VAYAHEALTH

QUALITY
MANAGEMENT
2018

Introduction

Vaya Health ("Vaya") is committed to a robust Quality Management (QM) program that ensures:
- the accessibility of services,
- a comprehensive and well-qualified provider network, and
- a comprehensive array of clinically appropriate behavioral health and intellectual/developmental disabilities services that meet or exceed quality standards.

The program is committed to supporting the provision of the highest quality of services to recipients in Vaya's 23-county catchment area. The QM program encompasses all aspects of the care that is delivered by Vaya's network of providers, including mental health, substance use disorder, and intellectual/developmental disabilities services, regardless of the setting. In addition to continuously assessing clinical outcomes and indicators, the QM program monitors and addresses administrative issues that affect the delivery of care.

Vaya's QM program is designed to support, promote, and operationalize the organization's mission, vision, and values, which are as follows:

Mission Statement ("Who We Are")
Vaya Health is a public manager of care for individuals facing challenges with mental illness, substance use, and/or intellectual/developmental disabilities. Our goal is to successfully evolve in the health care system by embracing innovation, adapting to a changing environment, and maximizing resources for the long-term benefit of the people and communities we serve.

Vision Statement ("What We're Building")
Communities where people get the help they need to live the life they choose.

Values ("What We Believe In")
- Person-Centeredness: Interacting with compassion, cultural sensitivity, honesty and empathy.
- Integration: Caring for the Whole Person within the home and community of an individual's choice.
- Commitment: Dedicated to partnering with members, families, providers and others to foster genuine, trusting, respectful relationships essential to creating the synergy and connections that make lives better.
- Integrity: Ensuring quality care and accountable financial stewardship through ethical, responsive, transparent and consistent leadership and business operations.

Goals of the QM program

The overarching goals and objectives of Vaya's QM program are the following:
1. Vaya will ensure that individuals and families in its catchment area have **access to care:**
   a. The geographical proximity of services will meet or exceed acceptable standards and/or benchmarks.
   b. The timely availability of services will meet or exceed acceptable standards and/or benchmarks.
2. Vaya will ensure that the **quality and appropriateness of care** delivered within its system is adequate:
   a. Services will be delivered in accordance with service definitions and clinical guidelines.

b. Services will be delivered in a culturally competent fashion, accounting for the diverse characteristics of the population served.
3. Vaya will ensure that the **over and under utilization of services** is within acceptable limits:
    a. Vaya's utilization management practices will ensure that funding for services is managed in a fiscally sound manner.
    b. Vaya's utilization management practices will be responsive to trends and patterns in utilization data and will ensure that the design of Vaya's service delivery system adequately reflects the service needs of individuals and families in its catchment area.
4. Vaya will ensure that **network provider performance** is adequate:
    a. All provider agencies and licensed individual practitioners within Vaya's provider network will meet or exceed all applicable requirements for network participation and service delivery.
    b. Providers will actively contribute to the overall management of the Vaya service delivery system.

Scope of the QM program

The Vaya QM program encompasses the following:
1. Oversight of the collection, integration, analysis, and reporting of data necessary for the evaluation of system performance;
2. Oversight of the application of quality management principles and techniques as a means of achieving organizational goals that further the mission of Vaya; and
3. Review of system performance indicators and advocating for the use of organizational resources to address identified areas for remediation or improvement.

Quality Management Program Structure

Organizational chart illustrating reporting channels for the QM program and the relationship to the Chief Medical Officer and executive management – (See Figure 1.) The Vaya Board of Directors is the statutory oversight authority and bears ultimate responsibility for ensuring the quality and effectiveness of Vaya's mental health, intellectual/developmental disabilities, and substance use disorder services. The Performance and Quality Committee of the Board of Directors was established in February 2014, and was re-formed as the Regulatory Compliance & Quality Committee (RCQC) effective July 2016. The committee meets at least six times per year to review key performance indicators and other internal LME/MCO quality measures to ensure that the LME/MCO is substantially meeting the requirements of all applicable laws, rules, regulations and DHHS contract requirements.

