



# QUALITY MANAGEMENT AND IMPROVEMENT PROGRAM (QMIP)

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## Introduction

Vaya Health (Vaya) maintains an innovative, integrated, equitable, person-centered, and well-coordinated system of care and quality measurement program that addresses both medical and non-medical drivers of health. The Quality Management and Improvement Program (QMIP) provides the vision and framework for Vaya’s quality management (QM) activities, is focused on health outcomes rather than just healthcare process measures, aligns with North Carolina’s [Medicaid Managed Care Quality Strategy](#) and Vaya’s Quality Assessment and Performance Improvement Plan, and complies with the quality management and quality improvement assurances and other requirements contained in North Carolina’s Section 1115 Demonstration Waiver, Section 1915(c) Home and Community Based Services (HCBS) Waiver, and Vaya’s contracts with the NC Department of Health and Human Services (NCDHHS or Department) to manage certain health benefit plans, including the BH I/DD Tailored Plan and the NC Medicaid Direct Prepaid Inpatient Health Plan (PIHP). Individuals enrolled in Vaya health plans include Medicaid members and State-funded Services recipients (collectively, “members”) with significant behavioral health conditions, serious emotional disturbance, severe substance use disorder, intellectual/developmental disability (I/DD), and/or traumatic brain injury (TBI). Vaya’s QMIP measures and emphasizes integrated care for physical health, behavioral health, intellectual/ developmental disability I/DD, and TBI needs, as well as care specific to the needs of individuals with I/DD and TBI [QI 1(A)(2)].

## Quality Strategy Aims and Goals

**Members are at the heart of Vaya’s QM program, and we value their voice. The QM program is designed to support, promote, and operationalize Vaya’s mission, vision, and values.** We apply evidence-based quality improvement concepts and techniques to continuously improve the quality and appropriateness of care, services, and supports for members.

### *Alignment with North Carolina’s [Medicaid Managed Care Quality Strategy](#)*

The health priorities of the NC Department of Health and Human Services (NCDHHS or the Department) serve as key drivers for Vaya’s QM program goals, objectives, and strategies. Vaya’s QM program is based on the NC [Medicaid Managed Care Quality Strategy](#) as our foundation to advance the quality of care provided. The Department’s quality strategy, referenced below, provides the triple aim Vaya has chosen to utilize for quality activities. In addition, we will continue to pursue internal excellence by adopting continuous quality improvement processes across all functional areas and strive to improve provider satisfaction through engagement and ongoing capacity building. This framework provides a comprehensive plan for delivering high-quality, accessible, timely care to members:

- **Better Care Delivery:** *Make healthcare more person-centered, coordinated, and accessible.* Vaya seeks

to continuously improve the quality and appropriateness of behavioral health, I/DD, TBI, medical, pharmacy, and other services and supports delivered to members by Vaya network providers while addressing key drivers of health.

- **Healthier People, Healthier Communities:** *Improve the health of North Carolinians through prevention, better treatment of chronic conditions, and better behavioral health care, working collaboratively with community partners.* Vaya works to improve the health of members through prevention, better treatment of chronic conditions, and improved behavioral and physical health care. We work collaboratively with our community partners to achieve this aim.
- **Smarter Spending:** *Pay for value rather than volume, incentivize innovation, and ensure appropriate care.* Vaya incorporates strategies to pay for high-value, appropriate care rather than volume of care. We also seek ways to incentivize excellence and innovation by network providers.

### **QMIP Goals**

Our QMIP description and Quality Assessment and Performance Improvement (QAPI) workplan serve as the foundation for Vaya’s improvement efforts, with program goals and priorities embedded throughout organizational operations. Vaya’s QMIP goals are to provide rigorous outcome measurement compared to relevant targets and benchmarks, promote equity through reduction or elimination of health disparities, and reward providers for advancing quality goals and health outcomes. Vaya is committed to implementing an ongoing and comprehensive QM program that ensures:

- Accessibility of services;
- Detection of underutilization and overutilization of services;
- A sustainable program with predictable costs;
- Incorporation of population health programs to improve outcomes;
- Assessment and implementation of actions to address health disparities;
- Identification and mitigation of unmet health related resource needs;
- Appropriateness of care for members receiving long-term services and supports (LTSS);
- Coordinated care for the whole person;
- Alignment with external review and accreditation standards such as NCQA Health Plan Accreditation;
- A comprehensive and well-qualified network of providers, including TCM providers;
- A comprehensive array of clinically appropriate, integrated physical health, behavioral health, and pharmacy services for individuals with complex behavioral health disorders, I/DD, and/or TBI that meet or exceed objective quality standards, regardless of the setting.

