QUALITY MANAGEMENT AND IMPROVEMENT PROGRAM (QUALITY PROGRAM DESCRIPTION)

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Reviewed by QIC DRAFT for TP

Next Annual Review Date: April 2023

Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

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INTRODUCTION

Trillium Health Resources (Trillium) is a Behavioral Health (BH) Intellectual/Developmental Disabilities (I/DD) Tailored Plan that provides Medicaid members and State-funded recipients[1] (members) with integrated physical health, pharmacy, LTSS, behavioral health, I/DD and TBI services to meet their health care needs, including additional services for behavioral health, I/DD and traumatic brain injuries (TBI) if they are needed.

PURPOSE

Trillium adopted this Quality Management and Improvement Program (QMIP), (hereinafter referred to as "Quality Program") that describes Trillium's approach to quality management and improvement. The Quality Program outlines how our responsibility to members, providers/practitioners, stakeholders and community partners will be fulfilled. The Quality Program is supported by the Quality Assessment and Performance Improvement (QAPI) Plan (hereinafter referred to as the "Work Plan") which includes Performance Improvement Projects (PIPs), Provider Support Plan, and Member Incentive Programs.

Trillium's Quality Program was developed to align with the critical needs of our population and meet the requirements as set forth by North Carolina Department of Health and Human Services (NCDHHS). We seek to improve health outcomes for 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. As a BH I/DD Tailored Plan, our goal is to implement innovative, high impact Quality Management programs to address the integrated health needs of our members while improving access to care and meeting the needs of all members, regardless of age or health condition. Trillium's mission and vision provide the focus for how we will meet standards, statutory requirements, and contractual obligations.

TRILLIUM MISSION AND VISION STATEMENTS

MISSION:
Transforming lives and building community well-being through partnership and proven solutions.

VISION:
For every community and individual we serve to reach their fullest potential.

Trillium organizational commitment to inclusion was developed in October 2020:

> *Trillium wants all of our members, families, staff, providers, and partners to know we stand against racism in all forms. We value the diversity of the communities*

[1] "Member", unless otherwise specifically indicated in the Contract, refers to (1) a Medicaid beneficiary whose Medicaid county of eligibility is in a county covered by the BH I/DD Tailored Plan or who is currently enrolled in and receiving benefits through the BH I/DD Tailored Plan and (2) a Recipient who is actively receiving a State-funded Service or State-funded function, paid for by State Funds or Federal Block Grant Funds.

we serve and are committed to the inclusion of voices across the spectrum. We firmly believe that our differences make us stronger. We stand for the inclusion of people of different races in all areas of our society. We are committed to serving communities with the core values of integrity, equity, and respect leading the way. We do not stand for limiting anyone's potential, through racist practices or beliefs. No Trillium staff or partner will aid, directly or indirectly, in employment or volunteer filtering based on race. We do stand together, united and unapologetically, in the true spirit of partnership to collectively transform. We invite you to join us.

QUALITY MANAGEMENT STRATEGY

Trillium's Quality Program has been developed to align with the critical needs of our population and meet the requirements as set forth by NCDHHS. The Quality Program is designed to ensure that the organization's core functions and qualified practitioner/provider network services are delivered in a manner that is entirely consistent with the quality management and quality improvement assurances and other requirements contained in North Carolina's federal Medicaid waivers (e.g., Section 1115, Section 1915(c), and other active waivers relevant for the BH I/DD Tailored Plan), our mission, philosophy, values, working principles, and in a manner that meets or exceeds the statutory and national accreditation requirements under which Trillium operates.

Trillium seeks to improve health outcomes for 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. Trillium intends to promote the highest quality of care for physical health, behavioral health, I/DD, TBI, and long-term services and supports (LTSS) needs.

In alignment with North Carolina's quality strategies, the overarching purpose of the Trillium Quality Program will be focused on whole person-centered care that supports:

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

The state's Quality Strategy is built to construct an innovative, whole-person centered, and well-coordinated system of care and measurement of quality, which addresses both medical and non-medical drivers of health and an enhanced focus on promoting health equity.

Per North Carolina's Medicaid Managed Care Quality Strategy Updated June 16, 2021, document, "included within each of these three aims is a series of Goals and Objectives, intended to highlight key areas of expected progress and quality focus." These strategies support Trillium's Mission and Vision.

Aims	Goals	Objectives
Aim 1: Better Care Delivery. *Make health care more person-centered, coordinated, and accessible.*	**Goal 1: Ensure appropriate access to care**	Objective 1.1: Ensure timely access to care
		Objective 1.2: Maintain Medicaid provider engagement
	Goal 2: Drive patient-centered, whole-person care	Objective 2.1: Promote patient engagement in care
		Objective 2.2: Link patients to appropriate care management and care coordination services
		Objective 2.3: Address behavioral and physical health comorbidities
Aim 2: Healthier People, Healthier Communities. *Improve the health of North Carolinians through prevention, better treatment of chronic conditions, and better behavioral health care, working collaboratively with community partners.*	**Goal 3: Promote wellness and prevention**	Objective 3.1: Promote child health, development, and wellness
		Objective 3.2: Promote women's health
		Objective 3.3: Maximize long-term services and supports (LTSS) populations' quality of life and community inclusion
	Goal 4: Improve chronic condition management	Objective 4.1: Improve behavioral health care
		Objective 4.2: Improve diabetes management
		Objective 4.3: Improve asthma management
		Objective 4.4: Improve hypertension management
		Objective 5.1: Address unmet health-related resource needs
	Goal 5: Work with communities to improve population health	Objective 5.2: Address the opioid crisis
		Objective 5.3: Address tobacco use
		Objective 5.4: Promoting health equity
		Objective 5.5: Address obesity
Aim 3: Smarter Spending. *Pay for value rather than volume, incentivize innovation, and ensure appropriate care.*	**Goal 6: Pay for value**	Objective 6.1: Ensure high-value, appropriate care

**Source North Carolina's Medicaid Managed Care Quality Strategy Updated June 16, 2021*

Trillium's Quality Program strategy is based on continuous quality improvement including constantly working to identify targets for improvement and responding quickly to gaps. Our data analytics capabilities provide the insights and opportunities to discover and address disparities in quality metrics. They enable us to understand variations in quality across multiple performance venues. Critical success factors to achieve our goals require continuous effort and commitment to:

- Ensure that resources are directed toward priorities such as opioid response, access to care, addressing health-related needs and services for children with complex needs as

well as care needs specific to individuals with I/DD and TBI, including members that are part of a Tribal community
- Hold staff and providers accountable for meeting quality goals and desired outcomes
- Review performance measurements and monitor key metrics through dashboards and regular reporting
- Hear and consider input from all stakeholders and implement recommendations for improvements that are Member focused, reasonable, economically feasible, actionable, and measurable
- Align with the NCDHHS Quality Strategy to support members as well as design and implement system improvements

Trillium's Quality Program promotes objective and systematic measurement, monitoring, evaluation, and improvement of whole-person care and services. Trillium's Quality Program is a significant part of our culture and quality is interwoven throughout our organization. We are focused on health outcomes, not simply healthcare process measures, by evaluating data and assessing the impact on members in our population as a whole and within sub-populations such as members with co-occurring schizophrenia and diabetes. Trillium intends to implement PIPs/Quality Improvement (QI) activities based upon data driven findings and performance measurements, such as outcomes-based measurements.

The formal process to develop and review Trillium's quality strategies occurs annually, unless there is a significant change to the program mid-year. Significant changes include events such as a change to the delivery system model, including the composition of or payments to the network; change in services offered/benefits covered under the contract; change in the geographic service area; addition of new populations or services; or significant changes to the federal regulations and/or contract contents governing quality.

The effectiveness of the quality strategy is assessed through the following, not to be considered an exhaustive list, recommendations provided by the External Quality Review Organization (EQRO), a review of our performance on Healthcare Effectiveness Data and Information Set (HEDIS) measures, and survey results. Additional information is gleaned from reviews of complaints & grievances, appeal logs, member experience, out of network request and utilization, and quality improvement activities (QIAs) to determine opportunities.

GOALS, MEASURES, AND INTERVENTIONS

<table>
<tr><th colspan="4">Better Care Delivery
Make health care more person-centered, coordinated and accessible</th></tr>
<tr><th>Goal</th><th>Objective</th><th>Measure + Steward</th><th>Activities/Interventions</th></tr>
<tr><td>Ensure appropriate access to care</td><td>Ensure timely access to care</td><td>EQRO: CAHPS Health Plan Survey 5.0, Adult & Child Version</td><td rowspan="5">• Support for response to or recovery from COVID-19, or future resilience efforts
• Opioid Misuse Prevention and Treatment Program
• Initiatives addressing Social Determinants of Health
• Healthy Opportunities Pilot
• Tailored Care Management
• Advanced Medical Homes (AMHs/AMH+)
• Care Management Agencies (CMAs)
• CM High Risk Pregnancy (CMHRP)
• Integrated Care for Kids (InCK) Initiative
• Telehealth, Virtual Patient Communications and Remote Patient Monitoring
• NC HealthConnex
• Behavioral Health Integration
• Provider Support Plan
• Member Incentive Plan
• Value Added Services
• Value Based Payments
• Center for Disease Control & Prevention (CDC) 6/18 Initiative
• North Carolina Treatment Outcomes and Program Performance System (NCTOPPS)</td></tr>
<tr><td></td><td>Maintain Medicaid provider engagement</td><td>Provider Satisfaction Survey
Trillium Provider Survey</td></tr>
<tr><td>Drive patient-centered, whole-person care</td><td>Promote patient engagement in care</td><td>EQRO: CAHPS Health Plan Survey 5.0, Adult & Child Version</td></tr>
<tr><td></td><td>Link patients to appropriate care management and care coordination services</td><td>EQRO: CAHPS Health Plan Survey 5.0, Adult & Child Version</td></tr>
<tr><td></td><td>Address behavioral and physical health comorbidities</td><td>NCQA: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

NCQA: Diabetes Monitoring for People with Diabetes and Schizophrenia

Access to Primary/Preventive Care for Individuals Under the NC Innovations Waiver</td></tr>
<tr><th colspan="4">Healthier People, Healthier Communities.
Improve the health of North Carolinians through prevention, better treatment of chronic conditions and better behavioral health care, working collaboratively with community partners.</th></tr>
<tr><td>Promote wellness and prevention</td><td>Promote child health, development and wellness</td><td>NCQA: Childhood Immunization Status (Combination10)

NCQA: Well-Child Visits in the First 30 Months of Life</td><td>• Support for response to or recovery from COVID-19, or future resilience efforts
• Opioid Misuse Prevention and Treatment Program</td></tr>
</table>

		NCQA: Immunizations for Adolescents (Combination 2)	• Initiatives addressing Social Determinants of Health • Healthy Opportunities Pilot • Tailored Care Management • Advanced Medical Homes (AMHs/AMH+) • Care Management Agencies (CMAs) • CM High Risk Pregnancy (CMHRP) • Integrated Care for Kids (InCK) Initiative • Telehealth, Virtual Patient Communications and Remote Patient Monitoring • NC HealthConnex • Behavioral Health Integration • Provider Support Plan • Member Incentive Plan • Value Added Services • Value Based Payments • Center for Disease Control & Prevention (CDC) 6/18 Initiative • North Carolina Treatment Outcomes and Program Performance System (NCTOPPS)
	Promote women's health	NCQA: Cervical Cancer Screening Chlamydia Screening in Women NCQA: Breast Cancer Screening NCQA: Prenatal and Postpartum Care	
	Maximize long-term services and supports (LTSS) populations' quality of life and community inclusion	Clinical PIP related to diversion, in-reach and/or transition for populations in or at risk of entrance into institutional settings NCQA LTSS Certificate of Distinction	
Improve chronic condition management	Improve behavioral health care	NCQA: Follow-up After Hospitalization for Mental Illness: 7 and 30-day NCQA: Antidepressant Medication Management NCQA: Initiation and Engagement of Alcohol and other Drug Dependence Treatment	
	Improve diabetes management	NCQA: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	
	Improve asthma management	NCQA: Asthma Medication Ratio	
	Improve hypertension management	NCQA: Controlling High Blood Pressure	
Work with communities to improve population health	Address unmet health-related Resource needs	Rate of Screening for Unmet Health- Related Resource Needs	
	Address the opioid crisis	NCQA: Concurrent Use of Prescription Opioids and Benzodiazepines	

		NCQA: Continuation of Pharmacotherapy for Opioid Use Disorder	
	Address tobacco use	EQRO: CAHPS Health Plan Survey 5.0, Adult Version Medical Assistance with Smoking and Tobacco Use Cessation	
	Promote health equity	Stratification of Data Sets using DHHS defined parameters and future NCQA HEDIS specifications	
	Address obesity	NCQA: Adult Body Mass Index (BMI) Assessment NCQA: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	
Smarter Spending. Pay for value rather than volume, incentivize innovation, and ensure appropriate care.			
Pay for value	Ensure high-value, appropriate care	NCQA: Plan All-Cause Readmissions	• Value-based Contracting Programs/Practice Management

STAFFING, TOOLS, AND RESOURCES

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. At its core, QI is a team process. Trillium staff have the knowledge, skills, experience, and perspectives to make lasting improvements. It is the responsibility of each individual to be an active and contributing member of the team. Each staff member participating on a workgroup, committee, or as part of a team, brings a unique perspective to the process; i.e., how things work; what happens when changes are made, and how to sustain improvements during daily work.

