Annual Quality Management Program Evaluation

Fiscal Year 2017-2018

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Executive Summary

FY2017-2018 Annual Quality Management Program Evaluation

Trillium Health Resources maintains a comprehensive, proactive quality management program that provides the structure, process, resources, and expertise necessary to systematically define, evaluate, monitor, and ensure that high-quality cost effective care and services are provided to its members. The Trillium Quality Management Program 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.

In this evaluation, Trillium's Quality Management Program activities are summarized and evaluated, and the organization's major accomplishments over the past year are highlighted.

Through the annual Quality Management Program 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 by incorporating the lessons learned from ongoing activities.

After reviewing and evaluating overall performance and program effectiveness in all aspects of the 2017-2018 Quality Management Program, it has been determined that the planned activities in the past year were completed and 16 yearly objectives were met, while 1was partially met and 1 was not met.

2017-2018 Highlights

- **URAC reaccreditation:** Trilliums current URAC accreditation expires March 1, 2019. The reaccreditation application was signed on March 5, 2018 and reaccreditation preparation is underway. The process takes around 12 months to prepare for a reaccreditation. Trillium is currently working on gathering documents to complete the desktop application for three programs: Health Network, Health Utilization Management and Health Call Center. The desktop application will be completed and submitted to URAC by August 31, 2018, and an onsite visit is anticipated for early 2019.

- **NCQA accreditation**: Trillium has begun to research and pursue NCQA accreditation in preparation for Medicaid Transformation and the transition to a Tailored Plan. NCQA accreditation is considered the "gold standard" in the industry. Trillium's Senior Director of Quality Management has attended training on the NCQA Managed Behavioral Healthcare Organization (MBHO) standards and has identified a consultant to assist Trillium with attaining this accreditation. Quality Management staff are reviewing standards and a readiness assessment will be conducted in the Fall of 2018.

- **Human Rights Committee:** The Human Rights Committee (HRC) recently transitioned to the Quality Management Department. This committee, consisting of family members, providers, members, and advocates, serves to oversee treatment of members and to protect the rights of members served. HRC meets to review Incidents, Complaints and Grievances on a quarterly basis to ensure member rights are protected.

- **National Core Indicators (NCI) survey:** The NC Division of MH/DD/SAS administers the National Core Indicators (NCI) survey with assistance from the Carolina Institute for Developmental Disabilities (CIDD) and the University of NC at Chapel Hill. NCI collects information from members and their families/guardians to find out what service areas are working well and those that need improvement in North Carolina and nationally.   The Quality Management Department played a lead role this year by managing this project for Trillium. Trillium met and surpassed all minimum requirements set by the NC Division of MH/DD/SAS for the number of survey consents submitted.

- **Use of New Tools for Better Analysis:** The Data Unit has used IBM SPSS (Statistical Package for Social Sciences) software to conduct more in-depth statistical analysis of Trillium data, particularly survey data. The Data Unit has also continued to build skills with the R and Python statistical programming languages. These programming languages allow the Data Unit to analyze larger data sets than Microsoft Excel, and allow for the creation of better, more advanced charts, graphs, and other data visualizations. The Data Unit has also used R and Python to create maps at the zip code level of Trillium data, as well as an interactive dashboard for a new set of DMA/DMH performance measures. The Data Unit has also used R and Python to improve random sampling processes employed in its data validation process.

- **Incident Reporting:** Over the past year, the Quality Management Department has reviewed over 1,830 Incident Reports and provided technical assistance (TA) over 62 times to providers in the Network.