### **Elements of Vaya’s Quality Management Program**

Vaya maintains structured policies, procedures, and defined processes and tools to support our QMIP, including but not limited to the following:

- 2619 [Organizational Quality Improvement](#)
- 2727 [Provider Complaints & Focused Investigations](#)
- 2583 [Provider Plans of Correction](#)
- 2579 [Provider Routine Post Payment Reviews](#)
- 2580 [Provider Site Reviews](#)
- 2607 [Member Grievances](#)
- 3120 [Recipient Complaints](#)

- 3104 [Tailored Care Management Monitoring and Oversight](#)
- 3028 [Performance Reporting & Quality Assurance](#)
- 2817 [Quality Improvement Committee Charter](#)
- 2824 [Critical Incident Review Committee Charter](#)
- 3166 [Health Equity Council Charter](#)
- 3153 [Transitions to Community Living Barriers Committee Charter](#)
- 3141 [Delegation Oversight Committee Charter](#)
- 3113 [Training Collaborative Committee Charter](#)

### ***Board of Directors Oversight***

Vaya’s Board of Directors, established in accordance with N.C.G.S. § 122C-118.1, acts as the statutory governing body and maintains ultimate responsibility for ensuring the quality and effectiveness of services delivered by Vaya’s provider network and Vaya subcontractors, including attention to unmet health-related resource needs, health equity, and value of the care received. The Board’s Performance & Quality Committee was established in February 2014 and renamed the Regulatory Compliance & Quality Committee (RCQC) effective July 2016. The RCQC meets at least four times per year and reviews key performance indicators, compliance metrics, and internal quality measures to ensure Vaya meets or exceeds the requirements of all applicable laws, rules, regulations, NCDHHS guidelines and contract requirements, and accrediting body requirements. The RCQC receives updates on quality improvement initiatives from the QIC and has the authority to recommend new quality improvement initiatives.

### ***Chief Medical Officer Oversight***

Vaya’s Chief Executive Officer (CEO) delegates oversight of the QM program to the Chief Medical Officer (CMO), who serves as the Senior Clinical Staff Person for Vaya, and is the designated physician and behavioral healthcare practitioner, and maintains clinical oversight of all medical staff and clinical functions, including utilization management, quality management, care management, pharmacy, and call center functions.

- The CMO is supported by the Deputy CMO, who is a physical health practitioner and provides guidance to the organization regarding physical health needs.
- The CMO provides regular guidance to the organization and is Vaya’s ultimate authority in all clinical matters [QI 1(A)(3)(4)].
- The CMO regularly reports to Vaya’s ELT regarding the organization’s QM efforts and ensure that executive-level QM directives are carried out.
- The CMO is responsible for implementation of an effective QM program and delegates day-to-day QM program operational responsibility to the Quality Director of NC Medicaid Managed Care Program and State-Funded Services (Quality Director).
- The Quality Director is a fully licensed clinician who is responsible for all quality management/quality improvement activities, including but not limited to ensuring individual and systemic quality of care, integrating quality throughout the organization, implementing process improvements, and collaborating with the Grievance Resolution and Incident Team in resolving, tracking, and trending quality of care grievances and complaints. The Quality Director oversees grievance appeals and participates in recurring Tailored Plan Quality Director meetings with the Department.
- The CMO and/or Deputy CMO meet at least monthly with the Vice President of Quality Management, the Quality Director, and other Quality Management leaders. The CMO provides regular clinical



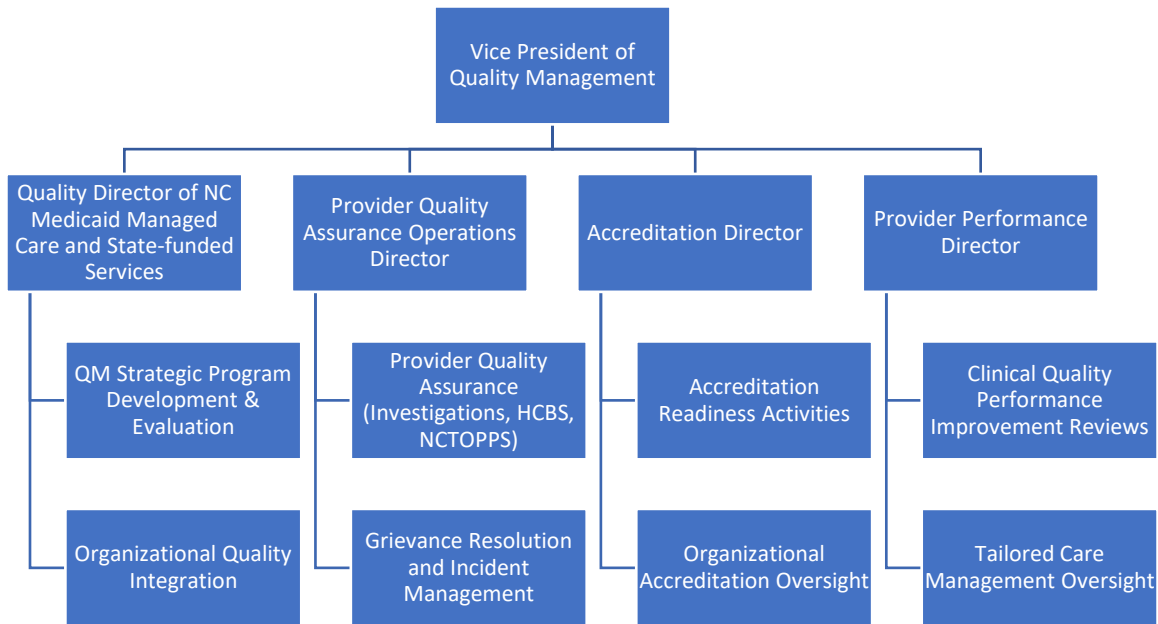
supervision to the Quality Director; reviews complaints, grievances, and provider monitoring issues that involve clinical issues; meets directly with leaders and line staff to provide routine clinical guidance; chairs the Clinical Advisory Committee (CAC), QIC and the Critical Incident Review Committees; and interfaces regularly with the Performance Reporting Team (PRT) to review Vaya's performance on clinical measures and provide input on performance improvement projects.

