

<b>Meeting Called By</b>	Diane Berth				
<b>Type of Meeting</b>	Meet Me Line _____, External Call In _____				
ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium	<input checked="" type="checkbox"/>	Rachel Jordan * QM Director - Carobell	<input type="checkbox"/>	Krissy Vestal Performance Improvement Manager Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis * Hospital Representative Vidant Medical Center	<input checked="" type="checkbox"/>	Catreta Flowers * CFAC	<input checked="" type="checkbox"/>	Elizabeth Leggett * IDD Provider BCDC	<input checked="" type="checkbox"/>
English Albertson * IDD Provider Director of Program Operations Monarch	<input checked="" type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>	Frank Messina * Southern Regional CFAC	<input type="checkbox"/>
Fonda Gonzales Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Ryan Estes * Treatment Ops Director Coastal Horizons SU & MH Adult Provider	<input type="checkbox"/>	Marguerite Rhodes * Southern Regional CFAC	<input type="checkbox"/>
Ron Lowe * Northern Regional CFAC	<input checked="" type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input type="checkbox"/>	Vacant * Network Prescriber	<input type="checkbox"/>
Dr. Paul Garcia Medical Director of UM (Alternate for Dr. Smith)	<input checked="" type="checkbox"/>	Richard Walker Carobell (Alternate for R. Jordan)	<input checked="" type="checkbox"/>	Miriam Godwin Training Manager (Guest/Presenter)	<input checked="" type="checkbox"/>
Dr. Anka Roberto Assistant Professor at UNC – Wilmington Guest	<input checked="" type="checkbox"/>				

### AGENDA

#### 1. Agenda topic: Introductions, Agenda, Minutes

Presenter(s): Diane Berth

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Introductions were made by each member</li> <li>• October 22, 2019 minutes were approved as written</li> <li>• Network Prescriber Seat vote was added to the agenda</li> </ul>				
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>				
<b>Action Items</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>• N/A</td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	• N/A	
Person(s) Responsible	Deadline				
• N/A					

2. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>• Dr. Smith – F/u with Dr. McCall for membership – <b>Completed</b></li> <li>• Diane – Send invite to Dr. Roberto – <b>Completed</b></li> <li>• Diane – Formulate recommended survey questions &amp; email to committee for feedback – <b>Completed</b></li> <li>• Ryan – Present provider QIP at Jan meeting – <b>Pended due to Ryan’s absence</b></li> <li>• Krissy – Invite Miriam Godwin to present on Provider Training Portal – <b>Completed</b></li> <li>• Krissy – Add GQIC Orientation Trainings to Jan agenda – <b>Completed</b></li> <li>• Krissy – F/u on breakdown of deaths-suicides versus other deaths – <b>Completed</b></li> <li>• Krissy – F/u on what constitutes member behavior - <b>Completed</b></li> </ul>		
Conclusions	<ul style="list-style-type: none"> <li>• N/A</li> </ul>		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> <li>• N/A</li> </ul>			

3. Agenda topic: Review Trainings on Learning Portal

Presenter(s): Miriam Godwin

Discussion	<ul style="list-style-type: none"> <li>• Diane recommended adding a comment and link to the general Committee Orientation for GQIC referencing that more in-depth information regarding GQIC can be viewed at the GQIC Orientation Training on the Learning Portal. Miriam was agreeable to making this change.</li> <li>• Miriam presented and navigated through the Provider Learning Portal on Trillium’s main website. She shared the user name is your email address and you are given a generic password, but once you log in you will be forced to change the password. Providers are required to sign a learning portal agreement for the Training Department to assure they are in our network. If there are committee members that are not in the network Miriam can be contacted to grant them access. She reviewed the different sections and trainings offered and also shared the Medicaid Transformation Training which is a series broken down into digestible pieces and is very informative. The face-to-face sections requires registration, but are rarely used at this time. Once a training is completed a prompt to complete an evaluation appears and a certificate of completion is awarded. The system logs all trainings that individuals have completed. There are some trainings that are required, but not from all providers. When a provider contracts with Trillium, they are required to complete the New Trillium Provider Orientation and providers are given instructions as part of their welcome packet. All trainings are updated regularly. Every provider will need to have a provider direct systems administrator and will need to have a staff complete that training that shows step by step how to become a systems administrator for provider direct. The system administrator will grant log-ins for staff at their agency. Miriam also reviewed how to sign up for newsletters on the training portal.</li> </ul>
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	<p>She stressed that the network provider newsletter is most important because it's used to send out clinical communications and advertisements for the learning portal. She shared that in the near future the platform will be updated and one capability that will be added is the ability to host a live webinar through the learning portal. It is expected that when this change occurs there will be a huge roll out in efforts to engage and reach a new audience. Another learning portal enhancement scheduled to roll out in March is the Member Benefit Trainings Series. This training has 19 sections that cover all benefits available to members, both Medicaid and State Funded. Ron shared that the three CFAC committees are meeting face-to-face on Saturday, February 22<sup>nd</sup>, (tentative date) at the Frist Street office and requested that Miriam or someone from the Training Department present a My Learning Campus training to the CFAC members. Ron will work on getting this training added to the CFAC meeting agenda. Miriam will secure a staff member to provide the training and will communicate with Ron through email.</p>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Add link and comment to the end of the GQIC general committee orientation</li> </ul>	Miriam Godwin/Training Dept.	Open	