The Trillium organizational chart provides a more comprehensive description of the resources available within each department.

Trillium has a full-time Director of Quality Management who has the authority and responsibility for the overall operation of the Quality Program. The Director of Quality Management is supervised by the Chief Medical Officer (CMO), with the CMO co-chairing the Quality Improvement Committee (QIC) along with the Director of Quality Management. The clinical operation of the Quality Program is overseen by the CMO, who is a board-certified psychiatrist with 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.

The QM Administrative Assistant provides confidential administrative support to the Quality Management department by completing meeting minutes, ensuring Policy and Procedures are kept up to date, and assisting with any other tasks and duties necessary.

The IT department provides a technology framework for increasing overall productivity, efficiency, and performance, all of which support the agency's mission and goals. The Business Informatics Data Reporting unit within the IT department ensures that data is made available for timely, accurate reporting, and analysis. Trillium's QM staff work closely with the IT Business Informatics Data Reporting Unit to develop and apply critical data analytics necessary to build and manage our QM activities. QM analytics support the continuous QI efforts required to ensure program expectations and outcomes are identified and realized. Data is an important cornerstone of quality improvement. Data is used to describe how well current systems are working; what happens when changes are applied, and to document successful performance.

Our teams work together to develop dashboards and reports to support the analysis, pattern and trend identification, compliance, tracking and monitoring of Trillium's service provision. The dashboards provide insights on provider performance, member outcomes, improvement opportunities, and trends. Our dashboard and reporting systems are modern information systems based on globally recognized platforms and standards such as Microsoft Power BI. The platforms are customizable to deliver information needs identified by our clinical and care coordination or care management teams to improve Member outcomes. Dashboards and reports are available to Trillium team members in real time and as needed to support our members. This data is used by committees and management to make decisions regarding operations and the service system. Data enables the agency to monitor, coordinate and improve operations, and evaluate areas of need as well as potential areas for improvement.

Plan-Do-Study-Act (PDSA)

The model utilized in the QM department is the "Plan-Do-Study-Act" (PDSA), a four-step model for carrying out change. PDSA is a quality management tool used as a framework for problem solving and continuous quality improvement. Just as a circle has no end, the PDSA cycle should be repeated again and again for continuous improvement.

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, performance/quality improvement activities and projects, including the Work Plan, satisfaction/experience surveys, Trillium's Committee Structure, policy and procedure development, new employee orientation, and various other tasks.

Delegation Unit

The Delegation Unit is responsible for assuring Trillium's compliance with delegated activities. The Head of Delegation oversees and manages the evaluation of the adequacy and effectiveness of Delegation Oversight activities and includes Delegation Coordinators. 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. The Delegation Unit will be responsible for completion of the required annual report describing each core Medicaid operations entity and state funded service, including evidence of Trillium's oversight activities and describing entity performance including key operating priorities, key metrics, corrective actions taken, and sanctions.

Trillium currently does not delegate any QI functions. However, we do have an established detailed procedure and process for delegating the activity, if needed. Trillium maintains oversight responsibility of delegated activities and retains the right to modify or withdraw the nature of the contractual relationship, including the termination of the contract and/or the delegation of activities as specified in the relevant contract or delegation agreement. The QM delegation review process seeks to ensure that the 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 Delegation Oversight Committee may require improvement and would be responsible for monitoring any corrective action plans.

Monitoring includes the review of both the delegated vendor's policies/procedures/practices and performance standards. The delegated activity objectives are:

- Pre-evaluate potential delegated entities prior to delegation
- Complete an annual assessment of delegated activities
- Monitor oversight of delegated activities
- Ensure delegated entities meet or exceed established performance and operational measures
- Ensure delegated entities meet or exceed accreditation standards
- Establish corrective action plans if performance measures are not met

Performance Measures Unit

The Performance Measures Unit is responsible for assuring compliance with the Division of Mental Health (DMH) and Division of Health Benefits (DHB) contract requirements such as Super Measures/Performance Measures, National Committee for Quality Assurance (NCQA) accreditation, HEDIS reporting, as well as other external and internal reporting needs. The Data Analyst Supervisor, along with HEDIS & Performance Specialists develop quantitative and qualitative 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 identify matters of significance that could impact the agency.

Accreditation Unit

The Head of Accreditation is responsible for supporting the Director of Quality Management with the organization's achievement and on-going maintenance of NCQA national accreditation. This position, in collaboration with Accreditation Consultants, evaluates each functional area or department's readiness to design and implement NCQA or HEDIS oriented quality improvement activities and also drafts narrative reports to interpret regulatory specifications, explain programs and results of programs, and document findings and limitations of department interventions. The Head of Accreditation ensures maintenance of programs for members in accordance with prescribed NCQA accreditation quality standards; conducts data collection, reporting and monitoring for key performance measurement activities; and provides direction and implementation of accreditation surveys. These activities are designed to provide organizational support to functional area leaders including streamlining status reports, drafting, editing letters/brochures, as they relate to Quality Program activities and HEDIS.

COMMITTEE STRUCTURE

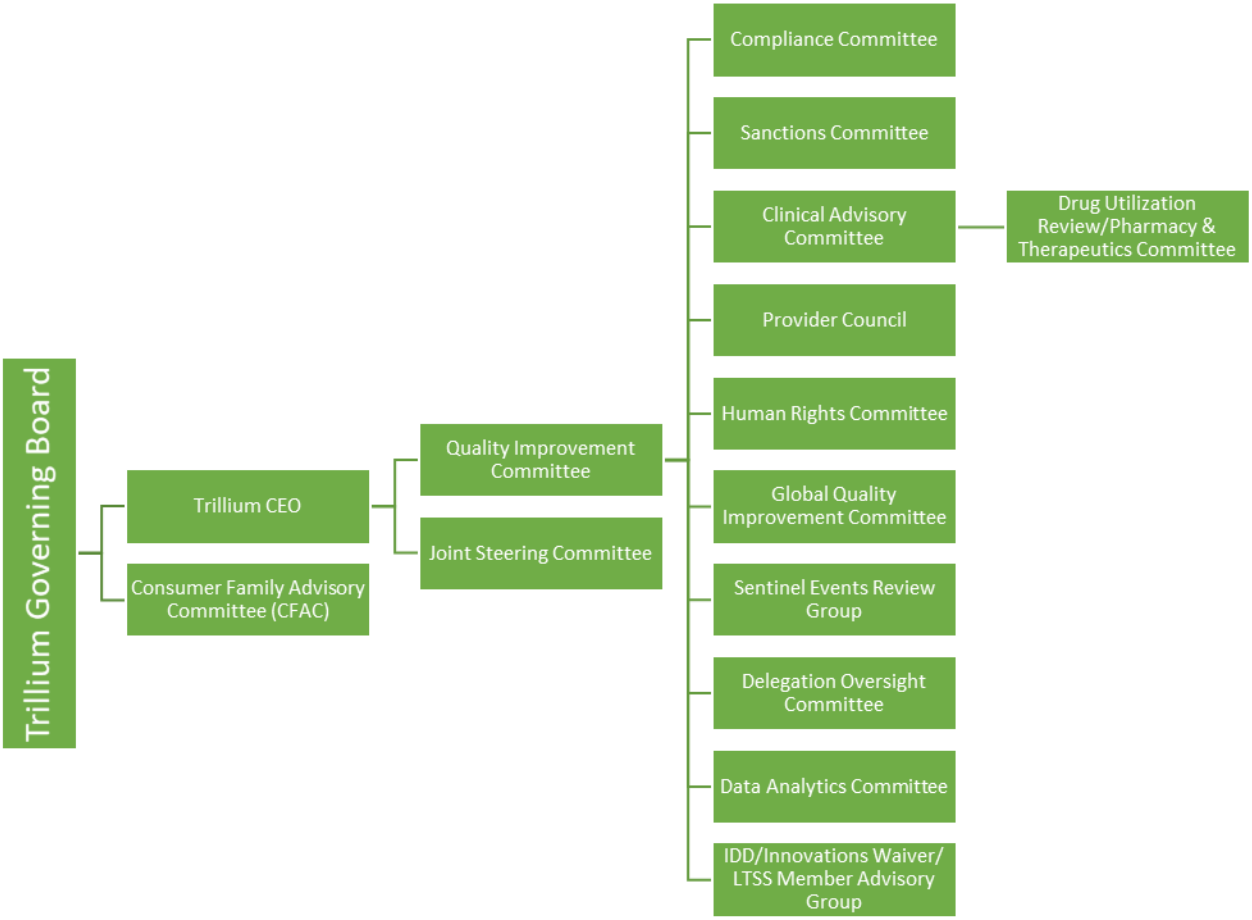
Trillium utilizes numerous committees for management of the quality process. Trillium embeds practitioners (clinicians)/providers in many of the established committees to ensure a strong clinical perspective is a consistent and active part of its quality improvement initiatives. Each practitioner/provider, Board member, and/or Consumer and Family Advisory Committee (CFAC) member serving on a committee agrees to comply with all state and federal rules, guidelines, and mandates related to conflicts of interest and confidentiality. Each committee member upon appointment and as changes occur, completes a disclosure statement. Disclosure statements are maintained by the Chief Compliance Officer (or designee). Each Committee maintains By-Laws and/or Charters that provides additional detailed information related to the committee including its purpose, structure, meeting schedule, membership, and responsibilities. Please reference the respective By-Laws and/or Charters for more Committee details.

Trillium's Governing Board is responsible for the oversight of both the Quality Program and all quality-related committees. The Director of Quality Management leads and directs all quality management functional areas and responsibilities which includes co-chairing the QIC along with Trillium's CMO. The CMO's role is to supervise the Quality Program and provide medical leadership in the development of clinical procedures. The CMO analyzes data on a variety of indicators and uses this data to assess and improve the process and outcomes of care while looking for opportunities for growth, integration, reduced cost of care and quality improvement. The CMO collaborates with and provides medical representation to the community and is able to articulate best practices and quality outcomes.