- The CMO participates in clinical huddles, critical case staffings, delivers clinical training, and provides clinical oversight for all clinical operations, including the Clinical Strategies Department, Utilization Management Team, System of Care Team, Care Management Department, Transition and Housing Department, Member and Recipient Services Department, and Provider Network Operations departments. The CMO continuously collaborates with the Executive Vice President and Chief Operations Officer, a North Carolina licensed clinician, to ensure that Vaya implements a whole-person, integrated care approach across all member-facing operations.
- The CMO chairs the Critical Incident Review Committee (CIRC), which includes other licensed professionals and performs clinical reviews of all reported Level III and selected Level II incidents and oversees provider responses to ensure member health and safety and to prevent incident re-occurrence. When necessary, CIRC refers the incident to the IOC to investigate the provider's response. If CIRC finds an incident presents a risk to member health and safety, the CMO may immediately suspend the provider from Vaya network and order an expedited investigation.
- The CMO or designee also participates in the Regulatory Compliance Committee, which reviews quarterly self-evaluations completed by Vaya departments and teams related to compliance issues. If the self-evaluations identify the need for CQI or performance improvement activities, the CMO refers them to the QIC for assignment and tracking.
- The CMO also provides clinical oversight to the Performance Data Workgroup.

### ***Quality Management Department Structure***

The QM Department structure includes a multidisciplinary team of clinical and non-clinical staff aligned to support Vaya's strategic vision for quality. Team subject matter expertise is wide ranging and includes behavioral health, physical health, program evaluation, nursing, public health, population health management, and intervention design. QM functions include quality program development, oversight, and integration; accreditation; provider incident management, performance and monitoring including but not limited to NC Innovations Waiver Individual and Family Direct Services (IFDS) quality monitoring; grievance and complaint management; survey administration; HCBS provider assessment oversight; provider quality monitoring and technical assistance; NC Treatment Outcomes and Program Performance System (NC TOPPS) compliance; and TCM oversight. QM also collaborates with the departments involved in Vaya's population health program regarding the population health assessment, identification of gaps, strategy development, wellness and prevention programs, and evaluation of complex case management. The incorporation of these functions within the QM Department supports Vaya's goal of ensuring members receive quality care (**Figure 1.1**) [QI 1(A)(1)].

Figure 1.1



### Quality Improvement Committee

The CMO and Quality Director serve as chair and co-chair, respectively, of the QIC, which maintains an approved record of minutes. The QIC assists the CMO in QM program oversight and provides direction to operational staff about strategies to improve the quality and safety of services and care provided to members by Vaya network providers. The committee provides guidance to staff on QM priorities and projects, including initiatives to help identify unmet health-related resource needs and address opportunities for improvement. The QIC is composed of Vaya staff, participating providers external to Vaya and representative of the specialties in Vaya’s provider network, and CFAC representatives. QIC activities include the following:

- Ensuring Vaya’s quality improvement efforts are informed by, and disseminated to, a broad base of internal departments, providers, members, caregivers/natural supports, and NCDHHS, as appropriate;
- Regularly reviewing a variety of key performance indicators that may identify areas for remediation or opportunities for improvement, with follow-up as appropriate;
- Overseeing quality improvement goals and activities that reflect priority performance areas throughout the Vaya system;
- Compiling and transmitting information concerning quality improvement activities to the Department, the Vaya Board, RCQC, CFAC, and other stakeholders;
- Overseeing activities, performance metrics, quality initiatives, and barriers for various Vaya Committees as outlined in their individual committee charters. Current committees reporting to QIC including the [Transitions to Community Living Barriers Committee Charter](#), [Delegation Oversight Committee Charter](#), [Health Equity Council Charter](#), [Critical Incident Review Committee Charter](#), and [Training Collaborative Committee Charter](#) (Figure 1.2).
- Recommending, reviewing, and approving Performance Improvement Project (PIP) proposals and quality improvement activities (QIAs), updates, and final reports, as well as analyzing and evaluating the results of quality activities;
- Reviewing annual quality documents and recommending policy changes as necessary; and

- Providing guidance to staff on QM priorities and initiatives [QI 1(A)(5)].

**Figure 1.2**



### ***QM Annual Reports***

Vaya’s QM program and activities are summarized annually in the QM annual reports. The QIC and Board review and approve all QM annual reports prior to submission to the Department. Select providers and CFAC members also review Vaya’s QM annual reports, which are available to all members and providers on [Vaya’s external website](#). The QM annual reports consist of the following:

- This Quality Management and Improvement Program (QMIP) description;
- The [Quality Assessment and Performance Improvement Program \(QAPI\)](#) workplan; and
- The [Provider Support Plan \(PSP\)](#).