KEY

———————— Direct reporting relationship

– – – – – – – – Informational reporting relationship
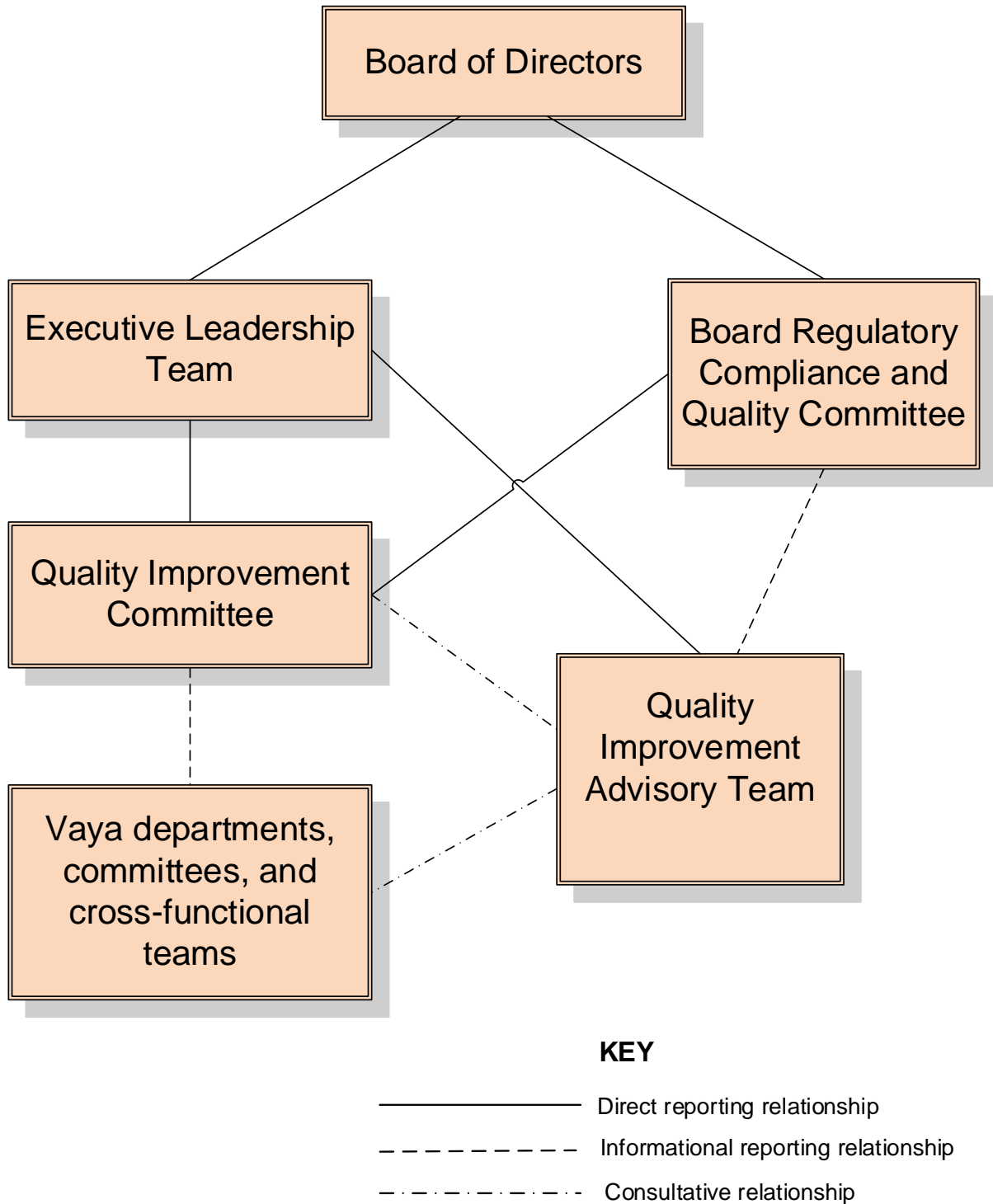
–·–·–·–·–·– Consultative relationship

Figure 1 – Quality Management Program Structure

Vaya's Chief Executive Officer (CEO) oversees the implementation of all QM initiatives. The CEO delegates day-to-day QM program operational responsibility to the Quality Management Director who coordinates, facilitates, and monitors all components of Vaya's QM program. The QM Director regularly reports to Vaya's executive leadership regarding the organization's quality management efforts and ensures that executive-level quality management directives are carried out. The QM Director reports directly to the Performance and Quality Improvement (PQI) Senior Director. The PQI Senior Director and the Chief Medical Officer serve as co-chair(s) of the Quality Improvement Committee (QIC). The Quality Improvement Advisory Team (QIAT) carries out critical QM functions under the direction of the QM Director. The QIAT functions as a liaison with other Vaya departments to assist in identifying and addressing needs/opportunities for improvement through the application of quality management techniques. The QIAT also manages system-wide satisfaction surveys.

