QUALITY MANAGEMENT PROGRAM EVALUATION

FY 2020-2021

VAYAHEALTH

Contents

Vaya Health maintains 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 (QI) activities and operational improvement activities that enable Vaya to improve member outcomes and promote member safety while efficiently managing operational resources. Vaya'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:

- accessibility of services;
- a comprehensive and well-qualified provider network; and
- a full 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 input from members, caregivers, relatives, providers and other stakeholders. The QM program is designed to support, promote, and operationalize the organization's mission, vision, and values. More details about the QM program can be found in Vaya's QM Program Description.

Section 1: Quality Management Program Structure

The Vaya Board of Directors acts as the statutory governing body and bears ultimate responsibility for ensuring the quality and effectiveness of the behavioral health and IDD services delivered by the Vaya network of providers. 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 QI initiatives from the Quality Improvement Committee (QIC) and has the authority to recommend or request new QI initiatives.

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 Quality Governance Director (under the direction of the Senior Director of Business Integrity) who coordinates, facilitates, and monitors all components of Vaya's QM program. The CMO and/or Senior Director of Business Integrity 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 of Business Integrity) and the CMO serve as co-chairs of the QIC.

The Board of Directors and ELT delegate oversight of QM to the QIC. Since 2018, Vaya has maintained the Organizational Quality Improvement Committee (O-QIC) and Internal Quality Improvement Committees (I-QIC), each maintaining an approved record of minutes.

- 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 provide guidance to staff on QM priorities and projects. The O-QIC is comprised of Vaya staff, participating practitioners and stakeholders.
- The I-QIC carries out critical QM functions under the direction of the Quality Governance Director,

External Review Director and CMO. The I-QIC also functions as a liaison to other Vaya departments and assists in identifying and addressing needs/opportunities for improvement through the application of QM techniques.

Section 2: Quality and Performance Improvement Accomplishments

- **Meeting and Exceeding DHHS Performance Measures (including the "Super Measures" Benchmarks):** Through the efforts of staff and network providers, Vaya was able to meet and exceed all performance measures and was one of only two LME/MCOs across the state to exceed all DHHS benchmarks and to incur no penalties.

- **NCQA Accreditation:** Vaya staff have been working diligently to align with and achieve Managed Behavioral Health Organization (MBHO) accreditation. For the last year, policies and procedures, manuals, QI activities, reporting requirements, system controls and more have been and are continuing to be put into place to ensure full compliance with NCQA standards.

- **Formation of the Performance Data Review (PDR) Workgroup:** The Performance Reporting Team was responsible for establishing the PDR Workgroup, comprised of leadership and key personnel from the Care Management Strategy (CMS), Complex Care Management (CCM), Community Relations, Member Services (MS), Provider Network Operations (PNO) and Utilization Management (UM) Departments, and with oversight from the Chief Population Health Officer. The group meets monthly to review performance data, provide quality assurance and initiate cross-functional efforts to positively impact member experiences and outcomes.

- **Shifting of Pharmacy Program's Focus to Improve Member Outcomes Related to the COVID-19 Pandemic:** For some of Vaya's members, the risks related to COVID-19 are extremely high. Vaya's pharmacy program quickly recognized that they had the ability to improve those odds, shifting their focus to better address overall health and well-being during a time of social distancing and sheltering at home, and helping members adapt to the use of telehealth/ telemedicine learning to improve health outcomes. The team was able to review case files and documentation and worked with nurses, care managers, physicians and others to address member needs.

- **Network Performance and Integrity (NPI) Department Initiatives:**

    - **COVID-19 Service Line Payment by Provider Reports:** In response to concerns about increased opportunity for fraud in the wake of service delivery flexibilities granted to providers by DHHS and Vaya, NPI worked with Management Information Services (MIS) to develop two reports: one to provide aggregate data on the number of total units billed in each time period for both providers and members; and the second to identify total amounts billed by service line by provider, by month, to identify upward trends in billing during the pandemic. The two reports will highlight any abnormalities in billing that can be tracked monthly rather than waiting on FAMS data not available until six months after claim submission.

    - **Routine Post Payment Review Transition:** The Contract Performance Unit (CPU) created a new desk review process to transition from conducting reviews onsite to conducting them in Vaya offices, reducing travel expenses. This necessitated the creation of multiple documents and templates

including provider communications, revising current documents, writing a new business process and training staff. This resulted in time efficiencies and increased productivity for staff, with the elimination of travel time to and from provider sites. Although providers must be available for the review, their delivery of service is now minimally disrupted and may continue throughout the day of the desk review.

- **NC TOPPS Online Training:** In conjunction with the Office of Communications, the CPU team updated the content and changed the software platform used for this training, putting this on track to become Vaya's first online course to be launched utilizing the Learn Press software. Content can be updated regularly and efficiently. The course will automatically generate certificates of completion, eliminating the need for Vaya staff to do this manually and creating an efficient way for Vaya and NC TOPPS to track progress. This also eliminates the need for providers and Vaya staff to travel to attend face-to-face trainings, saving both time and money for the provider.

- **Provider Network Department Initiatives:**

  - **Application Processing:** The Credentialing team executed a series of process improvement interventions that significantly reduced application processing times.