### ***Quality Assurance and Performance Improvement (QAPI) Workplan***

The QAPI workplan consists of planned QM activities and objectives focused on health outcomes that align with the NC [Medicaid Managed Care Quality Strategy](#) apply to both behavioral health and physical health for a comprehensive, integrated health approach. The QAPI addresses the following:

- Completion of PIPs as specified by the Department;
- Collection and submission of performance reporting measurement data;
- Mechanisms to detect underutilization and overutilization of services;
- Mechanisms to assess time to service initiation from request of service or determination of service need by a provider, and length of stay in an inappropriate setting while awaiting access to appropriate services;
- Use of community or home-based services for youth residing in foster care settings who have behavioral health diagnoses;
- Mechanisms to assess the quality and appropriateness of care for members’ special health care needs;
- Mechanisms to assess the quality and appropriateness of care provided to members receiving LTSS, including an assessment of care between settings and comparison of services and supports received with those set forth in treatment/service plans;
- Mechanisms to assess for and a process for identifying interventions to reduce quality outcome disparities based on age, race, ethnicity, sex, primary language, geography, and key population group(s) and including findings from the required disparity report(s);
- Mechanisms to assess and validate the quality and sufficiency of services and supports provided to populations in or at risk of entrance into institutional or adult care home settings, including member outcomes monitoring;

- Mechanisms to assess and validate the delivery, effectiveness and outcomes of contracted in-reach, discharge and transition planning, and pre-screening and diversion functions for populations in or at risk of entrance into institutional or adult care home settings;
- Mechanisms to incorporate population health programs targeted to improve outcome measures;
- Participation in efforts by the Department to prevent, detect, and remediate critical incidents including those occurring in LTSS services and programs;
- Contributions to health-related resources that can support or align with identified health outcomes outlined in the NC [Medicaid Managed Care Quality Strategy](#).
- Mechanisms to assess and address health equity including culturally and linguistically appropriate services and a diverse provider pool;
- Mechanisms to review CFAC activity, including collection and assessment of feedback from CFAC, actions taken based on CFAC feedback to improve the quality and appropriateness of care to members, and mechanisms to review member satisfaction and feedback and Vaya’s responsiveness to that feedback;
- Mechanisms to monitor Vaya’s effectiveness in both identifying and remediating unmet health related resource needs and implementation of the Healthy Opportunities pilot in affected counties within our region;
- Mechanisms to monitor both plan-based and provider-based Tailored Care Management;
- Mechanisms to collaborate with the Provider Network Operations department regarding the monitoring of Value-Based Care and outcome-based performance by contracted providers.

### ***Quality Measures and Service Level Agreements***

Vaya’s Performance Reporting Team (PRT) is responsible for the collection, submission, analysis, and reporting of quality performance measurement data and for responding to requests for specific data needs from both internal and external stakeholders.

- The PRT is designed to help Vaya continually evaluate and forecast needs for a robust quality focus throughout the organization and is also responsible for submission of monthly, quarterly, and annual performance measure data to the Department.
- Each month, the PRT reviews performance metrics and key performance indicators, completing an in-depth analysis that establishes trends, identifies anomalies, and compares data against standards and benchmarks.
- The Regulatory Reporting Director, with support from members of the team, presents the analysis to the Performance Data Workgroup, an interdepartmental, cross-functional group that provides feedback and context about the data, poses questions, and identifies opportunities for further analysis or intervention. The PRT then shares the presentation with the QIC, ELT, and the Board RCQC.
- The PRT also maintains responsibility for monitoring service level agreements (SLAs), flagging SLAs that may be trending negatively, and coordinating with other QM teams on operational activities to promote rapid course correction and ensure all SLA requirements are met.

### ***Performance Improvement Projects (PIPs) and Quality Improvement Activities (QIAs)***

Vaya departments, committees, or cross-functional teams will develop and monitor PIPs and internal QIAs designed to achieve significant, sustained improvement in health outcomes and enrollee satisfaction over time. PIPs and QIAs measure performance against objective indicators, implement interventions to improve access to and quality of care, evaluate effectiveness of interventions, and plan for sustained improvement. Vaya PIPs



and/or QIAs will be focused on addressing quality of clinical care, safety of clinical care, quality of service, and/or member experience. Each PIP or QIA will include a performance improvement goal that defines the conditions for satisfactory resolution of the activity. The team responsible for the PIP, which includes quality management staff, representatives from Vaya internal departments, and subject matter experts, monitors and evaluates progress toward the goal and regularly reports progress to the QIC, ELT, the Board, and CFAC.