#### 4. Agenda topic: Annual Trainings Assessment Update

Presenter(s): Miriam Godwin

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The Training Department sent out a Training Needs Survey to the network. This survey will be open for one month closing on February 8<sup>th</sup>. There have been quite a few responses received. Miriam noted that she included all the questions this committee submitted. Another announcement will be sent out through the Constant Contact list and Miriam requested members to encourage friends to complete the survey. This announcement is also posted on our website and was shared through social media. She stressed that in order to make improvements the Training Department needs feedback. The results of this survey may be available for the April meeting.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>N/A</li> </ul>			

#### 5. Agenda topic: GQIC Work Plan

Presenter(s): Diane Berth

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Diane reviewed the GQIC Work Plan in detail. A recommendation was made to add the peer review process for QIPs to the Work Plan. Diane will note this under the second activity (provide education to the provider network related to QM issues) for task #2.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>Add QIP Peer Review to Work Plan – 2<sup>nd</sup> Activity</li> </ul>	Diane Berth	Open	

6. Agenda topic: Provider QIP Presentation

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>This agenda item was pended due to Ryan’s absence from the meeting.</li> </ul>		
Conclusions	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> <li>Present provider QIP at April meeting</li> </ul>	Ryan Estes	Open	

7. Agenda topic: Review of Committee Orientation Specific to GQIC

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>This agenda item was covered in the Review Trainings on Learning Portal section. Please refer to agenda item #3 for details.</li> </ul>		
Conclusions	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> <li>N/A</li> </ul>			

8. Agenda topic: Trillium QIP Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> <li>Krissy reviewed the Trillium QIP updates and current measurements for each QIP in detail. Fonda went into detail regarding both 7-day follow-up QIPs sharing the penalties involved in not meeting these measurements and the interventions implemented in striving to meet the goals. Ron shared that 3 years ago the Albemarle Regional Health Department formed a group called the Old Boy Production Committee consisting of about 30 members. As a result, a grant of \$273,000 was received. Part of the grant is to hire a social worker who is also a certified peer support specialist whose job will be to work with folks that have substance use disorders. He posed the question that when the program is implemented (approximately 90 days) they will be working with a lot of folks that have Medicaid, but may not be going to the traditional providers and if this is a concern related to tracking follow up services. They will be receiving follow-up care, but through the Albemarle Regional Health Department. Fonda shared that even engaging in AA which is a valid treatment option, there is no claim associated with it and Trillium has noted this. Dr. Smith shared this is considered in the 60% buffer given to us in only requiring 40% to be follow-up with in a claim based traditional manner with the understanding that even that is a very high benchmark to meet considering 20% of members decline follow-up. This is one of the situations that is out of our control and Trillium continues to document and have discussions with the state around what the expectations are.</li> <li>Dr. Smith and Fonda shared that NCQA requires us to identify and select specific areas to focus on for improvement (related to QI 11 Element C: Performance Measures as well as others we had to identify for other standard areas). There is a long list that we can select from with some items being mandated and others can be chosen based on our population and data. Trillium has 15 performance measures either chosen or mandated that are HEDIS measures. IT worked with our vendor(s) to complete reports needed and that data is now being validated.</li> </ul>		
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	<p>There is a possibility that this data may be shared with GQIC in the future. Krissy noted that the QIP for Increasing Provider Satisfaction Related to the Appeals Process for Denial, Reduction, or Suspension of Services has been met and maintained for 12 months with Measurement #2 and will be successfully closed. Trillium is also currently working on additional Quality Improvement Activities (QIAs) and upon completion they will be shared with this committee. There were no other questions or concerns identified for follow-up or items recommended for corrective action.</p>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>N/A</li> </ul>			

