

<b>Meeting Called By</b>	Diane Berth				
<b>Type of Meeting</b>	Web-Ex				
ATTENDEES					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium	<input checked="" type="checkbox"/>	Rachel Jordan * ICF/IDD Provider QM Director - Carobell	<input checked="" type="checkbox"/>	Krissy Vestal Head of Performance Improvement Trillium	<input checked="" type="checkbox"/>
Kimberly Ennis * Hospital Representative Vidant Medical Center	<input type="checkbox"/>	Lucy Wilmer* Central Regional CFAC	<input checked="" type="checkbox"/>	Dee Pankey Thompson* IDD Provider GHA Autism Supports	<input checked="" type="checkbox"/>
English Albertson * IDD Provider/Provider Council Representative Director of Program Operations Monarch	<input checked="" type="checkbox"/>	Vacant * Network Prescriber	<input type="checkbox"/>	Frank Messina * Southern Regional CFAC	<input checked="" type="checkbox"/>
Fonda Gonzales, LCMHC Director of Quality Management Trillium	<input checked="" type="checkbox"/>	Louise Winstead * MH Adult Provider Monarch	<input checked="" type="checkbox"/>	Diane Berth * Licensed Independent Practitioner	<input checked="" type="checkbox"/>
Martha Green * Northern Regional CFAC Halifax Hospital	<input type="checkbox"/>	Lindsay Joines * SU Provider Coastal Horizons	<input type="checkbox"/>	Rashel Lauret * MH Child Provider NC Rapid Source	<input checked="" type="checkbox"/>
Dr. Paul Garcia Deputy Chief Medical Officer (Alternate for Dr. Smith)	<input checked="" type="checkbox"/>	David Tart * SU Provider Integrated Family Services	<input checked="" type="checkbox"/>	David Giron QM Sr. Data Analyst Guest	<input checked="" type="checkbox"/>

\*Represents Voting Members

## AGENDA

### 1. Agenda topic: Open Meeting and Introductions

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>Diane opened the meeting and each participant introduced themselves sharing the role of their agency and population served.</li> <li>A quorum was present for today's meeting.</li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>The meeting was opened and committee member details were shared.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

## 2. Agenda topic: Agenda and Meeting Minutes

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>There were no changes to the agenda. The agenda was approved with a motion by Rachel and a second by Dee.</li> <li>The January 25, 2022 meeting minutes were presented and approved as written with a motion from Louise and a second from Frank.</li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>The agenda was unanimously approved by all members.</li> <li>The meeting minutes for Jan 26, 2022 were unanimously approved by all members.</li> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>Forward Jan 26, 2022 Minutes to Diane for signature &amp; post signed minutes to Trillium Website</li> </ul>	Susan Massey	ASAP

## 3. Agenda topic: Follow-up Items

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>Susan – Forward Oct 2021 minutes to Diane for signature and post signed minutes to Trillium website. <b>Completed. The minutes were signed and posted.</b></li> <li>Krissy – F/u on Bladen County &amp; Halifax County’s capacity to receive MST referrals &amp; access to service. <b>Completed.</b></li> <li>Krissy – F/u w/additional info on Grievance #1 in the QOC Summary for Dec 2021. <b>Completed.</b></li> <li>Krissy – Submit Q#5 &amp; Q#6 to Training Dept. to include in Network Wide Training Survey &amp; inquire when the survey will be shared/go out. <b>Completed.</b></li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>All follow-up items from the Jan 26, 2022 meeting were completed.</li> <li>There were no other questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

## 4. Agenda topic: Current Membership

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>Diane presented the membership roster for review and correction. Vacancies were reviewed and recruitment continues to fill these open seats. There were three members with first terms ending. Kimberly Ennis, Frank Messina and Rachel Jordan agreed to serve</li> </ul>
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	a second term. A vote via email was conducted and all three were approved/accepted for a second term.	
Conclusions	<ul style="list-style-type: none"> <li>Recruitment for the remaining vacancy will continue until the seat is filled.</li> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

### 5. Agenda topic: 2021-2022 GQIC Work Plan

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>Diane presented and reviewed the updated 21-22 GQIC Work Plan. Each activity was reviewed in detail and Diane shared we are on target with fulfilling each goal. The Work Plan is updated with recommended changes/revisions after each meeting. Krissy will follow-up with requesting data from the Training Department. There was no formal feedback given on the GQIC 21-22 Work Plan reviewed at QIC last month.</li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>F/u with requesting additional data from the Training Department</li> </ul>	Krissy	Jul Mtg.

