Quality Assessment and Performance Improvement Annual Evaluation

Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

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INTRODUCTION AND STRUCTURE

Trillium Health Resources (Trillium) is a Local Management Entity/Managed Care Organization (LME/MCO) that manages mental health (MH), substance use (SU), and intellectual/developmental (I/DD) disability services for people with Medicaid and for those uninsured or underinsured in eastern North Carolina.

Trillium seeks to improve health outcomes for Medicaid Members/State-funded Recipients (Members) by focusing on rigorous and well-defined outcomes measurement, promoting health outcomes for all of the diverse populations we serve through reduction or elimination of health disparities, and rewarding providers for advancing quality goals.

The purpose of the Quality Assessment and Performance Improvement (QAPI) Plan is to establish a planned, systematic and comprehensive approach to measure, assess, and improve organization-wide performance. Trillium's focus is on the continuous improvement of the quality and safety of clinical care, and in the provision of services in our Network to systematically use performance information and data to drive improved member outcomes, training, and support. The functional structure of the program not only guides and supports business decisions, but creates a system of continual integrity and readiness for external review entities such as the Department of Health and Human Services (DHHS), Intra- departmental Monitoring Team (IMT), External Quality Review (EQR), national accrediting bodies and other entities.

This annual evaluation presents a summary of the QAPI Plan activities accomplished, discovered, mediated, or improved during the 2020-2021 fiscal year (July 1, 2020-June 30, 2021).

The written evaluation is an assessment of the effectiveness of the components of the program, completed and on-going activities that address the quality and safety of clinical care and quality of service(s). Trillium collects Healthcare Effectiveness Data and Information Set (HEDIS) and other performance measure data and compares our performance to national benchmarks, state program performance, and prior organizational performance. The evaluation also 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.

EXECUTIVE SUMMARY

Trillium maintains a comprehensive and proactive quality management program with structures and processes in place to evaluate and ensure quality of service to all members.

Trillium's QM program ensures both the LME/MCO and provider network services are delivered in a manner consistent with State Plan, the Division of Mental Health/Intellectual Developmental Disabilities/Substance Use Services (DMH) and Division of Health Benefits (DHB) contracts, national accreditation standards, and Trillium's mission, philosophy, values and working principles.

In alignment with North Carolina's quality strategies, the purpose of the Trillium Quality Assessment and Performance Improvement (QAPI) Plan is focused on whole person-centered care that supports:

- Better care delivery and improved Member experience
- Healthier people, healthier communities
- Improved provider experience
- Smarter spending

This program provides the structure, process, resources, and expertise necessary to ensure that high-quality cost effective care and services are provided to its members. The Trillium QAPI Plan includes a continuous, objective, and systematic process for monitoring and evaluating key indicators of care and service; identifying opportunities for improvement; developing and implementing interventions to address the opportunities; and re-measuring to demonstrate effectiveness of program interventions.

This evaluation highlights Trillium's QAPI Plan activities and the organization's major accomplishments over the past year.

Through the annual QAPI Plan Evaluation, Trillium is able to assess the strengths of the program and identify opportunities for improvement, thus enhancing our ability to improve care and service to members thereby meeting our goal of continuous quality improvement.

HIGHLIGHTS FROM THE PAST YEAR

- **Tailored Plan**: Trillium completed and successfully submitted an RFA to become a Tailored Plan.
- **NCQA accreditation**: In September 2020, Trillium earned accreditation from the National Committee for Quality Assurance (NCQA) for Managed Behavioral Healthcare Organization (MBHO). Trillium was granted a full one-year accreditation, indicating that Trillium's quality improvement and member protection programs are well established and meet NCQA standards. Trillium is preparing for re-survey in September 2021 with the goal of achieving full accreditation status that would expire in December 2023.

- **Plan-Do-Study Act (PDSA) training**: In June 2021, Trillium's QM department conducted a Trillium wide training on the PDSA process. PDSA, which stands for plan, do, study, act, is a continuous quality improvement process used as a framework for problem solving and performance improvement. The purpose, or goal, of the PDSA process is to go through the cycle multiple times, which allows an organization to continuously improve performance or programs. This training included information related to the PDSA process, goal setting, quantitative and qualitative analyses and opportunities for improvement. In addition, optional templates were shared for future use. A recorded PDSA training is available on My Learning Campus.
- **Structural changes**: The Quality Management Department continues to assess the needs of the organization and make structural changes to accommodate those needs. The QM Department has three Units: Performance Improvement Unit, Delegation and Accreditation Unit, and QM Performance Measures Unit. Recruitment is underway to staff new positions including Accreditation Consultants,

Delegation Consultants, QM Data Analyst Supervisor, QM Data Analysts/HEDIS and Performance Specialists and Head of Health Plan Development. There is a Support Specialist position currently on hold and will be addressed on an as needed basis with temp services to assist with short term projects.

- **Incident Reporting**: Within the fiscal year 2020-2021 the Quality Management Department reviewed over 2,300 level II and level III Incident Reports. Due to COVID 19 and the change in delivery of certain services, the number of incidents submitted and reviewed decreased by around 1,000 incidents as compared to the 2019-2020 fiscal year. In addition to reviewing incident reports, QM Coordinators also provided technical assistance (TA) to providers in the Network. In 2020-2021, TA was provided over 360 times. In 2019, the Quality Management team worked with providers and various stakeholder committees to address late reporting related to Innovations Waiver providers. As a result, in 2020-2021, we have seen a significant improvement with incidents reported within the required timeframe (72 hours of learning of the incident). Trillium's QM staff recorded an Incident Reporting training which is available on Trillium's My Learning Campus. The training includes detailed information about Incident Reporting and the system used for reporting incidents, IRIS, including standards and timelines for submission.

- **Member Experience and Annual Surveys**: An important aspect of our quality program and the services provided to members are member experience surveys. Topics covered in the surveys include:

  - Services provided and the network of behavioral health care practitioners and providers
  - Ease of accessibility to staff and network providers
  - Availability of appropriate types of behavioral health practitioners, providers and services
  - Acceptability (related to cultural competency to meet member needs)
  - Claims processing
  - Utilization Management process
  - Coordination of Care

- The Quality Management Department, along with the Data Reporting Unit in the Informatics Department analyzed and reviewed annual data related to various member experience surveys. The surveys contained feedback from members, stakeholders and providers related to a wide range of topics. This information was analyzed to identify improvement opportunities across departments, populations and services. Trillium emphasized addressing improvement opportunities identified as an outcome of surveys.

- Healthcare Effectiveness Data and Information Set **(HEDIS) Program**: Trillium continues to work with Netsmart Technologies and Pricewaterhousecoopers (PwC), a consulting firm, on Trillium's HEDIS program. Netsmart is the software platform Trillium uses to execute HEDIS reports and measures. Netsmart and Trillium have worked together to ensure all HEDIS reports are complete and valid. PwC and Trillium are working together on the development and implementation of an effective HEDIS

program at Trillium. For HEDIS measures, national and regional benchmarks are utilized for comparison and goals set based on differences between Trillium's performance and benchmarks. For internal developed measures or measures with no benchmarks available, goals are set based on trends and objectives.

After reviewing and evaluating overall performance and program effectiveness in all aspects of the 2020-2021 Quality Management Program, it has been determined that 100% of the activities planned for the past fiscal year have been completed. As described in additional detail below, fourteen (14) annual objectives were met, two (2) were partially met, one (1) was not met and two (2) are pending further action. Resulting in an overall average completion rate of 84%.

FY 2020-2021 STANDARDS AND ACCOMPLISHMENTS

QUALITY MANAGEMENT PROGRAM STAFF

Trillium has a full-time Director of Quality Management who has the authority and responsibility for the overall operation of the Quality Assessment and Performance Improvement (QAPI) Plan. The Director of Quality Management is supervised by the Chief Medical Officer (CMO), with the CMO co-chairing the Quality Improvement Committee along with the Director of Quality Management. The clinical operation of the QAPI Plan is overseen by the CMO, who is a board-certified psychiatrist with an active, current, and unrestricted medical license in the state of North Carolina. The CMO has a minimum of five years post-graduate experience in direct patient care and possesses the qualifications to perform clinical oversight.

Trillium employs staff and uses other resources to provide the necessary support in the day-to-day operations of the QM Program. The philosophy of Trillium is that all staff, sub-contractors, and practitioners/providers are "quality-driven". Quality improvement and quality management are integrated throughout the organization, and all staff have a role in the assurance of quality. Key personnel positions crucial to the QM oversight process are consistently evaluated for sufficiency and reviewed with Human Resources as indicated.

QM Unit Roles Include:

- **Performance Improvement Unit:** The Performance Improvement Unit consists of the Head of Performance Improvement and Quality Management Coordinators. This Unit is responsible for monitoring incident reports/adverse events, national accreditation, quality improvement activities, including the QAPI Work Plan, facilitation and analysis of satisfaction/experience surveys, root cause analyses, Trillium's Committee Structure, Human Rights Committee, Global Quality Improvement Committee, policy and procedure development, new employee orientation, and various other tasks.

- **Delegation and Accreditation Unit:** The Delegation and Accreditation Unit is responsible for assuring the agency's compliance with delegated activities and national accreditation standards. The Head of Accreditation oversees and manages the evaluation of the adequacy and effectiveness of

Delegation Oversight activities and includes Accreditation Consultants as well as Delegation Consultants. These activities include the identification and escalation of issues and risks along with the development and tracking of action plans to address needed changes and improvements. This position monitors and evaluates the performance of local and national delegated vendors according to contractual requirements, national accreditation standards, Federal, and State requirements.

- **QM Performance Measures Unit:** The QM Performance Measures Unit is responsible for assuring compliance with the DMH and DHB contract requirements such as Super Measures/Performance Measures, NCQA accreditation, HEDIS reporting, as well as other external and internal reporting needs. The Data Analyst Supervisor, along with HEDIS & Performance Specialists develop analytical reports, including conducting analysis, information synthesis, summarizing and interpretation of results, to include the identification of patterns and trends in data. The staff in this unit make recommendations for actionable areas to intervene and identifies matters of significance that could impact the agency.

Goal(s):

- Ensure the QM Program has adequate staffing and infrastructure in place. (NCQA Standard: QI 1A.1)

QM Program staffing	
Chief Medical Officer	MD, CHCQM
Director of Quality Management	LCMHC, NCC
Head of Performance Improvement	MS
Head of Accreditation and Delegation	MS, LCMHC, CRC
Head of Health Plan	Currently recruiting for this position
QM Coordinators (3)	1 BA, 1 BS, currently recruiting for 3rd position
Accreditation Consultants (3)	2 MS, 1 MA
Delegation Consultants (3)	3 BA
QM Data Supervisor	Currently recruiting for this position
HEDIS and Performance Specialists (3)	Currently recruiting for these positions
QM Administrative Assistant	HS
QM Support Specialist	Position on hold

Outcome Analysis/Status:

- During the last fiscal year the QM Department was expanded by 11 positions;
  - 1 QM Data Supervisor
  - 3 HEDIS and Performance Specialists
  - 3 Accreditation Consultants
  - 3 Delegation Consultants
  - 1 Head of Health Plan Development

- The Delegation Manager Positon was revised to include accreditation and renamed the Head of Accreditation and Delegations.
- The Performance Improvement Manager position was re-named to Head of Performance Improvement.
- The Quality Management Department continues to assess the needs of the organization and make structural changes as necessary to accommodate the new work of a Tailored Plan.
- Currently, the QM department has adequate positions and infrastructure to complete day to day functions.

Identified Issues/Barriers:

- Recruiting and hiring data positions has been difficult. The position requirements and hiring options were evaluated and changes made to include telework as an option to increase responses to posted positions.

Goal Status:

- Goal met

Next Steps:

- No interventions were required as goal was met.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

QAPI PLAN/PROGRAM DESCRIPTION

Trillium's QAPI Plan lays out Trillium's overall plan for organization wide quality management/improvement.

Trillium is required to maintain a written description/plan of the quality management program that is reviewed, updated and approved by QIC at least annually.

The program description/plan:

- Defines the scope, objectives, activities and structure of the program
- Defines the roles and responsibilities of the Quality Improvement Committee (QIC);
- Designates a member of senior management with the authority and responsibility for the overall operation of the quality management program and who serves on the Quality Management Committee.

Goal(s):

- To fully comply (100%) with contractual requirements and accreditation standards.

- The QAPI Plan is approved by the Quality Improvement Committee (QIC) annually. (NCQA Standard: AI 1A.5)

Outcome Analysis/Status:

- The QAPI Plan is created at the beginning of the fiscal year to outline Trillium's plans for the year.
- The 2020-2021 Quality Management Plan/Program Description was reviewed and approved by QIC and the Governing Board in August 2020. This activity was delayed due to COVID-19.
- Trillium continues to use its QAPI Plan as a tool to identify organization wide quality management plans/initiatives for the year. The plan was reviewed and approved by QIC.
- The FY2020-2021 Quality Management Plan/Program Description was posted on Trillium's website for public access.
- Due to COVID-19, an extension was granted for the annual submission of QM documents to DMH/DHB. Trillium's QM documentation was submitted to DMH/DHB on September 26, 2020.