  - **Credentialing Dashboard:** The Credentialing team also developed a comprehensive credentialing dashboard that tracks all steps in the process, including staff performance, processing times, and application volume and type. This allows the team to quickly identify and target areas for improvement.

  - **Value Based Contracting (VBC) Workgroup:** A cross-functional team was developed to monitor provider performance measures and implement incentive payment programs.

  - **VBC Measure Improvement:** All trendlines for pay-for-performance measures have been moving in a positive direction, including emergency department (ED) admission rates continuing to trend slightly down, integrated care measures showing that individuals are being connected to primary care at higher rates, and follow-up after discharge measures showing that members continue to be seen by comprehensive care center providers at higher rates.

- **Population Health Division Initiatives:**

  - **Cross-Departmental Coordination and Collaboration:** Key staff have been assigned to multiple workgroups throughout Vaya to address QI initiatives, value-based purchasing, reporting, monitoring and interpreting required metrics.

  - **Data Corner:** Sponsored by the Data and Outcomes Workgroup, in August of 2019 key departments and teams began rotating monthly responsibility for developing a focused presentation on data. This was designed to increase data literacy, data use and data sharing.

  - **Data and Outcomes Workgroup (DOW)**: In 2019 this workgroup was created to review new report requests prior to submission to MIS, provide guidance around establishing key metrics and benchmarks and to provide support to the Process Oversight Workgroups.

  - **Process Oversight Workgroups (POWs):** Established in 2019, these workgroups coordinate with the

DOW on data, process improvement projects, and initiation of pilot testing for new workflows and data reports.

- **Performance Data Dashboards:** A monthly dashboard that contains operational and process metrics, including targeted improvement goals.

- **Complex Care Management (CCM) Data Team:** This team was developed to identify new data and reporting needs, review Population Health performance metrics, work with MIS to gather feedback on user testing, developing job aids and providing training on report use, generate the monthly performance data dashboard, and to provide monthly updates and training to CCM Directors and Managers.

Section 3: Summary of Annual Goals

Much of Vaya's QM efforts for SFY 2020 were focused on the move towards obtaining National Committee for Quality Assurance (NCQA) accreditation, which is a requirement for entities looking to operate a Behavioral Health and I/DD Tailored Plan under the DHHS Medicaid Transformation effort. The External Review Director reviewed all QI activities for compliance with NCQA standards and made corresponding revisions to policies, procedures and other required documentation. In addition, staffing and structural changes within the QM team required Vaya to streamline its QM goals and focus on areas of greatest need for QI across the organization. Vaya took a collaborative approach to working on and achieving QI across the organization, focusing on improving access to care, increasing follow-up after discharge, reducing utilization of ED and inpatient behavioral health services, increasing the timely filing of incident reports and increasing housing.

An overall analysis of Vaya's annual goals demonstrates many successes, although continued opportunities for improvement remain, as is consistent with all high functioning organizations. QI is a daily goal with no finish line. Staff within the Vaya QM program will continue ongoing QI efforts with internal and external stakeholders to ensure organizational goals and performance benchmarks are met and address areas where needed improvements have been identified. A data-driven and systematic approach will continue to be used to identify issues and opportunities for improvement, implement effective interventions and monitor outcomes.

Section 4: Performance Measurement

Each month, Vaya submitted a set of key performance indicators via the LME/MCO Monthly Report for DHB and DMH/DD/SAS. The chart below lists each measure from the period of January through December 2019. All measures were met or exceeded. As of January 2020, reporting requirements have changed, including the removal of submission requirements for DMH/DD/SAS data.

2019 Performance Metrics with Standards Set by DHHS

	Std.	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Call Center													
% of calls Abandoned	<5%	0.6%	0.4%	0.3%	0.6%	0.9%	0.9%	0.9%	0.9%	1.0%	1.0%	1.2%	1.0%
% Answered within 30 seconds	95.0%	99.1%	98.9%	99.3%	98.8%	98.6%	98.2%	98.5%	98.8%	99.1%	98.7%	98.7%	99.0%
Care Coordination													
% of Medicaid Readmits Assigned to Care Coordination	85.0%	100%	100%	96.6%	97.7%	100%	96.8%	100%	100%	100%	90.7%	100%	100%
Medicaid Authorization Requests													
% of Standard Authorization Requests Processed in 14 Days	95.0%	100%	100%	100%	100%	99.9%	99.7%	100%	100%	100%	100%	100%	100%
% of Expedited and Inpatient Authorization Requests Processed in 3 Days	95.0%	99.8%	100%	100%	100%	100%	99.8%	100%	100%	100%	100%	100%	100%
Total % of Authorization Requests Processed in Required Timeframes	95.0%	100%	100%	100%	100%	99.9%	99.7%	100%	100%	100%	100%	100%	100%
Medicaid Claims													
% Processed within 30 Days	90.0%	97.1%	95.7%	98.3%	97.4%	95.3%	97.1%	94.9%	96.1%	97.1%	96.7%	95.3%	98.9%
Medicaid Complaints/Grievances													
Percent of Complaints Resolved in 30 Days	90.0%	100%	100%	100%	95.8%	100%	100%	100%	100%	100%	100%	100%	100%
State/Block Grant Authorizations													
% of Standard Authorization Requests Processed in 14 Days	95.0%	99.6%	100%	100%	99.6%	100%	99.7%	99.7%	100%	100%	100%	100%	100%
% of Expedited and Inpatient Authorization Requests Processed in 3 Days	95.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Total % of Authorization Requests Processed in Required Timeframes	95.0%	99.9%	100%	100%	99.9%	100%	99.9%	99.9%	100%	100%	100%	100%	100%
State/Block Grant Claims													
% Processed within 30 Days	90.0%	99.0%	95.3%	95.0%	98.4%	96.3%	96.3%	91.5%	97.9%	96.9%	94.7%	93.3%	95.7%
State/Block Grant Complaints													
% of Complaints Resolved in 30 Days	90.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Section 5: Survey Results