### **Performance Improvement Projects (PIPs)**

PIP results are reported to the Department at least annually and validated by the External Quality Review Organization. PIP descriptions include improvement strategies and interventions to address health equity. Each year, Vaya will conduct at least three (3) PIPs, which must be approved by the Department. Of the required PIPs, two (2) will be related to clinical performance and one (1) will be related to non-clinical performance improvement. Vaya's non-clinical PIP(s) will align with the NC [Medicaid Managed Care Quality Strategy](#). In the QAPI, Vaya will outline each PIP that will apply to the Tailored Plan and Medicaid Direct populations and will develop additional PIPs as needed to ensure requirements are met. Vaya will have one or more clinical PIP(s) focused on diversion, in-reach, and/or transition for populations in or at risk of entrance into institutional or adult care home (ACH) settings **and** one or more clinical PIP(s) in the following areas:

- Maternal health
- Tobacco cessation
- Diabetes prevention
- Birth outcomes
- Early childhood health and development
- Hypertension
- Behavioral-physical health integration

### **Quality Improvement Activities (QIAs)**

QIAs are internal, targeted improvement efforts intended to address barriers to improved member outcomes and member safety. QIA results will be reported to QIC at least annually. Topics for QIAs are identified through continuous data collection from multiple sources that focus on clinical, safety, services, and member experience through analysis of aspects of patient care and member services. Sources may include the following: member, family, provider and stakeholder surveys; directives from the ELT based on assessment of needs; recommendations from front-line staff and managers; requests from external stakeholders, including CFAC, PAC, and members; and requests from QIC based on assessment of needs.

### **Provider Oversight**

To improve the focus on provider performance, Vaya includes provider performance improvement and oversight functions within its QM structure. The Network Quality and Performance Team (NQPT), Grievance Review and Incident Team (GRIT), Clinical Quality Review (CQR) Team, and TCM Oversight Team have been developed to ensure Vaya maintains an emphasis on provider performance.

- The NQPT conducts activities to assess the delivery of service provision to members in a manner consistent with federal and state laws, rules, and regulations, funding source, best practices, and the provider contract. The team identifies instances of non-compliance that may impact services or system quality and monitors the implementation of interventions aimed at addressing areas of non-compliance to ensure the health and safety of members. In addition, this team also conducts IFDS quality

monitoring.

- GRIT supports an essential function of member and provider satisfaction and manages complaints or grievances from any member who is dissatisfied with a Vaya contracted provider, a Vaya employee, or any aspect of Vaya or its service delivery system. This team also reviews and remediates critical incident reports submitted by providers to ensure member health and safety.
- The CQR Team is responsible for assessing and improving clinical quality outcomes for members. This team includes behavioral health clinicians and physical health nurses. The team applies clinical knowledge and analytical skills to conduct quality activities and improve performance metrics and member outcomes. This team aims to improve quality by assessing provider performance and member outcomes beyond regulatory and compliance standards. This team will help determine root causes for performance gaps on key outcomes for Tailored Plan and work collaboratively with providers to identify enhanced workflows and evidence based clinical pathways.
- The Tailored Care Management Oversight Team is responsible for the assessment of TCM services delivered to members to ensure that services delivered are consistent with funding requirements, best practices, provider contracts, and federal/state rules and regulations including, but not limited to, Federal Health Home functions and services. Tailored Care Management Oversight monitors TCM services provided by AMH, AMH+, CMAs, and CINs and Vaya. The team will collaborate with other teams at Vaya to offer an integrated approach to working with providers. This approach will include contracting, capacity funding, training and technical assistance, consultation, and performance monitoring and improvement.

## Interventions and Strategic Initiatives

Vaya utilizes the NC [Medicaid Managed Care Quality Strategy](#) to guide key initiatives throughout the QM program and is committed to providing better care delivery, healthier people and communities, and smarter spending. These initiatives focus on building an innovative, whole-person-centered, well-coordinated system of care to address medical and non-medical drivers of health. These initiatives and interventions include but are not limited to:

- Vaya's strategy to address use of opioids and other substances;
- Healthy Opportunities Pilot (HOP) strategies to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation, and interpersonal safety to a subset of high-need members;
- Tailored Care Management;
- Maternal and infant health;
- Provider supports;
- Transitions to Community Living;
- Care management for at-risk children;
- EBCI quality collaboration to support interventions to address disparity-segmented analytics, innovatively tailored quality initiatives, and value-based purchasing arrangements;
- Integrated Care for Kids Initiative, which focuses on prevention, early identification, and treatment of behavioral and physical health needs in individuals under age 21;
- National Committee for Quality Assurance (NCQA) accreditation;
- Active partnership with [Healthy NC 2030](#) to engage in public health discussions and align QM activities to support [Healthy NC 2030](#) goals; and

- Promotion of health equity through interventions addressing root causes of disparities and inequities, particularly for the state’s historically marginalized populations.

### **Health Information Technology**

Data plays a crucial role in Vaya’s implementation of the Tailored Plan and drives the continuous quality improvement process. Vaya continues to enhance, refine, and build capabilities to receive and transmit data to drive performance. Existing and new tools and capabilities will support clinicians and care managers in accessing member-level data, member assessments, care plans, information regarding unmet health-related resource needs, and other valuable data. Vaya is committed to ongoing enhancement of health information technology to build capacity within Vaya and across our provider network, to benefit members. Vaya will use NC HealthConnex, North Carolina’s state-designated Health Information Exchange Authority (HIEA), to ensure that all providers of Medicaid services submit complete, accurate data as required per their contract with Vaya. NC HealthConnex will utilize this data to produce an initial set of prioritized Electronic Clinical Quality Measures that may include:

- Controlling high blood pressure;
- Glycemic Status Assessment for Patients with Diabetes
- Preventive care and screening: screening for depression and follow-up plan;
- Weight assessment and counseling for nutrition and physical activity for children and adolescents.