Trillium leverages the clinical expertise of committee members to assist with a variety of clinical functions including, but not limited to the following:

- Examine and provide input on screening tools, clinical decision support tools, and corresponding clinical policy criteria.
- Review of, and agreement with clinical content published to stakeholders.
- Evaluation of trended member adverse events and/or potential quality of care concerns.
- Evaluate Trillium's QAPI plan including QIAs, PIPs, Provider Support activities, Member Incentives and incorporating feedback.

Trillium Committee Structure



Quality Improvement Committee (QIC)

The QIC is granted authority for quality management by the Chief Executive Officer (CEO). The QIC consists of a cross-functional team including members from various departments across the organization, in addition to the CMO. Trillium's CMO has full responsibility and authority for the quality of care provided to members. The QIC is designed to support Trillium's goal of providing care of the highest caliber possible within the constraints of available resources. Trillium uses measurements of quality in clinical care and drives continuing improvement that positively affects member care. Its primary purpose is to collect and integrate various data sources such as outpatient, inpatient, pharmacy (as available), lab results (as available), and

demographics. Once integrated, data is analyzed, interpreted and opportunities for improvement are identified. When interventions are implemented, the effectiveness of interventions is measured to assess progress. The QIC is charged with working cross-functionally to accomplish the QIAs/PIPs of the organization. The QIC conducts a more focused review of any topics that it deems is warranted and as measured by tracking and trending of performance indicators.

The primary responsibilities of the QIC are to:

- Provide guidance to staff on quality management priorities and projects
- Consult on quality improvement activities to undertake
- Monitor progress in meeting quality improvement activities and performance goals
- Monitor adherence to key performance indicators (KPIs) internally and externally (e.g., HEDIS)
- Review and approve the Work Plan
- Evaluate the effectiveness of the Work Plan annually
- Approve and maintain policies and procedures
- Evaluate member experience survey results and determine opportunities for improvement

The QIC is comprised of representatives from each of the following committees who assist in the quality oversight of the agency:

- Delegation Oversight Committee
- IDD/Innovations Waiver LTSS Member Advisory Group
- Data Analytics Committee
- CFAC
- Joint Steering Committee
- Compliance Committee
- Human Rights Committee
- Global Quality Improvement Committee (GQIC)
- Sentinel Events Review Group (SERG)
- Clinical Advisory Committee (Medical Care Advisory Committee)
    - Drug Utilization Review/Pharmacy & Therapeutics Committee
- Sanctions Committee
- Provider Council

Delegation Oversight Committee

The purpose of the Delegation Oversight Committee is to provide oversight of and assess the appropriateness and quality of services provided to members by delegated entities. The Delegation Oversight Committee includes cross functional representation which provides a structured process to document operational accountability. The Committee monitors compliance with delegation agreements and regulatory requirements, identifies issues and opportunities for improvement, and recommends mitigation plans as needed.

The primary responsibilities of the Delegation Oversight Committee are to:

- Oversee operations of the delegate/vendor to ensure compliance with contractual requirements, federal and state statutes and regulations, and requirements of accrediting bodies;
- Annually review the applicable delegate/vendor program descriptions, policies and procedures;
- Examine activity and performance reports to identify undesirable trends and/or patterns;
- Provide a feedback mechanism for communicating findings, recommendations, and a plan for implementing corrective action (when necessary) related to the scope of delegated functions;
- Monitor financial incentives to ensure quality of care/service is not compromised;
- Develop utilization and quality reporting, summary analysis of data, and specialized reports designed exclusively to describe the findings of delegate/vendor activities;
- Report recommended actions to address any identified opportunities for improvement to the Performance Improvement Team;
- Review findings of annual delegation audits with the QIC and recommend continuation or termination of the delegation arrangement.

IDD/Innovations Waiver/LTSS Member Advisory Group

The purpose of the IDD/Innovations Waiver/LTSS Member Advisory Group is to solicit provider and member advocate input into the approach and effectiveness of Trillium's associated programs, policies, and services, and to engage in a collaborative effort to enhance and promote an outcomes-based service delivery system in local communities. The Group promotes two-way communication between members/member advocates and providers/provider associations where all parties can provide input and ask questions and Trillium can ask questions and obtain feedback.

The IDD/Innovations Waiver/LTSS Member Advisory Group consists of members/recipients/parents/guardians/caregivers, member advocacy organizations, LTSS/IDD/Innovations Waiver providers/provider associations, and Trillium staff, as appropriate, that reviews and reports on a variety of quality and service issues to positively affect program operations. This group will have varied representation with some members of the group having served on other Trillium committees or work groups.

The primary responsibilities of the group are to:

- Discuss and articulate positions and offering input or feedback on relevant topics that shape support/services.
- Review and discuss topics such as member satisfaction results, associated service key performance indicators measures, service utilization, policy and legislative initiatives, program initiatives and implementation with members, and member education materials.
- Make recommendations related to program enhancements based on the needs of the membership, providers, and local communities.

- Make recommendations related to quality measures and health plan initiatives for members receiving services.
- Assist in identifying key issues related to programs that may specifically affect members and providers.
- Provide community input on potential service improvements.
- Offer effective approaches for reaching or communicating with members.

Data Analytics Committee

The Data Analytics Committee is responsible for reviewing data reports and discussing agency wide data related issues. This committee is charged with working cross-functionally to review reports and internal dashboards to identify trends, patterns, outliers, etc. Findings and concerns identified by the committee will be reported to the QIC for corrective action as appropriate. The goal of the committee is to provide cross-functional support to Trillium by tapping into the knowledge base of our Subject Matter Experts (SMEs). The individual SMEs are those who have experience with how best to use and explain data, specific to their respective functional areas, as well as understand how the data connects to other departments and external stakeholders. A designated Data Analytics Committee liaison will regularly provide reports to the QIC.

The primary responsibilities of the Data Analytics Committee are to:

- Review data (PIPs/CAHPS/HEDIS/KPIs) to determine if there are any red flags, trends, or outliers
- Review reports, offer insights, and respond to questions as needed
- Work cross functionally to produce accurate and timely information
- Maintain communication between departments about current reporting or general data topics
- Address agency-wide data needs
- Provide information to the QIC and other committees as necessary to make informed decisions based on accurate data
- Identify ways to streamline and improve current data related work processes to increase efficiency and effectiveness
- Assist in maintaining Data Integrity from an advisory perspective, providing recommendations, as needed and identified

Consumer And Family Advisory Committee (CFAC)

Trillium has one CFAC per region (Northern, Central, Southern). The CFAC is an advisory group for our communities devoted to enhancing care for individuals with mental health, I/DD, and substance use disorders. Each CFAC has representation from each county within its region, with equal representation from among the three disability groups (Mental Health; Substance Use; IDD). CFACs operate in accordance with G.S. 122C-170 and are self-governing and self-directed.

CFACs are responsible for:

- Advising the Trillium Governing Board on planning and management of the local MH/IDD/SUD system
- Making recommendations on policy matters
- Working in partnership with Trillium in the best interest of those diagnosed with MH/IDD/SUD and their families
- Reviewing, commenting on, and monitoring the implementation of Trillium's business plan.
- Identifying service gaps and underserved populations.
- Making recommendations regarding the service array and monitor the development of additional services.
- Reviewing and commenting on the Trillium budget.
- Participating in all Tailored Plan quality improvement measures and performance indicators.
- Submitting to the State Consumer and Family Advisory Committee findings and recommendations regarding ways to improve the delivery of mental health, developmental disability, substance abuse, and traumatic brain injury services.
- Supporting and orienting new committee members.
- Issuing public statements or reports.

Joint Steering Committee

Trillium's and our Standard Plan partner's vision is to create an integrated community of primary care physicians, specialists, and hospitals that cover the full complement of physical, behavioral and supportive services, such a non-emergency medical transportation, for its members focusing on higher quality of care in an effective and efficient manner. The Joint Steering Committee provides the strategic oversight to this relationship and enables collaborative decision making, establishes priorities and timelines, monitors performance, and ensures engagement plans are developed and executed in a timely manner. The Joint Steering Committee develops policy and oversees implementation in a manner consistent with the partnership's vision and core values. The Compliance and QI Committees work closely with Joint Steering Committee to report on compliance, KPIs/metrics, risks and issues.

The Joint Steering Committee is responsible for:

- Providing oversight, decision making, and direction for the broader partnership and guidance to the Integrated Implementation/Transition Team and Workgroups.
- Developing policy and overseeing implementation in a manner consistent with the partnership's vision and core values.
- Driving execution to become a Tailored Plan, establishing priorities, monitoring performance, and ensuring that planning, advocacy, and marketing complements and promotes the strategic direction and success of the Tailored Plan.

Compliance Committee

The purpose of the Compliance Program is to prevent and/or detect operational non-compliance within the organization. The purpose and charge of Trillium's Compliance Committee is to support the organization's Compliance Program by overseeing the elements outlined in 42 CFR §438.608(a)(1) and to provide oversight of the prevention and/or detection of operational non-compliance, and/or inappropriate behavior within the workplace and within the provider network. It provides oversight and guidance to ensure Trillium is in compliance with all applicable laws, regulations, and agency policies/procedures and works to enhance the culture of compliance through education. The Compliance Committee assists in the organizations efforts to monitor, identify and respond to fraud, waste and abuse by reviewing data trends and supporting the work of the Program Integrity/Special Investigations Unit which in turn assists in assuring the quality of the service delivery system. This committee reviews information to ensure internal practices align with the goal of managing quality member and beneficiary care.

The Chief Compliance Officer delegates attendance, participation, and reporting from the Compliance Committee to the QIC to the Internal Compliance and Medicaid Contract Manager.

The Compliance Committee:

- Consists of member representation from various departments, including the CMO.
- Identifies opportunities for reducing risks within the organization by identifying and reviewing any potential conflicts of interest/dual employment/managed care situations.
- Reviews the Compliance Plan and the evaluation of the Compliance Program, at minimum, on an annual basis.
- Arranges for responses to all staff questions concerning Compliance that may or may not be readily answered from policies or procedures.
- Reviews program integrity activities, internal compliance reviews/risks identified, security incidents, HIPAA incidents, and Human Resources Issues (Code of Conduct/Ethics issues)
- Receives, documents, and acts in response to any complaints made by staff regarding Trillium's Compliance practices and procedures and Grievances/Complaints against Trillium and Practitioners/Providers
- Maintains the accuracy of the organization's Compliance policies and procedures. This includes a review of federal and state laws and regulations and modifying policies and procedures, as necessary and appropriate, to comply with changes in the law.
- Using fraud, waste, and abuse data for Trillium and Practitioners/Providers, detects and prevents fraud and abuse within the provider network through reviewing reports, complaints, and current investigations on fraud and abuse.
- Reviews information about Industry wide risks (information from the Health Care Compliance Association (HCCA)/News articles, etc.)

Trillium collects data from all sources of member complaints/grievances and aggregates and analyzes the data using the following categories:

- Quality of Care
- Access
- Attitude and Service
- Billing and Financial Issues
- Quality of Practitioner Office Site

The Compliance Committee evaluates data and relays any noticeable trends to the QIC as necessary for appropriate review, discussion and identification of opportunities for improvement.

Trillium, with the support of the Compliance Committee, follows all laws and regulations regarding HIPAA, privacy, and confidentiality during its QI activities.

Human Rights Committee

The goal of the Human Rights Committee is to oversee compliance with member's rights, confidentiality laws, and procedures established for processing grievances, alleged abuse of rights and concerns about restrictive treatment and access to services. The policy of the Human Rights Committee is consistent with that of the Governing Board Bylaws and the Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services North Carolina Administrative Code (NCAC) 10A 27G. The Human Rights Committee is comprised of Board representation, member/family members and practitioners/providers representing all disability groups. Trillium staff serve as liaisons to the committee and act as administrative support to the committee. The Human Rights Committee liaison regularly makes reports to the QIC. The QIC considers and takes appropriate action in response to recommendations from the Human Rights Committee.

