QUALITY MANAGEMENT PROGRAM DESCRIPTION

FY 2020-2021

VAYAHEALTH

Contents

Section I: Introduction to Vaya Health Quality Management (QM) Program

It is the policy of Vaya Health ("Vaya") to maintain a quality management (QM) program which focuses on using objective and systematic measures to effectively monitor and evaluate services delivered to Vaya health plan members and to conduct quality improvement activities [Core 17] and operational improvement activities that enable Vaya to improve member outcomes and promote member safety while efficiently managing operational resources. Vaya Health's definition of quality is in alignment with that utilized by the Institute of Medicine: "The degree to which health services for individuals and populations increases the likelihood of desired health outcomes and are consistent with current professional knowledge."

Vaya is committed to implementing a robust QM program that ensures:

- the accessibility of services,
- a comprehensive and well-qualified provider network, and
- a comprehensive array of clinically appropriate mental health, substance use disorder, and intellectual/developmental disabilities (IDD) services that meet or exceed objective quality standards regardless of the setting.

Members are at the heart of Vaya's QM program and Vaya values their voice. The 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

Section II: Goals and Objectives of the QM Program

1. Continuously improve the **quality and appropriateness of behavioral health and IDD care and services** that are delivered to members by the Vaya network of providers. Network provider performance is at the heart of this area/element. This goal is accomplished through:
    a. Monitoring and assessing measurable health plan performance indicators, including but not limited to clinical outcomes, from relevant sources;

b. Continually assessing and monitoring the services provided to members;
c. Evaluating provider performance results relative to established goals and benchmarks and providing routine feedback on results of performance assessments;
d. Promoting regular communication with network providers about quality activities;
e. Including language in network provider contracts requiring participation in the QM program;
f. Actively investigating member grievances/ complaints and investigation referrals, including a longitudinal review of provider investigations to identify trends and outliers, such as providers with multiple investigations within a given timeframe;
g. Participating in several surveys throughout each year to understand member experience with Vaya and service providers, and to assess contracted provider experience with Vaya;
h. Using survey results to identify gaps and improvement opportunities; and
i. Monitoring and addressing administrative issues that affect the delivery of care.

2. Identify, develop, and/or enhance activities that **promote member safety**.
3. Ensure that members have adequate **access and accessibility to care** in accordance with NC Department of Health and Human Services (DHHS) standards set forth in the annual Community Mental Health, Substance Use and Developmental Disability Service Network Adequacy and Accessibility Analysis requirements. Services should be available **when** needed (timely) and **where** needed (geographically).
    a. Timely access to care requires that Vaya meet certain timeliness standards established by DHHS. These standards vary depending on the severity of need (e.g., emergent, urgent or routine). This may involve measuring the amount of time between the request for services and the service being rendered.
    b. Geographic access to care requires that Vaya strive to ensure members have access to a choice of network providers for any covered service within a reasonable distance of where the service is needed. For example, this may involve ensuring members can receive needed services within 30 minutes/ 30 miles of their home in urban areas, or within 45 minutes/ 45 miles for rural areas.
4. Ensure that ongoing assessment and improvement work addresses the needs of Vaya's **culturally and linguistically diverse membership**. [QI 1(A)(5), QI 3(A)(1)]. This includes continuous identification and analysis of cultural and linguistic needs, as well as efforts to reduce health care disparities in clinical area(s) and improve cultural competency in materials and communications.
5. Ensure that **over and underutilization of services** are within acceptable limits by continuously monitoring and evaluating service utilization rates, proactively responding to trends and patterns in utilization data, and managing service funds in a fiscally sound manner.
6. Foster the design of a behavioral health and IDD service delivery system that adequately reflects the care needs of members, promotes member safety and improves member outcomes.
7. Maintain a **network of qualified practitioners and providers** that actively contribute to the overall management of the Vaya service delivery system and that meet or exceed all applicable accreditation, credentialing, contractual and regulatory requirements for network participation and service delivery.
8. Document and report the results of monitoring activities, recommendations for improvement activities, and other program activities to the Quality Improvement Committee (QIC), and ensure regular review of necessary documents, data and reports by the QIC.