2019 Provider Satisfaction Survey
Vaya included 407 provider records in their initial submission. After removing those with missing email addresses and duplicates, a total of 385 provider records were included for the survey. With 275 completed usable surveys, Vaya had a 74.9% response rate. The highest increase in score over the 2018 survey was in overall satisfaction with Provider Network, increasing from 83.0% to 88.0%, with 20.7% of respondents giving a response of Strongly Agree. Overall satisfaction with the LME/MCO increased from 86.7% in 2018 to 87.8% for the current survey. Survey results were reviewed with the QIC on March 25, 2020, with additional presentations to the Provider Advisory Council (PAC), the RCQC of the Board of Directors and the Executive Leadership Team (ELT).

2019 Experience of Care and Health Outcomes (ECHO) Survey
For the adult survey, Vaya received 78 usable surveys, resulting in a response rate of 18.6%. For the child survey, there were 68 usable surveys, resulting in a response rate of 13.8%. While these do not constitute statistically valid samples, the Performance Reporting Supervisor reviewed the results with the QIC on March 25, 2020, with no recommendations from members for further review or consideration for quality improvement activities. The O-QIC had a robust discussion on ways to improve participation and prepared a letter identifying these suggestions to be shared with relevant DHHS officials. Vaya's goal is for the DHHS contractor responsible for the survey to notify staff of survey distribution dates in advance, to allow for local reinforcement that might increase survey participation and potentially result in actionable findings. The PAC, the RCQC and the ELT also reviewed the survey results. The highest rates of improvement for the child survey related to questions about Vaya's care coordination. For the adult survey, there was substantial improvement in members' perceptions of delays while waiting for approval to utilize specific services.

2019 Perceptions of Care Survey
Vaya was able to meet and exceed requested survey sample sizes for adult, youth and parent surveys. On questions related to general satisfaction, Vaya network providers scored especially high, with very few negative responses. For the child/family survey, Vaya network providers achieved the highest percentage of positive responses across all LME/MCOs.

Survey	Positive Responses	Neutral Responses	Negative Responses
Adult	92.6%	6.1%	0.5%
Youth	87.6%	11.6%	0.8%
Child/Family	97.6%	2.4%	0.0%

Survey results will be presented to both I-QIC and O-QIC, with additional presentations to PAC, the RCQC and the ELT.

2019 Care Needs Assessment – Brief Survey for Complex Care Management
In evaluating data needs related to quality improvement, the Population Health Division made the decision to create and deliver a short survey of individuals who were or had recently received CCM services from Vaya. The methodology was developed internally and stratified by age group and disability. The survey gathered responses from 553 persons who receive services or their legally responsible person/caregiver. The data was reviewed by the Performance Reporting Team and the Population Health Division and used to identify potential areas for improvement.

Section 6: Quality Improvement Activities

Project: Follow-up after discharge from Alcohol and Drug Abuse Treatment Centers (ADATC)

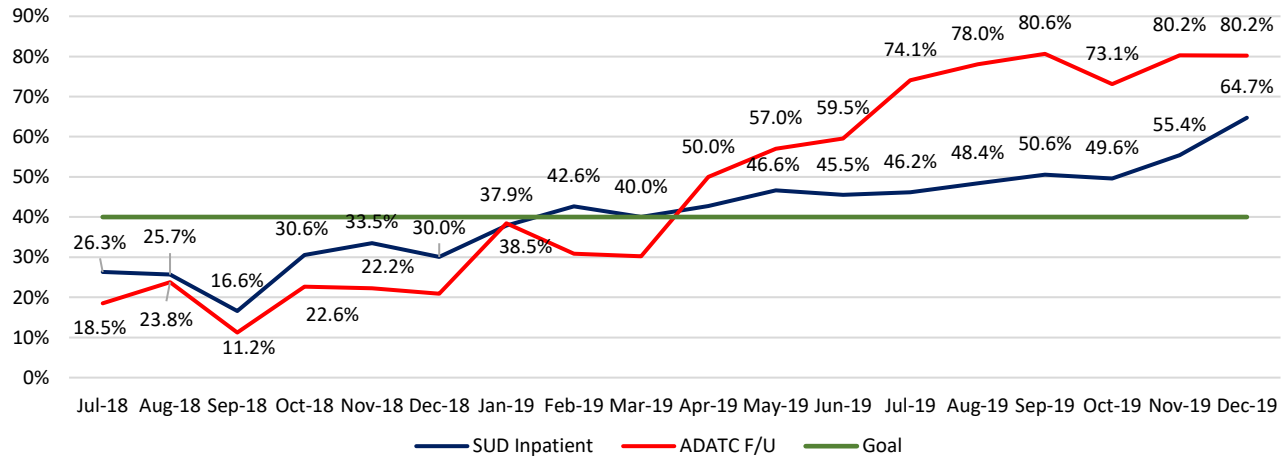
Rationale: Research has shown that individuals discharged from inpatient services who receive a community-based service within 7 days of discharge are more likely to engage in ongoing treatment and less likely to utilize another inpatient service within 30 days, thereby improving their outcomes. Those discharged from ADATCs are at a high risk for needing additional inpatient services and would benefit from a connection to community-based service.

