

Sandhills Center

Quality Management Program/Plan

FY 2017-2018

References:

URAC Core Standards 17-24

NC Department of Health and Human Services Contract Attachment II 7.1



Thad Ussery, Board of Directors Chairperson



ACCREDITED
Health Network
Expires 05/01/2019



ACCREDITED
Health Call Center
Expires 05/01/2019



ACCREDITED
Health Utilization
Management
Expires 05/01/2019

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Mission

The mission of Sandhills Center, a Local Management Entity-Managed Care Organization, is to develop, manage and assure that persons in need have access to quality mental health, intellectual/developmental disabilities, and substance abuse services.

Vision

Sandhills Center Local Management Entity-Managed Care Organization will partner with members, their families, service providers, policy makers, and other community stakeholders in creating, managing, and supporting Behavioral Health Services that meet the needs of our consumers.

Working Principles

Sandhills Center Local Management Entity-Managed Care Organization strives to promote:

- ***Access to a continuum of services to meet the Behavioral Health needs of the citizens of Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph and Richmond Counties of North Carolina***
- ***Active partnerships among members, families, providers and communities***
- ***High quality Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services***
- ***Cost effective delivery of services in the least restrictive environment, appropriate to the needs of members***
- ***A provider network that is culturally competent and respectful in meeting member's needs***
- ***A collaborative approach to problem-solving and resource development***

Quality Management Program Introduction, and Purpose (CORE 17, 18)

Sandhills Center is a Local Management Entity-Managed Care Organization (LME-MCO) that provides coordination, planning, administration and monitoring of behavioral health services for persons of nine counties located in the heart of North Carolina. The geographic area encompasses a total population of approximately 1,039,175 people of varying ethnic and socioeconomic groups and includes areas ranging from small urban to extreme rural areas.

Sandhills Center has developed and implemented a comprehensive Quality Management (QM) Program that systematically monitors the quality and effectiveness of its internal systems, as well as ensuring the provision of high quality services delivered by its provider network. It is designed to comply with URAC Standards, DMH/IDD/SAS Rules, 42 CFR 438.240 and with the utilization control program required by CMS for DMA's overall Medicaid Program described in 42 CFR 456. Sandhills Center follows the Centers for Medicare and Medicaid (CMS) Quality Framework. The functions of the Quality Framework are design, discovery, remediation, and continuous improvement.

- Design – designing quality assurance and improvement strategies;
- Discovery – collecting data and directing participant experience in order to assess the ongoing implementation of the program, identifying strengths;
- Remediation – Taking action to remedy specific concerns that arise; and
- Continuous improvement – utilizing data and quality information to engage in actions that lead to continuous improvement evidenced by more favorable outcomes.

Additionally, Sandhills Center utilizes the Plan, Do, Check, Act (PDCA) Quality Improvement Model.

- Plan – Analyze the problem, establish a solution plan and set goals.
- Do – Implement the solution.
- Check – Evaluate the solution.
- Act – Monitor for continuous improvement and implement system change.

Sandhills Center established a QM program to ensure quality services to Sandhills Center's members (consumers) and its clients (the Divisions of Medical Assistance and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services). As such, the QM Program Plan addresses the needs of members, its clients and the organization's various internal departments. Primary responsibilities of the QM Program include:

- Ensure mechanisms are in place to measure and monitor Sandhills Center's compliance to its own policies/procedures and key processes;
- Ensure all performance measures for the State contract are met and reported as required;
- Establish performance standards for internal/external processes including, but not limited to, access to services, satisfaction and complaints;
- Implement performance monitoring mechanisms as well as quality improvement activities based on findings;
- Monitor and evaluate findings of evidence based practice (EBP) reviews completed by Network Monitoring staff and utilize the results to provide technical assistance and training to providers;
- Act upon data findings to:
 1. Identify needed areas of improvement; develop process for action to correct deficiencies, and sustain performance.
 2. Establish mechanisms to receive and use stakeholder (client, member, provider, community) feedback on a continuous basis to improve the overall system.

3. Institute quality studies, including formal ongoing Quality Improvement Projects (QIPs) for each URAC-accredited program, including the studies that are approved by the Division of Medical Assistance as required by the contract.
4. Ensure data driven decision-making in determining action and developing strategies.

The purpose of the QM Program is to promote objective monitoring and evaluation of internal/external processes, services, and outcomes. Quality improvement activities are implemented based upon the findings. The scope of the QM Program includes all Sandhills Center programs and departments, clients, members, families, community stakeholders, contracted network providers. This is done through the following structure and activities:

- Establishment of a data driven culture;
- Connection that brings an entire organization together through interdepartmental representation on teams and committees;
- Consistent method of communication and information-sharing within the organization, with the provider network and with members/enrollees;
- Forum to review, evaluate and analyze patterns and trends through the use of data;
- Mechanism for problem solving;
- Method for persons served to express satisfaction or lack thereof; and
- Mechanism for analysis of service delivery and a method of systematically addressing processes for improvement by enhancing the reporting structure to include analysis, interventions and outcomes.