The primary responsibility of the committee is to ensure the protection of members' rights by reviewing:

- Critical Incidents that involve the use of restrictive intervention/procedures, allegations of abuse, neglect, or exploitation against a staff member or facility
- Complaints and grievances regarding potential member rights violations, questionable practices, access to services, inadequate treatment, confidentiality, and alleged abuse
- Member appeals (monthly and quarterly data)
- Concerns regarding the use of restrictive interventions by providers
- Concerns regarding confidentiality
- Concerns regarding member incident reports
- Concerns regarding access to services
- Concerns related to quality of care, accessibility, health and safety, lack of crisis responsiveness
- Alleged violations of the rights of individuals or groups, including cases of alleged abuse, neglect or exploitation brought by members, advocates, parents or other legally responsible person, staff or community stakeholders.

Global Quality Improvement Committee (GQIC)

The GQIC serves as a fair and impartial committee representing practitioners/providers to discuss and explore ideas related to quality improvement issues. In addition to practitioner/provider representatives, the committee membership also includes representatives from the Regional CFAC. Trillium's Quality Program provides opportunities for involvement of representatives of relevant medical systems and other health care practitioners, members, and families to provide input and feedback on quality issues and projects through their representation on the GQIC. The CFAC representatives serve as liaisons for members and families while participating in the selection of quality improvement activities, the formulation of project strategies or interventions, and other quality topics. The goal of the GQIC is to foster collaboration and strengthen the relationship between members, practitioners/providers and Trillium. The GQIC discusses and monitors the quality needs of the network and identifies recommendations from the committee members to the QIC as appropriate and necessary. The QIC has ultimate decision-making authority regarding recommendations and initiatives. Trillium staff serve as liaisons to the committee and act as administrative support to the committee. The GQIC liaison regularly makes reports to the QIC.

The objectives of this committee are to:

- Review developing quality concerns
- Assess practitioner/provider training needs related to quality
- Collaborate with Trillium QM staff regarding quality issues, which includes providing feedback on the MCO's QI activities
- Review current standards and recommend minimum standards for network QA/QI systems
- Provide a forum in which practitioners/providers can learn from each other

Sentinel Events Review Group (SERG)

The SERG completes internal review of sentinel events of members (including those receiving LTSS services and programs), such as any unexpected occurrence involving a member's death, serious psychological injury or the risk thereof. The SERG, facilitated by the CMO (or physician designee), reviews member incident reports and adverse events tracking and monitoring. The group also ensures that any recommended changes be implemented and monitored in a timely manner to ensure the health and safety of members. Trillium initiates prompt action and implements interventions based on established procedures when there is evidence of poor quality that could affect the health and safety of members. Such events may trigger a more in-depth review of practitioner/provider processes and action may be requested of a practitioner/provider (i.e., Root Cause Analysis, Plan of Correction, etc.). The SERG monitors adverse events on a monthly basis, including provider/practitioner specific member complaints using a monthly and cumulative report. If it is determined at the time of receipt of a grievance that there is a potential health and safety component, the CMO (or their designee) will be notified promptly via email and/or telephone. After consultation occurs, any

recommended actions are undertaken to resolve the issue. The SERG liaison regularly makes reports to the QIC.

Clinical Advisory Committee

The goal of the Clinical Advisory Committee is to identify clinical practices that are likely to improve clinical quality outcomes and enhance member experience. This group serves to promote evidence-based practices for all populations served within the network. The Clinical Advisory Committee facilitates an open exchange of ideas, shared values, goals, a vision, and promotes collaboration and mutual accountability among practitioners/providers. The Clinical Advisory Committee strives to achieve best practices to empower members within our community to achieve their personal and health goals. The Clinical Advisory Committee reviews and provides input into the selection of evidenced-based clinical practice guidelines relevant to members and based on literature review. The Clinical Advisory Committee will review the monitoring of adherence to selected elements of the guidelines and provide feedback and assistance to practitioners/providers as needed. All voting members of the committee must be licensed physicians and clinicians (practitioners), including the CMO of Trillium with the exception of qualified I/DD professionals. The Clinical Advisory Committee offers an opportunity for involvement of representatives of relevant medical systems and other physical health care practitioners in the quality improvement program. The CMO functions as the liaison to QIC and makes regular reports on activity. The objectives of this committee are:

- To provide feedback and recommendations to Trillium about its clinical initiatives and clinical performance.
- To recommend new service initiatives to address service gaps and provide insight into the annual gaps and needs analysis.
- To recommend clinical training and clinical education for the Trillium clinical network.
- To evaluate and recommend clinical practice guidelines, along with approaches for monitoring their implementation in Trillium network practices.
- To review and advise Trillium regarding the annual QAPI Plan, and to review the goals, and objectives of the Trillium QM department.
- To review, provide feedback, and monitor progress of Trillium's performance improvement projects and outcomes for meeting quality improvement activities and performance goals
- To review and advise Trillium regarding the annual Utilization Management (UM) plan, and to review the goals, and objectives of the Trillium UM department.

Drug Utilization Review/Pharmacy & Therapeutics Committee

The Drug Utilization Review/Pharmacy & Therapeutics Committee is a standing sub-committee of the Clinical Advisory Committee. The Drug Utilization Review/Pharmacy & Therapeutics Committee is responsible for development and annual review of pharmacy policies and procedures, review of pharmacy utilization data, decisions regarding inclusion of drugs on the Preferred Drug List (PDL) and the Physicians' Drug Program, and recommendations for formulary management activities. All voting members of the sub-committee must be licensed

physicians, pharmacists, and/or clinicians (practitioners), including the CMO of Trillium with the exception of qualified I/DD professionals. This sub-committee offers an opportunity for involvement of representatives of relevant medical systems and other health care practitioners in the quality improvement program. The Pharmacy Director functions as the liaison to QIC and makes regular reports on activity.

The objectives of this committee are to:

- Develop and annually review the pharmacy policy and procedures, Preferred Drug List (PDL), and clinical criteria (prior authorizations)
- Conduct practitioner and member profiling for appropriate drug utilization (DUR) and recommendations for DUR activities such as targeted prescriber and/or member education initiatives
- Evaluate and recommend drugs for inclusion in or removal from the PDL for appropriateness as a tool for providing high quality and cost-effective care
- Evaluate and recommend drugs for inclusion in or removal from the Physicians Drug Program
- Provide recommendations for formulary management activities such as prior authorization, step therapy, age restrictions, quantity limitations, mandatory generics, and other activities that promote access and patient safety
- Review requests from practitioners for additions or changes to formulary.

Provider Council

The Trillium Provider Council (PC) strives to be knowledgeable of all aspects of Trillium operations that impact practitioners/providers, including network capacity, stability and the quality of care that its members provide. The PC relies on an exchange of information from its membership and input from other committees. The PC meets quarterly and represents the practitioner/provider community. It represents the interests and needs of the network and identifies strategic issues that affect the performance of the network. The PC offers an opportunity for involvement of representatives of relevant behavioral health medical systems and other health care practitioners into Trillium's quality improvement program.

Responsibilities of the PC include efforts to promote standardization and consistency throughout the system and to advise Trillium on the impact that changes in the system have on members and providers/practitioners. The Council membership includes practitioners/providers representing various services, member/family members and Trillium staff.

The Trillium Provider Council:

- Serves as a fair and impartial representative of all service providers within the network
- Identifies strategic issues that impact network performance
- Facilitates an open exchange of ideas
- Shares values, goals and vision

- Promotes collaboration and mutual accountability among the network
- Recommends best practices that empower members to achieve their personal goals

Sanctions Committee

Trillium takes action by implementing appropriate interventions when we are informed of instances of poor quality related to Medicaid/Medicare or sanctions or limitations on licensure. Trillium implements ongoing practitioner/provider monitoring of complaints/grievances and identified adverse events and takes action when necessary. If it is determined at the time of receipt of a complaint/grievance that there is a potential health and safety component, the CMO (or designee), is notified promptly via email and/or telephone. After consultation with the CMO/designee occurs, any recommended actions are undertaken to resolve the issue.

The Sanctions Committee meets, at a minimum, monthly or as needed to consistently and fairly review recommended sanctions for practitioners/providers. These reviews are in response to investigated and identified violations related to contractual obligations, state and federal laws, rules, regulations and policies set to protect the health and safety of members. The Sanctions Committee is charged with responding to suspicious practices that would expose Trillium to liability. The committee is dedicated to maintaining professional conduct and integrity in support of Trillium's Mission and Vision. The committee assists in protecting against fraud and abuse within the catchment area, which in turn promotes the quality of the service delivery system. The identified committee liaison makes routine reports to QIC on committee activity.

The objectives of this committee are to:

- Ensure the use of objective evidence and patient-care considerations when a practitioner/provider does not meet quality standards.
- Determine if recommended sanction(s) are appropriate for the identified violations and in accordance with established procedure(s).
- Identify, review, and discuss areas of weakness and vulnerability to Trillium
- Maintain communication between departments about sanctions, their findings, and dispute resolutions.

QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) PLAN/WORK PLAN

Our Work Plan is comprehensive, addressing Medicaid, Health Choice and State-funded services. It focuses on continuous quality improvement based on the scientific method of Plan, Do, Study, Act. Our Work Plan includes Performance Improvement Projects (PIPs), Provider Support Plan, elements of the Department-identified "Priority Set" of measures, and Member Incentive Plan. Trillium takes a whole person-centered care approach to healthcare improvement outcomes, addressing unmet health-related resource needs as well as direct covered services.

The purpose of the Work Plan is to establish a planned, systematic and comprehensive approach to measure, assess, and improve organization-wide performance. The Work Plan outlines the structure, processes and methods Trillium uses to determine activities and measure outcomes related to the improvement of the care and treatment of members.

The focus of the Work Plan is the continuous improvement of the quality and safety of clinical care, and in the provision of services in our Network. The Work Plan promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement projects and activities based upon the findings. The Work Plan is designed to assess and analyze systems performance data that will subsequently guide performance improvement for better supporting the people we serve. The Work Plan balances quality assurance and quality improvement activities such that quality assurance activities inform the quality improvement process.

The scope of the Work Plan is cross functional and designed to promote and measure member safety, member/provider experience, and the quality and appropriateness of clinical services. Activities are focused on access, clinical quality, satisfaction, service, qualified practitioners/providers and compliance. Activities are designed to address health care settings both physical and behavioral; evaluate the quality and appropriateness of care and services provided to members; pursue opportunities for improvement; and to resolve identified problems. Input and feedback into the QI process from members and various stakeholders across all catchment areas are valuable components of the process and documents.

Trillium has a robust Information Technology (IT) infrastructure upon which to build a comprehensive Work Plan. Trillium Business System (TBS) serves as our core business system and is the “source of truth” for Member enrollment data, demographic and diagnostic data, claims and authorization data, and in the future, will include information on members’ assigned care manager, whether that be Trillium staff, Care Management Agency (CMA), Advanced Medical Home plus (AMH+) practice, or State-funded case manager. TBS also contains information on our Network contracted providers, including demographics, services offered, specialties and language capabilities. TBS will also store all provider and claims data for Trillium members served by providers contracted through our Standard Plan/Provider-Led Entity and Pharmacy Benefit Manager (PBM) partners. TBS is used to populate our Provider Directory and match members to providers if the member does not select their own provider through Trillium’s “no wrong door” approach to member access. TBS data will be used to detect under and over utilization of services and for demographic-based initiatives to address health disparities based upon age, race, ethnicity, sex and language, geography and by key population group (e.g., LTSS).