Quantifiable Measure(s): Number of persons discharged from an inpatient setting who receive a qualifying follow-up service within 1-7 days after discharge; number of persons discharged from an ADATC facility utilizing non-Medicaid funding who receive a qualifying follow-up service within 1-7 days after discharge; number of individuals enrolled in the ADATC VIP program who receive a qualifying follow-up service.

Intervention(s):
1. Huddles between ADATC, Vaya and outpatient provider staff to occur several times per week.
2. Care coordination made available to non-Medicaid members discharged from ADATC.
3. Development of the new ADATC VIP program that facilitates transition from ADATC to outpatient provider and reduces barriers to outpatient treatment

Progress to Date: Data shows that continued interventions for follow-up after discharge from non-Medicaid funded ADATC services have had a significant impact on follow-up rates.

Visualization(s):



Project: Engagement with outpatient services to reduce the utilization of Emergency Department (ED) and inpatient behavioral health services

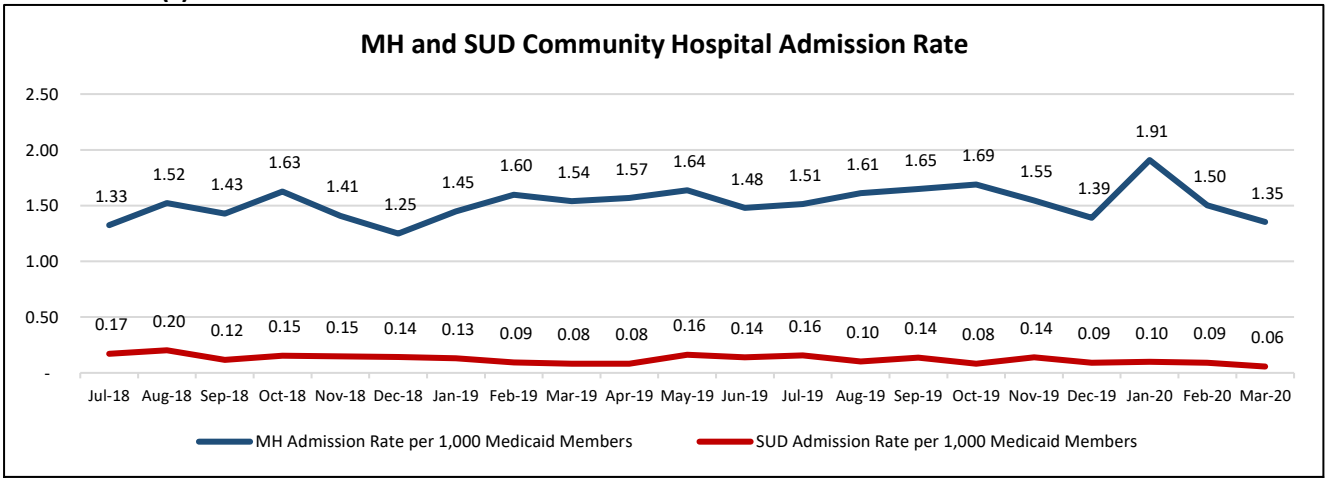
Rationale: While inpatient hospitalization and visits to the ED may be necessary at times for individuals experiencing a behavioral health crisis, research shows that use of these services can lead to a cycle of continued use with little improvement in outcomes. Increasing engagement with various outpatient services can lead to proactive, ongoing treatment that can reduce the need for crisis services.

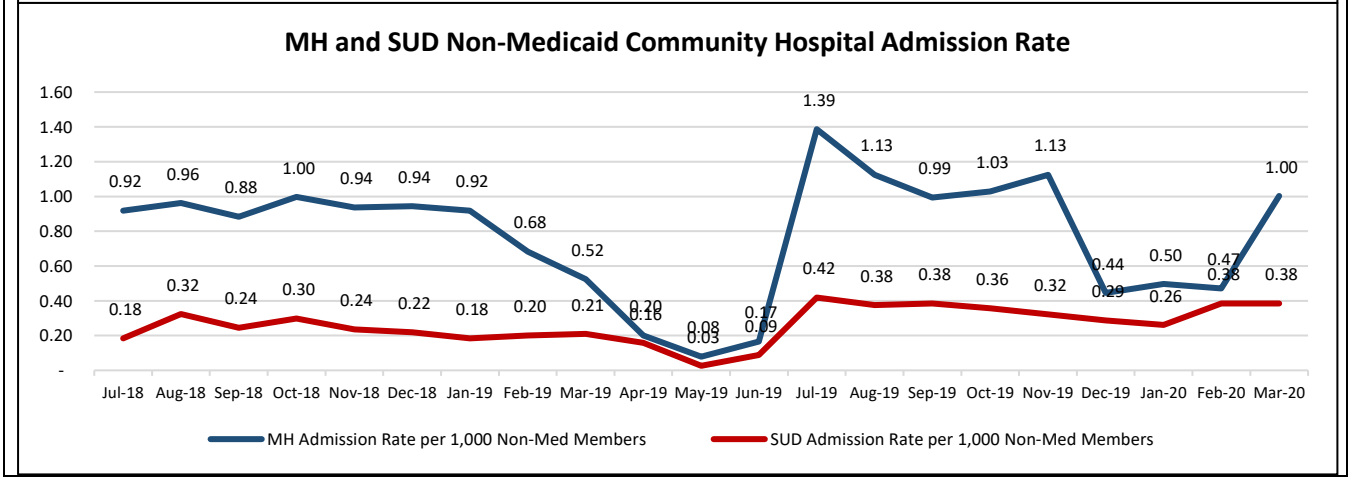
Quantifiable Measures: Rate per 1000 of MH admissions for Medicaid members; rate per 1000 of SUD admissions for Medicaid Members; rate per 1000 of MH admissions for non-Medicaid members; rate per 1000 of SUD admission for non-Medicaid members; rate of ED admits per 1000 Medicaid members; % of readmissions for each