### 6. Agenda topic: Trillium QIA Updates

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> <li><b>TCL QIA</b> Measurement #38 (March 2022) is new. Threshold of 98% (or higher) was <i>not met</i> for March 2022. The drop in rate continues to be attributed to the transfer of members from the new counties (poor quality of data), the learning curve associated with the transition of Trillium's software platform, and staffing issues with the current In-Reach provider. Additionally, the transition from the current In-Reach provider to the new delegated entity for this activity is impacting the metric. The old In-Reach provider will be phasing out this month and the new In-Reach provider will resume responsibility for all In-Reach members.</li> <li><b>Utilization of MST QIA</b> <ol style="list-style-type: none"> <li>Measurement #9 for October-December 2021 is new. The project goal of 14.7% was <i>not met</i>.</li> </ol> </li> </ul>	
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- b. No new interventions. Our primary intervention is centered about ongoing training with all county DSS offices on MST service utilization.
  - c. MST is an available service in Bladen (Southeastern Integrated Care in Robeson provides it) and Halifax (Uplift Comprehensive Services).
- **Utilization of ED QIA**
  - a. Measurement #9 (Oct-Dec 2021) is new. The project goal for Measure #1 was not met. The project goal for Measure #2 was met. The project goal for #3 was met.
  - b. The increase in percentage (for Measure #1) for the past two quarters is attributed to the decrease in Trillium's eligible population due to implementation of Standard Plans July 1<sup>st</sup>. This decrease drastically changed the denominator for Measure #1, and the level of acuity of our members increased.
  - c. No new interventions. The ED team continues to conduct post ED follow up to ensure members are linked to a provider/aftercare appointment within those 7 days.
- **Mental Health 1-7 Day Follow-up QIA**
  - a. Validated State data has not yet been received for Measurement #14, #15 and #16; therefore, these measurements represent local data at this time.
  - b. Internal staff have been meeting monthly to discuss this metric, particularly as it relates to state funded services, with the goal of identifying new strategies for implementation.
  - c. We have identified those providers who have a high volume of served members and low follow up rates, and Dr. Garcia and Regional Operations staff are having individual meetings with their medical directors to further discuss the performance measure.
  - d. We are continuing our quarterly meetings with providers and hospitals, and continuing to send follow up rate data quarterly to providers so they are aware of their individual rates.
- **Substance Use 1-7 Day Follow-up QIA**
  - a. Validated state data has not been received for Measurement #14, #15 and #16; therefore these measurements represent local data at this time.

	b. Trillium has met the project goal of 45% for 12 consecutive months for DHB (July 2020-June 2021). QIC members voted in favor of closing this section of the QIA.	
Conclusions	<ul style="list-style-type: none"> <li>Trillium continues to strive to meet each goal for the QIAs and then maintain the goals for 12 months before closing the QIA.</li> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> <li>All current interventions will continue.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

### 7. Agenda topic: Provider QIA Presentation

Presenter(s): Diane Berth

Discussion	<ul style="list-style-type: none"> <li>Diane asked for volunteers to present one of their agency's QIAs at the July meeting. Anyone that would like to share their QIA may contact Diane directly or Krissy to add to the next meeting agenda.</li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

### 8. Agenda topic: GQIC 3rd Quarter Data Report

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> <li>Krissy presented and reviewed the GQIC's 3rd Quarter Data Report Jan-Mar 2022. There were 47 grievances this quarter with an average of 16 per month. Most grievances have been on behalf of members 89% this quarter, consistent with previous quarters. Of identified service areas, members belonging to the MH Only category lead in the number of grievances, accounting for 21% of all grievances. Approximately 45% of grievances this quarter were due to quality of care concerns. There were 9 grievances against the LME and 38 against providers this quarter. The 9 grievances against the LME were due to attitude and service, quality of care issues, access and billing and financial problems. One quality of care grievance was investigated and found to be unsubstantiated. Two were pending at the time this data report was pulled. Approximately 47% of grievances against providers were due to quality of care concerns. Approximately 44% (8) were investigated with 4 substantiated, 4 unsubstantiated and none partially substantiated. Approximately 68% of</li> </ul>	
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	<p>investigated grievances were unsubstantiated this quarter. No further action is typically the lead action taken, but this quarter the most common action taken was referring a grievance to an external licensing agency or state agency. Approximately 85% of incidents this quarter were Level II events. The majority of incidents were among the CMH population. The top two events this quarter were behavior incidents and restrictive interventions. There have been 173 and an average of 19 deaths per month this FY, up from 16 per month last FY. Most deaths from this FY are still pending a cause of death and thus categorized as unknown cause. Of the known causes of death terminal illness/natural cause is the top category. There were 5 deaths confirmed as COVID-19 by a death certificate. The average number of member injury this FY is 12 consistent with last FY. There were 5 medication error incidents this FY. There were 5 other events this FY (4-expulsions and 1-suspension). An average of 71 restrictive interventions per month was noted. Routine monitoring conducted resulted in two providers receiving technical assistance and one receiving a plan of correction.</p>	
Conclusions	<ul style="list-style-type: none"> <li>There were no additional questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