Section III: 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 QM 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.

Two-Tiered Approach:
The QM program uses a two-tiered methodology. This progressive approach enables Vaya to maintain focus on clearly defined indicators of success, proactively detect measurable gaps or deficiencies in quality and safety and respond to gaps in a timely manner with customized improvement efforts. These two interdependent phases [(Core 17) (QI 1(A)(1))] include:

1. Quality Assessment/Assurance
2. Quality Improvement

Quality Assessment/Assurance is a structured program for monitoring, evaluating and assessing potential and existing problems to ensure that quality standards are being met. The process begins with the review and analysis of member-outcome and safety measures that reflect system performance. Measure owners and the QIC evaluate performance against established standards, goals or benchmarks and make decisions regarding potential improvement activities intended to address identified gaps.

Quality Improvement provides a methodology to systematically address issues that adversely impact quality. Quality Improvement is guided by a well-defined, cross-functional process to define problems in quantifiable terms and to design Quality Improvement Activities that address root causes. Continuous quality improvement ensures that activities are evaluated over time and that incremental improvements are made that further improve performance and both internal and external customer satisfaction.

Section IV: QM Program Documents

Vaya's QM program and activities are summarized annually in the QM Annual Reports, which consist of [(Core 19(c)) (QI 1(A-C))]:

- Quality Management Program Description
- Quality Management Program Evaluation
- Quality Management Workplan.

All QM Annual Reports are reviewed and approved by the QIC and Board of Directors [Core 20(i)] before being annually submitted to DHHS on or before August 31. The QM Annual Reports are also reviewed by the Vaya Consumer and Family Advisory Committee (CFAC) and available to members and providers. [QI 1(E)].

This QM Program Description addresses the needs of internal and external customers including but not limited to internal departments, members, and providers [Core 17]. The QM Evaluation is a written evaluation of the QM program that includes a description of completed and ongoing QI activities and trending of measures to assess performance that address quality and safety of clinical care and quality of service, as well as an analysis and evaluation of the overall effectiveness of the QM program, including progress toward influencing networkwide safe clinical practices [(Core 20(e)) (QI 1(C)(1-3)]. The QM Workplan consists of yearly planned QM activities and objectives, time frames for each activity's

completion, staff members responsible for each activity, monitoring of previously identified issues and lists the QM Evaluation as a specific activity on the plan [QI 1(B)(1-5)].

Section V: QM Program Structure

The Vaya Board of Directors acts as the statutory governing body established in accordance with N.C.G.S. § 122C-118.1 and bears ultimate responsibility for ensuring the quality and effectiveness of the behavioral health and IDD services delivered by the Vaya network of providers [Core 19(a) (QI 1(A)(1))].

The Performance and Quality Committee of the Board of Directors was established in February 2014 and renamed the Regulatory Compliance & Quality Committee (RCQC) effective July 2016. The RCQC committee meets at least four times per year. Their primary function is to review key performance indicators, compliance metrics and internal quality measures to ensure Vaya is meeting or exceeding the requirements of all applicable laws, rules, regulations and DHHS requirements. The committee is also informed of quality improvement initiatives from QIC and has the authority to recommend new quality improvement initiatives [Core 20(b)].

Vaya's Chief Medical Officer (CMO) oversees the implementation of all QM initiatives. The CMO delegates day-to-day QM program operational responsibility to the Senior Director – Business Integrity, who coordinates, facilitates, and monitors all components of Vaya's QM program. The CMO and/or General Counsel & Chief Compliance Officer regularly report to Vaya's Executive Leadership Team (ELT) regarding the organization's QM efforts and ensures that executive-level QM directives are carried out. The External Review Director (also under the direction of the Senior Director – Business Integrity) and the Chief Medical Officer serve as co-chairs of the Quality Improvement Committee [QI 1(A)(2)].

Section VI: QM Committee Structure

The Board of Directors and ELT delegate oversight of Quality Management to the Quality Improvement Committee (QIC) [Core 20(a) (QI 1(A)(3))]. Starting in 2018, Vaya initiated the Organizational Quality Improvement Committee (O-QIC) and the Internal Quality Improvement Committee (I-QIC). Both committees maintain an approved record of minutes [Core 20(d)].