Identified Issues/Barriers:

- No issues or barriers were identified.

Goal Status:

- Goal met.

Next Steps:

- Trillium will fully comply (100%) with contract requirements and accreditation standards as outlined in the QAPI Plan.
- Trillium will continue to have the plan reviewed and approved by QIC annually and submit the requested documentation to DMH/DHB as required.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

QAPI WORK PLAN

The QAPI Work Plan outlines quality improvement activities for the year. It is best practice to maintain an annual work plan detailing specific goals to be monitored throughout the fiscal year. The plan includes outcomes, barrier analysis and development of interventions to address any identified issues or barriers.

The QAPI Work Plan is approved annually by the QIC and is reviewed and updated at least quarterly.

Goal(s):

- 100% of all tasks in the QAPI Work Plan will be completed.

- The QAPI Work Plan is reviewed and approved by the Quality Improvement Committee (QIC) annually. (NCQA Standard: QI 1B)

Outcome Analysis/Status:

- The QAPI Work Plan specified quality improvement activities for Trillium in FY 20-21.
- The work plan included goals, objectives, and initiatives identified for the year.
- The work plan was utilized as a mechanism for tracking quality improvement activities cross-functionally for the organization.
- Trillium continues to use its QAPI Work Plan as a tool to identify specific quality improvement activities for the organization. The plan was reviewed routinely and updated accordingly with any status updates.
- All tasks in the QAPI Work Plan were completed.
- The FY 2020-2021 QAPI Work Plan was completed on time and approved by QIC September 2020, although this activity was delayed due to COVID 19.

Identified Issues/Barriers:

- No issues or barriers were identified.

Goal Status:

- Goal met.

Next Steps:

- 2021-2022 QAPI Work Plan will be developed and reviewed by QIC in July 2021.
- 100% of the tasks listed on the QAPI Work Plan will be completed and the Work Plan will be updated routinely throughout the year to reflect progress.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

PROGRAM OPERATIONS

QUALITY IMPROVEMENT COMMITTEE

The Quality Improvement Committee (QIC) is responsible for guiding the QM Program, including the annual review and approval of the QAPI Plan, QAPI Work Plan, and the Annual QAPI Evaluation. QIC is responsible for monitoring the effectiveness of the plan and working cross functionally to accomplish the goals of the QAPI and Trillium. The Board is kept up to date on quality improvement initiatives, at least annually, through reported updates and Board review of the Annual QAPI Plan Evaluation.

The QIC Membership is composed of a cross-functional team of representatives from various Trillium departments. In addition, there is Practitioner/ Provider and Consumer and Family Advisory Committee (CFAC) involvement as members of Global Quality Improvement Committee, a sub-committee of QIC. All members are voting members unless identified as non-voting or designee.

Responsibilities of QIC include:

- Supporting Trillium in providing care of the highest caliber possible within the constraints of available resources.
- Ensuring provider/practitioner participation in the QM program through planning, design, implementation or review.
- Ensuring that Trillium meets, at minimum, state and national accreditation standards for quality.
- Using measurements of quality in clinical care to drive continuing improvement that positively affects member care.
- Working cross-functionally to select and monitor Quality Improvement Activities and QAPI Plan goals of the organization.
- Evaluating the effectiveness of the QAPI Plan/Work Plan annually.
- Reviewing and approving policies and procedures as well as recommending policy decisions.
- Identifying needed actions.
- Ensuring follow-up, as appropriate.

The QIC also utilizes sub-committees and workgroups to fulfill its role. Each committee or workgroup is identified on the committee structure chart. In addition, each committee or workgroup has a Trillium liaison and bylaws or a charter. The bylaws or charter provide additional detailed information related to the committee including its purpose, structure, meeting schedule, membership, and responsibilities.

SUB-COMMITTEE MEMBERSHIP

HRC members		GQIC members	
Amber Brown	IDD Provider	**Diane Berth**	LIP/Behavior Therapist
Tracey Johnson	County Commissioner	**Dee Pankey Thompson**	IDD Provider
Ron Lowe	CFAC member Governing Board Representative	**Lindsay Joines**	SU Provider
Elizabeth Gurganus	CFAC member	**Ryan Estes**	MH Provider
Dr. Lee Jackson	Southern Regional Advisory Board	**English Albertson**	Provider Council Member MH-IDD Provider

HRC members		GQIC members	
Johnny Johnson	CFAC member	**Kimberly Ennis**	Hospital Representative Vidant
Sandra Buckman	CFAC member IDD Provider	**Rachel Jordan**	ICF/IDD Provider
Shelby Smith	IDD Provider	**Ron Lowe**	CFAC member
Mary Butts	IDD Provider	**Lucy Wilmer**	CFAC member
Hal Manheim	CFAC	**Frank Messina**	CFAC member
Stephanie Babeluck	IDD Provider	**Rashel Lauret**	MH Provider
		David Tart	SU Provider

Committee/Sub-Committees and Communication flow between the committees can be seen in the below chart.

Each of these committees/ sub-committees report their activities to QIC at least quarterly so that feedback and input is possible.

Goal(s):

- Assess the effectiveness of the Quality Improvement Committee (QIC) at least annually to ensure committee responsibilities are fulfilled. (NCQA Standard: QI 2A)

Outcome Analysis/Status:

- During the last fiscal year, QM has continued to strengthen the effectiveness of all committees by implementing a time-keeper for agenda items, using consent agenda for items with no issues or concerns, and recruiting new members to participate.
- Review of QIC minutes from July 2020-June 2021 indicated that QIC fulfilled its responsibilities effectively and appropriately.
- QM conducted an annual survey with QIC in July 2021 to assess the effectiveness of the committee. Results are pending analysis as of the writing of this annual evaluation.

Identified Issues/Barriers:

- The January 2021 monthly meeting was cancelled due to competing priorities. All other monthly meetings occurred as scheduled.
- Many of the sub-committees operated on an altered meeting schedule due to COVID-19 but used electronic voting or other modes of communication as necessary to resolve any issues that required immediate resolution.

Goal Status:

- Goal met.

Next Steps:

- Work to re-establish regular scheduled meetings for all committees and sub-committees.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

ANNUAL POLICY AND PROCEDURE REVIEW

The Quality Management Department is charged with maintenance of all Trillium Health Resources' policies and procedures. This includes ensuring 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.

Goal(s):

- 100% of the Policies and Procedures (including NCQA specific P&P's) will be submitted to QIC for annual review and approval. URAC Standard: CORE 3(c); NCQA Standard: QI 2A.1; Policy 1.09.II.B)

Outcome Analysis/Status:

- Total # of policies reviewed-99

- Total # of procedures reviewed-150
- Total # of policies revised-3
- Total # of procedures revised-55
- The Quality Improvement Committee (QIC) reviewed and approved all policies and procedures (100%) on March 17 and March 20, 2020. Final approval was obtained from the CEO (for procedures) and the Governing Board (for policies).
- An updated template and style guide were used during the annual review to ensure uniformity and consistency with all policies and procedures.
- Implementation of policies and procedures was discussed during new employee orientation and throughout the year in departmental meetings.
- New and/or revised policies and procedures were reviewed by QIC and staff were notified via email of the revised policies and procedures.
- Quality Management staff ensured that the most current and up to date policies and procedures were posted to SharePoint for staff access. A hard copy is maintained and is located within the Quality Management (QM) Department.
- Quality Management staff were available for consultation/questions pertaining to all policies and procedures.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Policies and procedures will continue to be reviewed routinely and revisions will be made as needed to maintain compliance with laws, regulations and standards. The next annual review is scheduled for March 2022.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

OVER AND UNDER UTILIZATION OF SERVICES

Medical Affairs- during FY 20-21, Trillium moved to more of a population health/systematic monitoring of over and underutilization. Data obtained from the 2019 Population Health report suggested that Multi-Systemic Therapy (MST) may be under-utilized for the 7 to 17 year old age range of children with Conduct Disorder. MST, as an evidence based model, is more likely to produce better treatment outcomes for members than services

such as Intensive In-Home Services (IIH), that are not evidence-based for the treatment of Conduct Disorder. To identify and ensure our members are receiving cost effective and evidence based services in a timely manner, Trillium routinely evaluates services for over and underutilization.

*Please note-2020 data may be negatively impacted due to COVID-19 limitations on members' level of participation. Thereby, potentially decreasing utilization of the MST service.

Program Integrity-Through the identification of potential fraud, waste and abuse within the provider network, potential trends are identified that may include over and underutilization of services rendered.

Goal(s):

- *Medical Affairs*: Regularly and routinely review over/under utilization data and reports to identify and ensure members receive cost effective and evidence based services appropriately and in a timely manner.
- *Program Integrity*: Review 100% of Fraud and Abuse Management System (FAMS) allegation packages, data reports and complaints received.

Outcome Analysis/Status:

Medical Affairs-Upon analysis of the first data pull on 10/28/2020, it was determined that the parameters/eligibility criteria needed to be modified in efforts to obtain more concise data; included were variables from Clinical Coverage (CC) Policy 8A in order to clarify specific details. The purpose of the data pull was to identify the top providers whose members were being served in IIH services that, according to our claims, suggest eligibility for MST services. Trillium has been actively working to establish MST providers in all of the counties within our catchment area to provide MST services in order to eliminate gaps in care as MST is an evidence based model.

A baseline was established consisting of the top providers that have the highest number of members enrolled in IIH services that, according to our claims, suggest eligibility for MST services.

- According to claims data: Out of 181 (denominator) children that are receiving IIH services, 95 (numerator) appeared to qualify for MST services using the above criteria=around 52%
- Top agencies/providers providing IIH services to those members who appear eligible for MST services based on claims data pulled from Trillium's Business System (TBS):
  - 14/95 Pathways to Life Inc. (Around 15%)
  - 12/95 Pride in NC (around 13%)
  - 11/95 Visions in View (around 12%)
  - 11/95 Integrated Family Services (around 12%)
- Trillium staff consulted with providers and relayed the following information:

- Based on claims data, trends suggested that the members in IIH services may be eligible for MST services.
- Developed interventions based on findings.
- Provided education to the provider on the service definition of MST including information from Clinical Coverage Policy 8A.

Program Integrity:

- During 2020-2021 fiscal year, due to COVID-19, some Program Integrity responsibilities and tasks were put on hold as directed by DHB. These tasks included onsite reviews, record requests, and investigations.
- The Program Integrity Department received and reviewed 16 FAMS allegation packages from IBM 2020-2021 fiscal year. The team was able to complete investigations on 8 out of 16 FAMS allegations packages received. During these investigations, data reports were analyzed to identify outliers and trends. Data related to Program Integrity was reviewed during Compliance Committee as well as Network Accountability team meetings.
- The Program Integrity Department staff responded to 78 allegations entered into EthicsPoint. EthicsPoint is Trillium's confidential reporting tool to assist management and employees to work together to address fraud, abuse, and other misconduct in the workplace.
- **Outcomes**
  - Substantiated-13
  - Unsubstantiated-26
  - Duplicate Report-8
  - Outside of Scope-22
  - Pending-3
  - Insufficient information-6
- **Actions:**
  - No Action Taken-27
  - Sanctions-1
  - Recoupment-1
  - Technical Assistance-11
  - Referral to DHB for Potential Fraud-1
  - Self-Audit Requested-11
  - Case combined with another case-5
  - Pending-3
  - Referred to Human Resources/Department Supervisor-1

- Referral to External Regulatory Agency-3
- Referred to Network Compliance-18

*Some actions may still be in appeal timeframe and risk potential of being overturned.
**Some investigations had more than one action taken against the provider.

Identified Issues/Barriers:

No issues or barriers identified.

Goal Status:

Goal met.

Next Steps:

Medical Affairs:

- Continue to monitor providers bi-annually for under-utilization of MST services and over-utilization of IIH services; next data claim extract to occur in July 2021.
- Continue to modify interventions based on analysis of new data pull (July 2021 report).
- A goal was identified to be included in the 21-22 QAPI Work Plan—IIH service utilization will decrease by 10% and MST utilization will increase by 10%.

Program Integrity:

- Trillium will continue with identification of potential fraud, waste and abuse through reviewing and interpreting FAMS allegations packages and analyzing data reports to identify outliers and trends.
- Trillium will continue to respond to all allegations of fraud, waste and abuse entered into the Ethicspoint system.

Goal(s) to Continue for Next Fiscal Year:

- *Medical Affairs*: Bi-annually, review over/under utilization data and reports to identify and ensure members receive cost effective and evidence based services appropriately and in a timely manner.
- *Medical Affairs:* IIH service utilization will decrease by 10% and MST utilization will increase by 10%
- *Program Integrity*: Review 100% of Fraud and Abuse Management System (FAMS) allegation packages, data reports and complaints received.

NATIONAL ACCREDITATION:

One of the qualifications for being a LME/MCO in North Carolina is to obtain and maintain accreditation with a nationally recognized accrediting organization. In order to become a Tailored Plan in North Carolina, National Committee for Quality Assurance (NCQA) Health Plan accreditation and LTSS Distinction is required within 3 years of contract award.

