Quality Improvement Plan
Name: Colorado Access
RAE Region: 3
Date: September 30, 2019

1. Purpose/Mission Statement

Please describe your Organization's overall purpose/mission statement. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

Colorado Access's mission is to partner with communities and empower people through access to quality, affordable care.

The mission of the Colorado Access Quality Assessment and Performance Improvement (QAPI) Program is to ensure that members receive access to high-quality care and services in an appropriate, comprehensive, and coordinated manner that meets or exceeds community standards. Emphasis is placed on community-based, individualized, culturally sensitive services designed to enhance self-management and shared decision-making between members, their families, and providers.

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2. Quality Program Leadership

Please list the individuals who are in your quality program. Please include their contact information. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission

The Quality Management Department

Staff members contribute to the development and advancement of quality care and service delivery, and support quality initiatives by participating in quality management committees, work groups, governing councils and projects. With oversight and support from the Colorado Access executive leadership team, including Regional Accountable Entity (RAE) Program Directors, and the Health Strategy Steering Committee, the core Quality team consists of the following employees:

- **Senior Director of Population Health:** Krista Beckwith, MSPH, CPC-A
  Krista.Beckwith@coaccess.com
- **Senior Manager of Quality Assurance and Improvement**: Mika Gans, MS, LMFT
  Mika.Gans@coaccess.com
- **Quality Improvement Program Managers:**
  - Sarah Lambie, MA, CPHQ Sarah.Lambie@coaccess.com
  - Kiah Vandergrift, MA Kiah.Vandergrift@coaccess.com
- **Quality Improvement Analyst:**
  - Brain Bandle, MPH Brian.Bandle@coaccess.com

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3. Year Objectives/Top Priorities including a description of the techniques to improve performance, a description of the qualitative and quantitative impact the techniques had on quality and opportunities for improvement identified as well as newly identified opportunities for improvement.

Reducing Over- and Under-Utilization of Services is a SFY19-20 priority which ties numerous Colorado Access initiatives together to promote quality health care management to our members.	
Previously Established Goals	**Updates Since February**
• Using member enrollment lists from Department of Health Care Policy and Finance (HCPF), the Client Overutilization Program (COUP) will identify, assess and provide direct support to qualifying members who fall within program parameters in order to eliminate overutilization of high cost services.	• Colorado Access has provided targeted digital engagement messaging and resources for members identified on the HCPF COUP list to meet the needs of high (over) utilizing members to promote behaviors around appropriate use of services.
• Colorado Access uses risk stratification models and clinical utilization registries to ensure appropriate utilization (both over and underutilization) of services across member populations. These tools provide a 'roadmap' for enrollment into Colorado Access population management programs to ensure the right program and intervention is being delivered to the right population.	• Colorado Access has incorporated two forms of risk stratification into clinical registries. The first is a Diagnostic Cost Group (DCG) score, a data point provided by the state and the second is an internal risk stratification model based off of the four-quadrant risk model. • Further work enhancing the risk stratification model is happening to identify business focused risked stratification (including nuanced clinical risk factors) to ensure appropriate interventions and promote appropriate levels of care.
• Working across departments with Utilization Management, Risk Management, Contracting and Quality, consumption of services will be examined using claims data alongside attribution data to evaluate, measure and compare services and providers utilized. This team will then evaluate findings to design appropriate interventions to address over and underutilization.	• Two different, regularly occurring bi-weekly meetings are established to monitor service utilization. These meetings look at utilization trends using cross-departmental resources. • Utilization Management has instated new auditing practices to regularly review Utilization of outpatient services to better understand these utilization patterns and assure that members are receiving medically necessary services.

Colorado Access is committed to making informed **data-driven decisions** that promote data-driven projects across the organization that ultimately help members thrive.	
Previously Established Goals	**Updates Since February**
• Claims data as well as qualitative provider data such as surveying of provider operations will be used to examine opportunities within the framework of the Performance Improvement Projects to drive rapid measurable change for both physical and behavioral health arenas.	• Performance Improvement Projects have leveraged claims data as well as data from process mapping to drive decision making to improve outcomes.

• Using claims, provider and other data sources Key Performance Indicators will be evaluated in search of intervention opportunities to improve the well-being of members within the Regional Accountable Entity (RAE). Data for these measures drive intervention and allow Colorado Access to gain knowledge of member and provider trends.	• Colorado Access has leveraged provider partners to inform interventions and prioritization of the Key Performance Indicators. Using bubble charts, Quality has designed data visualization tools so that a Dental and Well-Visit task force can make data-driven decisions to inform interventions and share knowledge.
	• Quality has identified an executive sponsor, VP Health Plan Ops within Colorado Access, to partner with in creating a vision and mission to promote being a data-driven organization.