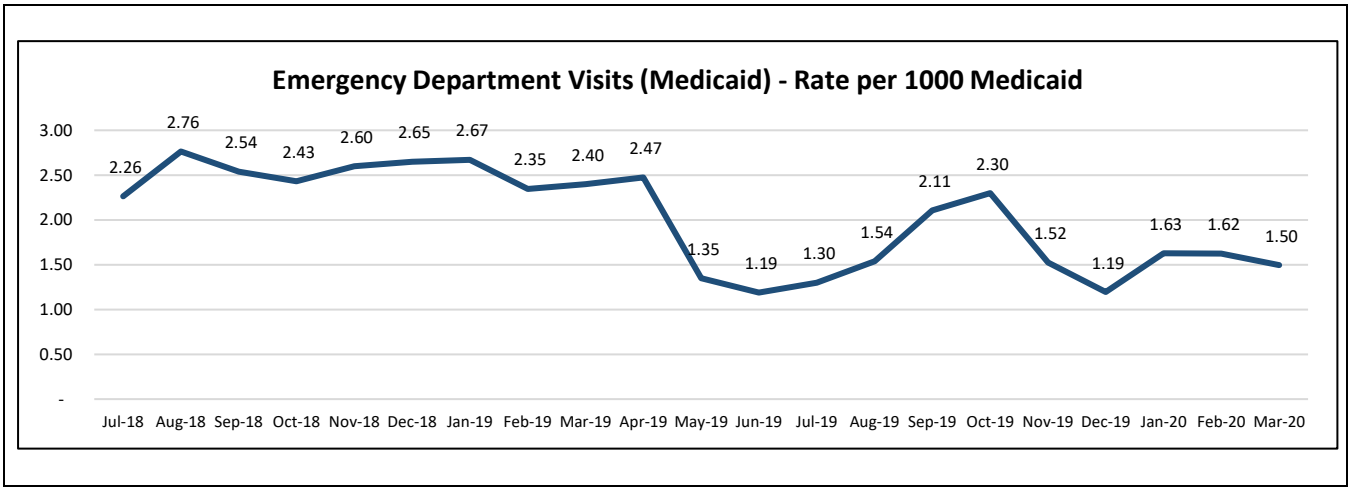
Intervention(s): This QIA is in the planning stages, with possible interventions still being investigated.

Progress to Date: To date, baseline tracking has continued, with discussions held across the organization on possible interventions. Data is updated and reviewed monthly. Anomalies in reporting from the largest hospital within the catchment area have created problems in establishing the baseline; however, as situations have begun to stabilize, more consistent reports are able to be made.

Visualization(s):






Emergency Department Visits (Medicaid) - Rate per 1000 Medicaid
3.00
2.50
2.00
1.50
1.00
0.50
-
2.26
2.76
2.54
2.43
2.60
2.65
2.67
2.35
2.40
2.47
1.35
1.19
1.30
1.54
2.11
2.30
1.52
1.19
1.63
1.62
1.50
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
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Mar-19
Apr-19
May-19
Jun-19
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Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20

Project: Timely filing of Innovations incident reports from providers

Rationale: According to DHHS policy, Innovations providers are required to report level II and level III incidents involving members receiving mental health, IDD and/or substance abuse services. Reportable incidents include those that: involve threats to a member's health or safety or a threat to the health and safety of others; result in permanent physical or psychological impairment to the member; involve abuse, neglect or attempted suicide; or result in the death of the member. Timely reporting of incidents allows these issues to be addressed quickly and for steps to be taken to help prevent future incidents and to better promote the health and safety of members.