Trillium's QM department is responsible for ensuring Trillium maintains ongoing compliance with national accreditation standards.

Goal(s):

- Maintain Full Accreditation status with a 93% or above for URAC.
- Obtain and maintain Full Accreditation status with an 84% or above for NCQA.

Outcome Analysis/Status:

- The QM Department continued to work with various departments to ensure Trillium maintained compliance with standards for all accredited programs by coordinating and facilitating a review of the standards with each department.
- Trillium has maintained accreditation with URAC since 2011 with the most recent reaccreditation cycle of 2019-2022.
- In September 2020, Trillium earned accreditation from the National Committee for Quality Assurance (NCQA) for Managed Behavioral Healthcare Organization (MBHO). Trillium was granted a full one-year accreditation, indicating that Trillium's quality improvement and member protection programs are well established and meet NCQA standards. Trillium is preparing for re-survey in September 2021 with the goal of achieving full accreditation status that would expire in December 2023.
- Trillium continued working with a NCQA Consultant throughout the year.
- Numerous consultation meetings were held to gather, review and prepare documentation for the resurvey.
- All necessary documentation will be cited and uploaded into the IRT during August/September 2021.
- The IRT for resurvey will be submitted on or before September 21, 2021.
- A virtual file review will be conducted on November 8, 2021.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- URAC: Goal met.
- NCQA: Goal in process.

Next Steps:

- URAC accreditation will not be renewed and will lapse as of March 2022. During the next fiscal year, Trillium will review all processes to incorporate the elimination of URAC accreditation.
- Obtain full 3-year NCQA MBHO accreditation.
- Maintain adherence to NCQA MBHO accreditation.
- Continue exploring NCQA Health Plan Accreditation and LTSS Certification.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

KEY PERFORMANCE INDICATORS (KPI)

Trillium conducts monthly monitoring of designated key performance indicators to ensure benchmarks are being met and to detect any trends related to the effectiveness of the whole organization.

*For detailed information on the KPI's, see the KPI report.

Goal(s):

- 100% of the key performance indicators will meet standards.

Outcome Analysis/Status:

- Trillium included DHB and DMH Super Measures in the KPI list and monitored all 20 throughout the year.
- Of the 20 KPI's, 14 met their benchmarks each month which indicates that 70% of the key performance indicators met benchmarks for the year.
- Data was reviewed and monitored on a monthly basis and presented to QIC on a quarterly basis for review and discussion related to improvement efforts. Six of the KPI's did not meet benchmarks each month, four of them related to the 1-7 day follow up measure already have a QIA in place with interventions monitored by QIC. Please see QIA templates for specific interventions related to the four items mentioned.
- The KPI related to % of individuals under the Innovation waiver who received a primary or preventive care visit has historically maintained above the standard of 90%. Beginning in February 2021, there was a decrease to below the standard. This decrease was most likely attributed to COVID 19 and the fear of exposure if the appointment was kept.
- The final KPI that saw a decrease was related to the percent of expedited and inpatient authorizations requests processed within the 3 day timeframe. Historically, the standard of 95% has been exceeded at 100%. However, in the month of April 2021, seven out of the eight expedited TARs were processed within the timeframe, leaving one that was processed outside of the timeframe.

Identified Issues/Barriers:

- A detailed list of issues and barriers related to the 1-7 day follow up measures is included in the associated QIA templates.
- The other two KPI's scoring below the standard were either isolated incidents or identified as being impacted by COVID 19.

Goal Status:

- Goal not met.

Next Steps:

- Trillium will evaluate the list of KPI's for additions or deletions from the list in the coming year.
- Trillium will continue to monitor KPI's on a monthly and quarterly basis to identify any trends or patterns in the data that may be an opportunity for improvement.
- Data will continue to be presented to QIC for review. If any issues or trends are identified, QIC will discuss further action needed.
- Corrective actions may be requested for any key performance indicators not meeting the established benchmark.
- Trillium's goal is to meet 100% of the standards set for the KPI's over the next year.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

STATE REPORTING

Trillium ensures all state reports are developed according to specifications provided, are validated, reviewed and submitted on time to the appropriate agencies.

Goal(s):

- 100% of reports will be accurate, complete, and submitted on time.

Outcome Analysis/Status:

- The Data Reporting Unit in the Informatics Department is the hub of reporting for Trillium. The Data Reporting Unit is responsible for tracking and submitting all state reports to ensure compliance. A tracking mechanism is used for all reports indicating when reports are due, whom they are submitted to, along with any other information around submission of reports to the state.
- 100% of state reports were accurate, complete, and submitted on time to the appropriate agencies.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Trillium will continue to complete reports, validate, review and submit to the Department of Health and Human Services on time.
- Reports will continue to be analyzed to determine any areas of deficiencies that need improvement.

- All reports will continue to be reviewed with appropriate departments, QIC, and Executive Team as deemed necessary.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

DASHBOARDS

Trillium ensures all dashboards are developed as requested, validated, reviewed, and submitted on time to the appropriate committees. The Data Reporting Unit is responsible for creating dashboards and sharing data with various committees to analyze for trends, outliers and red flags.

Goal(s):

- 100% of dashboards will be accurate, complete, and submitted on time.

Outcome Analysis/Status:

- When trends, outliers or red flags were identified in the dashboards by committees or departments, the matter was referred to QIC for assessment and determination of any needed action.
- 100% of committee dashboards created were accurate, complete, and submitted on time.
- The Data Reporting Unit produced Committee dashboards on a routine basis for the following committees:
  - Global Quality Improvement Committee
  - Sentinel Events Review Group
  - Human Rights Committee
  - Quality Improvement Committee

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Trillium will continue to ensure 100% of dashboards are accurate, complete, and submitted on time.
- Reports will be submitted and reviewed with appropriate committees.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

AVAILABILITY OF PRACTITIONERS AND PROVIDERS

NETWORK COMPOSITION

Trillium is contracted with the North Carolina Department of Health and Human Services (DHHS) to operate a Prepaid Inpatient Health Plan (PIHP) and LME to administer both Medicaid and indigent healthcare benefits to citizens of 26 counties in Eastern North Carolina who need mental health, intellectual/developmental disability, and/or substance use services.

Criteria for network participation focuses on:

- Member needs,
- Ensuring quality of care;
- Ensuring quality of service; and
- Meeting the business needs of the organization.

For full details related to Trillium's availability of practitioners and providers, please see the Practitioner to Member Ratio Report. Trillium meets the established practitioner to member ratio as well as the inpatient and residential provider to member ratio.

PRACTITIONER SUMMARY - PRACTITIONER TYPE	TRILLIUM RATIO STANDARD 1:	2021	MEMBERSHIP	RATIO 2021 1:	ESTABLISHED STANDARD
Adult Psychiatric Board-Certified Nurse Practitioner	3500	90	257011	2856	Met
Licensed Clinical Addictions Specialist	800	352		730	Met
Licensed Clinical Mental Health Counselor	900	308		834	Met
Licensed Clinical Social Worker	500	573		449	Met
Licensed Marriage and Family Therapist	5300	49		5245	Met
Licensed Psychologist (PhD, PsyD)	2700	97		2650	Met
LPA	4600	56		4589	Met
MD/DO	800	356		722	Met
Nurse Practitioner	1600	164		1567	Met
Physician Assistant	2000	132		1947	Met
PROVIDER SUMMARY - PROVIDER TYPE	**TRILLIUM RATIO STANDARD 1:**	**2021**	**MEMBERSHIP**	**RATIO 2021 1:**	**ESTABLISHED STANDARD**
All Inpatient	10000	71	257011	3620	Met
All Residential	7500	801		321	Met

Network Adequacy and Accessibility

The Network Adequacy Accessibility Report is an annual study of our catchment area and the people who live there. It also looks at where services are available and how people use them. Ultimately, the analysis serves as a roadmap for determining future growth based on current capacity. Trillium ensures that the provider network consists of enough practitioners/providers to provide adequate access to cover community capacity.

Trillium annually evaluates the location of practitioners/providers and types of services in its capacity study and determines the need for additional Providers.

Details related to Trillium's 2019-2020 and 2020-2021 Network Adequacy and Accessibility will be made available upon completion of the final report that has been delayed due to COVID-19. The comprehensive report and final evaluation of the network adequacy will be made available via Trillium's website.

Goal(s):

- Annually, Trillium will maintain sufficient numbers and types of practitioner/providers in the network as defined in the practitioner to member ratios.
- Annually, Trillium will complete the Network Adequacy and Accessibility Report according to the requirements published by DHHS by the due date.

Outcome Analysis/Status:

- As stated in the January 11, 2021 Joint Communication Bulletin #J376, "Due to the state of emergency related to the pandemic, the submission of the 2020 Network Adequacy and Accessibility Analysis reporting was delayed."
- The deadline for submitting both the 2020 and 2021 reports was delayed by the state of NC.
- In spring of 2021, Trillium began the annual process of surveying and assessing service gaps and needs identified by members, families and stakeholders.
- Trillium endeavors to establish and maintain a sufficient ratio of practitioners/ providers to members that is sufficient to ensure that all services are available and accessible to all members in a timely manner.
- An analysis of the report indicates that Trillium met the established practitioner to member ratio as well as the inpatient and residential provider to member ratio. Therefore, no opportunities were identified that could be pursued during this report cycle.

Identified Issues/Barriers:

- Due to COVID-19, this task was delayed, however as of the date of this report, the report is almost complete.

Goal Status:

- Goals met.

Next Steps:

- Trillium will complete the Network Adequacy and Accessibility Report according to the requirements published by DHHS by the due date.
- Trillium will complete the Practitioner to Member Ratio Report annually.
- The Network Development Plan will incorporate areas of need identified in the process and offer solutions to fill those needs or gaps.
- A copy of the final document will be shared with the Governing Board, Regional Boards, and CFAC.
- Once completed the Network Adequacy and Accessibility Report will be made available on Trillium's website for full detail and next steps.
- The Final Report and the Network Development Plan will be reviewed with Trillium's QIC to assess any necessary interventions.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

ACCESSIBILITY OF SERVICES

PROVIDER APPOINTMENT AVAILABILITY AND TIMELY APPOINTMENTS

Trillium is responsible for timely response to the needs of members for efficient linkage to network providers. Call Center and Member Services offers individuals in the Trillium catchment area 24/7/365 access to services through the Call Center. The Call Center receives calls and performs screening, triage and referral. Access to Care does not perform health education, except in the context of screening, triage and referral when personnel are assisting the member with provider choice. Annual Provider Performance Reports included provider specific information regarding accessibility for their organization.

Trillium strives to provide timely access to routine, urgent and emergent behavioral healthcare for its members. URAC Health Call Center guidelines, NCQA standards, and the Division of Health and Human Services (DHHS) contract provide specific requirements for ensuring that timely appointments are provided to members.

EMERGENT, URGENT AND ROUTINE APPOINTMENTS:

Goal(s):

- **100%** of *Emergent* callers received an appointment within the timeframe. (*URAC Standard: HCC 16; NCQA QI 5A.1)*
- **85%** of *Urgent* callers received an appointment within the timeframe. (*URAC Standard: HCC 16; NCQA Standard: QI 5A.1)*
- ***85%*** *of Routine* callers received an appointment within the timeframe. (URAC Standard: HCC 16; NCQA Standard: QI 5A.1)

Outcome Analysis/Status:

Trillium Timely Appointments						
Number of Medicaid Calls	**Qtr 1**	**Qtr 2**	**Qtr 3**	**Qtr 4**	**CY 2020**	**Standard**
1. Number Calls Requesting MH/IDD/SU Services Determined To **Need Emergent Care**:	2	0	3	1	6	
a. Number of Emergent Calls For Which An Appointment Was Scheduled Within 2 hours and 15 minutes of Screening	2	0	3	1	6	
b. Percent of Emergent Calls That Received an Appointment within the timeframe	100%	N/A	100%	100%	100%	100%
2. Number Calls Requesting MH/IDD/SU Services Determined To **Need Urgent Care**:	4	2	0	4	10	
a. Number For Which An Appointment Was **Provided Within 2 Calendar Days** of Screening	4	2	0	4	10	
b. Percent of Urgent Calls That Received an Appointment within the timeframe	100%	100%	N/A	100%	100%	85%
3. Number Calls Requesting MH/IDD/SU Services Determined To **Need Routine Care**:	29	16	23	10	78	
a. Number For Which A Service was **Provided Within 10 Business Days** Of Request	29	16	20	9	74	
b. Percent of Routine Calls That Received an Appointment within the timeframe	100%	100%	87%	90%	95%	85%
4. Total Number of Member Calls **Requesting MH/IDD/SU Services** Through The LME-MCO's Call Center(s) that were emergent, urgent, or routine. (sum of 1, 2, and 3)	35	18	26	15	94	

- All standards were met each quarter.
- Trillium scheduled Emergent appointments with providers within two (2) hours 100% of the time for all four (4) quarters of FY 2020-2021.
- Trillium exceeded the goal of scheduling Urgent appointments within 48 hours 100% of the time all four (4) quarters for FY 2020-2021.
- Trillium exceeded the goal of scheduling Routine appointments within 14 calendar days 95% of the time all four (4) quarters for FY 2020-2021.
- All appointments were scheduled with providers who provide an array of services including medication management, though none were specifically made with a prescribing provider. All of the appointments made were for services that did not require a prescribing clinician.
- The most common members who were screened and found in need of Emergent, Urgent, or Routine services were adults with MH presenting symptoms. Craven County had the lowest percentage of appointments scheduled within the timeframe with 85.7%, though 5 out of 6 appointments were scheduled within the timeframe.