Sandhills Center employs staff to support the day-to-day operations of the QM Program. Staff includes a QM Director, Complaint and Incident Manager, Complaint and Incident Specialists, Complaint and Incident Data Specialist, with administrative support provided by Regulatory Affairs administrative support staff.

Quality Management Plan (CORE 19)

The QM Program is guided by the QM Program Plan. The QM Plan is developed by the QM Director with input from Sandhills Center Chief Clinical Officer/Medical Director (CCO/MD), Executive Management and QM Program staff. The QM Plan includes essential content related to:

- QM Program Authority and Responsibilities
- QM Program Resources
- QM Program Requirements
- Quality Management Committee (QMC) Structure
- QM Documentation
- QIPs

In addition to the above content, the QM Program Plan includes relevant annual goals/objectives that establish the priorities for the QM Program for the year. Annual goals/objectives are established, based on the mission, vision, and values of the organization. Annual goals/objectives are assessed on an ongoing basis, are data driven, and developed in concert with Sandhills Center, staff, clients, members, and stakeholders. The QM Plan can be updated at any time to reflect changes in the books of business system, internal/external processes, or based on performance monitoring data.

Participants and other stakeholders have an active role in program design, performance appraisal, and quality improvement activities. This Plan is instituted for the purpose of ensuring adherence to the Mission and Vision Statement and to the Working Principles upon which they are founded.

Quality Management Program Goals and Objectives (CORE 19)

The following describes the goals/objectives of the QM Program for fiscal year 2017-2018:

1. Continue to ensure involvement of Sandhills Center Committees (NLC, GCQIC, CAC and CFAC) in the development of topics for QIPs.
 - To work collaboratively with the Project Manager in Regulatory Affairs to ensure QIPs are data driven with clear analysis.
2. Ensure involvement of stakeholders and enrollees in development of new policies.
3. Revise reporting structure to focus primarily on data analysis, interventions planned and outcome results. Data will be provided upon request to any committee member or group and will be posted on our shared drive.
4. Promote use of EBPs throughout the service delivery system by:
 - Maintaining a library of EBPs on the Sandhills Center website as a resource for providers;
 - Analyzing data from monitoring reviews on a quarterly basis to identify areas where providers need training or technical assistance;
 - Collaborating with Network Monitoring staff to further promote the use of EBPs through the addition of EBPs to both our library and monitoring processes; and
 - Reporting results of findings to QMC, GCQIC and NLC on a quarterly basis.
5. Ensure integration of behavioral and physical health care by working with the Integrated Care clinician to ensure:
 - Presentations related to EBP and integrated care at provider forums.
 - Monitor internal documentation quarterly for use of scripts developed by the CCO/MD to prompt providers.
 - Analyze data from provider monitoring reviews to ensure coordination of care is occurring and report to QMC quarterly.
6. Develop and implement a QIP to monitor the increase in percentage of children prescribed two or more-antipsychotics and who did not receive a metabolic screening at least annually.

Monitoring Core Processes and Outcomes (CORE 19)

The QM is comprised of staff responsible for the monitoring (both internal and external) activities of Sandhills Center. These activities include, but are not limited to:

- Quality indicator development and monitoring to identify practices that do not meet standards;
- Data collection, analyses and trends;
- Health and Safety – receipt, review and follow-up to incident reports submitted from providers in the network;
- Investigative Reviews for incidents/complaints/quality of care concerns;
- Recommend appropriate action to correct deficiencies and monitoring of corrective action plans by providers;
- Provide performance feedback to providers, including detailed discussions of clinical standards and LME-MCO expectations;
- Development/adoption of clinically appropriate practice parameters, protocols/guidelines to enable providers to meet expectations;
- Internal clinical review of Customer Services, Care Coordination and CM/UM sections within Sandhills Center for inter-rater reliability, compliance to policies, procedures, and evidence of integration of care and report findings quarterly to the QMC;
- QIPs and initiatives;
- Availability and access to care;
- Use of services;
- Effectiveness of care;

- Effectiveness of care;
- Health Plan Stability (Network Capacity);
- Complaints and grievances;
- Member rights and responsibilities;
- Cultural competency;
- Clinical and administrative denials and appeals;
- Marketing and communication oversight; and
- Adherence to reporting requirements to the Board of Directors (BOD) and the Chief Executive Officer on QM activities and QIPs.

The Sandhills Center QM program is intended to ensure that the structure and processes in place lead to desired outcomes for members, our clients (NC DMH/IDD/SAS and DMA), and network service providers.

Oversight and Responsibility of the Quality Management Program (CORE 19 a & c)

The Sandhills Center BOD has ultimate authority and responsibility for quality management of the organization. As such, the BOD delegates this authority and responsibility to the Sandhills Center CEO and to the QMC. The QM Director is a member of senior management and has the day-to-day operational responsibility for the QM Program. The QM Director reports to the Regulatory Affairs Officer/Medicaid Contract Manager, and works in concert with the Sandhills Center CCO/MD, who has accountability and oversight for the clinical operations of the organization.