Access to Care is another top priority for Colorado Access because it is central to providing members with the right care at the appropriate time.	
Previously Established Goals	**Updates Since February**
• Access to Care will be evaluated to ensure the provider network is delivering members adequate accessibility to the appropriate levels of care. Secret shopping of appointment availability data is used to provider real-time feedback to providers. Quantitative evaluation of Quality of Care concerns as well as electronic health record reviews will be used to target opportunities for increased investigation and identification of needs within the network.	• The practice of continuously monitoring Quality of Care concerns has been cultivated including refining communication with consulting medical directors, the collection of medical records and tracking concerns more accurately. • Quality established a *follow-up issues from hospitalization* tracking log and facilitated the distribution of this information to inform Colorado Access initiatives to promote accountability amongst providers and ensure member care is timely and appropriate.
• Qualitative data collected from members through the Regional Program Improvement Advisory Committee (PIAC), Member Advisory Council (MAC), Grievances and Appeals and Colorado Access's Care Management department will be collected, analyzed and used to generate interventions to ensure members have access to the appropriate care.	• In June, 2019, a member of the Quality team surveyed the Member Advisory Council around access to Dental and Well-visits, exploring barriers to attending these appointments. In March, 2019, Quality staff presented information around Performance Metrics and Performance Improvement Plans and collected feedback around access to well visits and depression screenings in primary care settings. • Quality attended June PIAC meetings to share data and solicit feedback around Performance Measures including data and provider involvement.

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Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

Goal	Fiscal Year 2020 Projects/ Initiative	Targeted Completion Date	Status
Performance Improvement Projects			
Performance Improvement Projects (PIPs)	**Physical health:** Work with STRIDE Community Health Center to increase the percentage of well child visits among members 10-14 years of age, attributed to STRIDE Community Health Centers, from ▇% to ▇%.	6/30/2020	Monitoring targeted telephone outreach to members ages 10-14 who have not received a well-visit in the previous 12 months.
			Providing face-to-face and/or virtual training and ongoing support to STRIDE Community Health Centers on best-practices for increasing well-visit rates.
			Monthly monitoring of well-visit rates for members ages 10-14 attributed to STRIDE Community Health Centers.
	Behavioral health: Increase the percentage of members aged 10-14 with a Positive Depression Screen who received at least one follow-up service within 30 days, from ▇% to ▇%.		Conducted thorough data review to identify key barriers and areas of opportunity to improve performance on this measure
Performance Measurement			
Key Performance Indicators (KPIs)	Execute on action plans and implementation milestones for identified KPI opportunities by leveraging data, Plan-Do-Study-Act cycles, and external partnerships.	Annually 6/30/2020	Internal work groups and Governing Councils have been engaged to implement mutually reinforcing activities.
	Improve performance against baseline measurements across the KPIs to drive intervention.	Ongoing	
Behavioral Health Incentive Measures	Execute on action plans and implementation milestones for identified Incentive Measure opportunities by leveraging data, Plan-Do-Study-Act cycles, and external partnerships.	Annually	Internal work groups and Governing Councils have been engaged to examine these measures and develop mutually reinforcing activities.

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	Improve performance against baseline measurements across the Incentive Measures to drive intervention.	6/30/2020	Internal data methodology has been finalized to calculate and track progress on outcome measures over time.
Information System (IS) Review Audit	Continue to refine information systems and data processing and collection and use end-user feedback to enhance these systems.	Completed	Currently determining priorities around refining and upgrading information systems as well as data storage and processing through continuous feedback from individuals consuming data and internal information.
Member Experience of Care Improvement-Driven Projects			
Experience of Care & Health Outcomes (ECHO) Survey	Monitor member perceptions of well-being, functional status, provider accessibility and adequacy of services, taking care to assess the quality and appropriateness of care furnished to members with special health care needs.	Annually	In FY19, members in the RAE were surveyed for the first time. Therefore, FY19 results of the ECHO survey represent a baseline assessment of members' experiences. Colorado Access is reviewing the results of the ECHO survey to identify and prioritize areas for performance improvement where appropriate.
	Determine what ECHO Survey data to routinely monitor to measure member experience of behavioral health care, to identify areas for performance improvement.	6/30/2020	
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey	Monitor CAHPS data to identify and correct deficiencies in member experience with Colorado Access and the provider network, including creating and monitoring Corrective Action Plans as appropriate.	Annually	The Customer Service department continues to implement targeted interventions to address low CAHPS Customer Service scores. These include continuous monitoring of Net Promoter System (NPS) scores and the Customer Service Monitoring Program.