Identified Issues/Barriers:

- No issues or barriers were identified.

Goal Status:

- Goal met.

Next Steps:

- As no compliance issues or barriers were identified, no interventions were required.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

MEMBER EXPERIENCE

COMPLAINTS/GRIEVANCES

Grievances (also called complaints) can be submitted by or on behalf of a member. They are defined as "an expression of dissatisfaction about matters involving the LME/MCO or the Provider Network". Grievances are expressions of dissatisfaction about any matters other than an "adverse benefit determination" or "action" (summarized as UM decisions to deny, reduce, suspend or terminate any requested services). Grievances or complaints can be received by any staff member at Trillium.

Complaints/Grievances may be received via telephone, mail, email, website, or in person. All grievances and complaints are entered into the Trillium Business System by the staff receiving the grievance or complaint.

COMPLAINT/GRIEVANCE CATEGORIES/EXAMPLES:

- Quality of Care: A member has filed a complaint that a condition was misdiagnosed.
- Access: A member filed a complaint that participating practitioners lacked available appointments.
- Attitude/Service: A Member complained that a practitioner was rude and used abusive language.
- Billing/Financial: Out of Network services where members are balance billed or disputes of deductibles and copayments.
- Quality of Practitioner Office Site: A member sought out-of-network care because the participating practitioner's offices lacked wheelchair accessibility. The organization identified other practitioners with wheelchair access, but the member appealed to go out of network.

COMPLAINT/GRIEVANCE RATE

Goal(s):

- Reduce the total number of grievances by 10% for fiscal year 2020-2021 (*NCQA Standard:* QI 6A.1)

Category	Previous Year FY 19-20	Current Year FY 20-21	Performance goal *(% Volume Reduction)*	Percentage Change
Access	31	**25**	10%	19.4% **decrease**

Attitude/Service	30	**27**	10%	10.0% **decrease**
Billing/Financial	11	**6**	10%	45.5% **decrease**
Quality of Care	100	**78**	10%	22.0% **decrease**
Quality of Practitioner Site	4	**3**	10%	25.0% **decrease**
TOTALS	**176**	**139**		

Outcome Analysis/Status:

- Trillium received one hundred thirty-nine (139) grievances for FY2020-2021 compared to the one hundred seventy-six (176) received in FY2019-2020.
- Trillium has MET their performance goals of a 10.0% volume reduction in all five (5) categories.
- The overall total number of grievances reported in FY2020-2021 reflected a 21.0% decrease in reports compared to FY2019-2020.
- Quality of Care grievances continues to be the top reported category received by Trillium within the last two (2) years.
- All complaints and grievances received during FY2020-2021 were documented, stored, and reviewed by the LME/MCO. Trillium continues to conduct Technical Assistance, issue Plans of Correction, or a request for Self-Audit/Reviews, as needed.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Compliance Committee will continue to review information related to complaints/grievances on a bi-monthly basis and report to QIC on a quarterly basis.
- The recommendation is to continue the review schedule and interventions currently in use to meet a new performance goal to reduce complaints/grievances by 5%.
- Instances of categories of Quality of Provider Site, Billing and Financial, Access to Service, and Attitude/Service are small and no interventions will be needed at this time to address them.

Goal(s) to Continue for Next Fiscal Year:

- Yes, but 5% instead of 10%.

MEMBER SATISFACTION

Annually, the *Experience of Care and Health Outcomes (ECHO)* survey is administered for North Carolina Medicaid members. The ECHO is a tool for assessing members' experiences with their health care. The tool is used to assess members satisfaction with areas including, but not limited to, satisfaction with UM processes, providers, timely access to services and availability of services. DataStat, Inc. conducted the 2019-2020 survey on behalf of the State of North Carolina Division of Health Benefits (DHB) and the Carolinas Center for Medical Excellence (CCME).

Goal(s):

- To obtain a positive response equal to or greater than 85% for overall satisfaction and share results. (NCQA Standard: QI 6A.2; EQR Standard: IV.A.4)

Overall Satisfaction—Child ECHO Survey

Survey Year	Entity	N	Overall Satisfaction Score
2020	State	314	64.0%
	Trillium	53	64.2%
2019	State	368	65.8%
	Trillium	70	65.7%
2018	State	439	71.1%
	Trillium	75	65.3%

Overall Satisfaction-Adult ECHO Survey

Survey Year	Entity	N	Overall Satisfaction Score
2020	State	263	70.3%
	Trillium	48	62.5%
2019	State	329	68.4%
	Trillium	55	65.5%
2018	State	330	69.7%
	Trillium	60	75.0%

**See Complete Adult and Child ECHO Survey Analysis for additional information*

Outcome Analysis/Status:

- Of the 571 surveys sent out, 70 adult surveys and 64 child surveys were returned and used in calculations. Trillium had an overall response rate of 11.2% for the child survey, which was a decrease from last year's response rate of 16.5%. For the adult survey, the response rate was 12.3% which was a slight increase from last year at 11.7%.

- Trillium's overall satisfaction score for the Adult Survey showed a 3 percentage point decrease compared to the previous FY. The goal of 85% overall satisfaction was not achieved.
- Trillium's overall satisfaction score for the Child Survey showed a 1.5 percentage point decrease compared to the previous FY. The goal of 85% overall satisfaction was not achieved.
- Trillium has conducted an analysis of the survey results. At of the writing of this annual evaluation, Trillium is in the process of reviewing the 2019-2020 survey data analyses in detail for both the Child ECHO and the Adult ECHO surveys to determine areas needing focused attention and potential opportunities for improvement.

Identified Issues/Barriers:

- None identified at this time.

Goal Status:

- Goal not met.

Next Steps:

- Trillium is in the process of reviewing the 2019-2020 survey data analyses in detail for both the Child ECHO and the Adult ECHO surveys to determine areas needing focused attention and opportunities for improvement.
- All results and any action items developed from identified opportunities for improvement will be reviewed by the Global Quality Improvement Committee, Trillium's CFAC, Trillium's Executive Team and QIC to identify any systemic issues that would need to be addressed by Trillium Health Resources through corrective actions or quality improvement projects.
- The QIC will continue to discuss possible ways for increasing participation and improving the overall satisfaction of members.
- Trillium will continue to participate in the annual survey, analyze data and implement improvement efforts when deemed necessary.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

Perceptions of Care Survey

Annually, the *North Carolina Mental Health and Substance Abuse Consumer Perceptions of Care Survey* is administered by the North Carolina Department of Health and Human Services (DHHS), in partnership with the LME/MCO's. The survey assesses member's perception of care of services received from network providers. In addition, the survey provides information on the quality of care in each LME/MCO catchment area, based on the perceptions of individuals and families who have received Medicaid or State-funded mental health and/or substance use services. The 2020 administration period was from August-September 2020.

Goal(s):

- To obtain 100% of the surveys required of Trillium Health Resources within the timeframe given by NC DMH/DD/SAS
- To obtain a positive response equal to or greater than 95% on overall satisfaction for Youth, Adult, and Child and Family/Parent surveys and share results (2020 results). (NCQA Standard: QI 6A.2; EQR Standard: IV.A.4)

Outcome Analysis/Status #1:

- Due to COVID 19, there were several changes to the Perceptions of Care survey administration process.
- The survey administration period was delayed until August 2020. In addition, the minimum number of surveys required was reduced to 100 for each age group.
- Surveys were administered in a variety of ways including: electronically, by paper, and by interview. The electronic option was introduced in 2020 due to the pandemic.
- Trillium QM staff reached out to applicable providers via phone and email to assist with administration of the 2020 Perceptions of Care Survey.
- A total of 533 responses were analyzed.

Identified Issues/Barriers:

- None identified.

Goal #1 Status

- Goal met.

Next Steps:

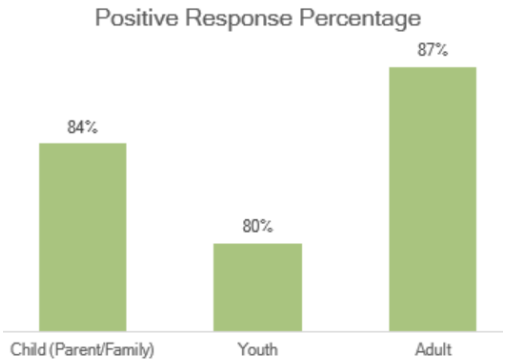
- Trillium plans to obtain 100% of the surveys required of Trillium within the timeframe given for the next survey administration period.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

Outcome Analysis/Status #2:

- Overall satisfaction ratings were as follows:
  - Adult-87%, which was a 5.7 percentage point decrease from last year at 92.7%.
  - Youth-80% which was a 3.8 percentage point decrease from last year at 83.8%
  - Child and Family/Parent -84% which was an 8 percentage point decrease from last year at 92.0%.



**See Complete Perceptions of Care Survey Analysis for additional information*

- The goal of obtaining a positive response of equal to or greater than 95% on overall satisfaction was not met for the Adult, Youth or Child and Family/Parent surveys.
- Trillium conducted an analysis of the survey results to identify areas of focus in an effort to increase overall satisfaction for all age groups.
- Outcomes had the lowest percentage of all domains across all surveys (adult, youth, and child and family/parent). The question "I do better at school and/or work" and "My child is doing better in school" have the lowest positive response percentage across all surveys:
  - Adult – 50%
  - Youth – 61%
  - Child Family – 52%
- In Outcomes and Functionality for the Child and Family/Parent survey, the positive responses decreased significantly in the last year. There was a significant drop in overall positive responses related to Treatment Planning in the Youth survey.
- A QIC sub committee met and determined that the top concerns identified in the Perceptions of Care Survey were related to:
  - School performance
  - Work performance
  - Access to Care/Treatment Planning
- In addition, it was felt that the results may have been impacted by the COVID Pandemic. A direct correlation is unable to be confirmed. The Quality Management Department will research identified resources, tools and trainings. The results were published and any actions taken were shared via numerous external and internal Communication Bulletin(s), social media platforms, and during regularly scheduled committee meetings.

- All results were reviewed by the Global Quality Improvement Committee, Trillium's CFAC, Executive Team and QIC to identify any systemic issues that would need to be addressed by Trillium Health Resources through corrective actions or quality improvement projects.

Identified Issues/Barriers:

- Trillium scored below 95% overall satisfaction for the Adult, Youth and Child and Family/Parent surveys.

Goal #2 Status:

- Goal not met

Next Steps:

- Trillium Health Resources will continue to participate in the annual survey, analyze data and implement improvement efforts when deemed necessary.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

DELEGATION OVERSIGHT

The QM delegation review process seeks to ensure that the subcontractor/vendor or delegate's activities adhere to Trillium's policies and procedures, regulatory and accreditation standards, and/or meet performance goals as required in the relevant contract or delegation agreement. In the event of not meeting performance goals, the QI Committee may require improvement and would be responsible for monitoring any corrective action plans. Initial and Annual reviews are completed on all delegated entities and prior to any new contracts to ensure each delegated entity meets all requirements of the delegation agreement.

Goal(s):

- 100% of the annual delegation reviews are completed within the 12-month timeframe.
- 100% of the pre-delegation reviews are completed as required in procedures.

Outcome Analysis/Status:

- 100% of the annual delegation reviews were completed within the 12-month timeframe. All delegated entities maintained compliance with items on their monitoring tool throughout the year at 100%.
- Delegated entities include the following:
  - Language/Interpreting: Language Line/Fluent, Integrated Language Services
  - Records Management/Shredding: Iron Mountain
  - Peer Reviews/Appeals: BHM
  - TCLI In-reach: Recovery Innovations/Recovery International
  - SIS Evaluations: AAIDD

- Credentialing: ECU-Physicians

- Integrated Language Services decided not to renew their contract for next year.
- A short term (anticipated for one year) delegation was implemented with AAIDD to assist with SIS evaluations that were delayed due to COVID 19.
- Trillium completed a pre-delegation review for two additional credentialing delegations that were not implemented at the provider's determination.
- Trillium completed a pre-delegation review and ECU-Physicians entered into a new delegation agreement for Credentialing in April 2021.
- All entities were approved for continued delegation by the respective content experts/committees for 2021-2022 fiscal year. Results of each delegation oversight review are submitted to QIC and the Credentialing Committee (as applicable for credentialing delegations) annually for review.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Trillium will continue to conduct pre-assessments and annual oversight reviews of all delegated entities. Trillium will provide technical assistance and may request Plans of Correction for any items that are "not met" on the delegation review tools.
- Trillium will complete 100% of the annual oversight reviews that are required to be completed within the 12 month timeframe.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

PROVIDER SATISFACTION SURVEY

The *DHHS Provider Satisfaction Survey is* administered on behalf of the North Carolina Department of Health and Human Services (DHHS), Division of Health Benefits (DHB) by the Carolinas Center for Medical Excellence (CCME) on an annual basis. The purpose of the survey is to assess perceptions of the LME/MCOs in North Carolina by service providers participating in the 1915(b)/(c) Medicaid Waiver program.

