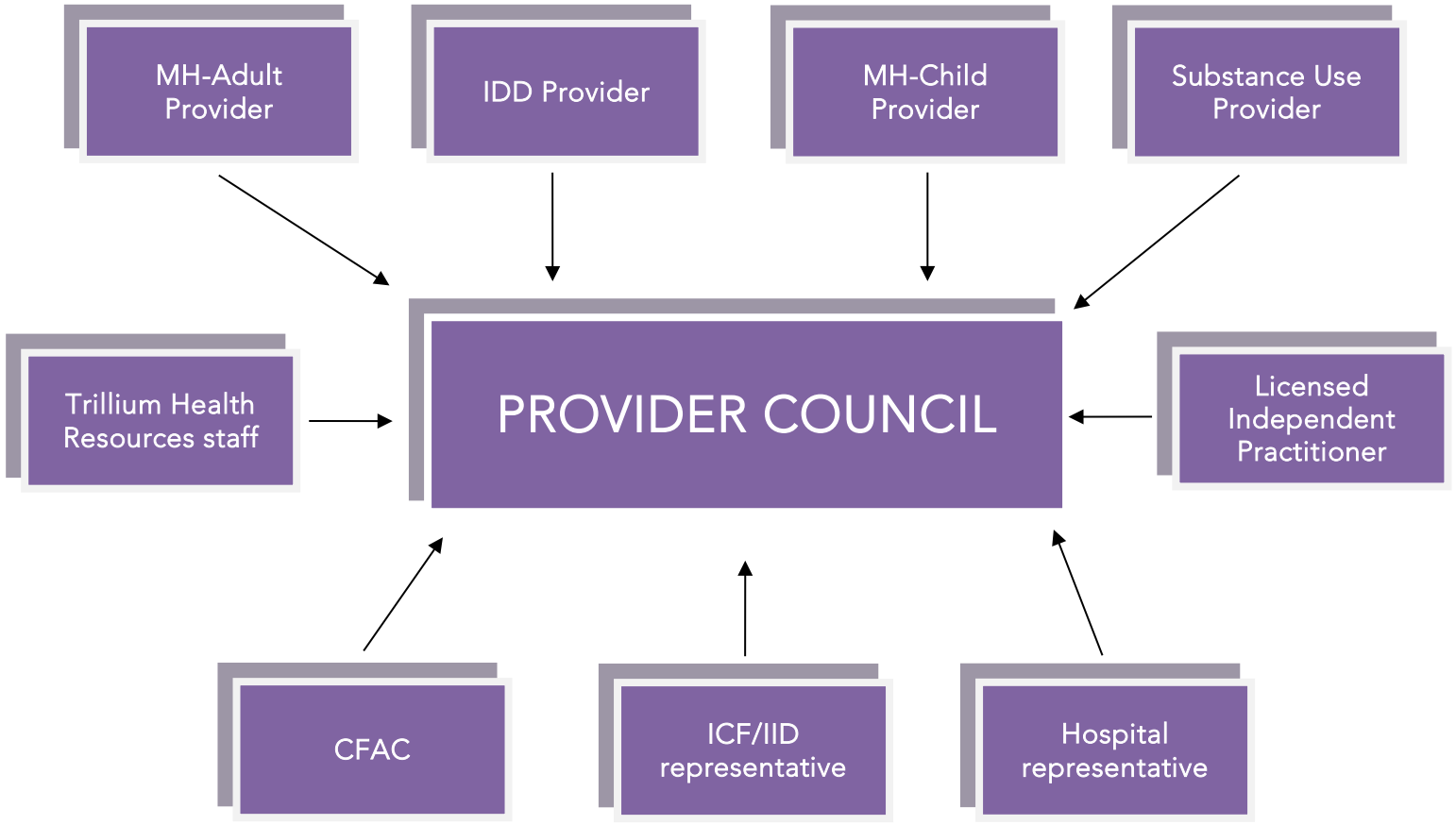
ATTACHMENT D: STRUCTURE OF THE SENTINEL EVENTS REVIEW COMMITTEE



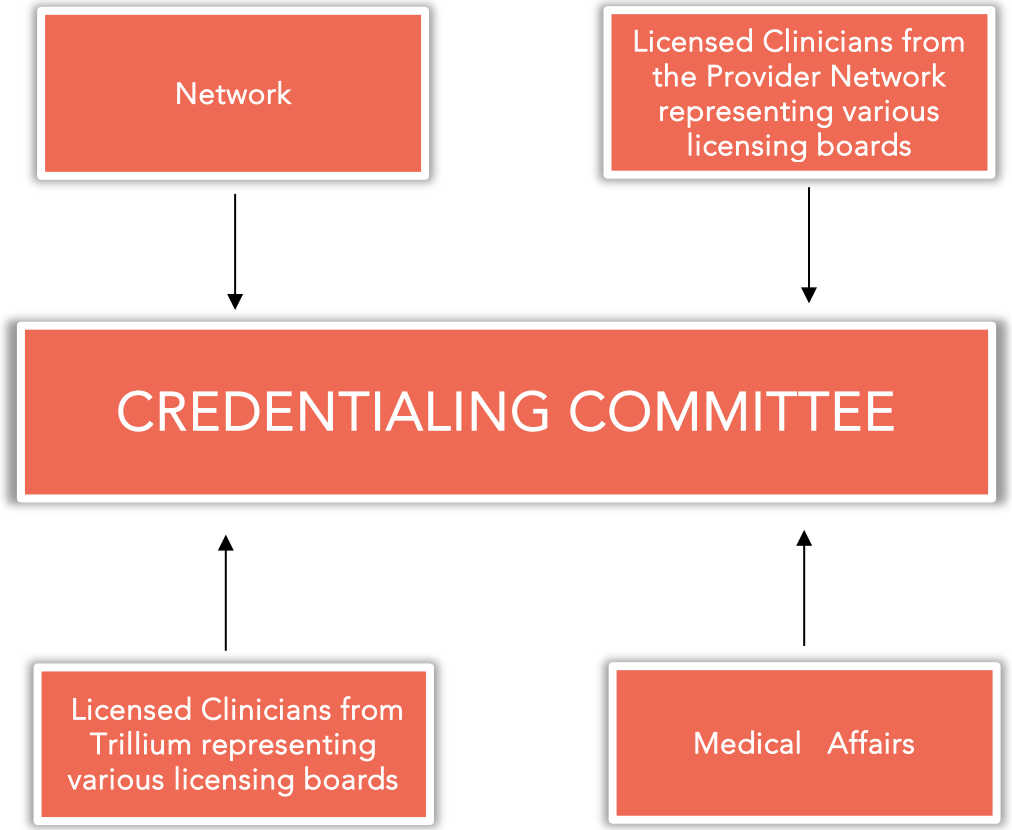
ATTACHMENT E: STRUCTURE OF THE HUMAN RIGHTS COMMITTEE