		Complete by Q4 of FY20	Distribute survey results to relevant providers to promote education while exploring potential solutions to improve scores.
	Conduct at least 1 focus group with Quality, Care Management, and Customer Service to discuss common member experience concerns.	January 1, 2020	The Quality department has initiated focus groups between Quality and Care Management staff to understand member barriers to care commonly seen by Care Managers.
	Launch a member satisfaction survey through Customer Service to capture baseline data of key drivers of member experience.	January 1, 2020	Colorado Access is implementing an in-house member satisfaction survey for members who call Colorado Access Customer Service to monitor the member's experience with access, timeliness, and quality of care provided by Colorado Access-contracted providers.
Grievances	Maintain system for member grievances to be filed and resolved, including the following goals: • 100% of grievances resolved within contractual timeframes • Train 6 Care Management supervisors and staff on the Member Grievance process, with ongoing trainings to follow throughout the fiscal year.	6/30/2020	Currently piloting a program with care management to train them on the member grievance process to increase documentation of member grievances.
		Ongoing	Monitoring grievance processing to ensure 100% compliance with timeliness.
		Ongoing	Providing education and outreach to members, families, and providers to ensure they are informed of member rights and procedures to file grievances.

Mechanisms to Detect Over- and Under-Utilization of Care

Utilization Management (UM)	Ensure timely and appropriate member access to services according to need, including the following goals: • Achieve turnaround time (TAT) compliance at 99% or higher. • All UM staff meet the 90% or greater benchmark for inter-rater reliability.	Ongoing	Creating individualized reporting for all staff to increase transparency and accountability for turnaround time compliance and denial rates. Staff will receive ongoing education and coaching around TAT standards in FY20.
			Monthly monitoring of compliance with UM decision-making timeframes.
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordination	Colorado Access care management helps to coordinate the provision of EPSDT benefits for children and adolescents under the age of 21. FY20 goals include: • Provide medically necessary services to children and adolescents under age 21 within the capitated behavioral health benefit • Assist members in accessing EPSDT benefits, including those not covered in the capitated behavioral health benefit • Educate staff, members, and providers about EPSDT benefits	Ongoing	During FY19, the following EPSDT services were provided under the Capitated Behavioral Health Benefit in Region 3: • Vocational Services: 50 members received 381 services • Prevention/Early Intervention Services: 7,532 members received 16,541 services • Clubhouse and Drop In Center Services: 304 members received 646 services • Recovery Services: 122 members received 530 services • Respite Services: ▮ ▮▮▮▮▮
			Colorado Access clinical staff (utilization management and care management staff) completed an EPSDT webinar published by the Department of Health Care Policy and Financing, and received an in-person

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			training from Gina Robinson, the EPSDT subject matter expert with the Department.
			Revised the EPSDT section of the provider manual, including more content around provider expectations, links to training materials, and fact sheets that can be distributed to patients.
			Added a new section on the Colorado Access website for members to learn more about the benefits they can access via EPSDT.
			Revising and improving training materials for training staff and providers about EPSDT benefits.
Secret Shopper	The Quality Management Department maintains a systematic process to monitor and fulfill Access to Care standards and metrics for contractual requirements via Secret Shopper calls. For Region 3, FY20 goals are: • Conduct at least 15 Secret Shopper calls to Physical Health providers, and 15 Secret Shopper calls to Behavioral Health providers (for a total of 30 calls throughout the fiscal year) to monitor and track access to care standards.	6/30/2020	Educating providers on access to care standards, as evidenced by provider newsletter communications and/or face to face provider quarterly forums.
			Implementing Corrective Action Plans (CAPs) when compliance falls below 80%.
			Continuing to monitor access to care data per contractual requirements, as evidenced by completing at least 30 calls annually. In FY19, Colorado Access conducted 25 behavioral health and 20 physical health calls to monitor access to care.
			Collaborating with other internal Colorado Access workgroups to monitor data and target any providers

			who need support or monitoring.
Behavioral Health Penetration Rates	Maintain or increase overall RAE Behavioral Health penetration and utilization rates across regions.	Ongoing	Colorado Access is actively working with county partners to address barriers in accessing behavioral health care facing foster care members.
			Colorado Access is working to enhance access and increase BH utilization in alignment with the Incentive Measures as set forth by the State.
Network Adequacy	Continue to monitor potential gaps in the network and find opportunities to decrease access to care barriers for targeted populations, including foster care members and refugee populations.	Ongoing	Colorado Access will continue building relationships with specialty, ancillary, hospital, behavioral health, and primary care providers throughout the state to ensure the needs of our members are met with an adequately-sized network.
		Ongoing	Continuing to monitor potential gaps in the network to find opportunities to decrease access to care barriers for targeted populations, including foster care members and refugee populations.
Telehealth	Colorado Access, through its subsidiary, AccessCare, has developed new programs and services to increase access to behavioral health care for members through a Virtual Care Collaboration Integration (VCCI) program. FY20 goals include: • Expand the number of practices participating in the VCCI program throughout the provider network to 35.	6/30/2020	Colorado Access is developing a plan to offer VCCI Medically Assisted Treatment (MAT) services, adding addiction medicine to the specialties offered via telehealth by AccessCare Services.
			Colorado Access is launching a second phase of VCCI perinatal support program and engaging OB/GYN practices.
Client Overutilization	Provide appropriate digital engagement messaging and resources for members identified on the HCPF COUP list.	Quarterly	Members are identified by the quarterly HCPF COUP list and receive one

