

Tennessee Health Link: Transitions of Care Provider Guide

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**This operating manual outlines the Transitions of Care Funding Initiative guidelines and policies effective immediately upon release.*

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1. General Information

All rules, processes, and requirements detailed herein apply only to Tennessee Health Links participating in the Transitions of Care Funding Initiative.

1.1 Objective of Transitions of Care (TOC) Funding Initiative

Tennessee Health Links (THLs) play a vital role in supporting vulnerable members through transitions in care. To bolster their effectiveness, a \$35 million Transitions of Care funding initiative (\$7 million a year for 5 years) aims to facilitate a Value-Based Payment (VBP) approach to further incentivize engagement of active and attributed not enrolled (ANE) members and drive quality care. This initiative prioritizes fostering strong connections between THLs and facilities who provide higher levels of care. Funding will be directed towards infrastructure and workflow enhancements that improve follow-up after hospitalization and readmission rates. The goals of the TOC Funding are: 1) Optimize THLs’ capabilities in providing seamless transitions; and 2) Improving outcomes for clients most in need.

1.2 Sources of Value

Beyond traditional financial incentives, participation in the program provides additional benefits that are outlined in Table 1.

TABLE 1- Sources of Value

Members	Providers	System
<ul style="list-style-type: none"> Improved discharge planning and continuity of care Increased access to appropriate care Improved Quality Outcomes 	<ul style="list-style-type: none"> Improve resources and infrastructure Further incentivizes outreach to ANE members who have demonstrated need and risk through engagement with higher levels of care Training and support with QI frameworks and performance improvement 	<ul style="list-style-type: none"> Enhanced relationships and communications with THLs and higher levels of care Reduced utilization of unnecessary services and visits

1.3 Scope of TOC Funding Initiative

TOC Funding Initiative is a Value-Based Payment incentive aimed to work in conjunction with Tennessee Health Link over the next five years. TOC incentives are a combination of

infrastructure funding and quality performance payments. Quality performance payments are based on three quality metrics aimed at driving quality improvement within the following three (3) domains: (1) Transitions of Care; (2) Member Outreach; and/or (3) High-risk member support. It is the intent of this document to outline current and future state of this initiative, but details and metrics are subject to change at the discretion of TennCare. Failure or success with the TOC Funding Initiatives will not determine an organizations failure or success with traditional THL measures and payments and will continue to be measured and funded independently of the TOC funding. There are no changes to the existing fee for service reimbursement process as a result of this initiative.

2. Program Requirements

2.1 Organization Contracting

Managed Care Organizations (MCOs) will manage contracting with Health Link organizations. The MCOs will work with the Health Link organizations to modify provider contract language to incorporate the incentive structure of the Transitions of Care Funding Initiative. Total payment amounts will be determined by TennCare.

2.2 Organization Eligibility

To be eligible the organization must:

1. Meet all eligibility requirements outlined in the THL provider operating manual
2. Operate a Tennessee Health Link for a minimum of two (2) years
3. Be in good standing with THL program
4. Commit to meeting with assigned MCO coach monthly. MCO assignments will be designated by TennCare and MCOs.
5. The provider must document a funding plan and continued documentation of Performance Improvement Plans to be submitted as outlined in section 5.4

Once a TOC Funding Initiative Participant, the organization will remain a participant unless:

1. The organization withdraws from Health Link;
2. The organization is removed from Health Link by their contracted MCO(s);
3. The organization becomes ineligible, is suspended, or is terminated from the TennCare program; or
4. TennCare decides to suspend the Health Link program or TOC Funding Initiative

2.3 Organization Suspension

TennCare may suspend a THL from participating in the TOC program if it is determined to be noncompliant due to any of the following egregious deficiencies:

1. Failed to submit a PIP deliverable for TennCare review;
2. Failed to comply with two (2) or more consecutive PIP deliverable deadlines;

3. The THL developed a pattern of missing scheduled meetings and calls relating to the program with their MCO coach without providing sufficient notice and good cause (i.e., for purposes of this deficiency, a “pattern” shall be the equivalent of three (3) or more deficiencies; or
4. The THL failed to respond to TennCare’s communications within fourteen (14) calendar days.

All payments coming due to the THL after a deficiency is identified, and throughout the remainder of the suspension period, shall be forfeited by the THL. Eligibility for future payments shall not be granted until the proper reinstatement process is exhausted outlined in Section 2.4.

2.4 Organization Reinstatement

TennCare shall have sole discretion to reinstate a THL’s eligibility for full or partial payment under the program. A THL must meet several requirements before becoming eligible for full or partial payment under the program. The suspended THL must not have any performance failures or deficiencies during the suspension of payments. Additionally, the THL must provide a narrative no longer than five (5) pages to TennCare detailing the events that led to the suspension, the cause of the events, and the remedial efforts that were implemented during the suspension. Following the narrative, TennCare will render a written determination as to whether sufficient assurances were submitted to justify reinstatement of payment.