Goal(s):

- To obtain a positive response on overall satisfaction of equal to or greater than 90% and share results. (NCQA Standard: QI 6A.2; EQR Standard: IV.A.4)

Outcome Analysis/Status:

- Trillium participated in DHB's 2019 Provider Satisfaction Survey.
- Trillium received the raw data and is in the process of analyzing the results.

Identified Issues/Barriers:

- Trillium has received the raw data from the state and is in the process of analyzing the results. Trillium will note any barriers or issues upon completion of the analysis.

Goal Status

- Goal status is pending at this time.

Next Steps:

- Complete analysis of 2020 Provider Satisfaction Survey Results.
- Determine interventions or action items related to any opportunities for improvement identified in the analysis.
- QIC will continue to discuss possible ways for improving overall satisfaction of providers.
- Trillium will continue to participate in the annual survey, analyze data and implement improvement efforts when deemed necessary.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

HEDIS MEASURES

The Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS measures related to behavioral health, physical health and pharmacy data are monitored on a routine basis to ensure the identified benchmarks are being met. Trillium uses the information discovered to guide policy decisions and annual improvement goals.

HEDIS was designed to allow members to compare health plan performance to other plans and to national or regional benchmarks. Although not originally intended for trending, HEDIS results are increasingly used to track year-to-year performance. HEDIS is one component of NCQA's accreditation process, although some plans submit HEDIS data without seeking accreditation.

Data is shared with providers on a routine basis. Trillium will utilize dashboards and reports to monitor measures internally and externally with providers to identify areas for improvement and appropriate interventions.

Goal(s):

- Monitor the following HEDIS measures at least annually:

1. **Diabetes Screening for Adults with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD):** Assesses adults 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. (NCQA Standard: QI 10B and 11C.6)

2. **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA):** Assesses adults 19–64 years of age who have schizophrenia and were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. (NCQA Standard: QI 10B and QI 11C.5)

3. **Risk of Continued Opioid Use (COU):** Assesses members 18 years and older as of November 1 of the year prior to the measurement year, who have a new episode of opioid use that puts them at risk for continued use. (NCQA Standard QI 10B)

4. **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):** Identifies children and adolescents 1-17 years of age as of December 31 of the measurement year who were prescribed two or more antipsychotic prescriptions and had metabolic testing. (NCQA Standard QI 10B)

5. **Antidepressant Medication Management (AMM):** Identifies members 18 years and older as of April 30 of the measurement year with a diagnosis of major depression, who were treated with antidepressant medication treatment. (NCQA Standard QI 10B and CC 1B)

6. **Follow-up Care for Children Prescribed ADHD Medication (ADD):** Evaluates follow-up care and medication compliance. This measure applies to children 6 to 12 years old who were newly prescribed medication to treat ADHD who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. This measure has two separate phases, the Initiation Phase and the Continuation & Maintenance Phase. (NCQA Standard: QI 11C.3)

7. **Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD):** Identifies members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test (NCQA Standard QI 11.C)

8. **Follow-Up after Hospitalization for Mental Illness (FUH):** Assesses adults and children 6 years of age and older who were hospitalized for treatment of selected mental health disorders or intentional self-harm diagnoses and had a follow up visit (outpatient visit, an intensive outpatient encounter or a partial hospitalization) a.) Within 30 days after discharge and b.) Within seven (7) days after discharge with a mental health practitioner. *(NCQA Standard: QI 11C.1)*

9. **Follow-Up after ED Visit for Mental Illness (FUM):** Assess members 6 years of age or older with a diagnosis of mental illness who had a follow-up visit within 7-30 days of an ED visit. (NCQA Standard QI 11B)

10. **Follow-Up after ED Visit for Alcohol/Drug Abuse/Dependence (FUA):** Members age 13 years old and older as of their ED visit with principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. (NCQA Standard QI 11B)

11. **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET):** Assesses adults and adolescents 13 years of age and older as of December 31 of the measurement year with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

- **Initiation of AOD Treatment**: Adolescents and adults who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.
- **Engagement of AOD Treatment:** Adolescents and adults who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit. (NCQA Standard: QI 11C.2):

Indicator	Measure Title	2019 Trillium Percentage	2018 Standard (National)*	NC Standard (2016)
FUH (7 days)	Follow-Up After Hospitalization of Mental Illness (7 day)	46%	36%	44%
FUH (30 days)	Follow-Up After Hospitalization of Mental Illness (30 day)	24%	57%	25%
IET (I)	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Initiation)	73%	43%	35%
IET (E)	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Engagement)	50%	14%	12%
ADD (I)	Follow-up Care for Children Prescribed ADHD Medication (Initiation)	21%	40%	42%
ADD (C&M)	Follow-up Care for Children Prescribed ADHD Medication (Continuation and Maintenance)	88%	47%	52%
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	62%	60%	66%

Indicator	Measure Title	2019 Trillium Percentage	2018 Standard (National)*	NC Standard (2016)
SSD	Diabetes Screening Among People With Bipolar Disorder and Schizophrenia Who Are on an Antipsychotic Medication	40%	81%	77%
COU (15 days)	Risk of Continued Opioid Use (15 days)	11%	7%	
COU (31 days)	Risk of Continued Opioid Use (31 days)	8%		
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	9%	35%	35%
AMM (A)	Antidepressant Medication Management (Acute Phase Treatment)	51%	54%	51%
AMM (C)	Antidepressant Medication Management (Continuation Phase Treatment)	38%	38%	36%
SMD	Diabetes Monitoring for People With Diabetes and Schizophrenia	11%	71%	45%
FUM (30 days)	Follow-Up After Emergency Department Visit for Mental Illness (30 days)	41%	55%	
FUM (7 days)	Follow-Up After Emergency Department Visit for Mental Illness (7 days)	18%	40%	
FUA (30 days)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (30 days)	22%	19%	
FUA (7 days)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (7 days)	13%	13%	

Outcome Analysis/Status:

Of the 11 HEDIS measures and various indicators, totaling 18 measurements, Trillium is currently tracking:

- Five (5) are above the national and/or state standard: FUA (30 days), ADD (C & M), IET (E), IET (I), FUH (7 days).
- Twelve (12) are below the national and/or state standard: FUM (7 days), FUM (30 days), SMD, AMM (C), AMM (A), APM, COU (15 days), SSD, SAA, ADD (I), FUH (30 days).
  - AMM (C) and SAA are below the state standard, but are above the national standard.
  - COU (15 days) should be lower than the state and national standards in order to meet or exceed the average.
- One (1) meets the national standard.
- Per NCQA Standards, HEDIS measures with multiple indicators were reported in our NCQA QI11 workbook.

Identified Issues/Barriers:

- Trillium continues to work with the software vendor on data transfer, calculation, and development of dashboards for utilization by various departments across the organization.

Goal Status:

- Goal met, measures were monitored annually.

Next Steps:

- Work towards full implementation of a HEDIS program across the organization that includes dashboards with gaps clearly identified.

Goal(s) to Continue for Next Fiscal Year:

- Yes

CLINICAL PRACTICE GUIDELINES

CLINICAL PRACTICE GUIDELINES

Trillium Health Resources is contractually mandated to select, communicate and evaluate the use of Clinical Practice Guidelines utilized by the Network. Trillium uses Clinical Practice Guidelines to help providers/practitioners and members make decisions about appropriate health care for specific clinical circumstances. Trillium provides providers/practitioners within the network with nationally recognized Clinical Practice Guidelines and ensures proper implementation.

As required by NCQA Accreditation, Trillium must adopt evidence-based clinical practice guidelines for at least three behavioral health conditions (with at least one guideline addressing children and adolescents) and annually measure performance against at least two important aspects of each of the three clinical practice guidelines. Trillium has chosen the following behavioral health conditions for this activity:

1. Schizophrenia
2. ADHD (addresses children/adolescents)
3. Opioid Use Disorder

Schizophrenia

Regarding the treatment of schizophrenia, Trillium has adopted the following clinical practice guidelines:

The American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients With Schizophrenia, and Diabetes and Schizophrenia-New Findings for an Old Puzzle (The American Journal of Psychiatry).

The APA guidelines recommend that patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with an antipsychotic medication. Trillium will annually measure performance of this aspect with the HEDIS measure, Adherence to Antipsychotics for Adults with Schizophrenia (SAA).

The American Journal of Psychiatry guidelines state that people with schizophrenia have an approximately 3 times higher risk of developing diabetes compared with the general population. This highlights the need for earlier detection and more effective treatment of diabetes in people with schizophrenia. Trillium will annually measure performance of this aspect with the HEDIS measure, Diabetes Screening for Adults with Schizophrenia/Bipolar (SSD).

Goal(s):

- Trillium will annually measure performance against at least two important aspects of the clinical practice guidelines for the treatment of schizophrenia.

Outcome Analysis/Status:

- Results for the two measures for the last two years, as well as the most current National and NC Standards (2019), are as follows:

HEDIS	Year 2019	Year 2020	National Standard (2019)	NC Standard (2019)
SAA ⬆	62%	60%	61%	69%
SSD ⬆	40%	49%	82%	79%

- Trillium saw a slight decline (2% decrease) from 2019 to 2020 for the SAA measurement.
- Trillium saw improvement (9% increase) from 2019 to 2020 for the SSD measurement.
- SAA and SSD did not meet National Standards nor NC Standards for 2020.

Identified Issues/Barriers:

- Due to COVID-19, efforts to implement activities related to the SAA and SSD HEDIS measures were temporarily postponed. Consequently, this was a contributing factor for the low percentages.
- Due to COVID-19, face to face interactions/appointments were limited. There was a slight increase in SSD; however, SSD still remains well below the National and NC Standards. This increase could be related to COVID-19, as providers may have elected to do lab work because of the uncertainty of when a member would return for their follow up appointment.

- Telehealth became more accessible due to COVID-19; however, some providers may have experienced difficulty onboarding telehealth and/or some members may have had limited access to technology (i.e., computer/smartphones) to engage in the process.

Goal Status:

- Goal met.

Next Steps:

- When a member, who is diagnosed with Schizophrenia, is contacted via phone or visited, Care Managers will inquire as to when they were last screened for diabetes and highlight the importance of diabetes screening.
- When it's discovered that a member, who is diagnosed with Schizophrenia, is in need of a diabetes screenings, Care Managers will advocate on the member's behalf for that screening.
- Care Managers will work to alleviate any fears members may have about diabetes testing.
- Care Managers will work to ensure that members have both provider and crisis numbers available, and reinforce that these entities can further support them with adhering to their medication regimen.

Goal(s) to Continue for Next Fiscal Year:

- Trillium will annually measure performance against at least two important aspects of the clinical practice guidelines for the treatment of schizophrenia.
- Trillium will achieve a 10% increase, indicating a positive change, from the 2019 data.

ADHD

Regarding the treatment of ADHD, Trillium has adopted the following clinical practice guideline:

ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents (The American Academy of Pediatrics).

The guidelines recommend efficacy of treatment needs be continually monitored due to the chronic nature of ADHD. Members must receive a follow up visit within 30 days of initial visit, and two follow up care visits within a 10 month period (1 can be telephonic). Trillium will annually measure performance of this aspect with the HEDIS measure, Follow-Up Care for Children Prescribed ADHD Medication (ADD) Initiation. In addition, Trillium will annually measure performance of this aspect with the HEDIS measure, Follow-Up Care for Children Prescribed ADHD Medication (ADD) Continuation & Maintenance.

Goal(s):

- Trillium will annually measure performance against at least two important aspects of the clinical practice guidelines for the treatment of ADHD.

Outcome Analysis/Status:

- Results for the two measures for the last two years, as well as the most current National and NC Standards (2019), are as follows:

HEDIS	Year 2019	Year 2020	National Standard (2019)	NC Standard (2019)
ADD (I) ⬆	21%	8%	42%	50%
ADD (C & M) ⬆	87%	11%	53%	60%

- Trillium saw a decline (13% decrease) from 2019 to 2020 for the ADD (Initiation) measurement.
- Trillium saw a significant decline (76% decrease) from 2019 to 2020 for the ADD (Continuation & Maintenance) measurement.
- ADD (I) and ADD (C & M) did not meet National Standards nor NC Standards for 2020.