QM Committee structure – Vaya's Quality Improvement Committee (QIC) ensures that the organization's quality improvement efforts are informed by and disseminated across a broad base of departments, providers, members, and caregivers/ relatives. The activities of the QIC include the following:
- Regular review of an array of reports that reflect a variety of key performance areas and that may identify areas for remediation or opportunities for improvement;
- Oversight of quality improvement goals and activities reflecting key performance areas throughout the Vaya system;
  - Compilation and transmission of information concerning such activities to DHHS, the Board of Directors RCQC, the Consumer & Family Advisory Committee (CFAC), and other stakeholders;
- Review and approval of Quality Improvement Project (QIP) proposals, updates, and final reports; and
- Review and preliminary approval of the QM Annual Reports, including the QM Program Description, the QI Program Evaluation, and the QM Annual Work Plan (with final approval by the Vaya Board of Directors).

Chief Medical Officer (CMO) involvement – The CEO delegates oversight of the QM program to the Chief Medical Officer (CMO). The CMO oversees utilization management and provides regular guidance for other QM program functions including credentialing and provider network monitoring. The CMO is Vaya's ultimate authority in all clinical matters. The primary responsibilities of the CMO in relation to quality management include the following:
- chairing the Credentialing Committee;
- chairing the Critical Incident Review Committee;
- co-chairing the Quality Improvement Committee;
- operational management of the UM Department;
- providing guidance for the development of clinical quality initiatives, studies, and projects, ensuring that thorough analyses of quality of care and service activity data is performed and that areas in need of remediation or opportunities for improvement are identified and addressed; and
- conducting or facilitating peer review of potential clinical quality of care issues and ensuring that validated quality issues are addressed.

Performance Measures and Quality Assurance Activities (QAA)

The Vaya QM Program includes an array of Quality Assurance Activities (QAAs) that are designed to provide an ongoing, comprehensive overview of the performance of Vaya in terms of four key performance areas: Access to Care; Quality and Appropriateness of Care; Over and Under Utilization of Services; and Network Provider Performance. Staff responsible for conducting a given QAA routinely monitor, evaluate, and report on Vaya's performance via the monthly Quality Management Reports to QIC. A QAA may identify a need for remediation and improvement, which may then be addressed by a Quality Improvement Activity (QIA).

Each QAA is associated with a set of related performance measures. All clinical performance measures required by Vaya's contracts with the state are associated with QAAs. QAAs also rely on Vaya-defined performance measures as needed to provide a comprehensive overview of the performance of the Vaya system.

Vaya's current array of QAAs is listed below, along with the associated performance measures. (Performance measures that are required by Vaya's contracts with the state are marked with an asterisk.)

Service availability
- Out of Network Services*
- Identification of Alcohol and Other Drug Services (Penetration)*
- Identification of MH Services (Penetration)*
- Network Capacity*
- Penetration Rates*

Cultural competency and access to care for underserved groups
- Diversity of Medicaid Membership*
- TCLI Housing Goals*
- IPS-Supported Employment Goals*
- Community-Based MH Services in Place Prior to Transition*
- Transition within 90 days*
- Timely Quality of Life Survey Completion*

Timely access to care
- Ambulatory Follow-Up within 7 calendar days of Discharge for Substance Abuse facility*
- Ambulatory Follow-Up within 7 calendar days of Discharge for Mental Health*
- Percent of psychiatric inpatient readmits assigned to Care Coordination*
- Access to substance use prevention services*
- Access to Timely Emergent Care*
- Access to Timely Urgent Care*
- Access to Timely Routine Care*
- Timely Support for Persons with IDD*
- Follow-Up After Discharge from a State Psychiatric Hospital*
- Follow-Up After Discharge from ADATC*
- Follow-Up After Discharge from Community MH Inpatient Treatment*
- Follow-Up After Discharge from Community SUD Inpatient Treatment*