Program (COUP)			outbound IVR describing their overutilization and the Colorado Access Care Coordinator number for further support.
		Quarterly	Colorado Access tracks and reports on COUP outreach numbers quarterly.
	Outreach members who have been identified on the HCPF COUP list via appropriate channel(s) (i.e. care coordination or digital engagement Interactive Voice Recognition (IVR)).	Ongoing	Care Managers outreach high-risk members over the phone or in person to complete a comprehensive health assessment.
			Developed care management workflows to connect high-risk members with primary and/or specialty care providers to develop care plans to address their needs.
	Recruit providers to serve as lock-in providers.	6/30/2020	Colorado Access is working to recruit lock-in providers with particular discussion focusing on Federally Qualified provider groups and individual providers on a case by case basis.
Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs Projects			
Behavioral Health Medical Records Review	Audit 25 member records from Region 3 providers per quarter during each quarter of the fiscal year (for a total of 100 record reviewed annually).	Quarterly	FY20 audits of 25 medical records from Region 3 providers will be completed by Fall 2019.
	Implement provider education and/or corrective action plans for providers who do not meet the 80% passing threshold for services rendered during FY20.	Quarterly	In Summer 2019, Colorado Access disseminated provider education about quality documentation standards via the newsletter (monthly), at the in-person quarterly provider meeting (July 2019), and through ad-hoc questions from Provider Relations staff (ongoing).

Care Management for Members with Special Health Care Needs	Identify and incorporate best practices into care management workflows to increase effectiveness of disease management.	6/30/2020	Participate in Creative Solutions meetings between UM and Care Management to problem-solve accessibility issues for members with complex and special health care needs.
	Refine data entry accuracy and create data quality assurance processes in order to enhance deliverables quality and data reporting capabilities.	6/30/2020	Working to more accurately identify member's needs based on health and disease conditions.
	Inventory all data sources and derive insights to inform the development of clinical programs and risk stratification models.		
	Collaborate with Population Health Department to refine stratification models and care management interventions.	Ongoing	Developed clinical programs for Potentially Avoidable Costs (PAC) to provide targeted care management interventions to members with asthma, diabetes and Chronic Obstructive Pulmonary Disease (COPD).
	Continue to identify measurement metrics to assist in monitoring effectiveness of care management interventions.	Ongoing	Enhancing risk stratification models that identify members for outreach to ensure appropriate interventions are provided and to promote appropriate levels of care.
Quality of Care Concern Monitoring			
Quality of Care Concerns (QOCs)	Maintain system for patient safety and quality of care concerns to be reported and monitored that include the following benchmarks: • < 2% substantiated QOCs per 1000 members. • Increase provider as well as Colorado Access staff awareness of QOC process through educational materials to promote communication of possible concerns in order to promote quality services.	Ongoing	Utilizing the more detailed QOC log to identify trends, engage providers in educational and improvement opportunities, and execute CAPs in a timely manner.
			Use a combination of sources to aid in data collection, investigations and recommendations such as the QOC log, the post-psychiatric hospital follow-

			up log, and provider relations database. There was an average of 40 QOC submissions per quarter in FY19.
	• 90% of QOCs closed within 90 days of submission to the Quality department.		Quality Improvement staff continue to work with Customer Service and Care Management staff to ensure that all Quality of Care concerns are correctly identified and forwarded to Quality for investigation.

External Quality Review Driven Projects			
External Quality Review Organization (EQRO) Audit	Use learnings from the EQRO activity to drive business practices to maintain quality improvement in identified areas.	Annually	Implementing additional checks and safeguards to ensure the organization is compliant with contract requirements through inter-departmental mock audit trials.

Internal Advisory Committees and Learning Collaboratives			
Learning Collaborative	Ensure Colorado Access is effectively serving members and providers by attending Learning Collaborative meetings with appropriate Colorado Access representation.	Monthly	Colorado Access participates in multi-disciplinary statewide learning collaboratives by actively contributing to agenda topics, helping facilitate meaningful discussion and collaborating with HCPF and other participating partners to identify meaningful topics of discussion.
	Working with the Department to identify topics and facilitate sessions of the Collaborative on a rotating basis.	Ongoing	
Provider Learning Collaboratives	Educate providers through learning collaboratives on clinical, administrative and other functions to increase provider resources.	Ongoing	Conducting multiple learning opportunities for providers throughout the fiscal year, including Quarterly in-person Provider Meetings, monthly webinars, and ad-hoc support as needed and requested by the provider network.