Quality Improvement Activities (QIAs)/Performance Improvement Projects (PIPs)

The QIC oversees the initiation and development of QIAs/PIPs. Each QIA/PIP will include Activity Selection and Methodology, Data Results/Tables, Analysis Cycle, Interventions Table, and Charts or Graphs as outlined on the QIA template. The QIC regularly and routinely

monitors the progress of QIAs to ensure that interventions are appropriate, and data indicates the project is on target with reaching its goal. In addition, Trillium shares updated information with the Department on the implementation and closure of all QIAs. Trillium's CMO provides oversight of all QIAs. Members, families and guardians review and provide input for QIAs through GQIC and CFAC. The GQIC, Provider Council, and Clinical Advisory Committee provide an opportunity for involvement of practitioners/providers and representatives of relevant medical systems or other behavioral health care practitioners to review and provide input on QIAs.

Trillium's Work Plan includes no less than three clinical PIPs. PIPs will include at least one non-clinical project aligned with the NCDHHS Quality Strategy, at least one clinical PIP related to one or more of the NCDHHS outlined priorities, including but not limited to behavioral and physical health integration, and one clinical PIP related to diversion or transition from institutional settings. If Trillium performs below seventy-five percent (75%) for overall Centers for Medicare and Medicaid Services (CMS) 416 rates for EPSDT screening, Trillium will be required to submit one additional PIP on EPSDT screening and community outreach plans.

All PIPs will incorporate State-funded services and members, as appropriate. The PIPs will be designed to address areas in which significant improvement in health outcomes can be achieved, and will include measurable goals, objectives and interventions.

National Quality Forum #	Measure	Steward
PIP Title (Clinical)		
0059	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	NCQA
	Clinical PIP, which must be related to diversion, in-reach and/or transition for populations in or at risk of entrance into institutional settings	
	Clinical PIP related to Behavioral-physical health integration	
PIP Title (Non-Clinical)		
	Follow-up After Hospitalization for Mental Illness: 7 and 30-day	NCQA
PIP Title (Performance below 75% for overall EPSDT screening rates)		
	When/if applicable- EPSDT screening and community outreach plans	

The Work Plan is reviewed at least annually. It is available for review by the various regulatory and accreditation entities (i.e., CMS and NCQA) upon request. It is made available to our members and the network via the Trillium website and can be provided in another format if so requested. The plan is developed and reviewed by the QIC. The annual Work Plan includes time frames for monitoring and completing quality improvement activities, has clearly defined and measurable objectives for the year, identifies individuals responsible for those activities, has time frames for monitoring and completing each activity and serves as an action plan for previously identified issues. The Work Plan is monitored quarterly to assess and document the progress of activities. Any necessary updates are also presented quarterly, or as needed.

QAPI Work Plan Evaluation

Trillium completes an evaluation of Trillium's QAPI Work Plan annually. The results are provided to the Department annually. Trillium's process to evaluate the impact and effectiveness of the Work Plan and Quality Program are modified as directed by the Department. Detailed processes and methodology are used to determine the overall efficacy of quality improvement activities. The monitoring of specific indicators is designed, measured and assessed by all appropriate departments to reveal trends and opportunities in an effort to improve organizational performance. These indicators are objective, measurable, based on current scientific literature, knowledge, and clinical experience, broadly recognized in the industry, and structured to produce statistically valid performance measures of care and services provided. The written evaluation is an assessment of the effectiveness of the components of the program, completed and on-going activities, that addresses the quality and safety of clinical care and quality of service(s). Trillium collects 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 Quality Program, the processes in place, and the outcomes or results of QI activities. The Work Plan Evaluation includes information about the following:

- Review of progress and status of annual goals
- Monitoring of previously identified issues
- Evaluation of the effectiveness of each quality improvement activity
- Review of trends of clinical and service quality indicators
- Evaluation of the improvements occurring as a result of quality improvement efforts
- Evaluation of adequacy of staff resources
- Evaluation of program structure and processes
- Goals and recommendations for the work plan for the following year

Based on achievement of outcomes as evaluated annually, a QAPI Work Plan is developed for the coming year to guide and focus the work for the next year. The QAPI Work Plan Evaluation is presented to the QIC annually. Trillium updates relevant policies (such as the Care Management Policy) based on QAPI Work Plan evaluation activities.

The Trillium Governing Board is responsible for the oversight of the Quality Program. The review and approval of the Work Plan is documented in the minutes of the QIC and the Board meeting. The Director of Quality Management leads and directs all quality management functional areas and responsibilities, which include:

- The organization's compliance with contract requirements including Federal and State statutes, reporting, and outcome measures
- Policy & Procedure Oversight
- Delegation Management

- Adverse Events/Incident Reporting Oversight
- Performance standards such as Clinical Practice Guidelines, HEDIS and key performance indicators (KPIs)
- Analysis of member experience using survey results, complaint/grievance and appeal data, and out-of-network service requests and utilization
- Tracking of overutilization and underutilization of high risk/high-cost services
- Supervising the implementation of the Quality Program, Work Plan, and the Work Plan Annual Evaluation
- Supporting the QIC and related committees such as the Human Rights Committee, GQIC, and the SERG in conducting activities
- Identification and initiation of QIAs/PIPs
- Tracking identified opportunities for improvement through the ongoing analysis of data, dashboards, and data analytics
- Sharing provider performance data regularly with practitioners/providers
- Providing members with information on self-management tools
- Ongoing monitoring for compliance with national accreditation standards and providing leadership in accreditation reviews
- Providing quality related training to staff of Trillium and to practitioners/providers in the network
- Reporting on the Quality Program to the Governing Board

IT INFRASTRUCTURE AND DATA ANALYTICS CAPABILITIES

Trillium's QM staff work closely with the IT Business Informatics Data Reporting Unit to develop and apply critical data analytics necessary to build and manage our Quality Program. Our core business platform, TBS, is the cornerstone of our IT solution. This platform houses a multitude of business rules and logic developed over the years to address the critical needs of the BH and I/DD population served by Trillium. Trillium Connections, our Care Management platform, will be used to support Tailored Care Management for BH I/DD Tailored Plan members. This solution will include a bi-directional integration with TBS to support workflows across our operational systems and externally with other Tailored Care Management organizations. Our IT platforms are built and designed to be both scalable and flexible allowing for identification of new populations, programs and solutions to emerging community gaps and needs. The IT department provides the data analytic capabilities to stratify and report quality measures at the regional level and across different provider types and patient populations.

Trillium's in-house IT staff play a critical role in utilizing the reporting results from our NetSmart CarePathways tool managed by our analytics team to generate specific and complex sets of reports and perform trend and population analysis. This tool is used to compile HEDIS measures related to behavioral health, physical health, and pharmacy data to achieve valid, reliable, and actionable reports for our QM Program.

The integration of these technologies and internal and external data sources is managed through Trillium's internal IT Department, and includes:

- Microsoft Dynamics Great Plains Accounting System, Trillium Connections care management platform, Netsmart, and TBS, our primary data system.
- Exchanging bi-directional data with our Standard Plan/Provider Led Entity partner and our PBM partner to promote integrated care for members.
- External State sources including NCDHHS, HealthConnex (NCHIE), and NCCARE360 to confirm that we can best serve our members and their communities. Data files are transferred between Trillium and State sources such as the DMHDDSAS Consumer Data Warehouse (CDW) and NCTracks. Trillium understands the importance of submitting accurate, complete and timely information to NCDHHS.
- Provider interfaces via EDI Clearinghouse to exchange information with providers including, but not limited to, provider and Member information, claims/payment, eligibility, and prior authorization, through Provider Direct Portal and secure file transfer protocols (SFTP) as needed.
- Other external data sources including Food & Drug Administration (FDA), National Plan and Provider Enumeration System (NPPES), CMS, and Fraud and Abuse Management Systems (FAMS).

Trillium integrates data from external sources through industry leading data ingestion technologies and protocols such as HL7 FIHR, HL7 V2, REST, JSON, X12 EDI, API, etc., Cloud Data Lake (hybrid stack with Microsoft Azure, and on-premises Data Lake pattern, and Data Analytics and Visualization Technology, e.g., R, Python, Machine Learning (ML/Artificial Intelligence (AI), Power BI. Trillium will continue to work with providers and NCDHHS to share data to offer a comprehensive view of quality performance measures.

Performance Measurement

Our Quality Program is designed to assess and analyze performance data that guides performance improvement to better support our members. Trillium's Quality Program includes:

- Measurement and Evaluation: We apply objective and systematic measurement, monitoring, and evaluation of care services. We will identify gaps across the Trillium population that will serve as opportunities to enhance quality improvement activities.
- Reports and Dashboards: We develop and review dashboards and reports internally, through our QIC, and externally with providers, to identify areas of improvement and to implement appropriate interventions. These reports will continue to provide insights into the development of value-based payment (VBP) programs, gaps in network coverage, and areas of compliance risk.
- Technology and Infrastructure: Our technology and infrastructure are able to support industry standard calculations of metrics and integrate all needed data sources to create dashboards, standard reports, and ad hoc reports.

Trillium calculates and reports on measures identified by the Department as the "Priority Set" that require claims, encounter, or clinical data. In addition, Trillium will analyze performance on

other measures not designated as “Priority Set” measures and will engage with the Department on these performance reports as directed. Trillium will submit all data necessary for the Department to calculate Trillium’s performance on the "Priority Set” measures.

To assist with the NCQA accreditation process and ensure valid, reliable, and useable reports, Trillium obtained software with the built-in capability to compile HEDIS measure requirements. Trillium partnered with NetSmart to track HEDIS measures and validate that the technical specifications are met through the CarePathways HEDIS Report Writing Tool. The HEDIS Reporting Tool provides scalability and allows us to maintain integrity by automatically updating our system and technical specifications to adapt to the annual changes in NCQA measures. By utilizing this software, Trillium is in the best position to maintain our NCQA accreditation requirements through our ability to develop HEDIS metrics related to behavioral health, physical health, and pharmacy data.

The Care Pathways HEDIS Report Writing tool was deemed fully NCQA certified in 2021. The tool includes the capabilities necessary to meet NCQA HEDIS measure standards.

Healthcare Effectiveness Data and Information Set (HEDIS) Reporting

HEDIS is a registered trademark of NCQA. HEDIS is a performance measurement tool for health plans. The standard set of measures related to care and service is organized in categories including:

- Effectiveness of care
- Access/availability of care
- Experience of care
- Utilization and risk-adjusted utilization
- Health plan descriptive information

HEDIS performance measures are related to many significant public health issues such as cancer, heart disease, smoking, asthma and diabetes. Trillium's software vendor uses measure-specific logic to automatically consolidate data from multiple data sources to determine a member’s compliance with a measure or whether the member should be excluded from the denominator.

Process and outcome measures are collected and reported with various frequencies from monthly to annually depending on the nature of the indicator, what it measures and the availability of data. Measures are collected, analyzed and reported by a team of professionals with knowledge in data management, analysis and clinical expertise. As appropriate, benchmarks and/or goals are developed for measures. For HEDIS measures, national and regional benchmarks are utilized for comparison and goals set based on differences between Trillium’s performance and benchmarks. For internally developed measures or measures with no benchmarks available, goals are set based on trends and objectives. Results are presented at various committees and shared with members and practitioners/providers as appropriate via newsletter.

Disparities Reporting and Tracking: We have and will continue to develop reports on our population demographics to provide insight into areas including, but not limited to race/ethnicity, geography, eligibility category (ex: LTSS), age, gender, veteran status to better identify and address member needs. Trillium shall address inequalities as determined by the Department during review of Trillium's stratified performance relevant to disparities in health outcomes.

Public Health Reporting and Tracking: Trillium will work with the Department to target areas of collaboration and develop programs as part of QI efforts that can remove barriers, align incentives by targeting withholds for measures that affect public health priorities, and require that those select initiatives be embedded in the Trillium QAPI, including PIPs, as necessary.