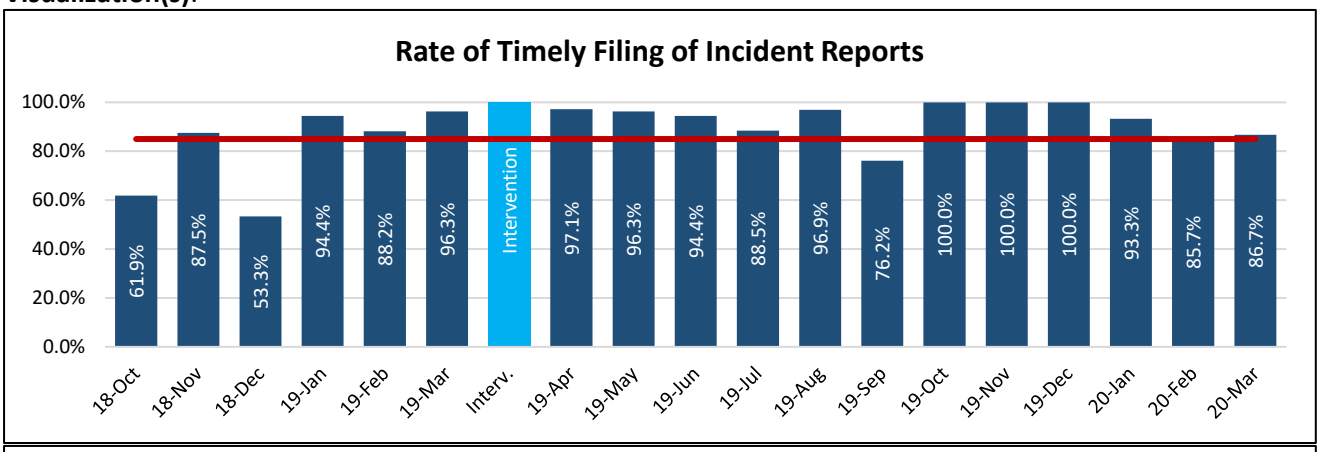
Quantifiable Measures: Percent of Innovations incident reports made within 72 hours of awareness of the incident; percent of Innovations incident reports made within 72 hours of awareness of the incident on Fridays, Saturdays or Sunday

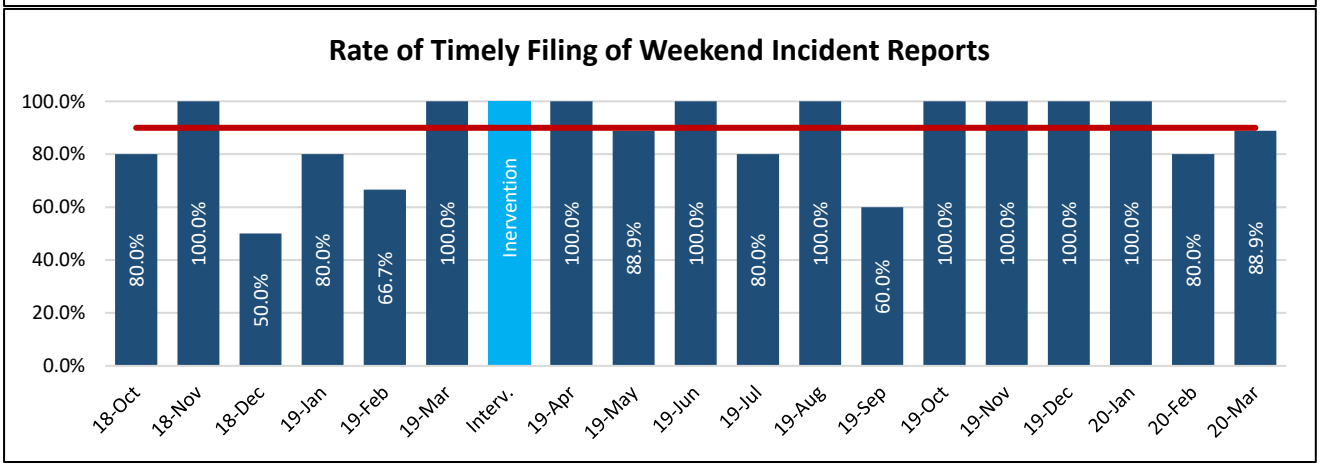
Intervention(s):

1. Information was distributed to all Innovations providers that define requirements for reporting level II and level III incidents and penalties for failing to meet them.
2. Regular updates and performance reports are distributed to providers.
3. Training and job aids were made available to providers and staff.

Progress to Date: Since the implementation of the intervention, timeliness of submissions has improved, and goals have often been met for the last 11 months. For all Innovations reports, 11 out of 12 months met the standard, or 91.7%. For weekend reports, 8 out of 12, (66.7%) were timely. Procedures have been documented and adhered to internally.

Visualization(s):





Project: Rate of routine care provided within 14 days

Rationale: When individuals contact Vaya's Member Services line to request an appointment, the calls are triaged into three types: routine, urgent and emergent. For routine calls, follow-up services should be received by the member within 14 calendar days. For urgent calls, follow-up services should be received by the member within 2 calendar days. For emergent calls, follow-up services should be received by the member within 2 hours and 15 minutes. These time frames were established to ensure that callers receive appropriate, timely services in the least intensive setting possible. Individuals released from prison are at especially high risk for missing routine care appointments.