- Follow-Up After Discharge from a Community Crisis Service*

Initiation and Engagement with MHSU treatment
- Initiation of Substance Use Disorder Services*
- Initiation for Persons Receiving Mental Health Services*
- Engagement in Substance Use Disorder Services*
- Engagement for Persons Receiving Mental Health Services*

Integrated care and access to primary care
- Care Coordination*

Use of state facilities and local hospitals
- Readmission Rates for Mental Health*
- Readmission Rates for Substance Abuse*
- MH Utilization - Inpatient Discharges and Average LOS*
- Short Term Care in State Psychiatric Hospitals*
- Admission Rate and LOS in Community Hospitals for MH Treatment*
- Admission Rate and LOS in Community Hospitals for SUD Treatment*
- State Hospital Readmissions within 30 days and 180 days*
- ADATC Readmissions within 30 days and 180 days*
- Community MH Inpatient Readmissions within 30 Days*
- Community SUD Inpatient Readmissions within 30 Days*

Use of emergency and crisis services and hospital ED's
- Crisis Care in Emergency Departments*

Service patterns and costs for high cost / high risk individuals
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment*
- MH Utilization*
- SUD Utilization*

Use of evidence-based practices
- Service-specific utilization for selected services

Member outcomes
- NC-TOPPS*

Member satisfaction
- Experience of Care and Health Outcomes (ECHO) Survey*
- Perception of Care Survey*

Trends and patterns in grievances
- Quarterly incidence of grievances

Trends and patterns in incidents
- Monthly incidence of Level II and Level III incidents

Trends in denials and appeals
- Processed Service Authorization Request volume per quarter
- Clinical denial rate
- Percent of clinical denials resulting in reconsiderations

Provider compliance with State Rules
- Bi-annual Routine Monitoring reviews

Provider compliance with clinical practice guidelines
- Rate of compliance with guidelines for selected services

Provider compliance with LME/MCO contractual requirements
- Rate of compliance with selected contractual requirements

Incident response and reporting
- Rate of compliance with requirements for timely submission of incident reports

Prevention, detection, and remediation of fraud, waste, and abuse
- Data analytics utilizing FAMS and/or other data mining techniques

Grievance response and resolution
- Average days to send acknowledgment letter
- Percent of complaints resolved in 30 days*

Adequacy of MCO supports for providers
- DHHS Provider Satisfaction Survey*
- Payment Denials*
- Percent of claims processed within 30 days*

Conduct of calls
- Call Answer Timeliness*
- Call Abandonment*

Service authorization processes
- Inter-Rater Reliability
- Peer Review Concordance
- Percent of routine authorization requests processed in 14 days*
- Percent of expedited authorization requests processed in 3 days*

Credentialing and recredentialing of providers
- Average processing times for agencies
- Average processing times for Licensed Practitioners (LPs)
- Average processing times for Licensed Independent Practitioners (LIPs)

Quality Improvement Activities

Quality Assurance Activities or other means may be used to identify and prioritize needs for remediation or improvement. A Vaya department, committee, or cross-functional team may develop and implement a Quality Improvement Activity (QIA) to address such a need. Each QIA is associated with a Performance Improvement Goal that defines the conditions for satisfactory resolution of the need for improvement. The team responsible for conducting a QIA routinely monitors and evaluates Vaya's progress in terms of the Performance Improvement Goal and provides progress reports to QIC via Quality Management Reports.

Vaya's QIAs include the Quality Improvement Projects (QIPs) that are required to meet Vaya's contractual or accreditation requirements. Detailed reports concerning Vaya's current QIPs are included in the Appendices as shown below.

Current QIPs:
1. Improve Timeliness of Transitions to Community Living Initiative Quality of Life Survey Completion QIP
2. Inpatient Rapid Readmission QIP
3. Integrated Care (Access to Primary & Preventive Care) for Innovations Waiver Participants QIP
4. Follow-Up After Discharge from Inpatient Mental Health Treatment QIP
5. Follow-Up After Discharge from Inpatient Substance Use Disorder Treatment QIP
6. Increase housing placements through the Transitions to Community Living Initiative QIP

Performance improvement and feedback loops – Vaya departments, committees, and cross-functional teams develop and implement Quality Assurance Activities and Quality Improvement Activities that fall within the scope of the Vaya QM Program. As these activities are conducted, regular reports concerning performance and progress towards goals for improvement are provided to the QIC in Quality Management Reports. Reporting for the QAA and the QIA maintains the linkage between the two, thus completing the feedback loop between the effort to improve quality and the monitoring of performance that identified the need for improvement.