EQR Reporting: We will maintain our responsiveness to all data requests for the Annual Experience of Care and Health Outcomes (ECHO®) Survey 3.0 to assess the performance of health plans and the Annual Provider Satisfaction Survey.

Care Management: We will use data from Trillium Connections, our care management platform, to understand the risk and generate member insights from Care Plans/Individualized Service Plans and the Care Management Comprehensive Assessment.

Unmet Health-Related Resource Needs: We will utilize data from NCARE360, Trillium Connections, and our Neighborhood Connections team to aggregate data on unmet health-related resource needs.

VBP Programs: We will support providers in tracking agreed metrics to determine health outcome impacts.

Tailored Plan Quality Metrics: Through the QIC Trillium will monitor the identified metrics.

Since we have sole control over the configuration of TBS, we are able to quickly adjust, as necessary, to any changes NCDHHS may make in reporting specifications. As we do today, Trillium will ensure that the NC-TOPPS interview tool is administered to members in a timely and accurate manner, as specified by NCDHHS.

Data Governance

Trillium utilizes a methodology of Data Governance (DG) that governs the process of managing the availability, usability, integrity and security of the data in enterprise systems, based on internal data standards and policies that also control data usage. Effective DG ensures that data is consistent and trustworthy and doesn't get misused. For DG to work effectively, it must be embraced by everyone in the organization. While certain roles and departments within Trillium are responsible for maintaining and reporting on the data, it is the responsibility of every staff member to use the data and the information it provides responsibly. No one department or person can possibly govern the data alone; it must be a concerted effort by all following a set of guidelines, standards and protocols that promotes a responsible use of data.

All data is stored in Trillium's electronic systems. Utilization and member/provider data is stored, updated and maintained in an Enterprise Data Warehouse that is backed up daily. Data resulting from surveys, interaction with members, mandatory reporting and specific analysis and monitoring are stored in independent databases supported by the IT department which in turn ensures data confidentiality in compliance with HIPAA regulations. Data accuracy is assessed through periodic audits such as medical record reviews for performance monitoring and reporting, sharing of performance data with providers and other internal audit processes. Data collection, management and analysis is carried out by Trillium's staff with the appropriate background and qualifications required by the task, such as data management, computer programming, data analysis and clinical expertise.

A comprehensive data recovery process is in place to ensure continuity of business in the event of a major adverse event. All data is backed up daily and stored in an outside location. Trillium has an established tele-work procedure and several locations that contribute to a fast restoration of services in the event of a major adverse event.

All data, documents, reports, materials, files and committee minutes are kept for a period of years (according to various regulatory, state and federal requirements), whether on site or archived in a secured site. Trillium has organizational procedures related to data and records that are reviewed annually and that clearly describes processes.

Dashboards

The Business Informatics Data Reporting Team is responsible for internal reporting requirements for the purposes of analysis, pattern and trend identification, compliance, and tracking and monitoring of service provision. Business Intelligence Analysts develop dashboards that highlight strengths and help determine any areas that need improvement. Dashboards are reviewed with various committees, including QIC, SERG, GQIC, Human Rights Committee, etc. Areas needing attention will be submitted to the QIC for possible corrective action.

We will continue to develop reports and dashboards to support transforming data into actionable information that drives better member outcomes. Our dashboard and reporting systems are based on globally recognized platforms and standards such as Microsoft Power BI. The platforms are customizable to deliver information needs identified by our clinical and care coordination or care management teams to improve member outcomes. Dashboards and reports are available to Trillium team members in real time and as needed to support our members.

Incident Reporting

Providers of publicly funded services licensed under NC General Statutes 122C (Category A providers-except hospitals), and providers of publicly funded non-licensed, periodic services (Category B providers) are required to complete and report incidents for members receiving mental health, developmental disabilities and substance abuse services. In accordance with these rules, Trillium maintains procedures for incident reporting. These procedures include

adherence to reporting requirements for members obtaining services in Division of State Operate Healthcare Facilities (DSOHF) facilities.

QM staff monitor, review, and respond to all incidents for completeness, appropriateness of interventions, and achievement of short and long term follow up, both for the member, as well as the provider's service system to ensure the health and safety of members. If questions/concerns are noted when reviewing the incident report, the QM staff work with the provider to resolve any identified issues/concerns. If issues/concerns are raised related to member care, services, or the provider's response to an incident, the QM staff may elect to refer the concerns to the Network department to further investigate.

On a daily basis, QM staff track specific category types of critical incidents. This information is used to create a daily report that is distributed to all SERG members and other identified persons within Trillium to assess if there is any immediate action needed due to health and safety concerns.

Trillium reviews, investigates, and analyzes critical incidents and deaths data for trends that would indicate a need to take preventive action to minimize occurrence and/or re-occurrence. This aggregated information is reviewed by the Human Rights Committee. In accordance with Department procedures, Trillium provides this information to the Department as requested. Trillium provides incident report training to the provider network, as needed, and when changes are made by the Department.

Over And Under Utilization

Utilization Management:

The Utilization Management department of Trillium is consistent with the federal regulations which includes mechanisms used to detect underutilization of services as well as overutilization. The data driven reports based on claims are critical to managing utilization management. Trillium conducts an annual review of the clinical review criteria/decision-making criteria, including the Clinical Decision Support Tools at QIC. Appeal data including who issued the denials, the practitioner/facility/provider who received the denial, the results of the appeals are tracked and trended. The trending reports help define patterns of practice with practitioner/facility/provider, any trend with BHM peer clinical reviewers that might need consultation, including the upheld and overturned rates. The results are presented to the QIC and CMO and appropriate interventions are developed to address the trended data. Trends in over and underutilization of services are monitored by the CMO (or their designee) and the Deputy CMO monthly. TBS data may be used to detect under and over utilization of services and for demographic-based initiatives to address health disparities based upon age, race, ethnicity, sex, language, geography and by key population group (i.e., LTSS).

Inter-rater Reliability

Trillium Utilization Management (UM) department evaluates the consistency with which licensed clinicians/behavioral healthcare professionals involved in UM apply criteria in decision making. The UM department monitors this data to ensure adherence to established

performance goals. A report is provided to the QIC quarterly for assessment of compliance with established performance goals. The annual UM Plan describes this process in more detail.

Program Integrity:

The Program Integrity department of Trillium monitors over and underutilization of services through identifying patterns and outliers in data. These utilization trends are detected through comprehensive reviews of data identified using the IBM software platform, Fraud and Abuse Management System (FAMS) as well as internal reports developed using the TBS platform. Outcomes and findings are discussed during departmental staff meetings as well as the Sanctions Committee and Compliance Committee. Sanctions Committee members and Compliance Committee members are asked to use their unique perspectives/experiences to provide recommendations for actions taken and actions to be considered based on the information shared.

Practice Management:

The Practice Management department of Trillium assists in the review of over/under utilization by driving best practices and industry standards using the following strategies:

- Implementation of pilot projects to drive provider performance and quality of care
- Evaluation and identification of improvement efforts of current programs (all populations served)
- Recommending clinical and operational improvements to provider practices and performance metrics
- Providing training, remediation and technical assistance on value-based purchasing and performance metrics
- Educating providers on value-based purchasing
- Oversight of quality of care goals and regulatory requirements
- Recruitment and retention of high performing providers
- Offering alternative payment arrangements in the delivery of care across all populations served

SURVEYS

Trillium's goal is aligned with the Department's to advance the measurement of outcomes. This includes the administration of surveys. Trillium intends to continue to support this goal by conducting outreach to members and providers as necessary, incorporating in provider contracting requirements related to survey administration, and conducting analysis of internal data to support survey piloting. Trillium will engage with the Department around understanding state performance on the Behavioral Risk Factor Surveillance System survey.

Trillium Provider Survey

Trillium will conduct ongoing quality assurance of its provider relations staff via standardized provider surveys and internal audits of departments to ensure provider satisfaction and compliance with applicable performance standard metrics as specified in the Contract and take

corrective action as necessary. Provider surveys shall be made available after each web-based, call center or in-person interaction. Trillium will share quarterly the Provider Quality Assurance Report which contains the results of provider survey evaluation and recommendations for engagement/education approach adjustments with the Department.

Provider Satisfaction Survey

An annual Provider Satisfaction Survey is conducted by the Division of Health Benefits (DHB). DHB contracts with an EQRO to conduct this survey each year to assess provider satisfaction. Provider Satisfaction Surveys are administered to providers to allow DHB to assess Trillium's ability in the following three areas:

- Interacting with network providers
- Providing training and support to providers
- Providing Medicaid Waiver materials to help providers strengthen their practice

Active providers are surveyed for their opinions of satisfaction with Trillium. An active provider is defined as a Medicaid provider that has at least five 1915(b)/(c) waiver encounters within the previous six months. The survey is administered over a six-week period using a web survey protocol. The state provides raw data to Trillium for review and analysis annually.

Trillium Member and Recipient Services Survey

Trillium will conduct ongoing quality assurance of its Member Services. Trillium will share quarterly the Member and Recipient Services Quality Assurance Report which contains the results of member and recipient ability to access needed services, ease of use of telephone, webinar services, convenience, help function effectiveness and recommendations for engagement/education approach adjustments with the Department.

Member Satisfaction Survey (ECHO - Experience of Care and Health Outcomes)

DHB also conducts an annual satisfaction survey for all Medicaid members. DHB contracts with an EQRO to conduct this survey each year to assess member satisfaction with services. The instrument selected for the survey was the Adult and Child Experience of Care and Health Outcomes (ECHO®) Survey 3.0 (which is the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) behavioral health survey) for use in assessing the performance of the health plans. CAHPS® is a member satisfaction survey as well as a major component of HEDIS. The CAHPS survey is a measurement tool, used for all products, which ask members to report and evaluate their experiences with health care in areas of customer service, access to care, claims processing and provider interactions. Results from the Member Satisfaction Survey for North Carolina Adult and Child/Family Medicaid members provide a comprehensive tool for assessing member's experiences with their health care.

The survey sample includes adult Medicaid recipients over the age 18 and parents or guardians of child Medicaid recipients between the ages of 12 to 17 who received mental health, substance abuse, or intellectual and developmental disability services through the

LME/MCO (Tailored Plan as of December 1, 2022) within the last year. The survey is administered over a 12-week period using a mixed-mode (mail and telephone) protocol.

The three-wave protocol consists of an initial survey mailing and reminder postcard to all respondents, followed by a second survey mailing to non-respondents, and finally a phone follow-up to non-respondents for whom a valid telephone number is available. The state provides raw data to Trillium for review and analysis annually.

Perceptions of Care Survey

The Federal Community Mental Health Services Block Grant and the Substance Abuse Prevention and Treatment Block Grant include requirements for the collection of performance measures. The Department oversees the administration of the annual Consumer Perceptions of Care Survey to comply with some of these requirements. Survey results are also used to inform state policy decisions designed to improve the system.

The survey is to be administered to individuals participating in treatment for a mental health or substance use disorder, selecting as representative a sample as possible of our provider community and service mix. The number of completed surveys we are required to return is based on the number of individuals served.

Required survey numbers and the recommended sampling method are sent to Trillium by the Department including instructions with a separate survey for distribution. The Department sends a memo to Trillium that Trillium can share with Community Behavioral Health Providers to encourage the participation of all Tailored Plan Network providers in our survey sample. Trillium is asked to include a copy of the memo with the Consumer Perceptions of Care Survey materials sent to each provider in the sample.

The Survey Administration Guidelines for Providers are communicated to Trillium by the Department to promote the use of standard survey procedures statewide. The Guidelines are provided in an editable format to adapt the document with Trillium specific contact information. Trillium is not allowed to modify the content of the guidelines. Trillium is asked to distribute the guidelines to all providers in the sample.