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
Annual Policy and Procedure Review *The Quality Management Department is charged with maintenance of all Trillium Health Resources' policies and procedures. This includes ensuring that all new and revised policies and procedures go through the appropriate approval process and are distributed to all employees. Additionally, QM is responsible for ensuring that the annual review of policies and procedures is completed by the Quality Improvement Committee.* *Goal: 100% of the Policies and Procedures will be reviewed.*	Outcome Analysis: ♲ Total # of policies-100 ♲ Total # of procedures-145 ♲ Total # of policies revised-7 ♲ Total # of procedures revised-62 ♲ The Quality Improvement Committee (QIC) of Trillium Health Resources reviewed and approved all policies and procedures on March 20, 2018. Further approval was obtained from the CEO and the Governing Board (for policies). ♲ All staff reviewed policies and procedures and signed attestation forms acknowledging their understanding of the policies and procedures. These forms are maintained by the Quality Management Department. ♲ 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 sent out to staff who reviewed and signed an acknowledgement form. ♲ Quality Management Staff ensured that policies and procedures were posted to SharePoint for staff access. Hard copies of all policies and procedures were updated at Trillium office locations. ♲ Quality Management staff were available for consultation/questions pertaining to all Quality Management related policies and procedures. Next steps: ♲ Policies and procedures will continue to be reviewed routinely and revisions made as needed to maintain compliance with laws, regulations and standards. The next annual review is scheduled for March 19, 2019.	Met
Over and Under Utilization of Services *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: Using retrospective analysis of claims data, identify enrollees that are over utilizing crisis services and*	Outcome Analysis: Using retrospective analysis of claims data, Trillium identified members who are overutilizing crisis services and underutilizing more appropriate community based services. Sixteen cases were staffed following the below guidelines: ♲ Reviewed over and underutilization report using data from the previous 12 months. Focused on members who utilized inpatient services and hospital emergency departments and ranked by # of visits. ♲ Identified members were researched in other available internal and external databases for trends (i.e. past treatment compliance, physical health status, medications, etc.). ♲ Assigned MH/SU Care Coordinator, if applicable, was notified regarding the identification of the member on this report and invited to contribute information.	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
underutilizing more appropriate community based services. *Goal: To review and interpret 100% of Fraud and Abuse Management System (FAMS) allegation packages, data reports and complaints received.*	♲ All data was compiled into a clinical case staffing form and presented during the UM Team Clinical Care Staff meetings. ♲ Recommendations from the UM team, the MH/SU Care Coordinator and the Medical Director were collected for methods to improve member engagement with services and adherence to treatment recommendations. ♲ The clinical case staffing form was uploaded into the Trillium's software platform The Program Integrity Department reviewed and interpreted 22 out of 22 FAMS allegations packages received, analyzed data reports every month and identified outliers and trends during Program Integrity Committee meetings. ♲ The Program Integrity Department staff responded to 78 complaints that were entered into EthicsPoint regarding fraud, waste and abuse. ♲ The Program Integrity Department reviewed data trends based on internal data reports during staff meetings. ♲ The Program Integrity Department conducted 78 program integrity related investigations. ♲ Total Investigations: 78 Outcomes ♲ Substantiated-23 ♲ Unsubstantiated-28 ♲ Partial Substantiated and Partial Unsubstantiated-3 ♲ Duplicate Report-7 ♲ Outside of Scope-11 ♲ Pending-6 Actions ♲ No Action Taken-34 ♲ Recoupment-7 ♲ Plan of Correction-3 ♲ Technical Assistance-6 ♲ Contract Termination-1 ♲ Referral to DMA for Potential Fraud-17 ♲ Self-Audit Requested 7 ♲ Pending-5 *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	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
	Next steps: ♻ Trillium Health Resources 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. ♻ Using retrospective analysis of claims data, Trillium will identify members that are overutilizing and underutilizing services.	

Clinical Practice Guidelines
 	
Trillium Health Resources is contractually mandated to select, communicate and evaluate the use of Clinical Practice Guidelines utilized by the Provider Network. Trillium provides practitioners within the network with nationally recognized Clinical Practice Guidelines and ensures proper implementation. These clinical practices recommended for adoption must meet criteria including being evidence based, measurable and sustainable.
 	
Goal: A minimum of two of the adopted clinical practice guidelines endorsed will be monitored at any one time to evaluate the extent of practitioner adherence to these guidelines.
 	