The QIC regularly evaluates the performance monitoring and improvement efforts of Vaya departments, committees, and cross-functional teams and provides them with feedback and guidance in a cross-functional context.

Health Information System and Other System-Wide Information Sources

The Enterprise Analytics Team of the Management Information Services (MIS) Department focuses on Vaya's application, business intelligence, data warehouse, and analytics development, as well as data governance and advanced (predictive/prescriptive) analytics. The team's activities include the following:

- Data collection, integration, analysis, and reporting – The primary repository of data for performance and analysis purposes is a central data warehouse that integrates data from Mediware's AlphaMCS system, InfoMC's Incedo system, and other internal and external systems. This data warehouse supports and integrates all primary LME/MCO functions, including access and enrollment, patient information, submission and disposition of service authorization requests, care coordination, and submission and disposition of service claims.

Reports developed in AlphaMCS, Incedo, and Vaya's Enterprise Analytics environment support LME/MCO functions and address state reporting requirements.

The team continues to improve and expand the reporting and analytics capabilities of the organization. Data cubes are now in their fifth year of operation. Data cubes are refreshed daily from various data sources and supply key operational data to staff throughout the organization. In addition, MIS is expanding access to data through end-user data visualization tools and custom-developed applications. Although in its early stages, work has begun on developing advanced analytics capabilities using predictive and prescriptive algorithms. As a result, the customized reporting and data analysis capabilities of the organization have been expanded and expedited dramatically.

- The Enterprise Analytics Team maintains a single list of analytics work requests called a Product Backlog. The Product Backlog is managed within Microsoft's Team Foundation Server (TFS) which provides work item tracking, development project management, and source code control. Prioritization of the items on the Product Backlog has been rolled into the organization's overall project portfolio prioritization process by the cross-departmental Project Management Steering Committee (PMSC). The results have been: better alignment of development projects with corporate strategy; better tracking of work-in-progress and waiting requests; and greater transparency and visibility of analytics-related development work.

- The Enterprise Analytics Team has also implemented a task time tracking system that is integrated with the TFS data to capture actual versus estimated time for each development project. This system will enhance the team's ability to estimate the time required for new development projects.

Satisfaction surveys – Vaya's sources for measurement of member satisfaction are: the Experience of Care and Health Outcomes (ECHO) survey administered by DataStat, Inc. on behalf of DMA; and the Perception of Care Survey that is administered by LME-MCOs under the oversight of DMHDDSAS. Both surveys are administered annually. Upon receipt of consolidated survey data from the state, the QIAT analyzes and prepares a summary of the results and presents them to the Vaya Board of Directors RCQC, the CFAC, QIC, the Provider Advisory Council (PAC) and internally throughout Vaya. Throughout this process, areas in need of further study or improvement may be identified. The related Vaya department would then develop and implement quality improvement activities to address these areas. Data specific to individual providers may be shared with the providers at their request.

The Provider Satisfaction Survey is administered annually by the North Carolina Division of Medical Assistance (DMA) and allows for comparisons across LME/MCOs. Upon the completion of the survey, DMA provides Vaya with the raw data and basic analysis. The QIAT analyzes the data and summarizes the results to be presented to the Vaya Board of Directors RCQC, QIC, PAC and internally throughout Vaya. The QIC, PAC and members of the RCQC may identify a need for further study or improvement. The appropriate Vaya department develops and implements quality improvement activities to address any such areas. The results and any ensuing quality improvement activities are also reported to the QIC, PAC and RCQC.

Complaints and grievances – Vaya utilizes a "no wrong door" approach for complaints and grievances. All Vaya staff are trained to recognize and enter data concerning complaints and grievances in the Vaya electronic portal. Training on the recognition and documentation of grievances is provided during orientation. All staff are notified of changes to the grievance policy and procedure through the

electronic policy management system (Policy Tech). Staff are required to read the policy and complete an attestation of their understanding within Policy Tech.