As applicable, Trillium returns all completed surveys to the Department for scanning (using scantron) and analysis. The state provides raw data to Trillium for review and analysis annually.

National Core Indicator (NCI)

National Core Indicator (NCI) surveys are administered annually or semi-annually using survey tools as determined by the Department for members with IDD. NCI collects information from people with disabilities and their families and guardians to find out what service areas are working well and those that need improvement in North Carolina and nationally. Each Tailored Plan is responsible for drawing a random sample of members to be interviewed both in person and via mail.

Home and Community Base Supports-My Individual Experience Survey

Home and Community Base Supports-My Individual Experience Survey is conducted quarterly. This is a survey from the NC Department of Health and Human Services (DHHS) for members on a Medicaid waiver. The survey was developed to measure members' satisfaction, level of awareness of and access to their rights, privacy requirements and member experience expectations, as outlined in the HCBS requirements.

Survey Analysis

Once complete, and the results of the surveys are returned to Trillium, an analysis of the results is conducted including a comparison to previous annual survey data. All results are reviewed by QIC and other appropriate committees to identify any systemic issues that would need to be addressed by Trillium through corrective actions or quality improvement activities. Details of discussions, conclusions and any action needed are documented in meeting minutes. The timeframe for survey analysis is dependent upon receipt of the raw data from the state for many of the identified surveys.

Communication of Survey Results

Trillium's Quality Management department is committed to sharing information with members, families and the network about quality assurance initiatives. Trillium shares results of Member Experience Surveys with members, families, and the network by posting results on Trillium's website and sharing results with various committees including the GQIC, CFAC, and the Provider Council.

Accreditation

The Quality Management department is responsible for ensuring that Trillium maintains ongoing compliance with all relevant accreditation standards. The Quality Management department is also responsible for conducting all accreditation activities, including the completion of the reaccreditation application every 3 years, and completing all relevant accreditation documentation.

In December 2021, Trillium earned accreditation from NCQA for Managed Behavioral Healthcare Organization (MBHO). Trillium was granted full accreditation, indicating that Trillium's quality improvement and member protection programs are well established and meet NCQA standards.

Trillium is committed to collaborating with our partners to become NCQA Health Plan accredited with LTSS Distinction as required by NCDHHS by the end of Tailored Plan Contract Year 3. The LTSS Distinction will reflect our commitment to deliver person-centered care aligned with State requirements that meet individual needs while keeping them in their preferred setting.

Provider Support Plan

Trillium will develop and update at least annually a Provider Support Plan as part of the QAPI Work Plan for review and approval by NCDHHS. This will build upon our current initiatives to

support providers in delivering high quality services and will be focused on helping providers to achieve the goals outlined in the NCDHHS Quality Strategy at a regional and practice level. Providers currently participate in our GQIC and between that and our Provider Network Council, we will solicit provider input in the development and implementation of the Plan.

Serving a Culturally Diverse Membership

A primary focus of Trillium is to develop, implement and monitor processes that promote culturally competent and responsive care to members. It is imperative that Trillium assure network awareness of cultural competency into the quality of care delivered to members. Trillium recognizes the cultural diversities woven through the communities we serve and that our communities are only as strong as their people. Trillium strives to ensure that all members have equal access to services provided by a network of culturally competent providers and Trillium staff. Accordingly, Trillium endeavors to contract with providers who recognize that efficacious MH/DD/SAS services requires meeting the unique cultural needs of our communities and the individuals who reside within them. Trillium is committed to the well-being of these communities and our number one focus is helping every person we serve obtain the culturally appropriate services needed to improve well-being and live a fulfilling life.

Trillium has established and implemented procedures to monitor the adequacy, accessibility, and availability of its Provider Network to meet the needs of all members, including those with limited proficiency in English. Trillium evaluates the language needs of members in comparison to the network (Language Diversity Report), ensures access to culturally competent and linguistically appropriate programs and services, including Federal and State-recognized tribes within our region, and makes adjustments to services offered to diverse speaking people in the network accordingly.

Trillium's Executive and Leadership Teams have oversight responsibility for the implementation of Cultural Competence throughout the organization and the network. Trillium maintains a Cultural Competency Plan that includes objectives for serving a culturally and linguistically diverse membership as mechanisms for meeting the needs of population(s) served.

Trillium has a zero-tolerance policy related to discrimination of any sort. Trillium practitioners/providers have access to cultural competency and health literacy training via our on-line learning portal. We educate and monitor staff and contractors to ensure that no discrimination occurs based on race, color, creed, religion, national origin, political affiliation or belief, age, sex, sexual orientation, gender identity, or disability in the provision of services. Trillium's Non-Discrimination Policy and Cultural Competency Plan aims to guide our approach, programs, and services and also support the creation of a culturally competent behavioral and physical health system of care that embraces and supports individual differences to achieve the best possible outcomes for members receiving services. Research indicates that how individuals experience health and define their well-being is greatly informed by their cultural identity. Trillium chose to implement the use of national Culturally and Linguistically Appropriate Standards (CLAS) standards in 2020. It is our desire to promote

equity, reduce health disparities, and improve quality of care. See our Cultural Competency Plan for evaluation of CLAS standards within Trillium.

OTHER QUALITY PROGRAM ACTIVITIES

Annual Policy And Procedure Review

The Quality Management department is charged with the maintenance of all Trillium's 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 staff. Additionally, QM is responsible for ensuring that the annual review of policies and procedures is completed by the QIC. Trillium evaluates the QAPI Work Plan annually and updates relevant policies and procedures as needed based on QAPI Work Plan activities.

Clinical Practice Guidelines

Trillium is contractually mandated, and in accordance with national accreditation requirements, must select, communicate and evaluate the use of Clinical Practice Guidelines utilized by practitioners/providers within the Network. Trillium is accountable for adopting and disseminating clinical practice guidelines relevant to its members for the provision of acute and chronic behavioral healthcare services. Trillium uses clinical practice guidelines to help practitioners and members make decisions about appropriate health care for specific clinical circumstances. Trillium ensures that all adopted clinical practice guidelines are based on valid and reliable clinical evidence, a consensus of practitioners in the particular field, professional standards, nationally recognized recommendations, peer-reviewed medical literature, and/or the best available scientific evidence. Recognized professional practice societies such as the American Psychiatric Association, the American Academy of Pediatrics, and the National Institute on Alcohol Abuse and Alcoholism, etc. publish recommended guidelines that are used by Trillium. The purpose of adopting and encouraging the use of clinical practice guidelines is to help practitioners/providers in screening, assessing and treating common disorders. The adopted guidelines are intended to support, not replace, sound clinical judgment. Before a guideline is adopted, Trillium reviews relevant scientific literature and obtains practitioner/provider input through the Clinical Advisory Committee. 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:

- Schizophrenia
- ADHD (addresses children/adolescents)
- Opioid Use Disorder

Providers are responsible for adhering to and following the Clinical Practice Guidelines adopted by Trillium. Trillium provides notification to practitioners/providers regarding the compliance expectations and requirements for these guidelines in a variety of methods

including Communication Bulletins, Provider Manual, and Trillium's website. Adherence to these guidelines may be monitored in the following ways:

- Focused audits completed via Utilization Reviewer and others as appropriate and applicable.
- Routine review of Service Authorization Requests (identifying any areas of concern)
- Peer Review activities
- Quality of Care Referrals/Member Complaints & Grievances
- Clinical Advisory Committee activities
- Special Investigations Unit/Program Integrity monitoring, if indicated
- Trillium's Committee reporting structure supports the general oversight and management of practitioner/provider adherence to established Clinical Practice Guidelines.

Trillium compiles an Annual Report depicting the quantitative and qualitative analysis of the results of each of the measured aspects of Trillium's adopted clinical practice guidelines. This report is shared and reviewed by the QIC. The QIC works to identify any systemic issues and/or opportunities for improvement that can be addressed by Trillium through corrective action or quality improvement activities. Details of discussions, conclusions and any action needed are documented in meeting minutes. This report will also be shared with the Clinical Advisory Committee for review and discussion and shared with other regulatory entities as required.

Behavioral Health Screening Programs

Trillium has established and implemented behavioral health screening programs to assist practitioners/providers in determining the likelihood that a member has a coexisting substance use and mental health disorder or that presenting signs and symptoms may be influenced by co-occurring issues.

These screening tools are based on evidence from research studies that have been shown to be effective in the detection of positive screening for behavioral health symptoms and can be used as part of the general assessment of a member to determine if further evaluation is needed for formal diagnostic identification and treatment planning.

The screening tools have been reviewed by Trillium's Clinical Advisory Committee and are recommended for use by Trillium's Network. As a member of the Trillium network, providers and practitioners may select one or more of the identified screening instruments to add to their existing array of tools. Trillium distributes information on the screening programs to practitioners and providers at least every two years via Communication Bulletins, email, and on its website. Notifications will also be provided when there are revisions and/or additions to the screening programs. If any technical assistance is needed regarding these instruments, providers/practitioners may contact Trillium. Trillium welcomes feedback and recommendations from practitioners/providers about other screening tools they use in their current treatment setting.

Self-Management Tools

Data indicate that persons with disabilities do not participate in wellness programs or health screening activities at the same level as do persons without disabilities. Yet, health promotion efforts can be of critical importance to persons with disabilities due to their higher-than-average risk for preventable chronic conditions including cardiovascular disease, obesity, diabetes and heart disease. Wellness programs have proved to be an effective tool to use in reining in health care costs. Trillium offers self-management tools, derived from available evidence, that provide members with information on wellness and health promotion. Trillium provides tools to help members determine risk factors, provide guidance on health issues, recommend ways to improve health or support reducing risk or maintaining low risk. Tools are interactive resources that allow members to enter personal information and results are based on individual information. Members can access these tools directly from Trillium's website or through other methods (i.e., printed material). Trillium evaluates its self-management tools for usefulness to members at least every 36 months with consideration of the following:

- Language is easy to understand.
- Members' special needs, including vision and hearing.

Member Experience

Ensuring a positive experience from the moment a member connects with Trillium is a critical component to effective health care delivery. Member experience encompasses many interactions such as getting timely appointments, accessing information and resources from Trillium staff and network providers easily and receiving provider services with minimal disruption. Trillium monitors member experiences (how the members feel about their interactions with Trillium) to identify areas for improvement. Annually, Trillium works to improve the member's experience by evaluating members' access to services using out of network service request/utilization data, data from grievances, UM/appeals processes, member experience/member satisfaction surveys to identify areas for improvement.

Survey data contributing to the overall member experience at Trillium and reviewed routinely during Committee meetings includes the following areas (not to be considered an exhaustive list):

- Services provided and our network of behavioral health care practitioners and providers
- Ease of accessibility to our staff and our network providers
- Availability of appropriate types of behavioral health practitioners, providers and services
- Acceptability (about cultural competence to meet member needs)
- Claims processing
- Utilization management process
- Coordination of care

As described in the Compliance Committee section, Trillium collects data from all sources of member complaints/grievances and aggregates them based on total and rate per 1,000 members into the following categories as a method of evaluating member experience:

- Quality of Care
- Access
- Attitude and Service
- Billing and Financial Issues
- Quality of Practitioner Office Site

A Member Experience Report is compiled including data regarding members' access to services (out of network service request/utilization data), data from grievances, Utilization Management/appeals data, and experience/satisfaction survey data. The report is reviewed by QIC and other committees, as appropriate, to identify any systemic issues to be addressed by Trillium through corrective actions or quality improvement measures. When opportunities are identified and interventions implemented, Trillium measures the effectiveness of previous interventions and discusses the information in QIC meetings.