Identified Issues/Barriers:

- Due to COVID-19, efforts to implement activities related to the ADD (I) and ADD (C & M) HEDIS measures were temporarily postponed. Consequently, this was a contributing factor for the low percentages.
- The 2020 HEDIS measure specifications for ADD differ from 2019; in 2020, the encounters have to be with a "Prescribing Provider" for the member to be counted in the numerator. At this time, there is no indicator in Trillium's system to detect whether or not a provider is a "Prescribing Provider;" however, Trillium is working towards this addition in the future. The lack of accessibility to this information thus had a negative impact on 2020 percentages.

Goal Status:

- Goal met.

Next Steps:

- Trillium will explore Value Based Purchasing (VBP) in relation to the ADD HEDIS measure.
- Trillium will become a Tailored Plan in July 2022. As we move towards this structure, Trillium may see a shift in the total number of members diagnosed with ADHD who are served by Trillium, as some of these current members may instead receive services from a Standard Plan. In addition, the transition to Tailored Plan is anticipated to provide additional data sets. Trillium will continue to explore additional data sets as they become available in an effort to ensure the most accurate reporting of the HEDIS measures.

Goal(s) to Continue for Next Fiscal Year:

- Trillium will annually measure performance against at least two important aspects of the clinical practice guidelines for the treatment of ADHD.
- Trillium will achieve a 10% increase, indicating a positive change, from the 2019 data.

Opioid Use Disorder

Regarding the treatment of Opioid Use Disorder, Trillium has adopted the following clinical practice guideline:

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016.

These guidelines recommend that clinicians evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids. Trillium will annually measure performance of this aspect with the HEDIS measure, *Risk of Continued Opioid Use (COU).*

These guidelines also recommend when opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when increasing dosage to ≥50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day. Trillium will annually measure performance of this aspect with the HEDIS measure, *Use of Opioids at High Dosage (HDO).*

Goal(s):

- Trillium will annually measure performance against at least two important aspects of the clinical practice guidelines for the treatment of Opioid Use Disorder.

Outcome Analysis/Status:

- Results for the two measures for the last two years, as well as the most current National and NC Standards (2019), are as follows:

HEDIS	Year 2019	Year 2020	National Standard (2019)	NC Standard
COU ⬇ (15 days)	11%	11%	N/A	N/A
COU ⬇ (31 days)	8%	7%	4%	N/A
HDO ⬇	N/A	80%	8%	N/A

- Metrics remained the same (11%) from 2019 to 2020 for the COU (15 days).
- Trillium saw slight improvement (1% decrease) from 2019 to 2020 for the COU (31 days) measurement.
- Due to the recent implementation of HDO, only 2020 data is available; therefore, we are unable to compare 2019 with 2020 data. However, compared to the National Standard, Trillium data is significantly higher (by 72%) for HDO.
- COU (31 days) and HDO did not meet National Standards for 2020.

Identified Issues/Barriers:

- Due to COVID-19, efforts to implement activities related to the COU and HDO HEDIS measures were temporarily postponed. Consequently, this was a contributing factor for the significantly high percentage shown for HDO. Although COU (31 days) moved in a positive direction, the National Standard continued to not be met; additional efforts will be incorporated to assist with this metric as well.

Goal Status:

- Goal met.

Next Steps:

- Trillium will educate members on the importance of being transparent with their provider about every medication prescribed to them.
- Prescribers will be encouraged to post signs about their prescription refill policy in high traffic areas and also on their practice website.
- Physicians will be encouraged to share mortality risk scores with their patients.
- Trillium will encourage members who are prescribed opiates to inquire about Naloxone to prevent unintentional overdose.
- Trillium staff will be trained on the importance of reminding providers about mortality risk scores.

Goal(s) to Continue for Next Fiscal Year:

- Trillium will annually measure performance against at least two important aspects of the clinical practice guidelines for the treatment of Opioid Use Disorder.
- For COU, Trillium will achieve a 10% decrease, indicating a positive change, from the 2019 data.
- For HDO, Trillium will achieve a 10% decrease, indicating a positive change, from the 2020 data.

CLINICAL MEASUREMENT ACTIVITIES

Trillium develops Quality Improvement Activities (QIAs) as part of its assessment and implementation of continuous quality improvement. QIAs focus on relevant clinical and non-clinical issues, and are created in response to identified problems, gaps, performance issues, accreditation/contractual requirements, or other performance initiatives. The Quality Improvement Committee oversees the initiation and development of QIAs. Each QIA is then carried out under the guidance and oversight of Trillium's Chief Medical Officer. *(DHHS Contract; EQR Protocol 1: Validation of Performance Improvement Projects; URAC Standard: CORE 22; NCQA Standard: QI 11B)*

Goal(s):

- 100% of Trillium's QIAs will be accurate and complete, and in compliance with regulatory guidelines, accreditation standards, and DHB/DMH contractual guidelines.

Outcome Analysis/Status:

- All QIAs were reviewed and discussed at monthly QIC meetings.
- Quarterly intervention check-ins were conducted with responsible parties.
- QM staff reviewed all QIAs as a part of the peer review to ensure compliance with all regulatory and accreditation standards.

- All QIAs were shared with the Global Quality Improvement Committee, Provider Council and Clinical Advisory Committee for feedback and input.
- Articles on QIAs were developed and shared with employees in the Trillium newsletter.
- All completed QIA templates and summary QIA grids were posted on Trillium's SharePoint page for staff access.
- Trillium submitted copies of QIA materials and engaged in on-going conversation regarding QIA's with the state during scheduled IMT meetings.
- All 2020 EQR validated PIPs received a validation score within the High Confidence range and met the validation requirements. The five PIPs validated were: Super Measures MH, Super Measures SU, In Reach Contacts for TCLI, ED Utilization, and MST Utilization.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Trillium will continue to maintain the required number of projects per the DMH and DHB contracts as well as accreditation standards.
- QM staff will review QIA's with QIC on a monthly basis to discuss progress, measurements and needed interventions.
- The QIA peer review will continue to be conducted annually.
- The QIA Grid will be continuously updated and shared on the QM SharePoint site for staff access.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

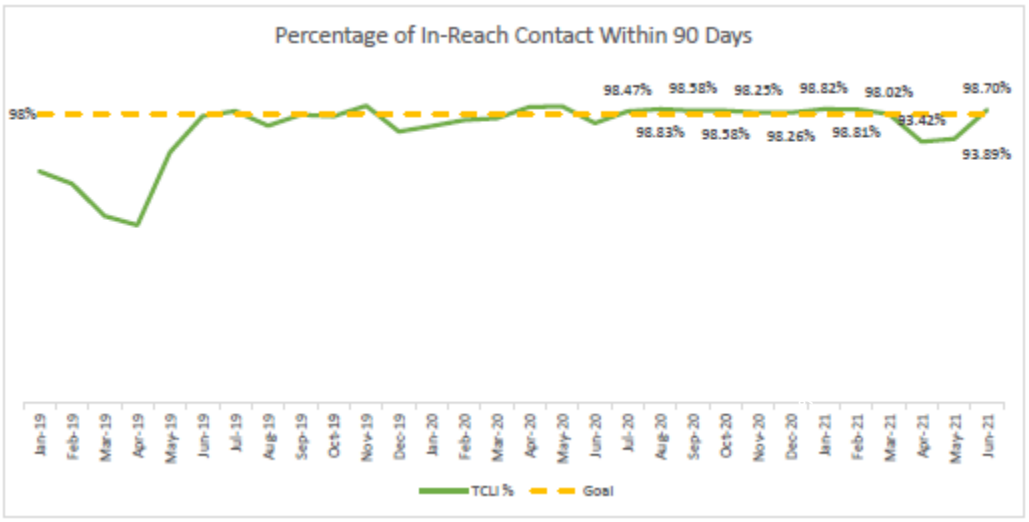
QUALITY IMPROVEMENT ACTIVITIES

*For detailed information on each QIA including all measurements, analysis, barriers, interventions and next steps see QIA forms.

MONITORING OF IN-REACH CONTACTS FOR THE TRANSITIONS TO COMMUNITY LIVING INITIATIVE (TCLI) PROGRAM

Goal(s):

- Recovery International (RI) will achieve and sustain a 98% compliance rate of documented contact using identified method/software system at least once every 90 days to TCLI In-Reach members.



**Data from Trillium's Quality Improvement Activity form*

Outcome Analysis/Status:

- Trillium must maintain the goal for twelve consecutive months before closing the project. The goal of 98% was met for nine consecutive months (July 2020-March 2021); the percentage dropped below the established threshold for April and May 2021. As a result, the twelve month count started again in June with the percentage at 98.70%.
- There was a 4.6% drop from March 2021 to April 2021 in number of TCLI members receiving contact at least once every 90 days by In-Reach staff.
- Several interventions implemented during initial project development have been completed this fiscal year.
  - Duplicate In-Reach tasks in Incedo have dropped to almost zero; therefore, a weekly report to RI is no longer needed. It is now normal operation to notify RI of any duplicate/multiple open tasks in order to filter them out if/when it occurs.
  - The technical issue related to TCLI validation reports has been resolved.
  - A weekly report of In-Reach members lacking a contact within 90 days is consistently sent to RI for review.

Identified Issues/Barriers:

- Factors such as changes in RI management, inaccurate recording of In-Reach contacts (identified during a federal review), and date discrepancies of documented contacts contributed to the percentage drop in April and May 2021.
- Members who are deceased or who have been withdrawn from the TCLI program are often mistakenly included in reports; this discrepancy can skew the data when verifying the percentage of members contacted within 90 days.

Goal Status:

- Goal not met.

Next Steps:

- Project will be extended until the goal of 98% is met and maintained for twelve consecutive months.
- TCLI has identified a staff person dedicated to In-Reach oversight who will provide education and support as needed. This is especially valuable in light of RI's management changes.
- A weekly report will be sent to RI capturing data from each system (TCLD and Incedo) utilized by their staff. This will underscore any date discrepancies of documented contact in order to correct the issue.
- Additional reports will be generated to verify the status of In-Reach members, and to ensure that only eligible members are reflected in the system.

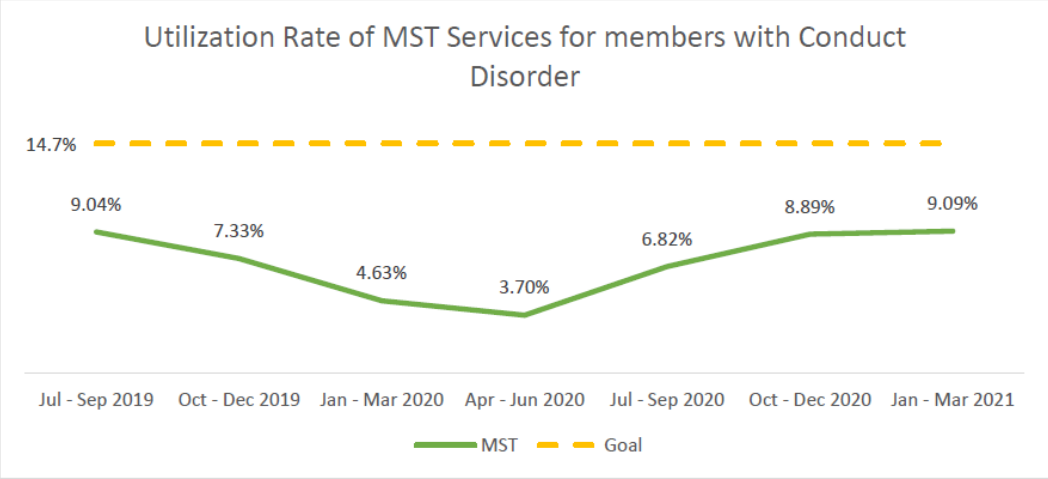
Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

Increase utilization of Multi-Systemic Therapy (MST) services for members between the ages of 12-17 with Conduct Disorder Diagnosis.

Goal(s):

- Trillium will increase the current utilization rate of MST services for members diagnosed with Conduct Disorder to 14.7% or above.



**Data from Trillium's Quality Improvement Activity form*

Outcome Analysis/Status:

- Trillium has not yet met the project goal of 14.7%; however, MST utilization rate has increased over the past three reporting quarters, indicating a positive trajectory.
- There was a 5.39% increase in MST utilization from April-June 2020 to January-March 2021.

- Several interventions implemented during initial project development have been completed this fiscal year.
  - An analysis occurred for those members receiving MST who had a hospitalization within 30 days of the service being provided. Data showed that the percentage of members who went to the ED 30 days after receiving a MST service was substantially low.
  - A training dedicated to MST education has been developed and uploaded to Trillium's *My Learning Campus* portal. This training is available to Trillium staff, providers, and members/families.
  - A MST general brochure has been finalized and posted to Trillium's website for provider and stakeholder access. In addition, the brochure has been shared with all stakeholders/referral sources.
  - All 26 county DSS offices have received education regarding lower level services, inclusive of MST service utilization.
  - Trillium's Care Management staff are consistently educated on the value of MST services during weekly staff huddles.
  - A survey related to MST service utilization was distributed to stakeholders; results were analyzed and reviewed with MST providers.