Regardless of a THLs eligibility for payment, the THL will remain responsible for performance under the program throughout the duration of a suspension. For example, the THL must continue to display and act in good faith by submitting required deliverables. TennCare will monitor these efforts and determine at the end of the calendar year whether the THL is eligible for inclusion in the next performance year. If the THL does not perform as required under the program, the THL will not be considered for inclusion in the subsequent performance years.

2.5 Organization Withdrawal

To withdraw from Transitions of Care funding:

1. Email intent to withdraw to payment.reform@tn.gov
2. Contact appropriate contact at each Managed Care Organization (MCO) as outlined in their provider documents.

3. Quality Metrics

In this program, organizations will be measured on 3 quality metrics:

1. Engagement with Members in Crisis (EMC)
2. Follow-Up after Hospitalization for Mental Illness (FUH)
3. 30-day psychiatric hospital / RTF readmission rate

The intent is to establish an incentivized framework where the primary focus lies on fostering continuous quality improvement across three pivotal domains: (1) Transitions of Care, (2) Member Outreach, and (3) High-risk member support. Measures were carefully selected to enhance the overall quality of care but also to incentivize proactive initiatives that facilitate smoother transitions, bolster member engagement, and provide targeted support to high-risk individuals. TennCare withholds the right to change and update quality metrics and thresholds every year.

It is important to note that quality metric data will be **combined** for all three MCOs for each organization, such that each THL will have one performance score on each metric.

3.1 Quality Metric Descriptions and Thresholds

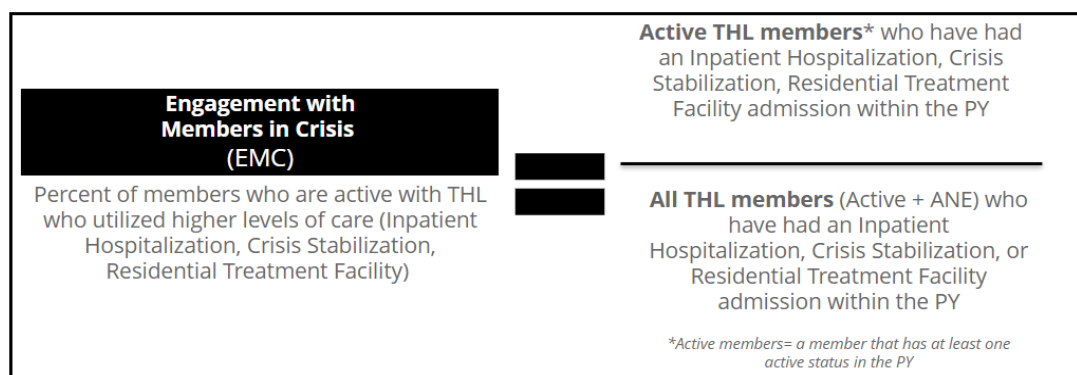
Table 2- TOC Quality Metric Descriptions and Thresholds

Quality Metric	Description	Program Year	Measurement Year	Threshold	
Follow-up after hospitalization for mental illness (FUH) <ul style="list-style-type: none"> Within 7 days of discharge <i>HEDIS</i>	The % of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days of discharge.	2025	-	-	
		2026	-	-	
		2027	PY2025	≥38%	
		2028	PY2026	TBD	
		2029	PY2027	TBD	
Engagement with Members in Crisis (EMC) <i>TennCare</i>	Percent of members who are both active in THL and also utilized higher levels of care in the performance year (Inpatient Hospitalization, Crisis Stabilization, Residential Treatment Facility)	2025	-	-	
		2026	PY2025	Tier 1	<32%
				Tier 2	32%-40%
				Tier 3	>40%
		2027	PY2026	Tiers	TBD
		2028	PY2027	Tiers	TBD
2029	PY2028	Tiers	TBD		
30-day psychiatric hospital / RTF readmission rate <i>TennCare</i>	Rate of psychiatric hospital or RTF readmissions within 30 days	2025	-	-	
		2026	-	-	
		2027	PY2025	≤13.00%	
		2028	PY2026	TBD	
		2029	PY2027	TBD	

3.2 Engagement with Members in Crisis (EMC)

The primary objective of this measure is to prioritize members identified as having significant utilization patterns and acute needs, as evidenced by their use of higher levels of care, and to encourage engagement with attributed but not enrolled (ANE) members. Members are often at a critical point in their health after a significant event such as an admission. The intention of the EMC metric, outlined in Table 3 is to align resources with those most likely to make a change in their health or need additional support. This entails directing resources, interventions, and support towards those individuals who are most vulnerable or require specialized attention within the healthcare system.

TABLE 3- Engagement with Members in Crisis (EMC) Metric



4. Payment Structure

4.1 Payment Structure Overview

Each year for five years, seven (7) million dollars in funding is allocated, with each THL receiving a designated portion of this funding. An individual THL’s funding is a combination of infrastructure and quality payments. The amount of funds associated with infrastructure and quality changes throughout the life of the program.