Goal: Trillium will initiate actions to increase adherence within the network, focusing on: Adherence to using depression-rating scales and monitoring metabolic indicators during use of antipsychotic medications.
	Outcome Analysis:
	♻ Trillium Health Resources has adopted and disseminated clinical practice guidelines relevant to its members.
	♻ In 2016, Trillium's Clinical Advisory Committee (CAC) approved two guidelines to monitor:
	  ○ Use of rating scales to monitor treatment effectiveness and outcomes in the treatment of major depression.
	  ○ Adherence to metabolic monitoring guidelines for members being treated with antipsychotic medication, with specific focus on lipid panels and serum glucose/Hemoglobin A1C.
	♻ Work has continued on both the clinical practice guidelines that have been targeted for performance monitoring. Progress has been reported to the CAC on a regular basis.
	♻ Pilot projects have continued with the "Monitoring of use of Depression Rating Scales" in three of our larger providers: PORT Health, RHA and the Vidant-Pitt ECU Psychiatric Outpatient Clinic. Emphasis has been on collecting sequential ratings to document the progress of treatment, and highlight when changes in the treatment program might be necessary. Sequential data on ratings have been collected from two of the sites, and two of the sites have integrated the collection and display of sequential ratings into their electronic medical record. Four additional agencies are at various stages of implementation.
	♻ There have been data extracts on our individual network prescribers' adherence to the guideline about monitoring metabolic indicators in patients being prescribed antipsychotic medications, specifically serum lipids and either serum glucose or Hemoglobin A1C. The data extracts revealed that a relatively small group of clinicians are responsible for caring for the majority of the patients taking an antipsychotic, and that the current adherence scores for our clinicians are similar to the results reported in the literature.
	
	Next steps:
	♻ Trillium's Medical Director and the Clinical Advisory Committee will continue to review the monitoring of practitioner adherence to guidelines.
	♻ Trillium will initiate actions to increase adherence within the network.
	♻ Trillium Health Resources will continue to evaluate the on-going clinical practice guidelines.
		Met

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Provider Satisfaction
 	
Annually, a provider satisfaction survey is conducted by DMA to determine areas that need improvement within the network and to assess provider satisfaction with Trillium Health Resources, its practices and processes.
 	
Goal: To obtain a positive response of at least 80% on overall satisfaction and share results.
	Outcome Analysis:
	♳ Trillium participated in DMA's 2017 Provider Satisfaction Survey.
	♳ Trillium had a response rate of 56.8 %, which was a slight decrease from the previous year's response rate of 61.4%.
	♳ At the close of the survey period, 500 surveys were returned and analyzed out of the 880 surveys sent out. This was a significant increase from last year with 194 surveys returned.
	♳ Providers reported overall satisfaction was at 81.9%, which was a slight decrease from the previous year at 89.8%; however, Trillium still met its goal of over 80% overall satisfaction. Many of Trillium's functional areas maintained a positive satisfaction score, pointing to the efforts and strategies implemented throughout the agency to improve processes based on the survey results and feedback from the previous year.
	♳ Trillium conducted an analysis of the survey results. 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.
	♳ There were two areas where a score of below 80% was obtained:
	  1) Satisfaction related to the appeals process for denial, reduction, or suspension of service(s) (71.56%)
	  2) Overall interests as a network provider are being adequately addressed in a local Provider Council (74.6%)
	
	Next steps:
	♳ As a result of scores on this survey, a Quality Improvement Project was implemented as an effort to increase provider satisfaction related to the appeals process for denial, reduction, or suspension of service(s)
	♳ Trillium Health Resources will explore how the overall interests of the provider network can be better addressed by the Provider Council.
	♳ Trillium Health Resources will continue to participate in the annual survey, analyze data and implement improvement efforts when deemed necessary. Trillium's goal for the next year will be to obtain a positive response on overall satisfaction that is equal to or greater than the state average across MCO's.
		Met