The CCO/MD and QM Director co-chair the QMC. The CCO/MD ensures:

- Results from quality management care/service activities have been thoroughly analyzed by appropriate staff/committees;
- Opportunities for improvement have been identified and approved interventions have been implemented;
- The review/resolution of clinical quality of care issues.

A quarterly report of all QM activities, including statistical reporting measures, satisfaction survey results, incident and complaint analyses and QIPs, is provided to the BOD for feedback.

Annually, the QM Director prepares a formal evaluation of QM Program's annual goals/objectives, the evaluation of the overall effectiveness of the previous year's QM Program, and a new QM Plan. This is presented both to the QMC and to the BOD for approval.

Quality Management Committee Structure and Composition (CORE 20)

Sandhills Center's QM Committee is the main conduit of change for the organization. It is at this Committee that all implementation for improvement is directed. The Committee is granted authority by the BOD and the CEO. The Committee is co-chaired by the CCO/MD and the QM Director. Membership is as follows: Sandhills Center CEO, Chief Operating Officer/Deputy Director, Chief Business Officer, Regulatory Affairs Officer/Medicaid Waiver Contract Manager, Chief Legal Officer/Corporate Compliance Officer, Care Management/Utilization Management Director, Health Network Director, Customer Services Director, Human Resources Director, a CFAC representative, Program Integrity Director, Care Coordination Director and Community Relations and Communications Director. Other staff serving as non-voting members include Corporate Compliance Policy and Procedure Manager and Regulatory Affairs Administrative Support Staff. The QM Committee meets at least quarterly on the fourth Tuesday. Approved minutes of all QMC meetings are maintained by the Regulatory Affairs administrative support staff. Provider input is received from the GCQIC. The GCQIC

is comprised of providers representing each service contracted with Sandhills Center and is co-chaired by providers.

Quality Management Committee Purpose (CORE 20)

The purpose of the QMC is to oversee and improve the internal/external performance and quality of the Sandhills Center service management system (operations, components, functions, processes, practices). The system is monitored through the collection, analyses, trending, reporting, review and further discussion of data. All noted deficiencies in performance, as well as opportunities for improvement, are identified and improved through the design, assignment, implementation, tracking and ongoing evaluation of quality improvement activities.

The Sandhills Center QMC provides a forum for problem-solving and systematically addresses processes for improvement as well as providing feedback.

Quality Management Committee Responsibilities (CORE 19, 20)

Responsibilities of the QMC include, but are not limited to the following:

- Review of CM/UM, Health Network and Customer Services Committee executive summaries. This includes review of aggregate trend reports and analysis of clinical/service indicators.
- Identification of quality indicators, measures and activities as required by the contract between Department of Health and Human Services (DHHS) and Sandhills Center and based on previous or current QM Plan goals/objectives.
- Establishment of performance thresholds and benchmarks for all internal/external quality indicators;
- Ensuring quality improvement efforts are prioritized, resources are appropriate and resolution occurs;
- Approves QIPs and monitors progress towards goals;
- Review of policies and procedures;
- Review of the QM Plan annually;
- Review of the effectiveness of the QM Program annually;
- Review for decision-making data analyzed from investigative monitoring, incident reporting, DHHS required monitoring activities and complaints (members and providers);
- Review of outcomes;
- Review of service availability and access to care;
- Review of member and provider satisfaction surveys for improvement opportunities;
- Review of provider sanctions, limitations or terminations applied by Network or Regulatory Affairs;
- Review/approve Sandhills Center marketing materials and website links;
- Review of aggregate report for all appeals;
- Ensuring a quarterly report of quality improvement activities is provided to the CFAC, NLC, GCQIC, and to the BOD;
- Review of Credentialing Committee activities, as reported through the Network Executive Summary;
- Ensuring staff, consumers and providers receive information annually, describing the effectiveness of the quality improvement activities.

Quality Management Committee and Program Quality Management Structure (CORE 20)

The QMC has ultimate accountability for the oversight and effectiveness of the QM Program. In order to facilitate the coordination of all Sandhills Center quality management activities, including providing

oversight, direction and consultation to the Program QM Committees, a committee structure is designed to:

- Facilitate the development/implementation of an effective/efficient infrastructure for service management, formal oversight and decision-making;
- Reflect a committee structure common within the LME-MCO environment;
- Provide a mechanism that allows Sandhills Center to comply with DMH/IDD/SAS, DMA and URAC standards.

The Committee Structure consists of four (4) major committees:

- QMC
- Care Management (CM)/Utilization Management (UM) Committee
- Health Network Committee
- Customer Services Committee

The program committees are responsible for oversight of the day-to-day operations of the QM Program. They also communicate their activities and findings back to the Sandhills Center QMC.