## 9. Agenda topic: Provider Satisfaction Survey

Presenter(s): Krissy Vestal

Discussion	<ul style="list-style-type: none"> <li>Krissy reviewed the Provider Satisfaction Survey Results for 2020. This survey is specific to providers of Medicaid Waiver Services and assesses how well Trillium is meeting provider expectations. There was a 49.9% provider response rate and an overall satisfaction score of 90.03%.</li> </ul> <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>➤ Credentialing staff are friendly and knowledgeable</li> <li>➤ Network Department is knowledgeable, consistent and accurate</li> <li>➤ Investigations are thorough and fair</li> <li>Ø Providers are kept informed of changes</li> <li>➤ Corrective action plans are fair and reasonable</li> <li>➤ Website is helpful for tools and materials</li> </ul> <p><b>Opportunities for Improvement</b></p> <ul style="list-style-type: none"> <li>➤ Staff are not easily accessible</li> <li>➤ Members are not accurately being referred to providers</li> <li>➤ Providers are not given accurate/consistent information about</li> </ul>
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	<p>claims issues</p> <p>Trillium responded by implementing a new Provider Support Line and redesigning the Provider Directory for Tailored Plan implementation.</p> <p>Results also concluded that less satisfied providers were providers with less than 2 years with Trillium, providers serving 101-250 members and Independent Licensed Practitioners.</p>				
Conclusions	<ul style="list-style-type: none"> <li>There were no questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>				
Action Items	<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	
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N/A					

### 10. Agenda topic: Tailored Plan/Trillium Updates

Presenter(s): Fonda Gonzales/Dr. Smith

Discussion	<ul style="list-style-type: none"> <li><b>NCQA Update -Fonda</b> Fonda shared in December 2021 Trillium received NCQA Managed Behavioral Healthcare Organization full accreditation. Trillium is fully accredited through Dec 2023. We are now moving towards Health Plan Accreditation with NCQA. Trillium is in the process of identifying a new consultant to assist us with this new accreditation process. Training is being organized for internal staff to become more knowledgeable with the new standards.</li> <li><b>Tailored Plan Update – Dr. Smith</b> The go-live date for Tailored Plan (TP) is scheduled for Dec 1, 2022 (originally set for July 1, 2022). Testing for this began in March/April and will continue through our go-live date and thereafter. All deliverables dates were met. An agreement with our Pharmacy benefits Manager has also been finalized.</li> <li><b>Trillium Updates – Dr. Smith</b> Sue Ann Forrest was hired as the Government Affairs Liaison. Drury Fulcher was hired as the Diversity, Equity &amp; Inclusion Officer. LaDonna Battle was hired as the Executive Vice President of Care Management Population Health. Dr. Greer, PhD Psychologist, will be the Director of our TBI Program and will be overseeing the TBI Waiver. The Network Department is working on adding more agencies. Staff shortages has hit all entities from hospitals, State facilities and local providers. Additional funding for 6 mobile clinics in partnership with 3 different providers throughout the catchment area is in process.</li> </ul>
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Conclusions	<ul style="list-style-type: none"> <li>Tailored Plan Updates – David inquired if Trillium is ingesting Carolina Complete Physical Health providers. Dr. Smith stated this continues to be worked on.</li> <li>Tailored Plan Updates – Diane shared her understanding was that mobile clinics will set up dates with an itinerary and areas. They will no longer be going to members' homes.</li> <li>There were no other questions or concerns identified for follow-up or items recommended for corrective action.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

### 11. Agenda topic: Open Agenda/Round Table Discussion

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> <li><b>Preparedness for TP – Frank</b> Frank shared that he inquired at NC Tide as to how prepared for the Tailored Plan the state really was and received no response to his question. Dr. Smith responded that Trillium is as prepared as much as can be at this point. Diane shared the NC Tide Conference was held in Wilmington this year (Apr 25<sup>th</sup>-27<sup>th</sup>).</li> </ul>	
Conclusions	<ul style="list-style-type: none"> <li>There were no additional topics to add to January's Round Table Discussion.</li> </ul>	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> <li>N/A</li> </ul>		

Meeting Adjourned

Next Meeting Date: April 26, 2022

(All meetings convene from 10am – 12pm)

Supporting Document/Attachment for Minutes:

Meeting Minutes from previous meeting

Agenda

QIA Grid & Graphs Apr 2022

3<sup>rd</sup> Qtr. 21-22 GQIC Data Report Jan-Mar 2022

GQIC Work Plan 2021-2022 Apr 2022

Provider Satisfaction Survey Results 2022

Provider Satisfaction Survey Results 2022 Flyer

2021-2022 GQIC Membership Roster

Submitted by Susan Massey