Member Satisfaction *Annually, a member satisfaction survey is conducted by DMA who contracts with an EQRO to determine areas that need improvement and to assess*	Outcome Analysis: ♳ Trillium participated in the ECHO Survey for Adults and Children. ♳ Of the 571 surveys sent out, 81 adult surveys and 114 child surveys were returned and used in calculations. Trillium had an overall response rate of 34.1%, which was a significant increase from last year's response rate of 19%. ♳ Overall satisfaction rating for Adult was 75.8%, which was down from last year's rating of 81%.	Not Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
members satisfaction with areas to include, but not limited to, satisfaction with UM processes, providers, timely access to services and availability of services *Goal: To obtain a positive response of at least 80% on overall satisfaction and share results.*	♲ Despite not meeting the goal for the Adult surveys, the overall satisfaction rating for Child was 73.6%, which was a 6 percentage point increase from last year's rating of 67.6%. ♲ Trillium conducted an analysis of the survey results. All results were 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. Next steps: ♲ The low response rate for this survey makes it difficult to generalize results and identify areas for needed improvement. The QIC will continue to discuss possible ways for improving the overall satisfaction of members. ♲ QIC will discuss interventions to increase overall satisfaction in all areas surveyed. ♲ Trillium will continue to participate in the annual survey, analyze data and implement improvement efforts when deemed necessary. ♲ Trillium's goal for the next year will be to obtain a positive response on overall satisfaction that is equal to or greater than the state average across MCO's.	
Perception of Care *The NC Division of MH/DD/SAS conducted a Perception of Care survey to assess members perception of care of services received from network providers.* *Goal: To obtain 100% of the surveys required of Trillium Health Resources within the timeframe given by NC DMH/DD/SAS (2018 administration period).* *Goal: To obtain a positive response of at least 80% on overall satisfaction for Youth, Adult, and Parent surveys and share results (2017 results).*	Outcome Analysis: ♲ Trillium QM staff, along with others from the organization, reached out to applicable providers and administered the 2017 Perception of Care Survey. ♲ Survey Administration period was 5/8/2017-6/5/2017. ♲ 2017 Required Survey Numbers for Trillium: 　○ Adult-500 　○ Youth-100 　○ Parent-125 　○ Total-725 ♲ Actual Number of Surveys completed and submitted to the state for analysis: 　○ Adult-775 　○ Youth-208 　○ Parent-181 　○ Total-1164 ♲ Overall satisfaction ratings were at 89.5% ♲ Trillium conducted an analysis of the survey results. 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. Next steps:	Met