Care Management/Utilization Management (CM/UM) Committee Description and Purpose

The role of the CM/UM Committee is to oversee, and monitor the Sandhills Center utilization management (UM) structure, process, and related activities, to ensure members have prompt access to all relevant covered services, according to member need, choice, medical necessity, and established or emerging best practices. Through the review and analyses of single member, population-specific and aggregate data, the CM/UM Committee monitors and evaluates information to ensure all members receive culturally competent, medically necessary services that are aligned with EBP guidelines. The Committee also ensures that services are delivered at the most appropriate intensity, frequency and duration that yields the desired outcomes, as identified by the member, service provider, Sandhills Center, NC DMH/IDD/SAS and DMA.

CM/UM Committee activities include, but are not limited to the following:

- Selection of quality indicators for UM;
- Establish indicators as well as needed reports for all internal/external UM quality indicators, in conjunction with QM;
- Establish performance benchmarks for systemic improvement;
- Monitor use of clinically appropriate protocols/guidelines used by Network providers to enable providers to meet established standards;
- Review/update/approve UM decision-making and management criteria for services;
- Review/update/approve benefit plans that are within clinically appropriate practice parameters;
- Review data related to prospective/ concurrent/retrospective reviews;
- Review data to detect over/under utilization of services;
- Identify opportunities for improvement and conduct QIPs based on data analysis;
- Assess quality and appropriateness of care furnished to consumers, inclusive of all demographic groups, care settings or types of services; and
- Recognize the need for corrective action and initiate strategies to maintain the effectiveness of the UM Program.

Health Network Committee Purpose and Description

The role of the Health Network Committee is to oversee and monitor the development, and management of the Sandhills Center provider system structure to ensure the presence of an adequate number and mix of qualified, competent, credentialed, well-oriented, trained providers who meet the behavioral health

services needs of Sandhills Center members. Through the establishment of provider participation credentialing criteria, monitoring, and review/analyses of data, this Committee assures providers deliver quality services which are person-centered and meet the needs and preferences of Sandhills Center's members.

Health Network Committee activities include but are not limited to the following:

- Establish indicators and needed reports for all Health Network quality indicators, in conjunction with QM;
- Establish performance benchmarks for systemic improvement;
- Establish provider participation and credentialing criteria;
- Establish method and process for monitoring accessibility of services, appointment availability and wait times;
- Review internal performance for identification, recruitment, processing, credentialing;
- Evaluating network sufficiency, including service access, availability and adequacy on an ongoing basis; identifying strategies to develop additional services when gaps are identified;
- Orientation and monitoring of providers;
- Review/analyze findings of provider monitoring activities;
- Identify opportunities for improvement; and
- Conduct QIPs based on data analysis.

Health Network Sub-Committee: Network Leadership Council (NLC)

The NLC provides a mechanism to ensure provider input, participation in decision-making related to building, as well as maintaining, a diverse provider network that meets the requirements of the State. The NLC serves as a fair and impartial representative of services among providers within the Sandhills Center provider network. The NLC facilitates an open exchange of ideas, shared values/ goals/vision to promote collaboration and mutual accountability among providers. The NLC also strives to achieve best practices to empower members within our community to achieve their personal goals.

Membership consists of network providers, Sandhills Center staff, representatives from the CFAC and the Community Care of North Carolina (CCNC). Provider members are active, contracted partners in the Sandhills Center provider network. Provider representation directly reflects the network composite and may include individuals in either managerial/leadership and/or clinical roles.

Specific activities include:

- Review of and recommendations for the annual Provider Communication Plan, including provider manual, provider website, provider training topics, and activities;
- Provide input on topics for QIPs, barriers to improvement and action plans to reduce or remove such barriers;
- Review of results of QIPs, initiatives and data related to utilization performance;
- Review of QM activities selected by Sandhills Center leadership, and Committees co-chairs;
- Provide input regarding the Sandhills Center Service Needs, Gaps and Provider Capacity Strategic Plan;
- Review of and recommendations for the use of emerging best practices;
- Assist in the development, approval and annual review of the Sandhills Center Cultural Competency Plan;
- Review Provider Satisfaction Survey results and make recommendations to address areas of concern;
- Review reports/data on provider-related performance and QM activities; provide input/recommendations;
- Review and approval of the Provider Code of Ethics;

- Conduct an annual self-assessment process and evaluation;
- Offer recommendations for provider monitoring and quality indicators;
- Review provider network performance against stated goals.

Clinical Advisory Committee

The Clinical Advisory Committee (CAC) is the forum for discussion/approval of clinical treatment practices and community standards of care that are used in the Sandhills Center provider network, including review of credentialing and provider disputes. Issues may be forwarded to the NLC for information purposes or for additional input following review approval by the CAC.

Members of the CAC include network provider representatives that have no role in Sandhills Center's management, Sandhills CCO/MD and Sandhills Center staff. The CCO/MD is responsible for oversight of clinical aspects of the credentialing program in cooperation with the CAC.