### **Value-Based Contracting**

Vaya will engage in multiple types of value-based contract arrangements to focus on population health, appropriateness of care, and to promote care quality and value. Our program will adhere to the Health Care Payment Learning & Action Network (HCPLAN) framework and provide alternative payment models to encourage providers to meet various performance goals such as NCQA benchmarks and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.

- Vaya’s established and progressive approach to using alternative payment models (APMs) lays the foundation for further growth in innovative payment arrangements. Past initiatives include performance-based incentives and penalties, bundled payments for services, milestone driven payments for supported employment, and other efforts. Our current APMs will provide the infrastructure needed to progress within the HCPLAN framework.
- Vaya will adjust the foci for improvement as needed to reflect Tailored Plan priorities including PIPs, identified disparities and inequities, measures central to primary care and Tailored Care Management success, and investments to address social determinants of health (e.g., Healthy Opportunities).
- Vaya’s overall strategy will ensure alignment between our VBC program and the following resources and intersecting efforts:
  - Appropriately attributing members to providers by utilizing our full range of information technology resources;
  - Incorporating risk adjustments based on acuity and setting cost-of-care benchmarks based on a provider’s panel complexity;
  - Implementing provider capacity building efforts such as focused monetary investments, training and technical assistance, and various learning communities and improvement collaboratives;
  - Linking Vaya’s efforts to value-based initiatives within key accountable care organizations, CINs, or catchment communities to leverage existing efforts to demonstrate value;
  - Incorporating health information technology enhancements, such as evolving provider capacity

- to improve the exchange and use of data, access to more diverse data, and share information about measure performance and observed clinical care gaps;
- Designing a provider scorecard program and star rating system based on an index of various data sources to reward providers for demonstrated value through fiscal incentives and/or simplifying or eliminating administrative requirements; and
  - Annually evaluating providers on quality outcomes and sharing results with providers with an explanation of strengths and opportunities for improvement.

### ***Provider Support***

Vaya takes a proactive, collaborative approach to addressing network provider needs to ensure providers' ability to achieve the goals outlined in the NC [Medicaid Managed Care Quality Strategy](#). We will employ a variety of strategies to offer provider education and technical assistance and to foster open communication. In addition, Vaya will use a variety of metrics and measures to evaluate provider engagement over time and identify quality improvement opportunities. Our annual [Quality Assessment and Performance Improvement Program](#) will outline strategies for provider training opportunities, technical support, provider engagement, and regular communication.

### ***Prevention and Population Health Programs and Initiatives***

Vaya takes a population-based approach to improving the overall health of members and works collaboratively with community partners on targeted public health initiatives such as opioid crisis, infant mortality, mental health awareness, nicotine use prevention/cessation, and other efforts. Vaya engages as an active partner in [Healthy NC 2030](#) planning through collaboration and communication with various local and regional partners including community health assessment and improvement coalitions. Our prevention and population health programs consider information from our own population health assessments as well as community identified needs. Vaya uses a variety of available resources to identify members who may benefit from these programs. These may include care management comprehensive assessments; claim analysis and risk scoring; and referrals by the member, provider, caregiver, or legal representative. Vaya's prevention and population health programs align with the Department's larger public health goals and the NC [Medicaid Managed Care Quality Strategy](#). Our [Prevention and Population Health Management Plan](#) provides more detailed information regarding the interventions Vaya has developed to monitor and achieve our goals.

### ***Addressing Unmet Health-Related Resource Needs***

Vaya is committed to addressing the non-medical drivers of poor health and lower quality outcomes for members, including the five domains identified by NCDHHS: food, housing, transportation, employment, and interpersonal safety/toxic stress. Our efforts include active cooperation with community-based organizations, health service organizations, clinical providers, members, families, and where they live. Vaya will continue to explore opportunities to help build local and regional resource networks to address these needs including but not limited to investment and incentivizing clinical providers.

- **Food:** Vaya's care management and care coordination teams are committed to helping members address unmet health-related resource needs related to food insecurity. These teams assist members with application services that aid members in identifying and accessing programs (e.g., Women, Infants, and Children (WIC) program) and collaborate with community stakeholders to identify and bolster community-based resources to ensure we are meeting our member's food insecurity needs and improving their overall health and wellness.