State Reporting

The Business Informatics Data Reporting Team is responsible for ensuring that Trillium follows the reporting requirements outlined within the NC DMH/DD/SAS and DHB contracts. The Business Informatics Data Reporting Team ensures that all state reports are developed according to specifications provided, validated, reviewed to determine any areas of deficiencies that need improvement, and are submitted in a timely manner to the appropriate agencies.

Trillium develops QIAs as part of its assessment and implementation of continuous quality improvement. QIAs are created in response to identified problems, gaps, performance issues, accreditation requirements, or other performance initiatives. QIA selection can be based on the analysis of administrative data and/or input from system stakeholders. Trillium assesses the demographic characteristics and health risks of its covered population and available integrated data and uses its analysis results to prioritize opportunities. Trillium chooses issues that reflect the health needs of significant groups within the organization's population, including a preventive health issue.

Provider Performance Data

Trillium provides quantitative data and qualitative reports to practitioners/providers including interpretation of their QI performance data and feedback regarding QI activities. Trillium provides QI support to practitioners/providers during the initiation and implementation of the interventions for Quality and Population Health outcomes as outlined in the Quality Strategy and as otherwise specified by the Department. Trillium will use dashboards and reports to monitor measures internally with impacted departments and the QIC, and externally with providers to identify areas of improvement and appropriate interventions.

The Practice Management department may engage in focused clinical and operational improvements with practitioner/provider practices related to performance metrics as a part of alternative payment arrangements in the delivery of care across populations served. Performance data is routinely shared. This activity could also include training, remediation and technical assistance on value-based purchasing and performance metrics. Trillium's goal is to decrease gaps in treatment and develop improvement opportunities which result in the recruitment and retention of high performing practitioners/providers.

Coordination of Behavioral Healthcare

Annually, Trillium identifies opportunities to improve coordination across the continuum of services by analyzing the collected data with the goal of evaluating the continuity and coordination of care that members received and takes action (as necessary), to improve and measure the effectiveness of actions/interventions implemented as a result.

Trillium selects at least one opportunity to improve coordination of behavioral healthcare in each of the following categories:

- Exchange of information across the continuum of behavioral healthcare services.
- Access and follow-up with appropriate behavioral healthcare practitioners in the network.
- Appropriate use of psychotropic medications.
- Special needs of members with severe and persistent mental illness (SPMI).

The Care Coordination Program at Trillium monitors the deliberate activities related to coordinating and organizing patient care for specific designated populations against benchmarks defined yearly, which may include state requirement targets.

Care Coordination activities will outline interventions and how data will be collected and monitored for conformity to the benchmarks or to measure improvement in Care Coordination improvement activities.

Complex Case Management

Trillium assists members with multiple or complex conditions to obtain access to care and services and coordinates their care through its complex case management program. The overall goals of Trillium's' complex case management program are to:

- Proactively identify members who have multiple or complex medical and/or social determinants of health needs, or who are at risk of developing complex needs during an acute episode of illness
- Provide early intervention and intensive support for members appropriate for complex case management to prevent recurrent crises or unnecessary hospitalizations and to regain optimum health or improved functional capability.
- Ensure delivery of the right services/supports, in the right amount, at the right time, in a cost-effective manner.

Annually, specific program objectives are formulated to help achieve these overall goals. The complex case management program works in collaboration with other Trillium departments, treating providers, family/external supports, and community resources, to meet members' needs. Trillium considers complex case management to be an opt-out program: all eligible members have the right to participate or to decline to participate. Additional detailed information can be found in the Complex Case Management Program Description and Procedure.

Prevention and Population Health Management Program (PPHMP)

Trillium's PPHMP program helps achieve its vision of improving healthcare outcomes for members by encouraging self-care efforts, coordinating care, promoting healthcare education and targeted interventions across its member base. Furthermore, it approaches population health in accordance with North Carolina Department of Human Services' (NCDHHS) Quality Strategy and the needs it has outlined, including (but not limited to) the State's opioid crisis, maternal and infant mortality, obesity and diabetes, and tobacco use.

Trillium provides QI support to Network providers during the initiation and implementation of the interventions in the PPHMP including:

- Opioid Misuse Prevention and Treatment
- Healthy Opportunities
- Tailored Care Management
- Pregnancy management programs
- Tobacco Cessation
- Activities supporting at risk children
- And other activities as indicated by the Department

Population Assessment

Annually, Trillium uses available data (i.e., claims, encounters, lab, pharmacy, utilization management, socioeconomic data, demographics) to assess members and relevant sub-populations, the characteristics and needs, including social determinants of health (SDoH), so that appropriate programs can be developed. Particular attention is given to the needs of children/adolescents (age 3 to age 22), members with disabilities, and members with SPMI.

Quality Director Meetings

Trillium will participate in monthly BH I/DD Tailored Plan Quality Director Meetings.

Healthy NC 2030

Trillium will be an active partner in Healthy NC 2030 goals planning by joining planning meetings, designating a senior level clinical staff person to engage in public health issue discussions, and aligning QI activities to support Healthy NC 2030 goals.

External Quality Review Organization (EQRO)

Trillium complies with the annual external quality review performed by the EQRO on the timeline defined by the EQRO and agreed upon by the Department.

ACCESS TO CARE

Utilization Timeliness Report

Requests for mental health (MH), substance use (SU) or I/DD services are made by the completion and submission of a Treatment Authorization Request (TAR). Staff have up to 14 calendar days to process routine (non-urgent/preservice) requests or 72 hours for an expedited (urgent pre-service/urgent concurrent) request. All time frames for review are inclusive of decision and the peer review and mailing of Notice of Adverse Benefit Determination letter to the member/legally responsible person if there is a denial of all or part of the request. The Utilization Management department and Appeals department monitor this data to ensure adherence to established performance goals. The annual UM Program Policy describes this process in more detail.

Accessibility of Services

Trillium evaluates access to appointments using the Timeliness of Appointments Report. Data for this report is collected continuously by Call Center Agents when assisting members that are requesting MH/IDD/SU services to schedule an appointment. When the Call Center Agent completes a screening, triage, and referral (STR) and the member is determined as meeting clinical threshold and eligibility criteria to receive Medicaid emergent, urgent, or routine care the associated data is included in the report. The data is not secret shopper data or practitioner self-reported data. The data represented is collected from actual appointments and entered in TBS as they are scheduled. Appointments are scheduled with providers who offer an array of behavioral health services including medication management.

The Timeliness of Appointments Reports are run quarterly using a calendar year time frame. The quarterly report results are summarized to produce the annual report. The completed annual report is presented to the QIC to analyze the data and address areas for improvement, as necessary. When interventions are required, the effectiveness of the interventions are evaluated during the quarterly departmental review and during the annual report evaluation.

Network Adequacy & Accessibility Analysis

Trillium conducts an annual analysis of its provider network that incorporates data analysis of practitioners/providers for language, access to and choice of providers. Trillium reviews all services, including crisis services, and identifies service needs and will prioritize strategies to address any network needs identified. The assessment takes into consideration the characteristics of the population in the entire catchment area. Requirements include quantifiable and measurable standards for the number of each type of behavioral healthcare practitioner and provider as well as standards for the geographic distribution of each type of

practitioner/provider. In the Practitioner Ratio Report, Trillium has identified the established practitioner to member ratios by practitioner type in addition to the state established parameters for assessing network adequacy.

As a component of the annual analysis, Trillium evaluates the language needs of members in comparison to the network (Language Diversity Report) and makes adjustments to the network accordingly.

Upon completion of the assessment, the results are analyzed to determine performance against the established standards. Based on the opportunities for improvement, Trillium creates a Network Development Plan to meet identified community needs, such as medication-assisted treatment for opioid use disorders and SUD residential treatment services. The Network Development Plan includes identification and analyses of gaps and requests for approval of exceptions. Trillium may utilize existing approved statewide alternative service definitions or develop and request approval for new alternative service definitions to fill network adequacy and accessibility service needs not met with current service definitions. While services paid and reported under alternative service definitions may be used to support performance measures, services paid on an expenditure basis, rather than filed claims, do not. As an additional component to the evaluation of the adequacy of Trillium's Network, annually a Timely Appointment Report (described above) for Medicaid Members is compiled to ensure appropriate access to appointments based on triage categories of urgent, emergent, and routine.

CLOSING

Trillium's Quality Management & Improvement Plan promotes objective and systematic measurement, monitoring, and evaluation of services and implements quality improvement activities based upon findings. The QMIP is designed to continually and consistently assess and analyze system performance data which will subsequently guide performance improvement to better support Trillium's members. All of the committees, along with the numerous activities, staff, and processes described in the QMIP seamlessly combine to ensure the highest quality across the Trillium system.

DEFINITIONS

Cultural and Linguistic Competency (or Culturally and Linguistically Competent): The ability to understand, appreciate and interact effectively with people of different cultures and/or beliefs to ensure the needs of the individuals are met. The ability to interact effectively with people of different cultures, helps to ensure the needs of all community members are addressed. It also refers to such characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession. Cultural and Linguistic Competency means to be respectful, responsive, and sensitive to the health beliefs and practices and cultural and linguistic needs of diverse populations groups

Historically Marginalized Populations: Individuals, groups, and communities that have historically and systematically been denied access to services, resources and power relationships across economic, political, and cultural dimensions as a result of systemic, durable, and persistent racism, discrimination and other forms of oppression. Long standing and well documented structural marginalization has resulted in poor health outcomes, economic disadvantage, and increased vulnerability to harm and adverse social, political and economic outcomes. Historically Marginalized Populations are often identified based on their race, ethnicity, social economic status, geography, religion, language, sexual identity and disability status.

Quality Management & Improvement Program: (aka Quality Program Description) Trillium Program Description that focuses on health outcomes and healthcare process measures that aligns with the NC Medicaid Quality Strategy and QAPI Plan, and DMH/DD/SAS's Quality Management Plan.

Quality Assessment and Performance Improvement (QAPI) Plan: (aka QAPI Work Plan) Trillium's annual QAPI Work Plan that delineates plans for performance improvement programs and other quality improvement efforts.

Medicaid Managed Care: North Carolina's program under which contracted Managed Care Organizations arrange for medical and other services to be delivered to Medicaid and NC Health Choice enrollees. Medicaid Managed Care will include four types of plans: (1) Standard Plans, (2) BH I/DD Tailored Plans, (3) Statewide Foster Care Plan, and (4) Eastern Band of Cherokee Indians (EBCI) Tribal Option.

Member Incentives: Healthy behavior incentive programs offered to members by the BH I/DD Tailored plan that is not provided in the form of cash or cash-redeemable coupons and total monetary value awarded to any one individual in a given fiscal year (July 1- June 30) does not exceed $75.00.

North Carolina Health Choice (NC Health Choice): The NC Health Choice Health Insurance Program for Low Income Children authorized by N.C. Gen. Stat. § 108A-70.25 and as set forth in the North Carolina State Plan of the Health Insurance Program for Children and authorized under Social Security Act Title XXI.

Provider Support Plan: Plan developed as a component part of the QAPI Work Plan including technical support activities related to improvement in specific health outcomes and detailed information regarding how activities advance the aims, goals, and objectives outlined within the Department's Quality Strategy; and an overview of which metrics Trillium uses to evaluate provider engagement progress over time.

Value-Added Services: Services in addition to those covered under the Medicaid Managed Care benefit plan that are delivered at the BH I/DD Tailored Plan's discretion and are not included in capitation rate calculations. Value-added services are designed to improve quality and health outcomes, and/or reduce costs by reducing the need for more expensive care.

Value-Based Payment (VBP): Payment arrangements between BH I/DD Tailored Plans and providers that fall within Levels 2 and 4 of the multi-payer Health Care Payment (HCP) Learning and Action Network (LAN) Alternative Payment Model (APM) framework.