- A. **Infrastructure Funding:** Allocated to each organization who successfully submits deliverables and meets program requirements.
- B. **Quality Payments:** Available based on performance on 3 quality metrics as listed in Section 3.1

In the first year, THLs receive funding solely for infrastructure. Beginning in the second year, quality incentive payments are introduced. For Year 2, THLs can receive quality payments for the EMC only. By the third year, the quality incentive payments will also consider core performance metrics including FUH and 30-day Readmission Rates. Infrastructure payments will decrease each year as quality incentives are introduced as outlined in Table 4. All metrics and their measurement timelines are outlined in Table 5; Please note that measurement timelines differ than the traditional THL program.

TABLE 4- TOC Operations & Implementation Timeline

Year	Infrastructure	Quality Payments	Distribution Date
Year 1- 2025	\$7M	--	Jan 2025
Year 2- 2026	\$5M	\$2M	May 2026
Year 3- 2027	\$4M	\$3M	May 2027
Year 4- 2028	\$3M	\$4M	May 2028
Year 5- 2029	\$2M	\$5M	May 2029

TABLE 5- TOC Payment & Metric Measurement Timeline

	Year 1 2025	Year 2 2026	Year 3 2027	Year 4 2028	Year 5 2029
Infrastructure	X	X	X	X	X
<i>Measurement Period</i>	PY2024	PY2025	PY2026	PY2027	PY2028
EMC	--	X	X	X	X
<i>Measurement Period</i>		PY2025	PY2026	PY2027	PY2028
FUH	--	--	X	X	X
<i>Measurement Period</i>			PY2025	PY2026	PY2027
30-day	--	--	X	X	X
<i>Measurement Period</i>			PY2025	PY2026	PY2027

4.2 Infrastructure Payments

The infrastructure funding allocated aims to enhance the quality of care provided to members with demonstrated risk and need, particularly targeting individuals identified as having complex medical, social, or behavioral needs (ANE members). This funding is dedicated to improving the underlying infrastructure necessary to effectively serve these populations, including but not limited to technology, training programs, and support services. By investing in infrastructure, healthcare providers can better engage with and support ANE members, addressing their unique needs more comprehensively. This approach aligns with the broader objective to incentivize proactive engagement with vulnerable populations, ultimately leading to improved health outcomes.

Infrastructure payments will be tiered based on the size of each THLs membership as outlined in Table 6. Membership will be determined by the total count of attributed members on October 31 of the previous performance year each year.

Example: *Infrastructure payments for 2025 will be determined by attribution count on October 31, 2024.*

TABLE 6- Infrastructure Payments Table

Tier 1	< 1,000 attributed THL members
---------------	--------------------------------

Tier 2	1,000- 3,500 attributed THL members
Tier 3	> 3,500 + attributed THL members

**Infrastructure payments will be contingent on successful completion of deliverables outlined in section 5.4.1. Tiers are subject to change.*

4.3 Quality Incentive Payments

In the second year, quality payments are determined based on EMC metric focused on engagement with members in crisis situations. In years 3-5, quality payments are based on a combination of measurements including: EMC, FUH, and 30-day readmissions. Further details regarding quality metrics can be found in Section 3.

4.3.1 Year 2 Quality Incentive Payments

Year 2 (2026) quality payments are based entirely on performance with the engagement metric. This metric evaluates the percentage of members actively engaged with a THL who required higher levels of care such as inpatient hospitalization, crisis stabilization, or residential treatment facility services and is further defined in 5.1. Points will be awarded based on the thresholds set below in Table 7. With each additional point earned, THLs are eligible to see a 30% increase in their quality payment.

Table 7- Year 2 Points based on EMC Performance

Points	EMC Performance Threshold
1	<32%
2	32%- 40%
3	> 40%

4.3.2 Year 3-5 Quality Incentive Payments

In years 3-5 (2027-2029) quality incentive payments will include the EMC metric plus the addition of, FUH and 30-day Readmissions. Like Year 2, Years 3-5 quality incentives will be paid based on a point scoring system for achieving the thresholds as highlighted above in Table 4 for FUH and RTF and below in Table 8 for EMC.

With each additional point, a THL will receive a 50% increase in their quality payment (e.g., if your payment was \$10K it will grow to \$15K with one additional point)

TABLE 8- Year 3-5 Points Thresholding

1	<p>Receive points based on Custom Engagement Metric: Engagement with members in Crisis</p> <ul style="list-style-type: none"> • 1 point: <34% • 2 points: 34%-40% • 3 points: >40% <p><i>With each point, a THL will receive a 50% increase in payment for this section.</i></p>
2	<p>Receive points based on 2 quality measures: Follow up after Hospitalization Readmissions</p> <ul style="list-style-type: none"> • 0 Points: 0 Metrics met • 1 Point: 1 Metric met • 2 Points: 2 Metrics met <p><i>With each point, a THL will receive 50% increase in payment for this section.</i></p>
3	<p>Total points for each THL: Points will be determined for each MCO; each THL will be scored 3 times. Table 10 illustrates a payment example using 2022 data. Note that dollar amounts will shift based on amount of quality funding for that year.</p>

Thresholds for points are subject to change annually

4.4 Quality Bonus Payment

Starting in Year 3 (2027) THLs will have the opportunity to increase their quality payment based on the percent improvement from the previous year for the follow-up after hospitalization measure (FUH) as shown in Table 9. If a THL is performing in the 90th percentile as defined by Quality Compass, but does not meet the performance improvement threshold, the high performing THL will be eligible for Tier 3 performance payment. A bonus payment will only be given for performance in the 90th percentile **OR** percent improvement. If both performance improvement and performance benchmarks are met, the THL will receive the bonus amount associated with the higher tier.