The Grievance Team:
- follows up on all grievances to seek resolution;
- provides analysis concerning circumstances that may have contributed to the results;
- presents a monthly report to DMA and DMH/DD/SAS, detailing funding source, category of grievance and whether the standard for timeliness of resolution was met; and
- prepares a quarterly report that summarizes and identifies trends and/or patterns in grievance data.

These reports are presented to the Vaya Board of Directors RCQC, the Human Rights Committee (HRC), and the QIC. Any of these may identify areas in need of further study or improvement. The appropriate Vaya department develops and implements quality improvement activities to address these areas.

When a trend or pattern involving a provider is identified, Vaya's Contract Performance Unit may provide technical assistance, proceed with an investigation, and/or conduct focused monitoring as needed to address the issue. Specific complaints or grievances indicating a need for investigation are referred to the Investigation Oversight Committee for consideration and/or external oversight or to licensing agencies.

Incidents – Vaya oversees the submission of incident reports by its network of providers. Level 2 and Level 3 incidents are reported in the Incident Response Improvement System (IRIS).   Level 1 incidents are tracked by each provider. The Vaya Incident Report Team prepares a quarterly report that identifies, analyzes, and summarizes trends and patterns in incidents. Incident data is reported at least quarterly to the Vaya Board of Directors RCQC, the CFAC, HRC, and the QIC. Any of these groups may suggest areas for further study or improvement. The appropriate Vaya department develops and implements quality improvement activities to address these areas. Incidents are communicated to Care Coordinators, Provider Network Specialists, and Contract Performance staff, as appropriate.

The Vaya Critical Incident Review Committee (CIRC) is chaired by the CMO and includes five other licensed professionals. CIRC performs clinical reviews of all reported Level 3 and certain Level 2 incidents and provides oversight of provider responses to ensure that appropriate measures are taken to protect the health and safety of members and to prevent similar incidents from occurring again. If necessary, a referral will be made to the Investigation Oversight Committee (IOC) to investigate the provider's response to an incident. If CIRC finds that an incident poses a current risk to the health and safety of members, the CMO may authorize an immediate suspension of a provider's network participation as well as an expedited investigation.

Administrative Health Records (AHR) and communication of clinical information – Vaya utilizes two platforms for administrative health records and the communication of clinical information: AlphaMCS, as its platform for Customer Services and Utilization Management purposes; and Incedo, as its complex care management platform for Care Coordination purposes.

In Vaya's Customer Services Department, all service requests and other requests received by the Call Center, both telephonic and non-telephonic, are documented in the AlphaMCS Call Log. Call Center staff complete and save a Screening, Triage, and Referral (STR) form in AlphaMCS for all service requests. The information entered by Call Center staff routinely includes members' preferences

regarding follow-up contact. All Call Log and STR documentation stored in AlphaMCS may be retrieved for future reference.

All emergent and urgent calls are handled by licensed clinicians. When a Customer Services Representative answers a call, they screen the caller for risk factors. If a risk factor is identified, the call is transferred to a licensed clinician.

Vaya's Utilization Management (UM) staff conducts most of their work in AlphaMCS. AlphaMCS is the key portal through which providers submit enrollments, admissions, service authorization requests (SARs), discharges, clinical documentation, as well as communicating member-specific information. While UM staff may utilize several different AlphaMCS modules when conducting their work, most of their time is spent in the Clinical/UM/SAR module (SAR tile, service tile, and previous authorizations tile). UM staff review SARs (which include Diagnoses, CALOCUS/LOCUS, ASAM and SIS scores, medications, Comprehensive Clinical Assessments (CCAs), Person Centered Plans (PCPs), etc.) and the corresponding documentation in this module to determine medical necessity. Once UM staff make decisions on medical necessity, the outcome is communicated to providers through AlphaMCS. In instances where medical necessity is not met or when a review results in an administrative denial, the Clinical Support Team provides written notification to the member. During medical necessity review, UM staff frequently contact providers by telephone and/or secure email to discuss clinical aspects of member care or to request additional documentation. These contacts are documented in the SAR comments tile or in the Patient Maintenance module in a Patient Note.