Identified Issues/Barriers:

- Trillium observed a decline in MST service referrals in mid-2020 due to Covid-19, primarily because court and school were not in session (these are core referral sources). Referral sources became more stabilized towards the end of 2020.
- Low utilization of MST services was heavily attributed to a lack of education about the service. With the creation of the MST brochure and MST training, as well as the conversations occurring with various stakeholders, it is hypothesized that MST service utilization will continue to increase.

Goal Status:

- Goal not met.

Next Steps:

- Project will be extended until the goal of 14.7% is met and maintained for twelve consecutive months.
- Trillium staff will continue to provide MST service information/education to community stakeholders (i.e., county DSS, school systems, DJJ) as needed.
- Quarterly check-ins with all MST providers to assess current needs will continue.

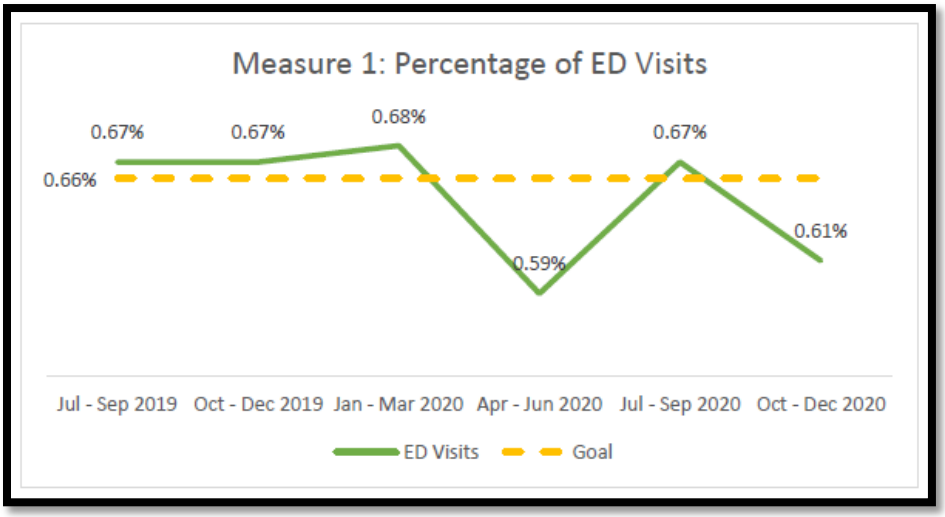
Goal(s) to Continue for Next Fiscal Year (Yes/No):

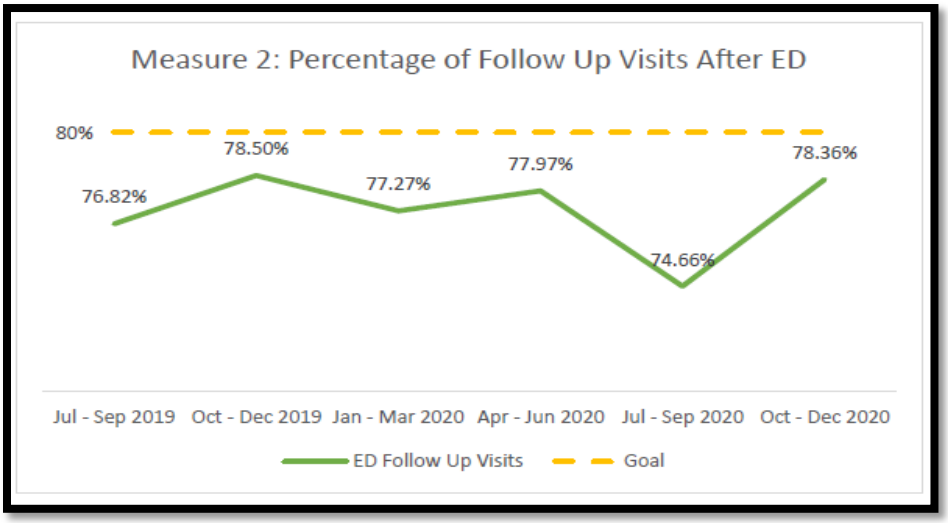
- Yes

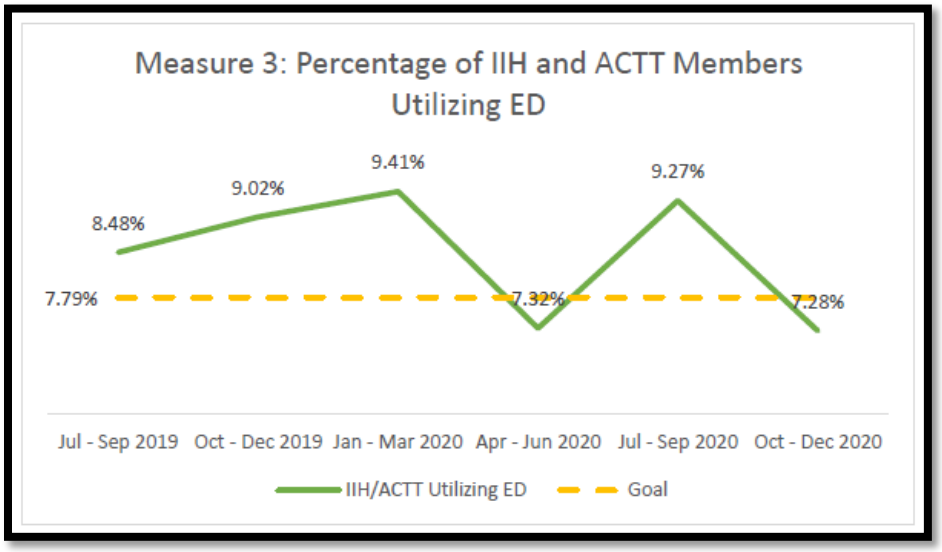
Decrease Inappropriate Utilization of Emergency Department (ED) for Members

Goal(s):

- Measure 1: Trillium will reduce the number of ED visits to 0.66% or below.
- Measure 2: Trillium will increase the follow-up treatment percentage after ED visits to 80.00% or above.
- Measure 3: Trillium will decrease the number of IIH and ACTT members utilizing the ED to 7.79% or below.







**Data from Trillium's Quality Improvement Activity form*

Outcome Analysis/Status:

- For Measure 1, Trillium has only met the project goal of 0.66% (or below) twice; furthermore, this was non-consecutive, as the percentage jumped above the threshold for the quarter in between the two that met it.
- For Measure 2, Trillium has not yet met the project goal of 80.00% (or above).
- For Measure 3, Trillium has only met the project goal of 7.79% (or below) twice; furthermore, this was non-consecutive, as the percentage jumped above the threshold for the quarter in between the two that met it.
- Several interventions implemented during initial project development have been completed this fiscal year.
  - Four new staff were hired to specifically focus on ED/Inpatient admission of members, and to link those members with follow up and resources.
  - Three providers were awarded contracts to serve as Family Centered Treatment providers.
  - Community Crisis Plans were developed and submitted to the state.
  - The ACTT Plus Pilot, which aims to deter and decrease ED visits through increased utilization of ACTT services, has transitioned to a shared savings value-based payment agreement.

Identified Issues/Barriers:

- Trillium receives ADT data from participating providers every 30 minutes; however, this data is dependent on *when* a provider sends their data. In addition, not all providers participate in the ADT data feed, resulting in some members going undetected (in the system) upon admission.

- Due to Covid-19 some previously identified interventions were put on hold, such as *Project Transitions.* This project is a community based residential treatment and recovery program for SPMI members meant to decrease inpatient admissions specifically in New Hanover County.
- No qualified applicants were received for the RFI posted for development of Behavioral Health Urgent Care sites.

Goal Status:

- Goal not met.

Next Steps:

- Project will be extended until all three goals/measures are met and maintained for twelve consecutive months.
- Trillium will continue work towards enhancing the ADT process.
- Designated Trillium staff will continue outreach and relationship building with each ED to ensure members are being linked to appropriate resources.
- Interventions delayed by Covid-19 (*Project Transitions*) will resume activity.
- Trillium will open 5 Wellness Recovery Homes and 3 SUD Host Homes to serve as transitional living residences for members stepping down from Inpatient, ED, or FBCs.

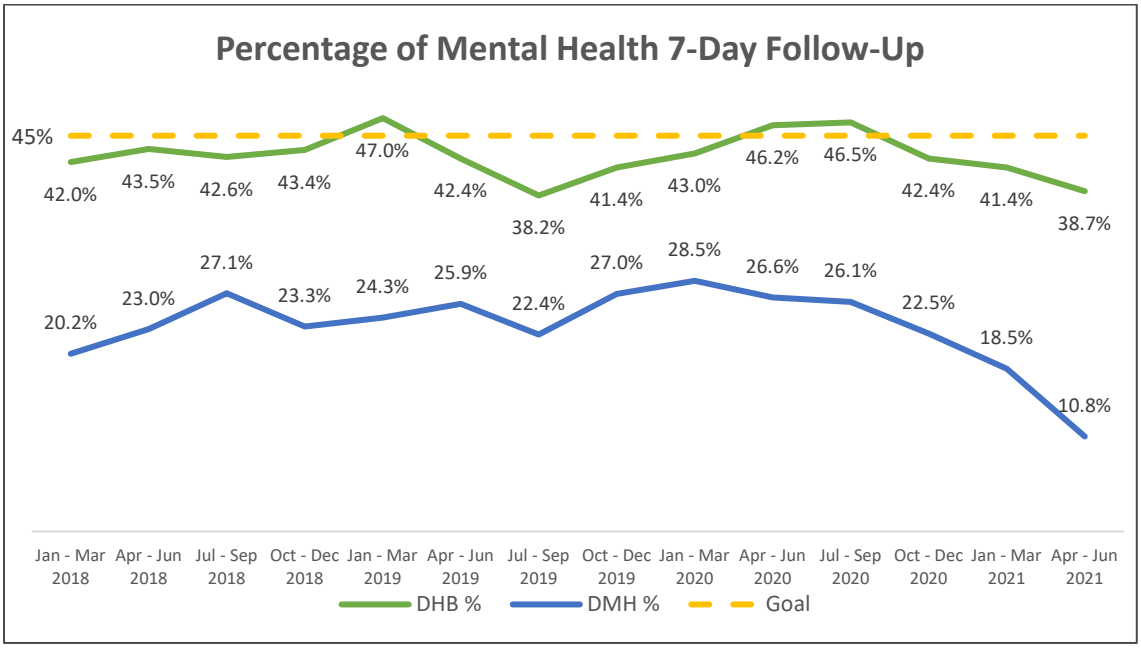
Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

DHB and DMH Mental Health 1-7 Day Follow-Up

Goal(s):

- 45% or more of individuals discharged from community hospitals, facility based crisis, or state psychiatric hospitals will receive a follow-up visit within 1-7 days of that discharge (DMH and DHB funding reported separately).



**Data is subject to change due to claims lag **Data from Trillium's Quality Improvement Activity form*

Outcome Analysis/Status:

- Trillium has not yet met the project goal of 45% for DMH. In addition, the current trajectory indicates a negative direction; however, data is subject to claims lag and may reverse course once that information is received.
- Since the start of the project, Trillium has only met the project goal of 45% for DHB three times, one of which occurred this past fiscal year. Although the project goal of 45% has not been met for 12 consecutive months, Trillium has consistently meet the *state* goal of 40% for twelve out of the fourteen reported quarters.
- Overall, DHB members have higher rates of follow up care as compared to DMH members.
- Trillium has hosted WebEx meetings with all discharging providers/hospitals impacted by this Super Measure; thus far, Trillium has facilitated two meetings and will continue quarterly meetings until the project goal is met and maintained. The meetings stress the importance of 1-7 day follow up, and spark discussion that is beneficial and practical for discharging providers. During each meeting, provider expectations are highlighted, current metrics for Trillium are reviewed, provider state metrics are examined, and strategies for success are shared.

Identified Issues/Barriers:

- Barriers previously identified during initial project development (see QIA template) continue to hinder the success of this project.

Goal Status:

- Goal not met.

Next Steps:

- Project will be extended until the goal of 45% is met and maintained for twelve consecutive months for both DMH and DHB.
- Trillium will continue work towards removing the barriers previously identified during initial project development (see QIA template). Current interventions are in place and efforts are ongoing.