- The O-QIC provides oversight and direction related to Vaya's QM program for the purpose of improving the quality and safety of clinical care and services and provides guidance to staff on QM priorities and projects [Core 20(f)]. The O-QIC is comprised of Vaya staff, participating practitioners, and stakeholders [QI 1(A)(3-4)].
- The I-QIC carries out critical QM functions under the direction of the External Review Director and Chief Medical Officer. The I-QIC also functions as a liaison with other Vaya departments to assist in identifying and addressing needs/opportunities for improvement through the application of QM techniques.

QIC activities includes the following [Core 19(b)]:

- Ensuring the organization's quality improvement efforts are informed by, and disseminated to, a broad base of internal departments, the NC DHHS, providers, members, caregivers/relatives and staff [(Core 21(g)) (QI 1(E))]
- 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, ensuring follow-up as appropriate [QI 1(D)(4-5)]

- Oversight of quality improvement goals and activities reflecting key performance areas throughout the Vaya system [Core 20(h)]
- Compiling and transmitting information concerning such activities to DHHS, the Board of Directors RCQC, the CFAC, and other stakeholders [(Core 20(b)) (QI 1(E))]
- Recommending, reviewing and approving Quality Improvement Activity proposals, updates, and final reports as well as analyzing and evaluating the results of QI activities [(Core 20(g)) (QI 1(B)(2))]
- Recommending policy changes as necessary [QI 1(B)(1)]
- Providing guidance to staff on QM priorities and initiatives [Core 20(f)]

Section VII: Chief Medical Officer (CMO) Involvement

The CEO delegates oversight of the QM program to the CMO, who serves as the Senior Clinical Staff Person for Vaya and has clinical oversight of all medical staff and clinical functions, including utilization management and call center functions. The CMO provides regular guidance to the organization and is Vaya's ultimate authority in all clinical matters [(Core 19(e)) (QI 1(A)(2))]. The CMO's oversight of QM activities includes:

- Chairing the Credentialing Committee
- Chairing the Critical Incident Review Committee
- Chairing the Clinical Advisory Committee
- Co-Chairing the Quality Improvement Committees (O-QIC and I-QIC)
- Holding a dotted line over the Psychology Consultant, Assistant Medical Director, Senior Director – Provider Network Operations, Population Health Program Analyst, Senior Director Care Management, Senior Director Care Management Strategy, Senior Director Member Services, Senior Director Network Performance & Integrity, Integrated Care Medical Director, Director of Pharmacy Programs, External Review Director, Quality Governance Director, Resolution Team Clinician and Performance Reporting Team Supervisor.
- Clinical oversight of utilization management, peer review, member appeals and call center functions
- Providing guidance for the development of clinical quality initiatives, guidelines, studies, and activities
- Ensuring analysis of quality of care and quality of service activity data
- Consultation on member health and safety issues, provider investigation referrals, and complaints/ grievances of a clinical nature
- Determining and addressing areas for remediation or opportunities for improvement
- Conducting or facilitating peer review of potential clinical quality of care issues
- Ensuring that identified quality issues are promptly addressed

Figure 1 – QM Program Structure

Section VIII: QM Resources and Analytic Support

The Enterprise Analytics Team of the Management Information Services (MIS) Department supports the Vaya QM program in several ways, including data collection, integration, analysis and reporting; and improvement and expansion of reporting and analytic capabilities. The Enterprise Analytics Team provides this support through tools that include:

- Application development
- Business intelligence
- Data warehouse
- Analytics development
- Data governance
- Advanced (predictive/prescriptive) analytics.

Data collection, integration, analysis, and reporting:
The Enterprise Analytics Team is responsible for managing the systems that collect, integrate, and analyze data relevant to Vaya's QM efforts. These integrated systems provide a comprehensive and accurate picture of quality by drawing from diverse sets of data. These data include outpatient claims, inpatient claims, demographics, electronic health records, pharmacy data, laboratory results, etc. [QI 10(A)(1-6)]. This diverse set of data is utilized in:

1. Quality Assessment and Assurance
2. Quality Improvement

Vaya's central data warehouse integrates data from the Wellsky AlphaMCS system, the InfoMC Incedo™ system and other internal/external systems and is the primary data source for performance review and analysis related to QM efforts. These include LME/MCO functions such as access and enrollment, submission and disposition of service authorization requests, care coordination, and submission and disposition of service claims.