Table 9- FUH Performance Improvement Bonus

Tiers	Percent Performance Improvement	Bonus Amount
Tier 0	0%	\$0
Tier 1	<4%	40% of quality payment
Tier 2	4-6%	60% of quality payment
Tier 3	>6%	80% of quality payment

4.5 Payment Example

Table 10- Payment Example

	Year 1	Year 2	Year 3-5
Number attributed patients	4,103	4,103	4,103
Infrastructure Payment	\$161K	\$115K	\$92K
Engagement with members in crisis (EMC) performance	-	62% 3 Points	62% 3 Points
Readmissions Threshold Met (1 Point)	-	-	No 0 Points
FUH Threshold Met (1 Point)	-	-	Yes 1 Point
Total Quality Points	-	-	4/5 Total
Quality Payment	-	\$46k	\$73k
% Improvement FUH	-	-	4.3%
Bonus Payment Amount	-	-	\$29k
Total Payment	\$161K	\$161K	\$194K

4.6 Payment Withholds

Payments are subject to be withheld if TennCare determines that a THL is egregious of the following:

1. Untimely submission of assigned deliverables;
2. Incomplete submission of deliverables as determined by scoring rubric outlined in section 6.2;
3. Suspension from program as outlined in Section 2.3.

If such programmatic benchmarks are not met, TennCare and the MCOs will determine the payment withhold amount, which will be proportional to the THL's level of non-compliance. TennCare will inform THLs subject to payment withholds via email.

4.7 Payment Appeals & Reconsiderations

4.7.1 Payment Withhold Appeals

Each THL is afforded one appeal per payment withhold. If a THL elects to appeal, it must submit to MCOs via email a written appeal, including any related information and supplementary documentation within ten (10) business days following notification of the payment withhold. MCOs shall review the appeal and provide written notice of its final determination to the THL via email.

4.7.2 Payment Reconsiderations

A provider may file a Reconsideration regarding TOC Funding for the following reasons:

- Quality Metric Performance
- Calculation of the final outcome payment amount

All reconsiderations are to be filed as outline in the THL Provider Operating manual. It is of note, reconsiderations must be file within 30 days of the Final Performance Reports.

4.7.3 TCDI Independent Review Process

THL providers may file a request with the Commissioner of Commerce and Insurance for an independent review pursuant to the TennCare Provider Independent Review of Disputed Claims process, which shall be available to Providers to resolve Tennessee Health Link disputes, as provided in T.C.A. 56-32-126. It is understood that in the event program care providers file such a request with the Commissioner of Commerce and Insurance for Independent Review, such dispute shall be governed by T.C.A. 56-32-126(b).

5. Reporting & Deliverables

5.1 THL Reporting & Deliverables

The THLs will plan and implement a series of deliverables, defined and listed below, that will detail the specific interventions and support the Quality Metrics outlined in section 3.1. The purpose of the Performance Improvement Plan is to clearly establish the goals, scope, timing, milestones and team roles and responsibilities for a quality improvement project(s) aimed at improving transitions of care for Tennessee Health Link members. To receive infrastructure payments, each THL must complete assigned deliverables as outlined in Table 11.

5.1.1 Funding Plan Summary

A funding plan summary will be submitted prior to delivery of first infrastructure payment in January of 2025. This one-time deliverable will be a narrative outline summarizing how the funding will support one or more of the broader goals of the funding to improve three (3) domains: (1) Transitions of Care; (2) Member Outreach; or (3) High-risk member support.

5.1.2 Performance Improvement Plan (PIP)

THLs will complete one (1) Performance Improvement Plan for the measurement year, with submissions scheduled in April and November to the designated MCO Coach, encompassing both a pre-implementation and post-implementation phase of the PIP. It is the intention that the post implementation PIP submission in November will build on the April submission for one finalized Performance Improvement Plan each year and will build on each other year over year. The PIP will detail how allocated funding will support infrastructure and workflow changes to better address THL member needs through improved coordination and continuity of care. Successful quality improvement projects will have demonstrated improvement in Follow-Up After Hospitalization (FUH) rates, 30-day readmission rates, and THL member engagement. The purpose of the PIP is not to accurately hypothesize the impact of proposed improvements but to detail identified areas of opportunity within each organization and the evidenced-based, data driven, actionable plan that will address inadequacies in the current system of care. **THLs will not be judged or graded on the success of their intervention; experimentation will be necessary. The PIP is intended to be a living document that will outline the strategy and plans for implementation while capturing measurable changes over time.** It is anticipated and expected that as new information and data arises there may be alterations to the projects, overall strategy, and performance plan. Therefore, it is the expectation that the PIP changes markedly with each submission and each year. Any PIP submitted that has not changed will not be accepted.