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	♻ Trillium Health Resources will continue to participate in the annual survey, analyze data and implement improvement efforts when deemed necessary. ♻ Trillium plans to obtain 100% of the surveys required of Trillium within the timeframe given for the next survey administration period. ♻ Trillium's goal for the next year will be to obtain a positive response on overall satisfaction that is equal to or greater than the state average.	
Delegation Oversight *Initial and Annual reviews were completed on all delegated entities and prior to any new contracts to ensure each delegated entity meets all requirements of the delegation agreement.* *Goal: 100% of the annual delegation reviews are completed within the 12 month timeframe.*	Outcome Analysis: ♻ 100% of the annual delegation reviews were completed within the 12-month timeframe. Most delegated entities maintained compliance with items on their monitoring tool throughout the year at 100%. ♻ Delegated entities: 　❍ Credentialing: ECU-Physicians 　❍ Language/Interpreting: Clear Messaging, Language Line/Fluent 　❍ Shredding: Cintas/Shred It 　❍ Records Management: Iron Mountain 　❍ Peer Reviews/Appeals: BHM 　❍ TCLI In-reach: Recovery Innovations/Recovery International ♻ All entities were approved for continued delegation by the respective content experts/committees for 2018-2019 fiscal year, except for the delegated credentialing by ECU-Physicians. During ECU-Physicians' annual review, they were found to be out of compliance with four elements on the delegation review tool, which resulted in a Plan of Correction. Failure to comply with the Plan of Correction led to the eventual termination of the contract with ECU-Physicians on 4/1/2018. ♻ Results of each delegation review are submitted to QIC and the Credentialing Committee (for credentialing delegations) annually for review. Next steps: ♻ Trillium Health Resources will continue to conduct pre-assessments and annual 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 delegation reviews that are required to be completed within the 12 month timeframe.	Met
QM Workplan *The QM Workplan outlines quality improvement activities for the year*	Outcome Analysis: ♻ The Quality Management Work Plan specified quality improvement activities for Trillium in FY 17-18. ♻ The 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.	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
Goal: 100% of all tasks in the QM Work Plan will be completed.	♲ Trillium Health Resources continues to use its QM Work Plan as a tool to identify specific quality improvement activities for the organization. The plan is reviewed routinely and updated accordingly with any status updates. ♲ Trillium's QM Work Plan was reviewed by CCME as a part of their annual review. ♲ All tasks in the QM Work Plan were completed. Next steps: ♲ 2018-2019 Work Plan has been developed and was reviewed in July 2018 by QIC. ♲ Over the course of the next year, 100% of the tasks listed on the QM Work Plan will be completed and the Work Plan will be updated routinely throughout the year.	
QM Plan/Program Description *Trillium's Quality Management Plan/Program Description lays out Trillium's overall plan for organization wide quality management/improvement.* *Goal: To fully comply (100%) with contract requirements and URAC standards.*	Outcome Analysis: ♲ The Quality Management Plan/Program Description is created at the beginning of the fiscal year to outline the Quality Management Plan for the year. ♲ The 2017-2018 Quality Management Plan/Program Description was reviewed and approved by QIC on 5/16/2017 and the Governing Board on 6/22/2017. ♲ Trillium Health Resources continues to use its Quality Management Plan/Program Description as a tool to identify organization wide quality management plan/initiatives for the year. The plan is reviewed annually in QIC. ♲ The Quality Management Plan/Program Description is posted on Trillium's website for public access. ♲ Trillium's Quality Management Plan/Program Description was reviewed by CCME as a part of their annual review. ♲ The Quality Management Plan/Program Description is submitted annually to DMA during the month of August. Next steps: ♲ The 2018-2019 QM Plan was reviewed and approved by QIC on 6/19/2018 and the Governing Board on 6/26/2018. ♲ Trillium will fully comply (100%) with contract requirements and URAC standards as outlined in the QM Plan.	Met
National Accreditation *Trillium's QM department is responsible for ensuring Trillium maintains ongoing compliance with*	Outcome Analysis: ♲ The QM Department continues to work with the Internal Monitoring Department to ensure Trillium maintains compliance with current URAC standards for all accredited programs by conducting internal monitoring of each department on an annual basis.	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
accreditation standards relevant to accredited programs. *Goal: Maintain Full Accreditation status with a 93% or above.*	♲ A Project Plan has been developed and a contract with a consultant has been signed. Next steps: ♲ URAC: URAC re-accreditation is due March 2019 for three programs, Health Network, Health Call Center and Health Utilization Management. Trillium is currently in the process of preparing the desktop application for submission by August 31, 2018. Mock reviews and onsite preparations will take place in the Fall/Winter of 2018 and an on-site review is anticipated for early 2019. Trillium will maintain full accreditation status with a 93% or above by continuing internal monitoring of each department over the next year. ♲ NCQA accreditation: As previously mentioned Trillium has begun to research and pursue NCQA accreditation. Management Behavioral Healthcare Organization (MBHO) standards will be reviewed by Quality Management staff and the readiness assessment will be conducted in the Fall of 2018. Organizational documents will be revised to comply with NCQA standards and training/education will be provided on NCQA processes and standards to all Trillium staff.	