Reports are developed from the sources listed above to support and enhance LME/MCO functions and DHHS reporting requirements. These reports are used to support QM efforts, for both quality assessment/assurance and quality improvement.

Section IX: Improving and Expanding Reporting and Analytics Capabilities

MIS provides reports on data that support the QM program and specific initiatives within it. These reports answer broad questions but may require detailed analysis to answer specific queries. To facilitate this analysis, many reports include the specific raw data that was used to build the initial report. When necessary, reports may be modified, or additional customized reports requested from MIS.

For quality assessment/assurance purposes, reports are used to track Vaya's performance and to identify potential problems. When anomalies in the data are found, a thorough analysis occurs to identify the source of the issue and where improvements may be needed.

Data cubes, multidimensional matrices that allow users to analyze data from different perspectives, are a key tool in assessing operations at Vaya. Data cubes are refreshed daily 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 the development of custom applications. Advanced analytics capabilities using predictive and prescriptive methods are in development. As a result, the customized reporting and data analysis capabilities of the organization have significantly expanded.

Section X: Tracking and Reporting

The Performance Reporting Team (PRT) within the Business Integrity Department was formed in August 2018 and is responsible for the collection, submission, analysis and reporting of performance data and for responding to requests for specific data needs from both internal and external stakeholders. The team is responsible for the submission of monthly Administrative Function Indicators; quarterly Performance Measures; and Critical Performance Indicators, a subset of the Performance Measures, also submitted quarterly. Additional reporting requirements are outlined by Attachment K of Vaya's NC Medicaid contract and include effectiveness-of-care measures, access/availability measures and use-of-services measures.

Section XI: 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. QAAs are routinely monitored, evaluated, and reported on. When a QAA identifies a need for remediation and improvement, a Quality Improvement Activity (QIA) may be initiated.

All clinical performance measures required by Vaya's contracts with DHHS are associated with QAAs. QAAs also rely on internal performance measures as needed to provide a comprehensive overview of the performance of the Vaya system.

Section XII: Quality Improvement Activities

Various means may be used to identify 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. A performance improvement goal is established that defines the conditions for satisfactory resolution of the activity. The team responsible for the QIA, comprised of quality management staff, departmental representation and subject matter experts, monitors and evaluates progress towards the performance improvement goal which is reported regularly to O-QIC and I-QIC.

Quality improvement efforts may be initiated from:

1. Ongoing quality assessment and assurance (monitoring) by assigned measure owners
2. Data from operational reports, including but not limited to:
    a. Outpatient Claims [NCQA QI10(A)(1)]
    b. Inpatient Claims [NCQA QI10(A)(2)]
    c. Demographic Data [NCQA QI10(A)(3)]
    d. Electronic Health records [NCQA QI10(A)(4)]
    e. Pharmacy data [NCQA QI10(A)(5)]
    f. Laboratory results [NCQA QI10(A)(6)]
3. Consumer Satisfaction Survey and Perception of Care Survey responses
4. DHHS Performance Measures

5. Analysis related to the cultural and linguistic needs of members [QI1 (A)(5)]
6. Recommendations from ELT
7. QIC membership
8. Front-line employees

Assessing and closing gaps in quality requires a systematic approach. For formal QIAs, Vaya utilizes the Plan-Do-Study-Act (PDSA) cycle, an established system for testing a change by planning it, trying it, observing and analyzing the results and acting on what was learned. Since not all quality and performance issues require the same intensive process in order to make improvements, Vaya utilizes all available quality management tools and attempts to balance the impact against the effort required to make the improvement. The current QIAs are identified in the Annual QM Workplan.