The Performance Improvement Plans will be submitted biannually, with the pre-implementation PIP submitted in April and the post implementation in November. In April, the Pre-Implementation Performance Improvement Plan will be submitted and will detail the aim and goals of the quality improvement project as well as detail a plan for assessment and measurement. In November, the Post-Implementation Plan will review the success and areas of opportunity for change for the next cycle. PIP template and further information regarding the PIP details can be found in the Performance Improvement Plan (PIP) Appendix in Section 6.

5.2 Deliverable Timeline

All deliverables will be submitted to the assigned MCO Coach as scheduled. MCOs will have 10 business days from the deliverable deadline to submit their scoring and feedback to TennCare. TennCare will then have 10 business days to review the submissions and make a final decision. TennCare reserves the right to extend review deadlines for extenuating circumstances, and any such extensions will be communicated to the THLs promptly.

While these documents will be developed with input from both MCOs and the THLs, TennCare reserves the right to make final decisions regarding the PIP's completeness and the payment terms. To receive payment, each THL must complete and attest to the specific components supporting the PIP and must submit each deliverable as required and, on the date, provided by TennCare. Specifically, the PIP must satisfy all components of the scoring rubric outlined in section 6.2. The THL must provide satisfactory proof of meeting funding requirements on a set date as requested and determined by TennCare and outlined in Table 11. The reporting schedule

is subject to change and notification will be provided to the THLs by TennCare in advance of the scheduled deadlines.

TABLE 11- Deliverables Timeline

Funding Year	Assigned Deliverable	Deliverable Timeline	Payment Distribution Date
Year 1 2025	Funding Plan Summary	December 13, 2024	Jan 2025
Year 2 2026	Pre- Implementation PIP	April 15, 2025	May 2026
	Post- Implementation PIP	November 15, 2025	
Year 3 2027	Pre- Implementation PIP	April 15, 2026	May 2027
	Post- Implementation PIP	November 15, 2026	
Year 4 2028	Pre- Implementation PIP	April 15, 2027	May 2028
	Post- Implementation PIP	November 15, 2027	
Year 5 2029	Pre- Implementation PIP	April 15, 2028	May 2029

5.3 Deliverable Extensions

If the PIP deliverable is not fully and timely submitted to the assigned MCO by the applicable deadline, and scored “Complete” on the scoring rubric, TennCare may, upon a showing of good cause by the THL, grant an extension to complete its submission. Extensions are not mandatory or guaranteed, but instead, may be utilized by TennCare as a courtesy and at TennCare’s discretion. Any extension granted for a PIP deliverable shall not exceed ten (10) business days following the original deadline for the deliverable as listed above. All extension requests and extension determinations will be communicated via email.

5.4 MCO Reporting

Health Link providers will be sent quarterly provider reports by each MCO as outlined in the Health Link Provider Operating Manual reporting schedule. These reports will detail their performance on core quality metrics of the traditional health link model and will include information regarding, Follow-Up after Hospitalization (FUH), 30-day readmissions, and Engagement with Members in Crisis (EMC) as it relates to the TOC Initiative.

5.5 Coaching Requirement

Each organization will be assigned a primary coach from one of the MCOs whose role is to help support the organization in their performance improvement. To remain in good standing with the program, the THL must meet monthly with their MCO coach. If an MCO and/or primary coach determines that it is appropriate for a THL to meet less frequently than a monthly cadence it should be well documented and sent to TennCare for approval. Without written approval from TennCare, failing to meet with MCOs monthly for coaching can result in forfeiture of payment. While the primary coach is responsible for driving performance

improvement and providing support, the THLs are allowed and encouraged to elicit help from other THL coaches throughout the performance improvement projects.

6. Performance Improvement Plan (PIP) Appendix

Copies of performance plan templates for submission and rubrics will be available on the THL website under the Key Documents tab and can be found at the link below:

<https://www.tn.gov/tenncare/health-care-innovation/primary-care-transformation/tennessee-health-link.html>

6.1 Funding Plan Summary

Funding Plan Summary	
Organization Name:	
Report Author(s) and contact information:	
MCO Coach:	

THL Transitions of Care Funding Plan Summary

The Funding Plan Summary is a concise document that outlines each organization's intent for utilizing the infrastructure award to support a specific performance improvement initiative. It details the project's goals, scope, timelines, and key milestones, as well as the roles and responsibilities of team members involved. The summary explains how the allocated funding will be used to implement necessary changes in infrastructure and workflows aimed at enhancing outcomes, such as member engagement and care coordination. It serves as a dynamic reference, capturing the strategic approach to funding while allowing for adjustments based on new data and insights that emerge throughout the project's implementation.