#### 9. Agenda topic: 2<sup>nd</sup> Quarter Data Report

Presenter(s): Krissy Vestal

<b>Discussion</b>	<ul style="list-style-type: none"> <li>The 2<sup>nd</sup> Quarter 2019-2020 Data Report (Oct – Dec 2019) for incidents and grievances was presented and reviewed in detail. Diane noted the grievance details summary list (Page 7 &amp; 8) in this report was noticeably decreased. Krissy shared that for this reporting period there were fewer grievances received as compared to other quarterly data reports. Diane asked what the difference is in the Quality of Care category versus Questionable Business Practices relating to Grievances against Providers (Page 6). Krissy will follow-up and report back at the next meeting. First follow-up item from the Oct meeting: Member behavior is when a report is made to law enforcement, social services, and/or requires hospitalization (ED visit, IVC, Inpatient) for the following types of behaviors; suicidal behaviors (not resulting in death or permanent damage), inappropriate sexual behaviors, aggressive behaviors, illegal behaviors, and elopement. Second follow-up item from the Oct meeting: Death by suicide was added in this quarter to the Member Deaths (Page 15) longitudinal data chart. There have been a total of three so far this year (1-Aug, 2-Sep). Diane shared that Employer of Record (EOR) are held to the same standard with regard to routine monitoring and may benefit from having representation on this committee. Fonda responded that EORs are specific to Innovations Waiver and is the only service area that allows these type of agreements. EORs don't necessarily need to have separate representation on GQIC, but this committee could make a recommendation for EORs to have additional training and the right technical support to better meet the routine monitoring requirements they are being held to. Krissy will follow-up and report back on how many EORs agreements are in Trillium's catchment area.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>F/u on QOC category versus Questionable Business Practices for providers</li> <li>F/u on how many EORs are in Trillium's catchment area</li> </ul>	Krissy Vestal	Open	
	Krissy Vestal	Open	

## 10. Agenda topic: NCQA & Tailored Plan (Medicaid Transformation) Update

Presenter(s): Dr. Smith

### Discussion

- NCQA is proceeding forward and we are at approximately 92% completion in our tasks identified moving towards accreditation. The HEDIS reports mentioned earlier are the next requirement we are tackling and should be ready in the next two weeks for review and to discuss interventions or request additional information. All paperwork and documentation will be submitted to NCQA in June and the on-site review is scheduled for August 3<sup>rd</sup> & 4<sup>th</sup>. After the on-site, NCQA has 60 days to respond. The type of accreditation we are applying for is Managed Behavioral Healthcare Organization. Trillium is continuing to do record review self-audits to ensure everything is in place. We are moving forward with uploading the required documents. The accreditation cycle is a three year cycle, after the three year period the process for re-accreditation will begin. Ron asked how many accreditations Trillium is required to have and Dr. Smith shared we are required to have either URAC or NCQA to function as an LME/MCO. NCQA is more clinically driven/focused and data oriented as opposed to URAC which is more process focused. Trillium is currently accredited by URAC and will have to maintain that accreditation until we are awarded NCQA accreditation so there will be potential overlap. We also have an annual quality review from the state that takes place April/May. Additionally, there is a Block Grant Audit that is now titled a Systems Audit that is more financial and is an annual review from the state as well.

Update on Medicaid Transformation: In 2015 the legislation was passed to start Medicaid Transformation to privatize physical health Medicaid through the use of Standard Plans. Four statewide Standard Plan contracts have been awarded (AmeriHealth Caritas of North Carolina, Blue Cross/Blue Shield of North Carolina, UnitedHealthCare of North Carolina and Wellcare of North Carolina). A regional contract for Regions 3 and 5 was awarded to Carolina Complete Health, Inc. The Standard Plan encompasses all the physical health (except for dental) and care for the mild or moderate Mental Health and SA population. The Tailored Plan is designed for the LME/MCOs to become Tailored Plans with a target population of the Severely Mentally Ill with Severe Behavioral Disorders and Severe Substance Use Disorders and all of the IDD population including Innovations. The Standard Plans have to go live by legislation a year before the Tailored Plans can go live. The Standard Plans were supposed to do a phased implementation starting in November 2019 for two regions and then the rest of the regions go live February 1<sup>st</sup> 2020. The November 2019 launch date was pushed back and all were going to go live in February 2020, but that is on an indefinite suspension. There is no indication of when the suspension will be lifted. This is based on politics and the budget. North Carolina does not yet have an approved budget. They have been continuing to operate on the biannual budget (budget from 2018), that does not include the funds to implement Medicaid Transformation. Other ways have been attempted to work around this, but there is just not enough money to launch the Standard Plans and continue in the fee for service because there is an overlap period.