Section XIII: Performance Improvement and Feedback Loops

Vaya departments, committees, and cross-functional teams develop and implement QAAs and QIAs that fall within the scope of the QM Program. Regular reports on performance and progress towards goals for improvement are made to the O-QIC and I-QIC. Reporting for QAAs and QIAs completes a feedback loop between performance monitoring that identifies quality improvement needs and the activities initiated because of this. The QIC evaluates performance monitoring and improvement efforts and provides feedback and guidance in a cross- functional context.

Section XIV: Addressing Cultural and Linguistic Needs

Reducing Health Care Disparities in Clinical Area(s) [QI 1(A)(5)]:

- Vaya continues to monitor and update Clinical Practice Guidelines at least every two years [QI 9(A)(2)].
- Vaya completes the annual Community Mental Health, Substance Use and Developmental Disability Service Network Adequacy and Accessibility Analysis and investigates access to services and resources, including professional, non-professional, natural, and community supports services, as well as social determinants of health.

Improve Cultural Competency in Material and Communications:

- Vaya's Office of Communications continuously reviews, approves and updates materials (print and digital) to ensure accuracy and adherence to readability and health literacy standards. Annual review of materials includes consumer input and is completed to ensure the information is accurate, meets legal requirements, does not misrepresent services, displays cultural sensitivity and incorporates readability and health literacy standards.
- Vaya ensures that non-English versions or alternative formats of materials disseminated to members (such as brochures or the Member & Caregiver Handbook) are available as needed. Vaya also employs native speakers or certified translators for translation.
- Vaya develops and implements a Cultural Competency Plan every three years, which is approved by the Vaya Provider Advisory Council (most recently in 2017) and which focuses on ensuring Vaya is aware of and addresses the cultural needs of members. The Cultural Competency Plan will be updated in October of 2020.
- Vaya reviews and analyzes Annual Diversity Reports, focusing on the eligible population as well as those receiving services.

During all phases of the QM process, Vaya specifically looks for areas in which members' cultural and linguistic needs are not being met. Findings are shared with organizational leadership to determine steps to be taken to address any deficiencies.

Section XV: Improve Network Adequacy for Underserved Groups

Vaya completes the annual Community Mental Health, Substance Use and Developmental Disability Service Network Adequacy and Accessibility Analysis and investigates access to services and resources. Although it includes all populations, there is an emphasis on special populations and their unique needs. Special population groups include but are not limited to individuals with Traumatic Brain Injuries, physical disabilities and visual impairments, as well as members of the LGBTQ+ community and the Cherokee Nation.

Section XVI: Satisfaction Surveys

Vaya utilizes responses from two annual surveys to assess member satisfaction: the Experiences of Care and Health Outcomes (ECHO) Survey, administered by DataStat, Inc. on behalf of NC Medicaid; and the Perception of Care Survey, administered by LME/MCOs under the oversight of DMH/DD/SAS. Upon receipt of consolidated survey data from the state, the PRT analyzes and prepares a summary of the results and presents them to the ELT, Board of Directors RCQC, CFAC, QIC, Provider Advisory Council (PAC) and internally throughout Vaya. Areas in need of further analysis or improvement may be identified and QIAs may be initiated.

The Provider Satisfaction Survey is administered annually by NC Medicaid and allows for comparisons between LME/MCOs. Once completed, DHHS provides Vaya with raw data and a basic analysis of survey responses. The PRT analyzes the data, summarizes it, and presents it to the ELT, Vaya Board of Directors RCQC, QIC, Provider Advisory Council (PAC) and internally throughout Vaya. The QIC, PAC and members of the RCQC may identify areas for further analysis or improvement and a QIA may be initiated.

Section XVII: Complaints and Grievances

Vaya utilizes a "no wrong door" approach for complaints and grievances. All Vaya staff are responsible for recognizing complaints and grievances, assisting members with filing a complaint or grievance, filing a complaint or grievance on behalf of a member, and independently filing internal EthicsPoint reports and investigation referrals. Vaya staff are trained on how to file reports in the Vaya EthicsPoint portal (including how to file a complaint or grievance on behalf of a member) during New Employee Orientation. All staff are notified of changes to the complaints and grievances policy through the electronic policy management system (Policy Tech). Staff are required to review the policy annually and to attest to this within Policy Tech. Grievance data may also be used to assess member satisfaction with access to behavioral healthcare, quality of care, attitude and service, billing and financial issues, quality of practitioner office sites, history of complaints for practitioners, and evaluating the accuracy of the practitioner directory [QI 4(A)(1), QI 5(A)(1), CR 5(A)(3), RR 4(C)(1-2)].