The CAC membership is comprised of active practicing licensed clinicians that mirror the network composition in addition to Sandhills Center employees, licensed non-network healthcare practitioners residing within the LME-MCO's geographic area, and Sandhills Center licensed clinical leadership staff. The chairperson of the committee is the Sandhills Center CCO/MD. Meetings are convened at least quarterly and/or as needed.

The CAC is a rotating membership, composed of licensed independent practitioners, physicians, practicing psychologists, LCSWs, LCASs, and LPCs, who are representative of our provider network with regards to discipline, specialty, clinical competency, geographic location, and agency size. Additionally, this Committee has representatives from the LME-MCO's CCNC network and members who are academic experts in the mental health field. These experts are not members of the provider network, but they reside within the Sandhills Center LME-MCO geographic area.

Sandhills Center CAC Scope of Responsibilities & Duties:

- Review of EBP clinical practice guidelines, in conjunction with recommendations from Sandhills Center Integrated Care partners;
- Review clinical decision support tools/utilization management criteria;
- Review of Customer Services clinical triage and referral processes;
- Identification of training needs of providers;
- Evaluation of service utilization as related to clinical guidelines;
- Evaluate data from QM audits, Gaps Analysis and other data tools as resources for monitoring and effective clinical guidelines implementation;
- Review of credentialing program and function as Credentialing Committee;
- This Committee will be the primary gate keeper for consideration of new/innovative services and rate changes for services that adhere to clinical practice continuums of services and emerging best practices. Recommendations regarding such will be provided to the Sandhills Center CCO/MD, who will ultimately decide which rate changes and new/innovative services will be forwarded to the CEO for consideration.

Credentialing Subcommittee: Ensures that the Credentialing Subcommittee membership is broad enough that appropriate clinical peer input with knowledge of service-specific standards of care is available when reviewing credentialing applications and Provider Dispute/Appeals related to professional conduct or competence.

The Credentialing Subcommittee is composed only of non-Sandhills Center members of the CAC, who hold active and unrestricted licensure in their field and these members are the only ones casting votes on

credentialing matters. The Sandhills Center CCO/MD chairs the Subcommittee. In the case of a tie vote, the Sandhills Center CCO/MD casts the deciding vote.

Credentialing/Re-Credentialing Functions:

- Review overall direction of the credentialing program, including review and approval of credentialing policies/procedures;
- Review and approval of credentialing criteria for services;
- Review and approval and/or disapproval of providers requesting enrollment in the network through credentialing/re-credentialing enrollment procedures:
 - a. The Credentialing Subcommittee has delegated authority to the CCO/MD to approve “clean” credentialing applications” as defined as: Credentialing applications with no open actions from any regulatory body/law enforcement agency and credentialing applications with no closed/resolved actions from any regulatory body/law enforcement agency within the last three (3) years. The previous definition also applies to matters of re-credentialing in addition to having no negative entries in the provider profile system.
- The definition of an “unclean” application for credentialing & re-credentialing is any application with adverse actions of five (5) years or younger & completed QM issues. Unclean credentialing & re-credentialing applications are discussed monthly by the CAC & minutes documented.
- Evaluate the effectiveness of the credentialing program.

Provider Dispute/Appeals Functions:

- Review and approval of provider disputes/appeals policies/procedures;
- Review of provider disputes and appeals related to professional conduct or competence;
- Complete annual assessment of provider dispute resolution activities.

Customer Services Committee Purpose and Description

The role of this committee is to oversee and monitor the quality of services and care delivered to Sandhills members to assure full member/family participation in the service design, as well as delivery. Data from Customer Services is reviewed/analyzed to identify and improve internal/external structures and processes. Such data may include volume/type of member calls, member requests, member screening, clinical triage, member complaints/grievances, member satisfaction and outcome data.

Further responsibilities of this committee include, but are not limited to the following:

- Identify/define quality indicators, measures and activities as required by contract between NC DMH/IDD/SAS, DMA and Sandhills Center, based on previous/current member services activities;
- Review and approval of Member Handbook;
- Establish performance thresholds and benchmarks for all internal/external quality indicators for member services; review data based on these benchmarks;
- Review for discussion/additional decision-making data analyses from incident reporting, and targeted monitoring;
- Identify opportunities for improvement; and
- Conduct QIPs based on data analysis.