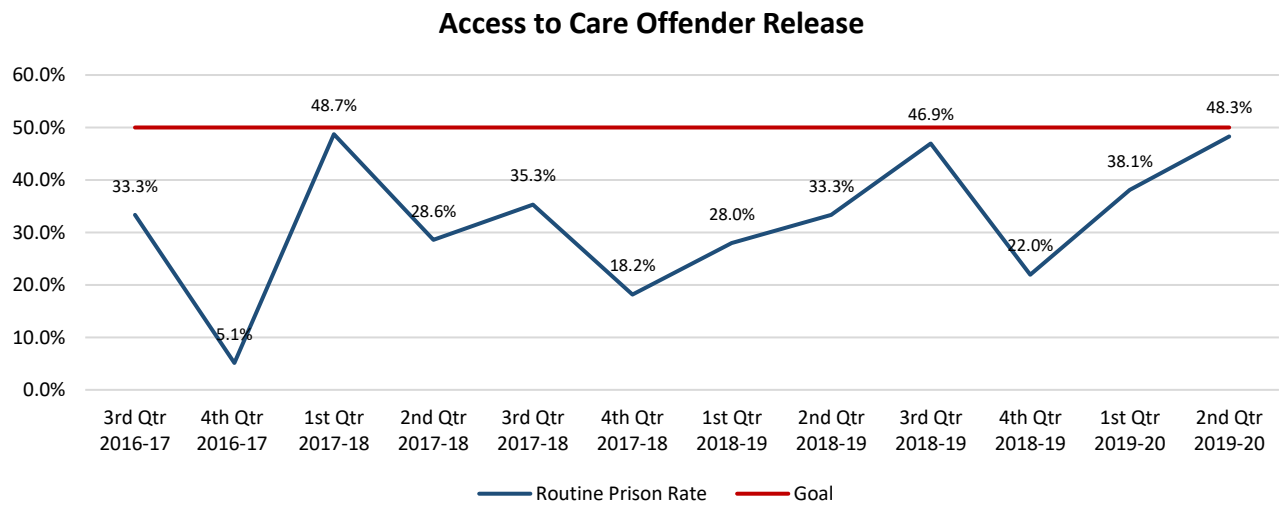
Quantifiable Measures: # of callers requesting MH/IDD/SU services in need of routine care; # of callers for which routine services were provided within 14 calendar days; # of prison discharges receiving routine services within 14 calendar days

Intervention(s):

1. Appointments scheduled 3-7 days from the date of planned release.
2. Details of the follow-up appointment shared with the member and the probation officer upon release.
3. Text message appointment reminders sent to members who are scheduling appointments with Vaya Member Services.
4. Department of Public Safety (DPS) providing Member Services with the probation officer's email address and phone number to facilitate communication.
5. DPS requested an enhancement that would add behavioral health information to the beginning of the case file rather than further in, allowing probation officers immediate access.

Progress to Date: Improved information flow between prisons, Member Services staff and the member seems to increase rates for which services are received; however, interventions have not been in place for very long and therefore, it has been difficult to fully establish whether improvements are due to interventions and whether they will be sustainable.

Visualization(s):



Project: Number of units used to house TCLI members that were provided by Vaya's Housing Department

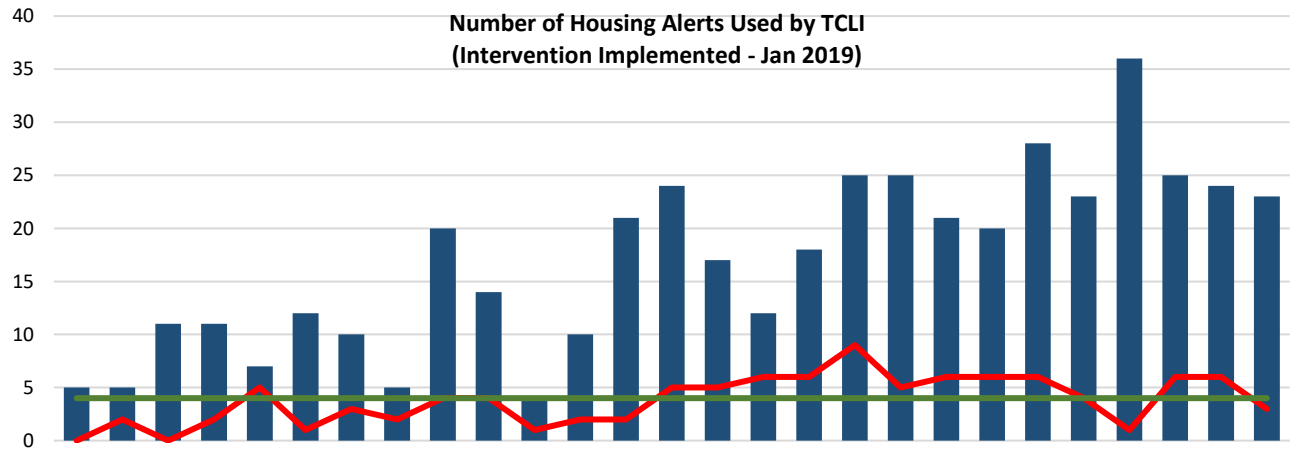
Rationale: Vaya's Transitions to Community Living Initiative (TCLI) provides eligible adults living with severe mental illness (SMI) or serious and persistent mental illness (SPMI) the opportunity to choose where they live, work and access care in North Carolina. The TCLI team works directly with these individuals to facilitate securing and maintaining housing within the community. Each year, DHHS establishes an annual goal for the number of individuals who should be housed during the fiscal year. The TCLI team is responsible for eliminating barriers to finding housing and for assisting with retention. The Housing team assists in this process by identifying available units within Vaya's catchment that may meet the individual's needs.