Key Performance Indicators *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* *Goal: 100% of the key performance indicators will meet benchmarks.*	Outcome Analysis: ♲ Trillium met each Key Performance Indicator for every measure except two, the percentage of inpatient hospital readmissions assigned to care coordination, and the percentage of complaints that were resolved within 30 days. The target was missed in one month of the year for each of these two measures. ♲ In November 2017, Trillium's performance was at 80% for inpatient hospital readmissions assigned to care coordination, compared to a target of 85%. Performance for November fell because two members had retroactive Medicaid who could not be care coordinated. ♲ The target for 30-day complaint resolution is 90% and Trillium's performance was at 83% in November 2017. Some Trillium processes have been changed to address this result and performance has been at 100% since November 2017. ♲ Overall, Trillium met 98.9% of the Key Performance Indicator measurements during FY 17-18. ♲ Data was presented to QIC for review. Next steps: ♲ Trillium will continue to monitor KPI's on a monthly basis to efficiently identify any trends or patterns in the data. ♲ Data will continue to be presented to QIC for review. If any issues or trends are identified, QIC will discuss any 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 benchmarks set for the KPI's over the next year.	Partially Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
	♲ Trillium will add the DMA and DMH Supermeasures to the KPI list and will monitor those measures to ensure we meet the benchmarks and implement corrective action if necessary.	
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: 100% of reports will be accurate, complete, and submitted on time.*	Outcome Analysis: ♲ The QM Data Unit is the hub of reporting for Trillium. The Data 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. ♲ During Trillium's annual CCME review, 20 DMA performance measures (including 10 Innovations Waiver measures) were validated and no concerns were noted. 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.	Met
Dashboards *Trillium ensures all dashboards are developed as requested, validated, reviewed, and submitted on time to the appropriate committees.* *Goal: 100% of reports will be accurate, complete, and submitted on time.*	Outcome Analysis: ♲ The QM Data Unit is responsible for creating dashboards and sharing data with various committees to analyze for trends, outliers and red flags. ♲ Any trends, outliers or red flags identified are referred to QIC to determine any needed action. ♲ 100% of committee dashboard reports created were accurate, complete, and submitted on time. ♲ Committee dashboards are produced on a routine basis for the following committees: 1. Global Quality Improvement Committee 2. Sentinel Events Review Committee 3. Human Rights Committee 4. Quality Improvement Committee 5. Provider Council Next steps: ♲ Trillium will continue to ensure 100% of dashboard reports are accurate, complete, and submitted on time ♲ Reports will be submitted and reviewed with appropriate committees.	Met
Quality Improvement Projects	Current Quality Improvement Projects: ♲ Improving the Percentage of Timely Contacts with TCLI Individuals in In-Reach Status	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
During FY 2017-2018, Trillium maintained Quality Improvement Projects (QIP's) as indicated by the state contracts and accreditation standards. *Goal: 100% of QIP's will be accurate and complete, and in compliance with regulatory guidelines and accreditation standards.*	○ Goal is to increase the percentage of timely contacts with TCLI individuals in In-Reach Status to 95%. ○ Baseline in June 2017 was 82% ○ Most recent measurement-May 2018 at 99.8%, this goal was met in September 2017 and is in the maintenance phase. ♲ DMA and DMH Mental Health 7 Day Follow-Up : ○ Goal is to increase the percentage of individuals receiving a follow-up appointment within 7 days of being discharged from a community hospital, facility based crisis or state psychiatric hospital to 40% or more for both DMA and DMH populations (separate funding sources) ○ Baseline was taken from November 2017 data: DMA-36.9% and DMH 19.1% ○ Most recent measurement – April 2018-DMA 36.4% and DMH 18.8% ♲ Increasing Provider Satisfaction Related to the Appeals Process for Denial, Reductions or Suspensions of Service(s): ○ Goal is to increase the provider satisfaction percentage related to the appeals process for denial, reductions or suspension of service(s) to the state average, which is 77.5%. ○ Baseline from the 2017 DHHS Provider Satisfaction Survey results was 71.56% ○ Next measurement will be available in early 2019 when the next survey results are published. ♲ Increasing access to adequate admission, discharge and transfer data (ADT) from hospitals in the Trillium service area: ○ Goal is to have 80% or more of the hospital ED's participate in the ADT data feeds. ○ Baseline for January 2017 was 42% ○ Most recent measurement – April 2018 was 88% ○ This projects goal was met in January 2018 and is in the maintenance phase. Closed Quality Improvement Projects for FY 17-18: ♲ Increasing Outpatient Therapy in Children Receiving TFC Services (Closed on 2/20/2018 unsuccessfully due to project design flaws) ♲ A Complete Trillium Health Resources Provider Directory (Closed successfully on 11/21/2017) ♲ Increasing Overall Satisfaction on the Annual DHHS Provider Satisfaction Survey (Closed successfully on 4/17/2018) ♲ Decreasing the Upstream Medicaid Encounter Claims Denial Rate (Closed successfully on 5/22/2018) ♲ Integrated Care-Access to Primary/Preventive Care for Individuals Under the Innovations Waiver (Closed in June 2018. After data specifications were finalized by DMA, it was discovered that there was not a need for the project because data indicated the goal was already met. Outcome Analysis: ♲ All QIP's were reviewed and discussed at monthly QIC meetings.	