QM Subcommittee: Critical Incidents/Issues

The role of this Committee is to review all incidents/issues that meet high risk criteria. The Committee is chaired by the CCO/MD. Membership includes staff representation from Health Network, Care Management/Utilization Management, Care Coordination, Customer Services, Regulatory Affairs, Program Integrity and Quality Management. The Committee reviews each incident/issue to ensure

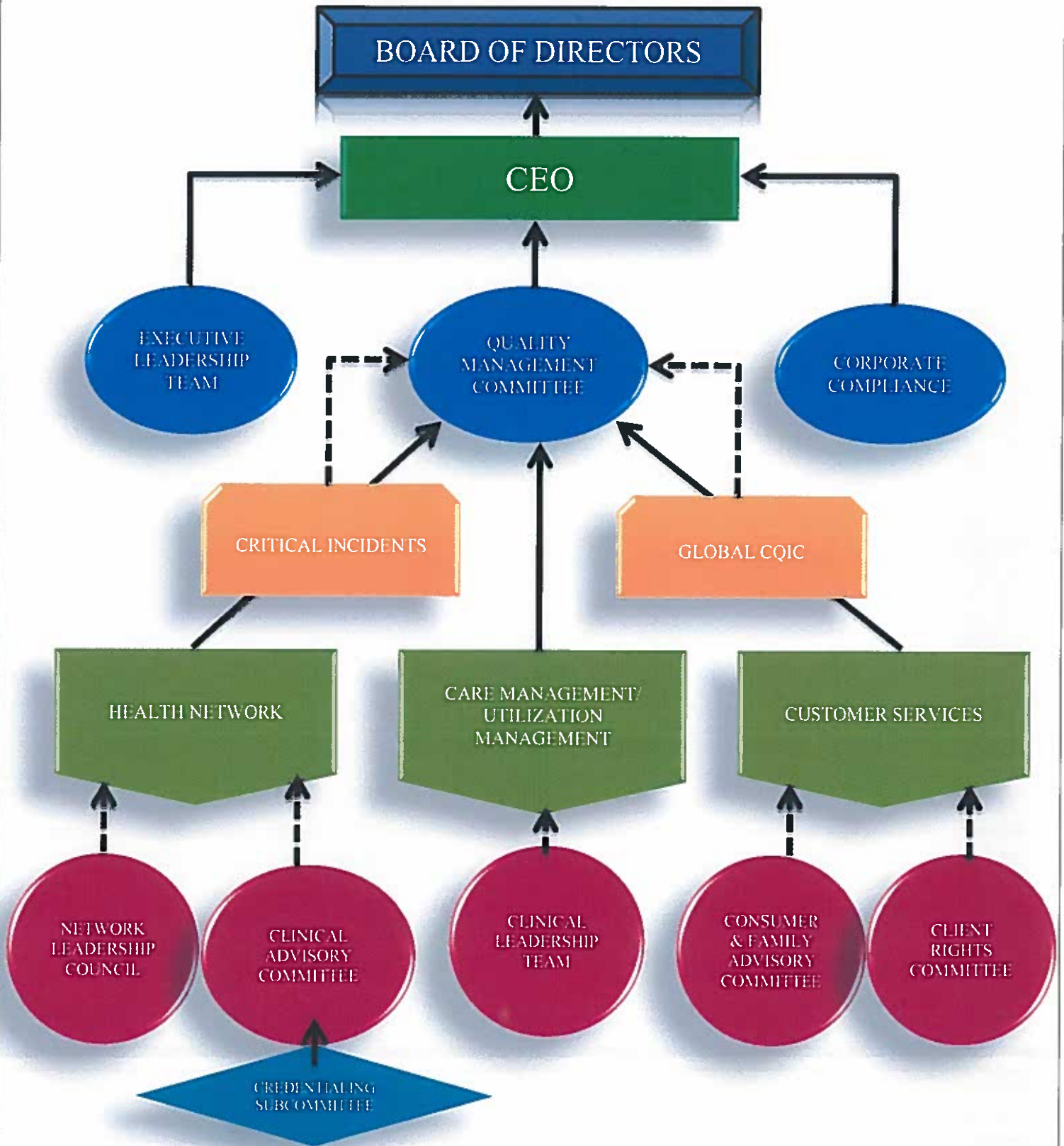
appropriate action has been taken. The committee also looks at trends related to incidents and complaints to determine if systemic improvement is warranted.

QM Subcommittee: Global Continuous Quality Improvement Committee

The role of this committee is to provide feedback to the QMC regarding QIPs, quality of care concerns and results of monitoring activities as they relate to quality of care issues

The Committee is made up of providers contracted with Sandhills Center LME-MCO, meets at least quarterly, and is co-chaired by providers. Membership includes all provider types and specialties, in order to maintain equal representation.

Operational Committees (see chart below)



General Documentation and Distribution Requirements for Committees

All committees and related subcommittees maintain meeting minutes. This information is distributed to the individual committee chairs as well as the QMC Chairs within seven (7) working days following each committee meeting. In addition, the CM/UM, Health Network and Customer Services committees prepare and submit quarterly executive summaries of data analyses, as well as required action(s) to the QMC at least five (5) working days prior to QMC meetings. The previous QMC's meeting minutes are posted on SharePoint for QMC members to review, correct and act upon within three (3) working days of the proceeding meeting. All Program QMC reports are incorporated into the QMC minutes for review.

Quality Management outcomes, reports, recommendations and actions are made available to staff through executive/management meetings, interdepartmental communication, shared electronic websites, email, newsletters and formal reports.