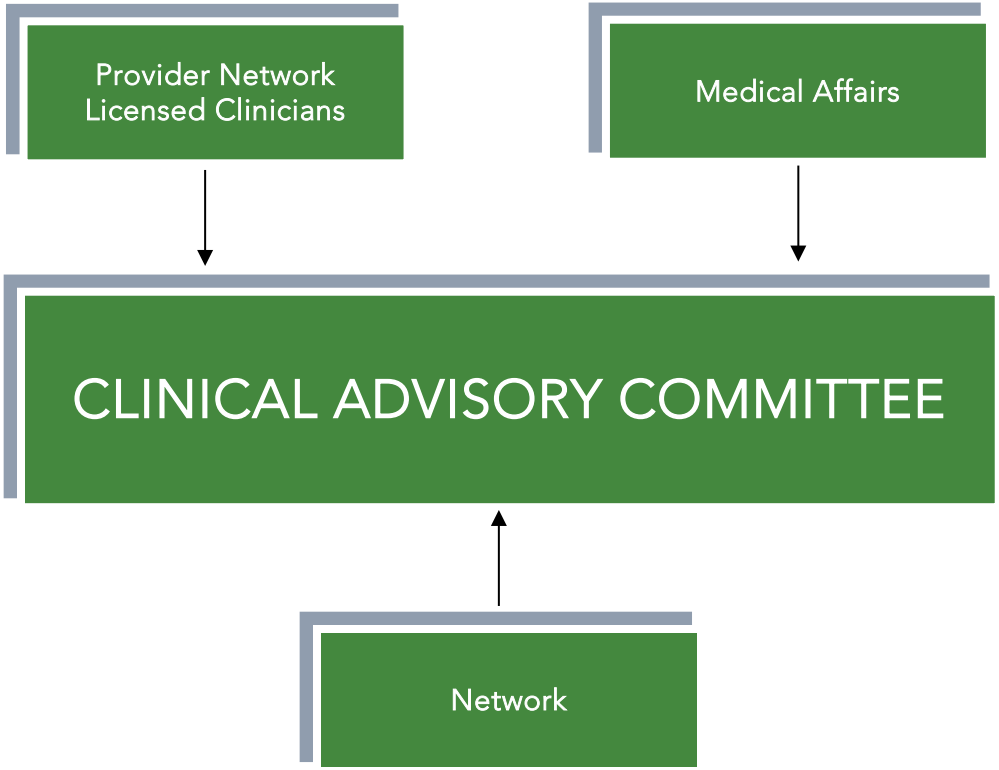
ATTACHMENT F: STRUCTURE OF THE PROVIDER COUNCIL



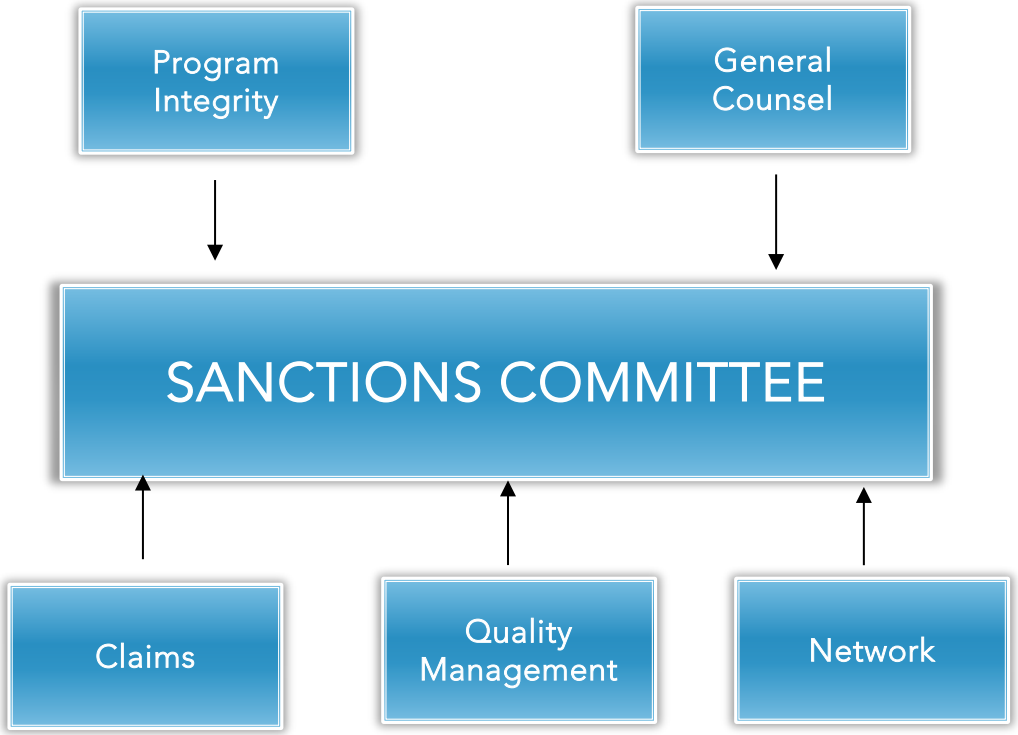
ATTACHMENT G: STRUCTURE OF THE CREDENTIALING COMMITTEE



ATTACHMENT H: STRUCTURE OF THE CLINICAL ADVISORY COMMITTEE



ATTACHMENT I: STRUCTURE OF THE SANCTIONS COMMITTEE



ATTACHMENT J: COMMUNICATION FLOW BETWEEN COMMITTEES