Quantifiable Measures: # of individuals housed with the assistance of TCLI staff; # of individuals leaving housing; # of vacancy alerts provided by the Housing team that were used to identify usable housing

Intervention(s): Implemented a shared document for use by both TCLI and Housing staff that allowed for timely information sharing between the two teams and ensured that TCLI staff were able to access a complete list of available units rather than having to sort through email alerts

Progress to Date: The number of individuals housed by the TCLI team has consistently met or exceeded the internal goal of 10 per month. While this cannot be fully attributed to the intervention, the number housed per month has increased, as has the number of vacancy alerts utilized in most months.

Visualization:



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Vacancy Alerts	5	5	11	11	7	12	10	5	20	14	4	10	21	24	17	12	18	25	25	21	20	28	23	36	25	24	23
Alerts Utilized	0	2	0	2	5	1	3	2	4	4	1	2	2	5	5	6	6	9	5	6	6	6	4	1	6	6	3
Goal	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

Section 7: Other Activities

Vaya makes additional efforts to ensure quality via a self-evaluation process. Over the course of SFY 2020, the following self-evaluations were reported to ensure continuous QI across the organization.

Network Performance & Integrity

- Modification to Vaya's incident data collection and reporting system has ensured that back-logged cases are entered into the EthicsPoint platform, improving the Incident Report Team's ability to complete timely reviews of new incidents.
- Implementation of a process for identifying and tracking trends for Routine Post Payment Reviews (RPPR) allows the CPU to develop targeted online trainings, provider communications, and technical assistance tools.

Claims

- Claims staff implemented processes to reduce encounter denials and exception percentages to an amount of less than a 5% average per month.

Finance/Accounting

- Restructuring the Finance Department to eliminate one director position has streamlined processes and allowed Vaya to continue to meet its financial accuracy and timeliness targets.

Utilization Management

- The Utilization Management team set the goal of establishing concordance between UM Clinicians' recommendations and Clinical Peer Reviewers' medical necessity determinations for initial peer reviews an average of 80% of the time or better for any three-month consecutive period. The UM team met the goal by improving accuracy in logging peer reviews as well as other interventions.
- Implementation of workflow enhancements and closer monitoring resulted in a decrease in the average days required to complete a first-level review.

Complex Care Management

- Implementation of job aids along with team meetings to improve the timeliness of completed Care Management tasks has decreased overall tasks as well as increased accountability and awareness brought to overdue tasks on Care Managers' dashboards.

Provider Network Operations

- A system for reducing the number of pending applications was initiated to decrease the time it takes to process credentialing applications.

Section 8: Network Performance

Peer Review

Vaya's UM Department conducts peer-to-peer discussions with providers as a tool in determining medical necessity of service authorization requests. These discussions include the review of service definitions, Clinical Practice Guidelines, and member's clinical information to identify safe and effective treatments. This process involves education and coaching of network providers to help them make clinically effective treatment decisions for Vaya members.

Provider Monitoring
Vaya's NPI Department conducts continuous and ongoing monitoring of the provider network to ensure services are provided as required and to promote member safety. Monitoring comes in two forms, routine and targeted. NPI also conducts all complaint investigations against providers. Investigations may include allegations of fraud, concerns for member safety, or service delivery concerns. NPI studied the results of investigations to better determine trends and patterns of providers, thus helping to meet the goal of ensuring that services are provided in a safe and effective manner.

CPG Monitoring
Vaya's Clinical Practice Guidelines were updated and approved by the Clinical Advisory Council during SFY 2020. A process and tool were additionally developed to ensure provider adherence to the Clinical Practice Guidelines. At the onset of implementation, all CPG monitoring efforts were delayed following the DHHS's guidance on COVID-19 (e.g. temporary suspension of LME/MCO provider monitoring activities, including record requests, desk and on-site reviews). Once DHHS lifts provider monitoring restrictions, CPG monitoring efforts will resume.

Value Based Contracting
The Vaya value-based contracting program implements and manages alternative payment models to incentivize high quality and efficient care. At the core of the program are incentive payments that encourage providers to deliver efficient, high-quality, and coordinated healthcare. Provider performance data are regularly reviewed to inform quality improvement activity and identify opportunities to improve member outcomes and service delivery.

Gaps Analysis
Vaya performs an annual analysis of provider network adequacy. We analyze member, provider, and geolocation data to identify and address network service gaps. Results are examined by a cross-departmental team that makes and tracks recommendations for maintaining network adequacy.

Section 9: Conclusion

Over the past year, Vaya's QM Program worked towards ensuring member access to a full array of clinically appropriate mental health, substance use disorder and intellectual/developmental disability services and assisted in providing access to a comprehensive and well-qualified provider network. North Carolina's Medicaid transformation process provided specific goals and timelines for changes in processes and procedures across the organization. Vaya staff and departments worked collaboratively to meet goals and deadlines related to NCQA accreditation and were able to build processes and procedures that increased both efficiency and effectiveness.

Significant changes resulting from the DHHS Medicaid Transformation effort, followed by the global COVID-19 pandemic, affected all areas across the organization. While tremendous progress has been made, more work is required in order to continue to meet QM goals, accreditation standards and DHHS benchmarks. Vaya's QM staff will work with internal and external stakeholders to ensure that data-driven quality assurance and improvement methods and processes are utilized across the organization to address existing priorities and to identify new opportunities and interventions.