Confidentiality

All QMC members and Program QMC members adhere to confidentiality requirements. Committee members sign a Confidentiality Agreement upon hire and when confidentiality requirements change. Ongoing training is provided to committee members.

Staff engaged in QM activities maintain the confidentiality of information used in such activities except when specifically required, reference to providers or members is redacted to safeguard the member/provider's identity.

All members or providers who participate on the Sandhills Center committees must also demonstrate their understanding of the confidentiality requirements by signing a Confidentiality Agreement prior to committee participation.

Quality Management Documentation (CORE 21 a)

The QM Program is based on continuous collection and analysis of data. Quality Initiatives are identified based on the ongoing compilation of data and analysis specific to member services/care. Priority will be established based on evaluation of highest risk/highest need for members/enrollees. In addition, topics with the greatest potential increase in performance may also gain priority. Data sources include, but are not limited to, authorizations, claims, member/enrollee surveys, provider satisfaction surveys, NC TOPPS data, grievances and appeals, incidents, provider monitoring, etc.

Communication of QM activities to staff and management is an important part of Sandhills Center's QM Program. Minutes from the Program QM Committees, in addition to the QMC reflect the activities related to the key indicators oversight, tracking and trending.

Information is shared with staff via the Program QM Committees, as well as the QMC, through posting of minutes on SharePoint, committee meetings and staff meetings.

Quality/Performance Measures (CORE 21b & c)

Sandhills Center develops and monitors clinical/service quality measures regarding a broad spectrum of issues that encompass all functional areas within Sandhills Center. The QM program establishes quality measures as part of the measurement/evaluation process, utilizing paid claims data, internal databases, survey data and Hedis measures when available. Quality indicators have an established baseline measure. Re-measurement will occur at designated intervals, but at least annually, to measure performance. Valid

statistical techniques are utilized to ensure appropriate evaluation (data collection methodology, sampling, etc.).

Each of the QM Program Committees (Health Network, CM/UM and Customer Services) identify and define applicable performance indicators, consistent with their roles/responsibilities outlined in the QM Plan. Refer to table below for examples. Sandhills Center also complies with the performance standards outlined in the contract between Sandhills and DHHS. The QM Program monitors and tracks LME-MCO compliance with quality of care/service measures regarding Effectiveness of Care, Access/Availability, Enrollee and Provider Satisfaction, Use of Services, Network Capacity, Enrollee Health & Safety, as well as other measures specified in the DHHS contracts.

Performance on these items is reviewed at the QMC meetings and is also included in the quarterly QMC Executive Summary. Below are examples of some of the indicators measured. Other performance measures are monitored based on DHHS contracts in the areas of Effectiveness of Care; Provider Satisfaction; Plan Descriptive Information, Use of Services; Compliance with Waiver Assurances (i.e. Level of Care, Qualified Providers, Service Plan Development), Health Plan Stability, Plan Description Information and Health and Safety.

Health Network	Utilization Management	Customer Services
# of Providers not accepting new referrals	Timely Certification Decisions	Time to Answer incoming calls; Abandonment & Blockage rates
Timely Provider Selection Process	Quality and Appropriateness of Services	Screening Triage Referral Severity Level
Access and Availability to Service	Appeals	Customer Satisfaction

The following methods may be used to assess Sandhills Center's program availability and accessibility to the client and members:

- Analysis and trending of information on appointment availability obtained during monitoring;
- Follow up to members who have requested referral through the Health Call Center;
- Annual Geo Access and Network analysis;
- Evaluation of complaints/grievances related to availability, access to care and member satisfaction surveys;
- North Carolina Division of MH/IDD/SAS access to provider data and member satisfaction; and
- Analysis and trending of information related to Health Call Center telephone statistics.

Sandhills Center's programs/departments monitor its client's satisfaction related to contract performance standards.

Monitoring of Performance Measures (CORE 21 d, e f, g, h)

Monitoring/tracking/reporting on performance measures are completed by the effective use of the QM Program Committee structure along with the QMC Plan. Monitoring is the evaluation of clinical/service indicators against performance goals. Monitoring activities of Sandhills Center include, but are not limited to, the following:

- Provider medical records audits;
- Performance Profile Status Monitoring using standardized tools;
- Investigative monitoring;
- Member/Enrollee satisfaction surveys;

- Provider satisfaction surveys;
- Data to determine over/under utilization of services;
- Data to determine quality and appropriateness of care;
- Provider performance with identified measures;
- LME-MCO performance with identified measures;
- Access to services; and
- Complaints and grievances.

Compliance with these performance indicators is measured at each monthly committee meeting with the supporting data being reviewed and analyzed by the committees. Based on review of the data, any indicators that measure outside the acceptable range are noted and assigned as a task for research and resolution. On a quarterly basis, each of the QM Program Committees prepares an Executive Summary that is presented to the QMC as the oversight body. The Executive Summary includes the analysis of data reports and the identification of any trends/patterns, as well as assigned tasks and/or opportunities for improvement.