Summary :

6.2 Performance Improvement Plan Pre-Implementation Template & Rubric

Pre- Implementation PIP	
Organization Name:	
Report Author(s) and contact information:	
MCO Coach:	

THL Transitions of Care Performance Improvement Plan (PIP)

The purpose of the Performance Improvement Plan (PIP) is to clearly establish the goals, scope, timing, milestones and team roles and responsibilities for a quality improvement project(s) aimed at improving transitions of care for Tennessee Healthlink members. The PIP will detail how allocated funding will support infrastructure and workflow changes to better address THL member needs through improved coordination and continuity of care. Successful quality improvement projects will have demonstrated improvement in Follow-Up After Hospitalization (FUH) rates, 30-day readmission rates, and THL member engagement. The purpose of the PIP is not to accurately hypothesize the impact of proposed improvements but to detail identified areas of opportunity within each organization and the evidenced-based, data driven, actionable plan that will address inadequacies in the current system of care. THLs will not be judged or graded on if their intervention drove the desired outcome; experimentation will be necessary. The PIP is intended to be a living document that will outline strategy the strategy and plans for implementation while capturing measurable changes over time. It is anticipated and expected that as new information and data arises there may be alterations to the overall strategy and performance plan.

Section A: Pre-Implementation Plan

- 1. Problem Statement:** Define the problem statement. A problem statement is a short, clear summary of a challenge to be addressed or a condition to be improved upon. The problem statement must describe an existing process or problem to improve at the institution level.
- 2. Problem Identification:** Describe how the how the problem statement was identified. Include descriptions and supporting data to provide background on the problem statement. Descriptions could address the following:
 - a. How did you identify this as a problem to solve?*
 - b. Was this an issue shared by patients?*
 - c. Was this an issue that providers shared with leadership?*
 - d. Is this a high priority focus area for your institution?*
 - e. Does it identify gaps in care of special populations (i.e., children with special health care needs, adults with physical disabilities, people with intellectual and developmental disabilities, etc.)*

3. **Aim, Objectives, and Goals:** Please state the goal of the quality improvement plan and how it relates to the broader goals of the THL Transitions of Care Funding.
4. **Measurement:** Provide process metrics for measurement of the PIP progress and define how those metrics will be evaluated for success. Process metrics are measurement tools to track the performance of the intervention. These metrics serve as the performance improvement plan’s key performance indicators (KPIs) and allow for a systematic approach to collecting, analyzing, and evaluating how “on track” a project/program is to achieve its desired outcomes, goals, and objectives. If process metric(s) include a percentile, please provide the numerator and denominator definition.
5. **Baseline Data:** Provide baseline data for process metrics outlined in #4. Baseline data will establish an identifiable starting point to assess progress. Baseline data for each process metric must be relevant to the goals and problems outlined above.
6. **Interventions:** Provide a detailed list of the interventions you are planning to implement to solve this problem. This list does not need to be every intervention you implement nor the same documented in post-implementation.
 - a. When outlining each intervention, consider describing the *who, what, when, where,* and *how* of an intervention if applicable (e.g., *Who* is eligible for the intervention, *What will be* included in the intervention, *When* will the intervention be conducted, *Where* will the intervention take place, *How* will the intervention be implemented).
 - b. Provide detail or context on how the identified intervention(s) address the goals aims and objectives outlined above? What barriers or challenges do you anticipate encountering, if any, and how will you address those?
7. **Team:** Identify the quality improvement committee representation (name and position) involved in the intervention.

Section B: Rubric for Scoring Pre-Implementation Performance Improvement Plan

Pre- Implementation PIP	
Organization Name:	
Report Author(s) and contact information:	
MCO Coach:	

Grading Rubric for Pre-Implementation PIP		
12.5 points	6.25 points	0 points

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Score Card for Pre-Implementation PIP					
PIP COMPONENT		FULLY COMPLETE	PARTIALLY COMPLETE	INCOMPLETE	
1.	Problem Statement				
2.	Problem Identification				
3.	Goals, Aims, Objectives				
4.	Measurement				
5.	Baseline Data				
6.a	Interventions				
6.b	Interventions				
7	Team				
SCORE					
TOTAL		(TOTAL OF ALL THREE COLUMNS)			

Additional Feedback:

Note: THLs must receive 100 points to be eligible for Transitions of Care payments. If the PIP is determined to be incomplete, poorly completed or duplicative from a previous submission, the state reserves the right to withhold funding.

6.2 Performance Improvement Plan Post-Implementation Template and Rubric

Post- Implementation PIP	
Organization Name:	
Report Author(s) and contact information:	
MCO Coach:	

THL Transitions of Care Performance Improvement Plan

The purpose of the Performance Improvement Plan (PIP) is to clearly establish the goals, scope, timing, milestones and team roles and responsibilities for a quality improvement project(s) aimed at improving transitions of care for Tennessee Healthlink members. The PIP will detail how allocated funding will support infrastructure and workflow changes to better address THL member needs through improved coordination and continuity of care. Successful quality improvement projects will have demonstrated improvement in Follow-Up After Hospitalization (FUH) rates, 30-day readmission rates, and THL member engagement. The purpose of the PIP is not to accurately hypothesize the impact of proposed improvements but to detail identified areas of opportunity within each organization and the evidenced-based, data driven, actionable plan that will address inadequacies in the current system of care. THLs will not be judged or graded on if their intervention drove the desired outcome; experimentation will be necessary. The PIP is intended to be a living document that will outline strategy the strategy and plans for implementation while capturing measurable changes over time. It is anticipated and expected that as new information and data arises there may be alterations to the overall strategy and performance plan.