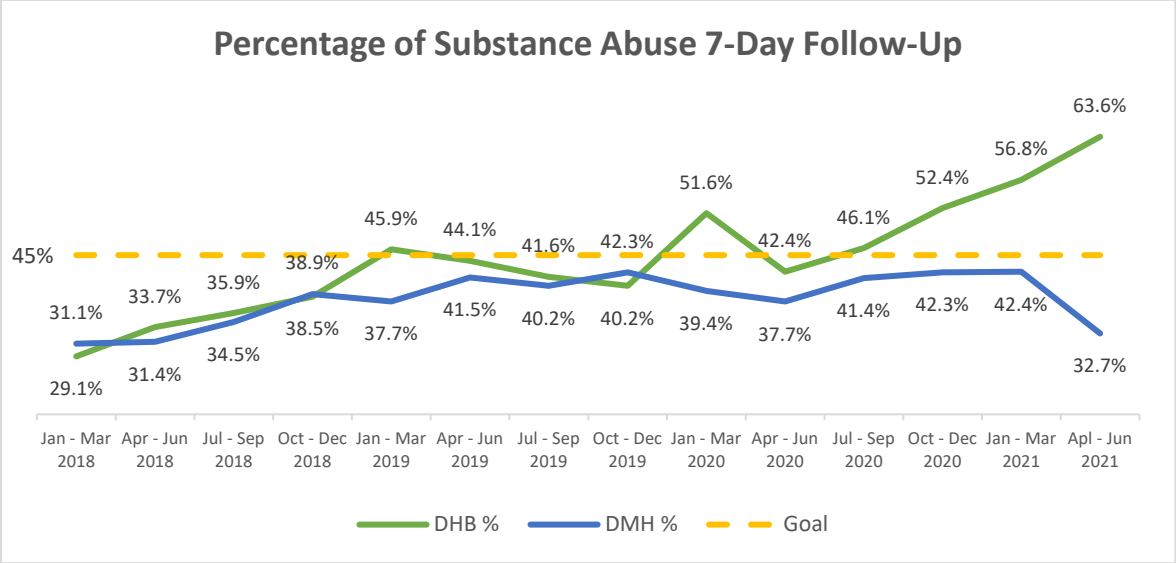
Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

DHB and DMH Substance Use 1-7 Day Follow-Up

Goal(s):

- 45% or more of individuals discharged from community-based hospitals, state Alcohol and Drug Abuse Treatment Center (ADATC), detox/facility based crisis, or state psychiatric hospitals will receive a follow-up visit within 1-7 days of that discharge (DMH and DHB funding reported separately).



**Data is subject to change due to claims lag ** Data from Trillium's Quality Improvement Activity form*

Outcome Analysis/Status:

- Trillium has not yet met the project goal of 45% for DMH; however, Trillium does frequently (but not consistently) meet the *state* goal of 40% for DMH.
- Since the start of this fiscal year, Trillium has consistently met the project goal of 45% for DHB; however, data is subject to claims lag and must also be validated by the state to confirm that the project goal was met for 12 consecutive months (Trillium must maintain the goal for twelve consecutive months before closing the project).
- Overall, DHB members have higher rates of follow up care as compared to DMH members.
- Trillium has hosted WebEx meetings with all discharging providers/hospitals impacted by this Super Measure; thus far, Trillium has facilitated two meetings and will continue quarterly meetings until the project goal is met and maintained. The meetings stress the importance of 1-7 day follow up, and spark discussion that is beneficial and practical for discharging providers. During each meeting, provider

expectations are highlighted, current metrics for Trillium are reviewed, provider state metrics are examined, and strategies for success are shared.

Identified Issues/Barriers:

- Barriers previously identified during initial project development (see QIA template) continue to hinder the success of this project.

Goal Status:

- Goal not met.

Next Steps:

- Project will be extended until the goal of 45% is met and maintained for twelve consecutive months for both DMH and DHB.
- Trillium will continue work towards removing the barriers previously identified during initial project development (see QIA template). Current interventions are in place and efforts are ongoing.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

Provider Performance Data

To share data with providers on various measures, at least annually. This data provides a snapshot into how they are performing compared to similar providers. Providers receive interpretation of their QI performance data. This data is informational and can assist providers with internal improvements such as validating data or possible development of quality improvement projects.

Goal(s):

- 100% of Provider Performance Reports will be accurate, complete, and submitted on time.

Outcome Analysis/Status:

- Trillium's Data Reporting Unit compiled reports for Licensed Independent Practitioner's (LIP's), LIP groups and provider agencies that included performance data related to:
  - Claims denials
  - Claims denial reasons
  - Authorization denials
  - Authorization denial reasons
  - Accessibility/Access to Care
- On July 14, 2021, 392 reports were distributed to providers. Of these, 377 were emails and 15 were mailed. By July 15th, nineteen emails were kicked back. Six of these were re-emailed on July 15th and the remaining thirteen reports were mailed.
- Super Measure letters/data continue to be distrusted to providers on a quarterly basis. This information was for facilities that provide community-based inpatient hospital services, state psychiatric hospitals, state ADATC, detox, or facility based crisis services for mental health and substance abuse. Of those

individuals ages 3 through 64 who were admitted for treatment, 40% or more of these individuals are required to receive a follow-up visit within 1-7 days after discharge with a behavioral health practitioner. This information was shared with providers.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Reports will continue to be distributed annually. The next round of reports will be released in July 2022.
- Future performance measures may be identified for the Network as Trillium progresses toward Tailored Plan implementation.
- Super Measure letters will continue to be shared on a quarterly basis. The next round of letters will be distributed in August 2021.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

INCIDENT REPORTING

To ensure the health and safety of all members.

Goal(s):

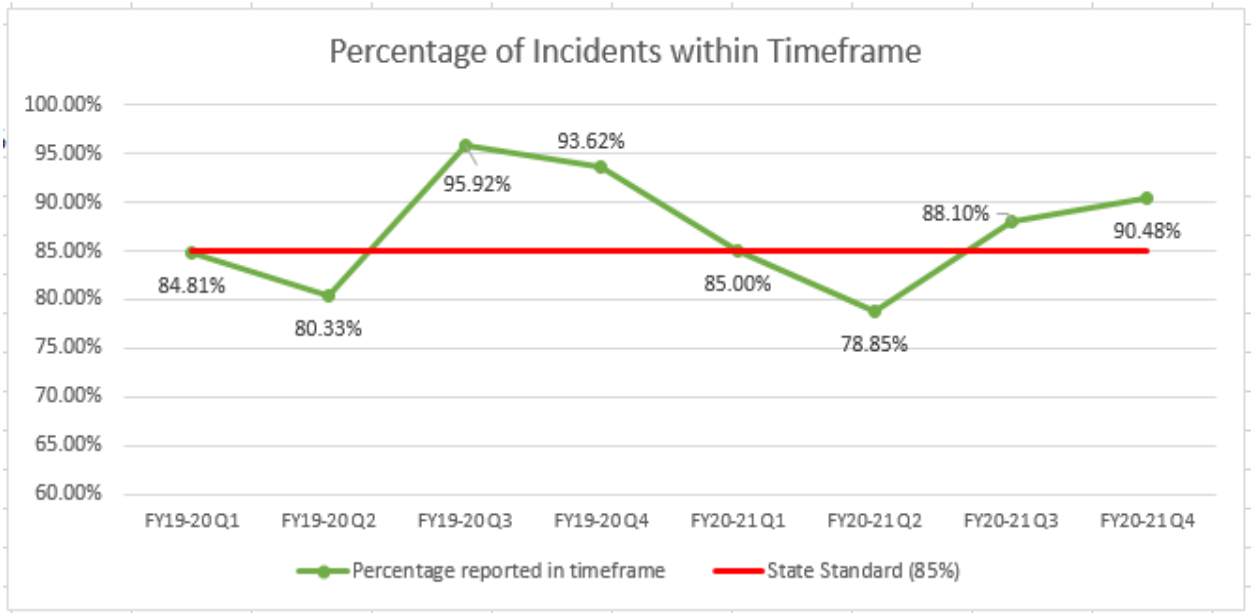
- 100% of Incident Reports submitted to Trillium through IRIS will be reviewed.

Outcome Analysis/Status:

- 100 % of incident reports submitted were reviewed.
- Over the past year, the Quality Management Department has reviewed over 2,300 Incident Reports (IR's) and provided technical assistance (TA) over 350 times to providers in the Network. Each time contact was made with providers for incomplete reports, this was documented as TA.
- QM Coordinators conducted daily reviews of incident reporting and compiled a daily report of incidents that may pose a threat to member health and safety. Detailed information about the incidents was sent out to a select group of staff within Trillium, including the Chief Medical Officer, for review and discussion on possible follow-up required or immediate action needed.
- Data was reviewed monthly with the Sentinel Events Review Group and updates were shared with QIC. The Sentinel Events Review Group corresponded monthly for internal review of sentinel events of members, such as deaths, and/or other serious incidents and served to identify any unexpected occurrence involving a member's death, serious psychological injury or the risk thereof. The committee

also ensured that any recommended changes were implemented and monitored in a timely manner to ensure the health and safety of members.

- Data was reviewed to identify any patterns, trends or concerns that may need to be addressed.
- The issue from last year related to Innovations Waiver providers submitting incident reports in a timely manner has seen improvement this year.
- Trillium is responsible for reporting to the state routinely and one of the measures reported is related to timeliness of IW incident reporting.
  - **Measurement Item:** What was the proportion of the level 2/3 incidents that were reported within required timeframes? (required timeframe for these are 72 hours)
  - The goal for timely submission of IW incident reports is 85%. The below graph shows the percentages since FY 19/20-20/21 in relation to the 85% target.



- As seen on the graph, three out of four quarters were in compliance with the 85% metric.
- During the second quarter, there was a decrease and the measure was out of compliance at 80.39%.
- A focused analysis of late reporting was conducted in an effort to determine if there was an outlier or issue.
- It was determined there was a provider who was routinely submitting late reports. A Provider Concern was submitted and an investigation was conducted. The investigation resulted in the provider submitting a Plan of Correction. Since this time, there have been no issues and the metric has been met.
- Trillium continues with various interventions to maintain timeliness of report submission.

Interventions include:

- Sharing reminders via the Network Communication Bulletin related to the metric and the training available on My Learning Campus.
- Communicating with providers on late reporting through the IRIS system and providing technical assistance (TA) when needed.
- Including a statement in the IRIS system reminding providers of reporting timeframes.
- QM communicates and collaborates with the Network department regarding repeat offenders and identifies potential consequences as well as discussion with QIC, GQIC, and Sentinel Events Review Group (SERG).
- GQIC members and providers will discuss late incident reporting at their perspective agencies to gain feedback and suggestions to share at the GQIC meeting in October 2020.
- A GQIC Subcommittee related to improving timely incident reporting was created and will be available in the future for discussion of possible interventions, if needed. The subcommittee is reviewing the desktop protocol addressing late incident reporting and will provide feedback at the July 2021 GQIC meeting.

Identified Issues/Barriers:

- No issues or barriers identified.

Goal Status:

- Goal met.

Next Steps:

- Trillium will continue to review 100% of the incident reports submitted and provide TA as needed.
- Quality Management will continue with the daily report and monthly SERG meetings to review reports and data in order to identify trends, patterns or areas of concern that need investigation or follow up.

Goal(s) to Continue for Next Fiscal Year (Yes/No):

- Yes

SUMMARY

Based on the review and evaluation of performance in all aspects of the Quality Management program, the overall effectiveness of Trillium's 2020-2021 goals, proved to be strong and evolving.

Evaluation of the QAPI Plan/QM Program showed the following:

KEY ACCOMPLISHMENTS FROM 2020-2021:

- Trillium was granted a full one-year NCQA accreditation, indicating that Trillium's quality improvement and member protection programs are well established and meet NCQA standards.

- Trillium has continued to prepare for NCQA re-survey in September 2021 with the goal of achieving full accreditation status that would expire in December 2023.
- Trillium completed and submitted an RFA to become a Tailored Plan.
- Trillium scheduled Emergent appointments with providers within two (2) hours of initial call 100% of the time for all four quarters of FY 2020-2021.
- Trillium met the established practitioner to member ratio as well as the inpatient and residential provider to member ratio indicating availability of appropriate types of behavioral health practitioners, providers and services in our network.

STRATEGIES AND OBJECTIVES FOR FY 2021-2022:

- Trillium will continue to work toward Tailored Plan readiness.
- QAPI and QAPI Work Plan, Annual Evaluation
- Continue to ensure the QM Program has adequate staffing and infrastructure.
- Continue to assess the effectiveness of the QIC to ensure committee responsibilities are being fulfilled such as identification of potential opportunities for improvement.
- Ensure continued compliance with current accrediting bodies NCQA/URAC.
- Continue to track HEDIS and clinical measures (clinical practice guidelines) proactively and develop improvement plans as needed to increase rates.
- Dashboards and state reporting
- Annual Policy & Procedure Review
- Delegation Oversight and Monitoring
- On-going QIA activities (over-underutilization) and KPI identification
- Complete and submit annual Network Adequacy and Accessibility Report for 2019-2020 and 2020-2021 fiscal years.
- Care Coordination and Complex Case Management Program
- Population Assessment
- Member Experience- Complaints/Grievances; Out of Network review; Appeals; Surveys
- Develop and implement improvement strategies for the following surveys, as needed:
  - ECHO Survey
  - Perception of Care (POC)
  - Provider Satisfaction

Overall, the quality improvement initiatives were well received and resulted in significant internal and external growth. Resources were adequately allocated to include programs that address member-focused care of our network, access and availability, quality clinical reviews, education and outreach to members and the community at large, and the development of refined internal processes to aid in the management of and adherence to performance measures/guidelines/contractual obligations.

Trillium's quality management activities demonstrated a commitment to efficient and effective care for our members, and to a global system of care dedicated to excellence.