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
	♲ A QIP peer review was implemented this year. A tool was created, consisting of all regulatory and accreditation standards related to QIP's. Using the Peer Review tool. QM Coordinators review all QIP's to ensure compliance with all regulatory and accreditation standards on an annual basis. ♲ All QIP's were shared with the Global Quality Improvement Committee and Clinical Advisory Committee for feedback and input. ♲ A QIP annual report was created and submitted to QIC, the Governing Board and DHHS. ♲ Articles on the QIP's were developed and shared with employees in the Trillium newsletter. ♲ All complete QIP templates and a summary QIP grid are posted on Trillium's SharePoint page for staff to access at any time. ♲ During the annual CCME review, QIP's were reviewed, validated and feedback provided. Trillium scored 100% (High Confidence) on each QIP reviewed by CCME. Next steps: ♲ Trillium will continue to maintain the required number of projects per the DMA contract and accreditation standards. ♲ QM staff will review QIP's with QIC on a monthly basis to discuss progress, measurements and needed interventions. ♲ The QIP peer review will continue to be conducted annually. ♲ The QIP Grid will be continuously updated on the QM SharePoint site for employee access.	
Provider Performance Data ***To provide data to providers on various measures on at least an annual basis. This data provides a snapshot into how they are performing compared to similar providers.*** ***Goal: 100% of Performance Data Reports will be accurate, complete, and submitted on time.***	Outcome Analysis: ♲ Trillium's Data 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 　○ QIP scores 　○ Accessibility ♲ Reports were distributed to providers on a quarterly basis. 417 reports were distributed in the most recent quarter of April –June 2018. Next steps: ♲ Reports will continue to be sent out on a quarterly basis for all of FY18-19. ♲ Quality Management and Network staff will discuss how these provider performance reports can be made more valuable to the provider network and to Trillium staff.	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
Incident Reporting *To ensure the health and safety of all members.* *Goal: 100% of Incident Reports submitted by provider network will be reviewed.*	Outcome Analysis: - 100 % of incident reports submitted by the provider network were reviewed. - 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 Medical Directors, for review and discussion on possible follow-up required or immediate action needed. - Data was reviewed monthly with the Sentinel Events Review Committee and updates were submitted to QIC. The Sentinel Events Review Committee met 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. - Throughout the year, the QM Coordinators provided technical assistance on incident reporting to providers, as needed. Next steps: - Trillium will continue to review 100% of the incident reports submitted by the provider network. - QM Coordinators will continue with the daily report and monthly SERC meetings to review reports and data in order to identify trends, patterns or areas of concern that need investigation or follow up.	Met
State Contracted Provider QIP Review *To improve the quality of MH/DD/SA services for Trillium Health Resources members, providers with state-funded contracts are required to complete 3 Quality Improvement Projects (QIP's) that demonstrate evidence of performance improvement related to some aspect of organizational processes/structure, member outcomes or other Provider Improvement activities.*	Outcome Analysis: - 100% of the QI projects submitted by state-funded fully contracted network providers were reviewed and scored using a standardized tool. - Over 200 QIP's were reviewed and scored. - Letters with results and feedback were sent out to providers by October 2017. In addition, scores and feedback were included in the Provider Performance Reports distributed by the Data Unit. - Mid-year check-in and technical assistance was provided during December 2017 for 13 providers who scored 60% or less on their projects. Technical Assistance was offered to all providers throughout the year. - A Blinded Peer Review was offered to all providers. Two providers participated in the review where Global Quality Improvement members (providers) reviewed QIP's that did not have any identifying information in them. These peers offered suggestions on ways to improve the projects that were reviewed and the information was passed on to the providers. Next steps: - Trillium will continue to require three Quality Improvement Projects (QIPs) from state-funded fully contracted providers prior to, or on, July 31 each year.	Met

Compliance Element	FY 2017-2018 Trillium Health Resources Standards and Accomplishments	Met/ Not Met
Goal: 100% of QI projects submitted by state-funded contracted network providers will be reviewed. *Goal: Trillium will provide QIP Technical Assistance and Training to providers who score below a 60% on their QIP's and any providers who request additional assistance.*	♻ 100% of the projects submitted will be reviewed, the scoring tool will be completed and feedback will be sent to providers. ♻ Mid-year check-in and technical assistance will be provided during the month of December. ♻ Blinded Peer Reviews will be offered to providers prior to the 7/31 submission date so feedback can be implemented prior to submission.	

Summary

Based on the comprehensive review and evaluation of performance in all aspects of the Quality Management program, the overall effectiveness of Trillium's 2017-2018 goals, including progress towards influencing system-wide safety, and member-centered clinical practices, proved strong and evolving.

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 management, and to a global system of care dedicated to excellence.

Transforming the lives of people in need by providing them with ready access and quality care.