Section A: Post-Implementation Plan

1. **Problem Statement:** Define the problem statement. A problem statement is a short, clear summary of a challenge to be addressed or a condition to be improved upon. The problem statement must describe an existing process or problem to improve at the institution level.
2. **Problem Identification:** Describe how the how the problem statement was identified. Include descriptions and supporting data to provide background on the problem statement. Descriptions could address the following:
 - a. *How did you identify this as a problem to solve?*
 - b. *Was this an issue shared by patients?*
 - c. *Was this an issue that providers shared with leadership?*
 - d. *Is this a high priority focus area for your institution?*
 - e. *Does it identify gaps in care of special populations (i.e., children with special health care needs, adults with physical disabilities, people with intellectual and developmental disabilities, etc.)*
3. **Aim, Objectives, and Goals:** Please state the goal of the quality improvement plan and how it relates to the broader goals of the THL Transitions of Care Funding.
4. **Measurement:** Provide process metrics for measurement of the Performance Improvement Plan progress and define how those metrics will be evaluated for success. Process metrics are measurement tools to track the performance of the intervention.

These metrics serve as the performance improvement plan’s key performance indicators (KPIs) and allow for a systematic approach to collecting, analyzing, and evaluating how “on track” a project/program is to achieve its desired outcomes, goals, and objectives. If process metric(s) include a percentile, please provide the numerator and denominator definition.

5. **Baseline Data:** Provide baseline data for process metrics outlined in #4. Baseline data will establish an identifiable starting point to assess progress. Baseline data for each process metric must be relevant to the goals and problems outlined above.

Section B: Implementation

1. **Interventions:** Provide a detailed explanation of the all the interventions performed to solve this problem. Note that this list does not need to exhaustive and final; the expectation is that this is a living document where you can continue to iterate on your approach to solving it.
 - a. When outlining the intervention, consider describing the *who, what, when, where, and how* of an intervention if applicable (e.g., *Who* was eligible for the intervention, *What* was included in the intervention, *When* the intervention was conducted, *Where* the intervention took place, *How* the intervention was implemented).
2. **Study:** Describe the challenges and/or observations noted during implementation of the intervention.
3. **Team:** Identify the quality improvement committee representation (name and position) involved in the intervention.

Section C: Post Implementation – Results and Analyses:

1. **Reporting:** Report the results of all process metrics (pre and post intervention) identified in A5 as both raw data and rates or percentages as applicable. Include the measurement frequency (weekly, quarterly, etc.).
2. **Summary:** Please summarize your findings from the interventions and process metrics. Share the team’s next steps if applicable. For example:
 - a. **If** intervention was successful, describe if and how the associated process or processes will become standardized or scaled.
 - b. **If** intervention was unsuccessful, describe any next steps to determine possible causes (e.g., root cause analysis)

Section D: Rubric for Scoring PIP

Post- Implementation PIP	
Organization Name:	
Report Author(s) and contact information:	
MCO Coach:	

Grading Rubric for Post-Implementation PIP		
10 points	5 points	0 points

Score Card for Pre-Implementation PIP			
PIP COMPONENT	FULLY COMPLETE	PARTIALLY COMPLETE	INCOMPLETE
Problem Statement			
Problem Identification			
Goals, Aims, Objectives			
Measurement			
Baseline Data			
Interventions			
Study			
Team			
Reporting			
Summary			
SCORE			
TOTAL	(TOTAL OF ALL THREE COLUMNS)		

Additional Feedback:

Note: THLs must receive 100 points to be eligible for Transitions of Care payments. If the PIP is determined to be incomplete or duplicative from a previous submission, the state reserves the right to withhold funding.

7. Resources for Success Appendix

Utilization of the resources listed in this appendix is not mandatory. However, it is expected that each THL will participate in the quality improvement process through this initiative and will demonstrate what they have learned and accomplished through industry standard tools such as the ones listed below. It is at the discretion of each THL to the formatting and resources they choose to use for their performance improvement project as long as each of the components in the template are fully addressed.

7.1 Cause & Effect Diagram/ Fishbone Analysis Template

A frequent challenge for improvement teams is figuring out what changes to test for enhancing a process. A cause-and-effect diagram serves as a valuable organizational tool, enabling teams to investigate and visualize the various factors contributing to a specific effect or outcome. This diagram illustrates how these causes relate to the effect and to one another, assisting teams in pinpointing areas for improvement. Commonly known as an Ishikawa diagram, named after its creator, or a fishbone diagram due to its visual resemblance to a fish's skeleton, it categorizes causes into groups such as Materials, Methods, Equipment, Environment, and People.

For additional information regarding PDSA and for a free fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/cause-and-effect-diagram>

7.2 Driver Diagram

A driver diagram is a visual representation that illustrates a team's understanding of the factors that contribute to achieving a project goal. This clear depiction helps communicate the team's focus and activities to various stakeholders. The diagram outlines the overall project aim, the primary drivers (often referred to as "key drivers") that directly influence the aim, the secondary drivers that support these primary drivers, and specific change ideas to test for each secondary driver.