- **Housing:** Vaya has a dedicated Housing Team and employs a multifaceted approach to address local housing needs across the continuum. Vaya collaborates with federal, state, and local partners, exploring how internal and external programs can improve overall health. Vaya’s care managers and Housing Team work together to best serve members. Care managers complete an internal Vaya housing inquiry form with members, which describes the individual’s need and initiates Vaya housing specialist assistance. Housing specialists review member demographic information including county of residence to guide care manager referrals for targeted unit, public housing authority, HUD programs, or provider-based residential options.
- **Transportation:** Our care management and care coordination teams address member level transportation needs as part of the comprehensive health risk assessment (HRA) process for each member. Vaya also provides non-emergency medical transportation options to Medicaid members to ensure they have coordinated, timely, safe, clean, and reliable transportation for medically necessary appointments.
- **Employment and Interpersonal Safety/Toxic Stress:** As part of the HRA process, Vaya screens members for employment and interpersonal safety related needs. Our care management staff, Peer Support Specialists (PSS), and Care Management Extenders (CME) use that information to identify barriers and aid members in identifying resources to assist. This may include referrals to community-based resources such as Pisgah Legal and Legal Aid of North Carolina, which offer resources related to domestic violence.
- **Healthy Opportunities Pilot (HOP) Program:** The U.S. Centers for Medicare and Medicaid Services (CMS) authorized North Carolina’s Enhanced Case Management and Other Services Pilot, the Healthy Opportunities Pilot (HOP) program, for a five-year period. HOP is the nation’s first comprehensive program to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees. Pursuant to contracts with NCDHHS and the Lead Pilot Entity in our region (Impact Health), Vaya is implementing the HOP program to identify which evidence-based interventions effectively improve health, lower health care costs for specific populations, and improve health care delivery statewide. In addition, Vaya addresses the four priority HOP domains (i.e., housing, food, transportation, and interpersonal violence/toxic stress) as well as other identified unmet health-related resource needs. These efforts include screening to identify unmet needs, referrals to providers and agencies, provision of TCM, and utilization of In Lieu of and Value-Added Services.

## Assessment

Vaya departments, committees, and cross-functional teams will develop and implement PIPs and QIAs that fall within the scope of the QM program, as well as regularly submit reports on performance and progress toward improvement goals to QIC for feedback, support, and guidance. These reports and assessments include those specifically described below as well as other efforts such as NCQA Health Plan accreditation, TCM Oversight, and Value-Based Contracting. QM will actively use and apply the assessment information to drive quality throughout the organization and will collaborate with subject matter experts and stakeholders to understand the root causes of performance gaps and identify appropriate improvement activities. These activities may be managed within a PIP, QIA, or through other quality improvement activities. Vaya will ensure quality improvement efforts address the needs of our culturally and linguistically diverse membership. We will respect and honor the historical and cultural context of the individual, family, or community members and communicate in a manner and format that is easily understood and readily accessible.

- Vaya will share the QMIP description and QAPI workplan with subcontractors and network providers,



including Advanced Medical Home (AMH) and AMH Plus (AMH+) agencies and Care Management Agencies (CMAs) delivering Tailored Care Management (TCM) individually or through Clinically Integrated Networks (CINs).

- Vaya tracks, trends, and reports quality metrics to the Quality Improvement Committee (QIC), Executive Leadership Team (ELT), and Vaya’s Board of Directors (Board). We also share quality metrics with our Consumer and Family Advisory Committee (CFAC) and the Provider Advisory Council (PAC).
- Vaya will work collaboratively with the Cherokee Indian Hospital Authority (CIHA) Quality Team to carry out the Tribal Quality Plan as detailed in Vaya’s Tribal Engagement Strategy.
- As a Tailored Plan, the QIC will be assessing and reporting on the effectiveness of this plan no less than annually beginning at the end of Tailored Plan Contract Year One.

### ***Improving Network Adequacy for Underserved Groups***

Vaya is committed to providing an adequate provider network to ensure required services are available and provided in a timely manner. Vaya also focuses on addressing health disparities and unmet health-related resource needs by completing community needs assessments, as directed by the Department, for population groups including individuals with TBI, physical disabilities, and visual impairments, as well as members of the LGBTQ community and the Eastern Band of Cherokee Indians.

### ***Satisfaction Surveys***

Vaya will measure outcomes regarding quality of life, functional status, and member satisfaction through the administration of surveys designated by NCDHHS.

- Responses from several annual surveys assess member satisfaction: Experiences of Care and Health Outcomes (ECHO), Consumer Assessment of Healthcare Providers and Systems (CAHPS), NC Treatment Outcomes and Program Performance System (NC-TOPPS); and Perception of Care Surveys. Upon receipt of consolidated survey data from the Department, Vaya’s PRT analyzes the data and prepares and presents a summary of results to QIC, ELT, CFAC, the Provider Advisory Council (PAC), the Board RCQC, and internally throughout Vaya. We also identify any areas in need of further analysis or improvement and may initiate PIPs as needed.
- The Provider Satisfaction Survey, previously administered annually by NC Medicaid, has been transitioned to an internally developed and administered survey. The PRT analyzes the data, summarizes it, and presents it to ELT, RCQC, QIC, PAC, and internally throughout Vaya for review and feedback on any areas requiring further analysis, improvement, and/or PIP/QIA implementation.
- Vaya will conduct ongoing quality assurance of Member Services and Provider Relations staff via brief surveys made available after each web, call center (except for the Behavioral Health Crisis Line), or in-person interaction. In addition, Vaya will conduct periodic surveys to more fully assess member and provider satisfaction. Results will be evaluated and recommendations for adjustments to engagement and education provided to the Department on a regular basis. QM and Provider Network staff will collaborate to develop and implement quality improvement activities to address identified deficiencies.