Per policy and to ensure continuity of care, Vaya's Care Coordinators (CC) document all relevant member contacts, attempted contacts, screenings/assessments, tasks, interventions and information exchange for coordination in the member's Incedo AHR within 24 hours of intervention, the standard documentation timeline. This documentation includes face-to-face and telephonic contacts and collateral conversations relative to member treatment and care. Care Coordinators also upload relevant clinical documentation to the Incedo CC platform including both internal and external documentation. Care Coordinators use the following documentation and logic to support information flow:
1. Assessment/Case Formulation. CC assessment/case formulation is completed by all CCs, regardless of credentials, within their scope of licensure or education. CCs will consult with respective interdisciplinary team members if there are concerns or questions regarding scope of practice/licensure.
2. Treatment Planning. CC ensures that treatment planning is developed in conjunction with the member's primary care provider, with member participation, and in consultation with any specialists caring for the Member.
3. Tasks/Interventions. Beginning during the care planning process, CC tasks and interventions may include but are not limited to the following:
   a. Establish rapport and begin assisting the member in facilitating a positive outcome;
   b. Outline the roles and expectations for all members of the care team;
   c. Inform the member of their rights as a Vaya Health Plan member;
   d. Provide relevant education and information to the member;
   e. Help link the member to primary care and specialty care based on initial evaluation of need or care plan directed needs;
   f. Provide or arrange for medication reconciliation;
   g. Coordinate and monitor behavioral health hospital and institutional admissions and discharges;

      h.   For IDD Care Coordination, the IDD Care Coordinator will refer to Vaya's policy concerning the Registry of Unmet Needs and potential eligibility for the NC Innovations Waiver.

4. Referral and Linkage to necessary specialists. Based on information identified during care coordination, care coordinators link individuals to both traditional services and community-based resources.

5. Monitoring. CC uses data at a population and individual level to measure and monitor outcomes associated with risk factors impacting multi-morbid conditions. A care coordinator may utilize perception of care measures to assess the member's experience of care. Care coordinators serve as the "eyes and ears" of the system and initiate follow-up on quality-of-care concerns and provider investigation referrals. This information, in combination with outcomes data, allows the larger system to respond to incidences of substandard care, waste, poor access or gaps in care.

6. Risk Management (individual and population levels). Risk management is an additional care coordination function based on national models.
      a.   If the care coordinator becomes aware of an urgent health, safety or welfare concern involving a Member, the CC must immediately notify and/or seek consultation from the CMO, Chief Population Health Officer, Sr. Director of Performance & Quality Improvement and/or Sr. Director of Care Coordination.

7. Disease Management (DM) (at individual and population levels).
      a.   At the individual level, care coordinators identify member-specific healthcare risks and needs associated with disorders,
      b.   At the population level, care coordinators help develop care continuums to support traditional treatment and specialty services for specific diagnostic categories.

Privacy and confidentiality – Primary responsibility for the privacy and security of health information and other sensitive information lies with the Privacy & Security Committee, which reports to the Vaya Regulatory Compliance Committee. The Privacy & Security Committee ensures that Vaya's privacy and security policies are comprehensive and up-to-date. All new Vaya employees receive training on Vaya's privacy and security policies. Current employees receive annual refresher training on this topic. When changes to these policies occur, employees are required to complete an attestation to verify that they have read and understand the updated policy in PolicyTech. The Vaya Board of Directors and all members of Vaya committees who are not Vaya employees are required to sign a confidentiality statement acknowledging their responsibility to protect and maintain the confidentiality of health information and other sensitive information.

The Privacy & Security Committee conducts the required annual HIPAA Security Risk Analysis to identify areas in which the security of information may be at risk. Appropriate physical, administrative, and technical safeguards are developed and implemented by the Privacy & Security Committee and the MIS Department. The Regulatory Compliance Committee provides oversight of the Security Risk Analysis process and ensures that follow-up is performed in a thorough and timely manner. In 2016, Vaya engaged an outside vendor, Clearwater Compliance, to conduct the Security Risk Analysis and provide technical assistance in further developing and enhancing Vaya's Security Program.

Appendices
1. Improve Timeliness of Transitions to Community Living Initiative Quality of Life Survey Completion QIP
2. Inpatient Rapid Readmission QIP

3. Integrated Care (Access to Primary & Preventive Care) for Innovations Waiver Participants QIP
4. Follow-Up After Discharge from Inpatient Mental Health Treatment QIP
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