For additional information regarding PDSA and for a free fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/driver-diagram>

7.3 Flowchart/ Process Map

A flowchart, also referred to as a "process map," visually outlines the sequence of steps in a given process. Understanding the current operation of the process is crucial for generating ideas for improvement, making flowcharts particularly valuable in the initial stages of enhancement efforts. To create a flowchart, teams brainstorm all existing process steps, documenting each one in a box (or on a sticky note). Decision points are represented by diamond shapes (or sticky notes turned diagonally), where teams write a yes/no question. Lines connect the boxes and diamonds, illustrating the flow of the process. This shared understanding enables teams to pinpoint issues or bottlenecks, facilitate focused discussions,

and allocate resources effectively. For instance, teams can identify non-value-adding steps, such as delays, unnecessary tasks, redundancy, or communication breakdowns—key areas where improvement initiatives can begin

For additional information regarding PDSA and for a free fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/flowchart>

7.4 Histogram

A histogram is a specialized type of bar chart that visualizes the distribution of continuous data, such as time, weight, size, or temperature. While summary statistics like averages or medians provide useful insights, they often don't capture the full picture of a process's performance. By using a histogram, teams can identify and analyze patterns and variations in the data that might be overlooked in a simple data table. This visual representation helps to reveal trends, clusters, and outliers, facilitating a deeper understanding of the underlying data.

For additional information regarding PDSA and for a free fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/histogram>

7.5 Pareto Chart

The "Pareto principle," commonly known as the "80/20 rule," suggests that in any set of factors influencing an overall outcome, approximately 80% of the effect is driven by just 20% of the causes. A Pareto chart is a specific type of bar chart that organizes these contributing factors from the largest to the smallest impact. This arrangement helps identify the "vital few" factors that significantly contribute to the effect and deserve the most attention, in contrast to the "useful many," which, while informative, have a comparatively smaller impact. By utilizing a Pareto chart, teams can focus their improvement efforts on the most influential factors, providing clear justification for their prioritization decisions.

For additional information regarding PDSA and for a free PDSA fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/pareto-chart>

7.6 PDSA Template

The Plan-Do-Study-Act (PDSA) cycle is an effective method for documenting and testing changes. Essentially, running a PDSA cycle means implementing a change in a structured way: first, you create a plan for the test (Plan), then execute the test (Do), observe and analyze the results (Study), and finally decide on any necessary adjustments for the next cycle (Act). It's recommended to complete a PDSA worksheet for each change you test. In most improvement

projects, teams will explore various changes, with each change undergoing multiple PDSA cycles as they gather insights. It's beneficial to maintain a file (either digital or physical) containing all PDSA cycles for the changes your team evaluates.

For additional information regarding PDSA and for a free PDSA fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/plan-do-study-act-pdsa-worksheet>

7.7 Project Planning Form

The Project Planning Form is a key tool for teams managing improvement projects systematically. It helps track changes being tested, including all Plan-Do-Study-Act (PDSA) cycles, and assigns responsibilities for each aspect of the tests. The form also outlines timelines for each project phase, creating a clear structure that fosters accountability and keeps the team on track. By providing a comprehensive overview, it enables better communication, helps identify potential bottlenecks, and ensures the project remains focused on its objectives.

For additional information regarding PDSA and for a free PDSA fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/project-planning-form>

7.8 Run Chart

A run chart is a graphical representation of data points plotted over time, providing a clear visual of how a process performs across a specified period. This simple yet effective tool allows teams to observe trends, shifts, and patterns in performance, making it easier to assess whether changes implemented in a process are resulting in improvement. By displaying data in chronological order, a run chart helps identify fluctuations and variations that may not be apparent in raw data tables. It allows teams to see how specific events or changes correlate with performance metrics, facilitating the evaluation of the impact of interventions.

Run charts can also highlight any sustained improvements, indicating whether the changes have led to a significant shift in performance over time. By comparing data before and after changes are made, teams can gain insights into the effectiveness of their strategies. Additionally, the visual nature of run charts makes them useful for communicating findings to stakeholders, fostering a shared understanding of progress and areas for further investigation.

For additional information regarding PDSA and for a free PDSA fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/run-chart-tool>

7.9 Scatter Diagram

A scatter diagram, also known as a scatter plot, visually represents the relationship between two variables. Teams use scatter diagrams to identify potential cause-and-effect relationships.

For instance, after generating a list of causes and effects with a fishbone diagram, a team might create a scatter diagram to explore whether a specific cause is related to an effect.

In a scatter diagram, one variable is plotted on the X-axis and the other on the Y-axis. If the variables are related, the data points will form a pattern along a diagonal line or curve, indicating a correlation. This relationship can be positive (both variables increase or decrease together) or negative (one variable increases while the other decreases). While a scatter diagram can show correlation between two variables, it does not establish causation.

For additional information regarding PDSA and for a free PDSA fillable PDF Template go to this link: <https://www.ihl.org/resources/tools/scatter-diagram>

7.10 TennCare PIP Example

TennCare completed an example of a PIP for the THLs to review and understand the State's expectations. You can find the PIP example here: <https://www.tn.gov/tenncare/health-care-innovation/primary-care-transformation/tennessee-health-link.html>

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