The Resolution Team:

- follows up on all grievances to seek resolution;
- provides analysis concerning circumstances that may have contributed to the grievance;

- prepares and submits a monthly report to DHB 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. Areas in need of further analysis or improvement may be identified and QIAs may be initiated. When a trend or pattern related to a specific provider is identified, Vaya's Contract Performance Unit may provide technical assistance, initiate 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 (IOC) for consideration and/or external oversight or to licensing agencies.

Section XVIII: Incident Reports

Vaya oversees the submission of incident reports by DHHS from its network of providers. Level 2 and Level 3 incidents are reported via the NC 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. Areas in need of further analysis or improvement may be identified and QIAs may be initiated. Incidents are also reported to the Population Health Division and Network Performance & Integrity Department, 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 selected Level 2 incidents and oversees provider responses to ensure that the health and safety of members are protected and to prevent re-occurrence. When necessary, an investigation referral will be made to the IOC to investigate the provider's response to an incident. If CIRC finds that an incident presents a 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.

Section XIX: Administrative Health Records (AHR) and Communication of Clinical Information

Vaya currently utilizes two platforms for administrative health records and the communication of clinical information: AlphaMCS, its platform for Member Services, Utilization Management and Claims Processing; and Incedo™, its platform for complex care management and coordination of care. Vaya has initiated a project to transition to a new and more robust Managed Care Information System (MCIS) that will include Member Services, Utilization Management and Claims Processing beginning in July 2020, with an expected implementation date of July 2021.

Vaya's Member Services Department documents all telephonic/non-telephonic service and other requests in AlphaMCS and includes a Screening, Triage, and Referral (STR) form. The information entered includes members' preferences regarding follow-up contact. All Call Log and STR documentation stored in AlphaMCS may be retrieved for future reference. Emergent and urgent calls received by the call center are handled by licensed clinicians. When a Member Services Representative answers a call, they screen the caller for risk factors utilizing clinical decision support

tools. 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, 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, 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 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 Member Appeals 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 Complex Care Managers (CCM) document all relevant member contacts, attempted contacts, screenings/assessments, tasks, interventions and information exchange for coordination in the member's AHR within 24 hours of intervention, the standard documentation timeline. This includes face-to-face and telephonic contacts and collateral conversations relative to member treatment and care. CCMs also upload relevant internal and external clinical documentation to the Incedo™ CM platform. CCMs use the following documentation and logic to support information flow:

1. Assessment/Case Formulation – CCM assessment/case formulation is completed by all CCMs, regardless of credentials, within their scope of licensure or education. CCMs will consult with interdisciplinary team members if there are concerns or questions regarding scope of practice/licensure.
2. Treatment Planning – CCM 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 – During the care planning process, CCM 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 Management, the IDD Care Managers 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

management, CCMs link individuals to both traditional services and community- based resources.

5. Monitoring – CCMs use data at population and individual levels to measure and monitor outcomes associated with risk factors impacting multi-morbid conditions. A CCM may utilize perception of care measures to assess the member's experience of care. CCMs 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 CCM function based on national models. If the CCM becomes aware of an urgent health, safety or welfare concern involving a member, the CCM must immediately notify and/or seek consultation from the CMO, Chief Population Health Officer, Sr. Director of Network Performance & Integrity and/or Sr. Director of Complex Care Management.
7. Disease Management (DM) (at individual and population levels) –
    a. At the individual level, CCMs identify member-specific healthcare risks and needs associated with disorders.
    b. At the population level, CCMs help develop care continuums to support traditional treatment and specialty services for specific diagnostic categories.

Section XX: Privacy and Confidentiality

Primary responsibility for the privacy and security of protected 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, with annual refresher training thereafter. 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 protected health 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.