### ***Grievances, Complaints, and Incidents***

Vaya offers a “no wrong door” approach to submission of grievances and complaints. All Vaya staff are responsible for recognizing grievances and complaints, helping members, and providers file a grievance or complaint, filing a complaint or grievance on behalf of a member or provider, and independently filing internal EthicsPoint reports and investigation referrals. Staff receive training on filing reports in EthicsPoint during New

Employee Orientation and must review Vaya’s grievances and complaints policy annually.

- Vaya’s Customer Service Manager, acting as the NCDHHS-required Coordinator for member and provider grievances, reviews and assigns the grievance or complaint to the appropriate staff within GRIT, which:
  - Follows up on all grievances to seek resolution;
  - Analyzes circumstances that may have contributed to the grievance; and
  - Prepares and submits monthly and quarterly data as described below. The Board, RCQC, Vaya’s Human Rights Committee (HRC), and QIC review this data and may request further analysis, identify areas for improvement, or initiate PIPs or QIAs.
- Vaya may use grievance and complaint data to assess member satisfaction, quality of care, customer service, billing and financial issues, and provider satisfaction. When trends or patterns related to specific providers are identified, the NQPT may provide technical assistance, initiate an investigation, and/or conduct focused monitoring to address the issue. Grievances and complaints that warrant further investigation are referred to the Investigation Oversight Committee (IOC) and to licensing agencies, as appropriate.
- Vaya also reviews and remediates the submission of Level II and Level III incident reports from our provider network through the NC Incident Response Improvement System (IRIS). Vaya’s CIRC, under the direction of the CMO, is responsible for reviewing critical incidents and working with providers to ensure any issues identified by the CIRC are addressed. The GRIT prepares a quarterly report that identifies, analyzes, and summarizes trends and patterns in incidents, with incident data reported at least quarterly to the RCQC, CFAC, HRC, and QIC, all of which may recommend further analysis, identify areas for improvement, or initiate PIPs.

### **Quality Measures**

The PRT will collaborate with Vaya’s Enterprise Analytics Team to develop accurate automated reporting for each quality measure identified in the *NC Medicaid Quality Measurement Technical Specifications Manual Attachment E. BH I/DD Tailored Plan Quality Metrics* (Version 2024.0, January 30, 2024, as may be updated from time to time). The PRT will review data no less than monthly on most measures, with analysis of trends, anomalies, and stratification elements shared with appropriate subject matter experts, leadership, and QIC, as needed. The PRT will also compare results against Department-calculated benchmarks, internal improvement goals and, comparable plan performance for HEDIS-based metrics, as available through NCQA’s Quality Compass tool.

### **Operational Reporting**

Vaya submits a significant number of operational reports that demonstrate our ability to meet BH I/DD Tailored Plan and NC Medicaid Direct contract requirements and to ensure members’ needs are met. All NCDHHS reports will be completed by assigned Vaya staff and subject matter experts, then the PRT will review all reports and outcomes before submission to the Department. The PRT will request follow-up in instances where additional information is needed or where requirements and/or standards have not been met. PRT will also file and catalogue copies of all completed and submitted reports to allow for their use in quality assurance and/or improvement efforts.

## **Conclusions and Opportunities**

Vaya appreciates the opportunity to align our Quality Management and Improvement Program with the

Department’s vision to collectively transform and drive quality improvement for the benefit of members and our communities. Our focus is the delivery of equitable, high-value care that impacts both population health and the medical and non-medical drivers of health. We are focused on aligning efforts with the NC [Medicaid Managed Care Quality Strategy](#) and addressing health disparities. We will continue to implement strategies that focus on health outcomes, further develop our value-based contracting efforts, and integrate behavioral health and physical health services.

<p><b>Related Documents: (All Hyperlinked)</b></p> <p><b>Forms:</b></p> <p><b>Referenced/Related PT Documents:</b> <a href="#">Organizational Quality Improvement</a>; <a href="#">Provider Complaints &amp; Focused Investigations</a> ; <a href="#">Provider Plans of Correction</a>; <a href="#">Provider Routine Post Payment Reviews</a>; <a href="#">Provider Site Reviews</a>; <a href="#">Member Grievances</a>; <a href="#">Recipient Complaints</a>; <a href="#">Tailored Care Management Monitoring and Oversight</a>; <a href="#">Performance Reporting &amp; Quality Assurance</a>; <a href="#">Quality Improvement Committee Charter</a>; <a href="#">Critical Incident Review Committee Charter</a>; <a href="#">Health Equity Council Charter</a>; <a href="#">Transitions to Community Living Barriers Committee Charter</a>; <a href="#">Delegation Oversight Committee Charter</a>; <a href="#">Training Collaborative Committee Charter</a>; <a href="#">Medicaid Managed Care Quality Strategy</a>; <a href="#">Critical Incident Review Committee Charter</a>; <a href="#">Prevention and Population Health Management Plan</a></p> <p><b>Other:</b></p>
<p><b>Accreditation Standards:</b></p> <p><b>NCQA:</b> QI 1(A)</p> <p><b>URAC:</b> Subcategories of URAC not selected.</p>
<p><b>Supersedes:</b> v.1 Quality Management and Improvement Program</p>