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. Providers included in this project have a full contract with Trillium Health Resources. Providers are grouped into two categories—“Agencies”, and “LIPs/LIP Groups”.

- An agency is a provider that provides behavioral health services directly to members both in offices and/or in the community.
- LIP/LIP Groups are independent practitioners who function individually or as a group with other independent practitioners.

Providers are then grouped by the number of people they serve. Providers will receive a report of their data indicating how their numbers compare to other similar providers. Data from similar providers will be averaged for the comparison portion and will remain blinded.

Agencies will receive information for claims denials, treatment authorization denials, Quality Improvement Projects (QIPs) and Accessibility. Independent and Group practices will be grouped together under LIPs/LIP Groups and will only receive reports that include claim denial data as many of these practices provide no prior authorization services and therefore submit few TARs.

- Claim denial information will be presented as the number of submitted claims, the number of denied claims and the percentage of denied claims received in a given quarter. Reasons for claims denial will also be provided and each category will be reflective of the total number and percentage of denied claims.
- Authorization denials will be presented as the number of submitted Treatment Authorization requests (TARs), the number of clinical denials and the percentage of clinical denials received in a quarter that were clinically denied, by quarter. Reasons for authorization denial will also be provided and each category will be reflective of the total number and percentage of denied authorizations.
- QIPs will be scored based on a predetermined set of criteria that involves meeting submission deadlines, number of projects submitted, use of data and relevant materials.
- Accessibility information is presented as the number of Urgent, Emergent and Routine calls that were scheduled through Trillium Call Center Clinicians and the percentage of members seen within the required timeframe for a given quarter.

Reports will be disseminated on an annual basis and will contain one year’s worth of data.

The reports will be sent to the contact on file for each provider. If there are specific requests as to the contact who should receive the report or any other questions about the Provider Performance Report, they can be emailed to the following Trillium staff:

Vanessa.Gibbs@Trilliumnc.org  Robert.Jones@Trilliumnc.org