Medicaid Transformation is on an indefinite suspension until there is a budget that is approved, voted on, ratified and has sufficient capacity to implement transformation steps. NCDHHS states it's not just the budget being ratified, it's also the appropriate budget being ratified. The General Assembly comes back into short session at the end of April and could possibly approve the budget. The Senate could vote to override the veto and the budget would then stand and they could move forward with the Standard Plans going live as early as July 1<sup>st</sup>, but it is uncertain that this will take place. The understanding is the General Assembly is not changing their stance and the Governor is not changing his stance so the stand-off will continue. The earliest possibility is July 1<sup>st</sup>. Others have stated that being an election year that this may go into the election season/cycle and not be settled until after the election. If this is the case the elections are held in November and maybe by December 30<sup>th</sup> a budget will be awarded. The department has said it's just not a switch they can turn on and off and it will take some time to ramp back up preparation to go live for the Standard Plan launch. They've had to downsize their consultants as there is nothing for them to do and no money to pay them so they've moved on to other projects. They would have to bring the consultants back on board to restart the process and this will take several months. Standard Plans continue to be advertised on billboards and by other means. This process has been very confusing to all. The enrollment broker call center was opened to answer questions, but has since closed and Trillium's call center has taken on the role of answering questions to the best of our ability/knowledge base. The Tailored Plan RFA is still scheduled to be released late February or early March. This was pushed back a couple of weeks, but the department has been adamant that they are going to release the RFA for Tailored Plan late winter. Trillium continues to gear up and make preparations even though we are unaware of what the RFA will say. The department has said that the Tailored Plan will closely mirror the Standard Plan RFI. Trillium is reviewing the RFI and answering those questions as if they will be on the RFA and hopefully will only have a few new sections to tweak or add. This was not a DHHS plan it was the General Assembly's plan and DHHS is implementing what the General Assembly voted to do. Part of the legislation requires that the Tailored Plans must have a Standard Plan partner. The Standard Plan Partner does not have to be one of the four or the Provider Led Entity, but Trillium felt it was best to communicate with all the Standard Plans and is moving forward with making a decision, but not announcing it at this time due to non-disclosure agreements and other legal stipulations. English asked if Trillium could contract with more than one Standard Plan. Dr. Smith responded that this isn't prohibited, but according to NCQA Trillium will have to ensure that the Standard Plan or Plans are operating according to the standards of NCQA and if we went with all five health plans it would be a lot to keep track of. Trillium is encouraging the physical health providers to sign up with all of the Standard Plans. DHB has set rates so one plan cannot drop rates lower than another plan. They can incentivize it, but cannot go any lower than what the Medicaid floor is. Members have to sign up for a physical health provider, but there will be some

	that are automatically selected. Ron shared that several physicians in Elizabeth City were unaware of this process. Dr. Smith responded that physicians can go to their professional society pages or DHHS' website to educate themselves so they can educate their patients. He also shared there are papers posted that anyone can comment on and he encouraged comments because DHHS does review the comments and takes them into consideration.		
Conclusions	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> <li>N/A</li> </ul>			

#### 11. Agenda topic: Committee Vote on Network Prescriber Seat

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>Dr. Roberto has applied for membership in this committee for the network prescriber seat. Diane asked for discussion or comments before voting and stated that Dr. Roberto seems like a great candidate and she would love to have her on the committee. Catreta made a motion to approve Dr. Roberto for membership and Ron announced a second to the proposed motion. The committee unanimously voted to approve Dr. Roberto for membership. Diane will follow-up with Dr. Roberto on this decision. Krissy and Susan will email the confidentiality and conflict of interest forms to Dr. Roberto for completion.</li> </ul>		
Conclusions	<ul style="list-style-type: none"> <li>N/A</li> </ul>		
Action Items	Person(s) Responsible	Deadline	
<ul style="list-style-type: none"> <li>Email confidentiality and conflict of interest forms to Dr. Roberto for completion</li> </ul>	Krissy Vestal and Susan Massey	Open	

Meeting Adjourned

Next Meeting Date: April 28, 2020

(All meetings convene from 10am – 2pm)

Supporting Document/Attachment for Minutes:

Meeting Minutes from previous meeting

Agenda

GQIC Work Plan

Trillium QIP Grid

2<sup>nd</sup> Quarter Data Report

Dr. Anka Roberto Bio

*Submitted by Susan Massey*

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Signature of  
Diane Berth, Chair  
Licensed Independent Practitioner

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Date