Sandhills Center recognizes the following methods used in identifying and introducing quality issues with contracted providers into the QM Program:

- The Health Network Committee, NLC, GCQIC, and CAC;
- Monitoring activities;
- The risk to the health and safety of enrollees;
- Types and number of provider incident reports submitted; and/or
- Concerns and grievances registered by enrollees or their families.

When provider performance does not meet desired expectations, the need for corrective action is communicated to the provider. Technical assistance/training may also be conducted with the provider in an effort to correct and prevent a recurrence of the issue. Quality Management staff may also collaborate with other LME-MCO staff in the correction and improvement process. Monitoring also occurs to assure providers have implemented the corrective action.

Feedback Loops

Systematic data collection/analysis occurs to promote ongoing monitoring and assessment of progress towards desired expectations. Key data elements are measured and re-measured on an ongoing basis but at least annually. Measurements are results driven and aid in determining if strategies for improvement are successful or if barriers to improvement exist. Meaningful ongoing measurement provides the formative information that helps shape performance improvement. Outcomes reporting occurs at specific intervals (and as needed) through the Sandhills Center committee structure to ensure progress towards measurable goals and consistent follow-up.

Stakeholders have an active role in the design, performance appraisal and activities of the QM Program through the Program Subcommittees, CFAC, as well as the BOD. Sandhills Center provides ongoing feedback to providers, stakeholders and members that include performance, outcomes, reports, recommendations and actions as part of its QM process. Such feedback continually flows back to the Program Directors through management meetings and then to staff through interdepartmental communications, staff meetings, agency-shared website, email communications, or formal reports. The QM structure provides the mechanism for QM activities to also be continually shared with the LME-MCO BOD, NLC, CFAC, Client Rights Committee, GCQIC, providers, stakeholders, and members/enrollees.

Quality Improvement Projects (CORE 22, 23, 24)

Quality Improvement Projects exemplify the process of continuous quality improvement, allowing Sandhills Center to refine and maintain quality services. Development and implementation of quality initiatives include using data from multiple sources that focus on clinical or non-clinical areas. Additionally, member safety is a topic that is always in the forefront for programs interacting with members/enrollees. Each program, at any given time, maintains at least two (2) QIPs. Overall, at least one (1) project for Sandhills Center focuses on error reduction and/or performance improvement related to the services provided or member safety. Additionally, at least one (1) project focuses on members, relates to specified key indicators of quality and involves a senior clinical staff member in judgment about clinical performance, if the project is clinical in nature. Sandhills Center maintains QIPs in accordance with URAC standards and DHHS contract requirements.

All Sandhills Center QIPs contain the following elements:

- Project start date;
- Performance issue identified and what data indicated there was a problem;
- Data supporting the project selection;
- Identified quantifiable baseline measures for the indicator and relevance to members/enrollees served;
- Goals associated with the measure;
- Improvement strategies and dates these were implemented;
- Establish projected time frames for meeting goals for quality improvement;
- Re-measure at least annually;
- Periodic progress measurements and documented discussions;
- Identified barriers;
- Changes in improvement strategies and brief description of changes;
- Conduct an analysis if the performance goals are not met; and
- Project end date.

Each program recommends proposed QIPs via their program committee, based on analyses of data collected. Topics for QIPs may also be identified by CFAC or the Client Right's Committee. The status of established initiatives is also shared with these committees for input/identification of further strategies, interventions, or barriers to improvements. If the data supports and demonstrates the need for a QIP, the potential project is forwarded to the QMC for approval. Quality Improvement Projects demonstrate improvement by achieving a benchmark level of performance improvement suggesting evidence that change is sustainable over one (1) year and that favorable behavioral outcomes, as well as member satisfaction, can be expected. Findings from QIPs are used to analyze the delivery of services, quality of care, over/ under utilization of services, disease management strategies, and outcomes of care.

The QMC minutes document the approval of all QIP updates. The status of each QIP is presented to the QMC at least quarterly, but more often as indicated. Each QIP is tracked for 12 months after completion to ensure sustained improvement.

Quality Management Program Evaluation

The effectiveness of the QM Program, including the QM Program Plan annual goals/objectives, is reviewed and evaluated annually by the QMC. The evaluation consists of a comprehensive analysis of the accomplishments of goals, analyses/trending of performance indicators, committee activities and the results of quality improvement activities. The evaluation assesses the overall effectiveness, including the system-wide monitoring activities (internal policies/procedures, core processes and outcomes-oriented data related to improving quality of care/service delivered), as well as progress towards improving

member safety and influencing network-wide clinical practices. Barriers to achieving desired goals are identified with recommendations made to address those barriers.

As a result of this evaluation, there may be activities that need to be carried over into the next year ,as well as the identification of new activities. The annual evaluation may also lead to identification of educational/training needs, establishment and/or revision of policies and procedures, or alteration of organizational operations.

Once the annual QM Program evaluation is complete, the findings and recommendations are presented to the BOD, along with the new QM Program Plan and updated/new annual goals and objectives.