

Quality Improvement Plan
Name: Beacon Health Options
RAE: Health Colorado, Inc.
Date: February 1st, 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.

The Health Colorado Quality program is structured to include the participation and collaboration of all staff, the provider network, clients, state agencies and members. Quality improvements are made through ongoing work with representatives of relevant clinical, departmental and medical systems, specifically mental health and substance use practitioners and administrative staff, and primary care practitioners, consultation with partner health plans/clients, state agencies, subject matter experts and others. The annual QM Work Plan provides a blueprint for allocating resources needed to continually improve processes and outcomes and is evaluated at least on an annual basis. The Health Colorado Quality Program is supported through Beacon Health Options Corporate Quality Management Program.

QI activities across the company are designed to meet the health needs of the RAE region, population, and communities as well as contractual requirements. The framework for the identification of and strategies to address opportunities for improvement begins with the utilizing a disciplined and methodical systematic approach as defined by the Continuous Quality Improvement (CQI) process to measure performance against adopted benchmarks and performance goals. When opportunities for improvement are identified to improve care and service consistent with the Quality and company mission, multidisciplinary teams collaborate on solutions based on the most recent and compelling evidence. The efforts of this disciplined and deliberate framework lead to improved outcomes.

The purpose of the Health Colorado Quality Management (QM) Program Description is to operationalize Health Colorado's strategic goals by setting the Quality vision and direction of the organization, the stakeholders, and the State of Colorado.

Mission

The mission of the Health Colorado Quality Program, in collaboration with the Clinical and Medical Affairs functional areas is to help people live their lives to the fullest potential by transforming the lives of those we serve through promotion, support and facilitation of high quality, cost effective, evidence-based care and service known to improve health outcomes.

Philosophy/Purpose

The QM program is committed to ensuring that continuous quality/performance improvement occurs within and across our region, and is inclusive of providers and the members that we serve. That improvement goes beyond checking the box that a service was provided to measuring that the service was of a high quality to impact outcomes. There is consistent and ongoing monitoring of quality and performance so Health Colorado can achieve efficiency and effectiveness with improved outcomes for our members.

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.

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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.

The top priorities for the beginning of FY19 surrounded the implementation of the new RAE contract. This continues to be applicable into the second half of the fiscal year as well. Specific areas of focus are:

- Key Performance Indicators
- Performance incentive Measures
- Performance Improvement Projects
- Establishing an audit process
- Ensure that our committee and subcommittee structure is functional
- Finalize annual work plans and review quarterly and
- Identify areas for continued improvement

Key Performance Indicators and Performance Incentive Measures

Health Colorado strives to monitor provider performance based on the KPI's and performance incentive measures established by HCPF for the RAE. Our goals are to develop reporting formats, continue to educate providers/staff/stakeholders and to develop interventions based upon our committee/provider recommendations as needed to improve performance.

Performance Improvement Projects:

In alignment with the State of Colorado's Quality strategy for fiscal year 2018-19 two PIP topics were selected. The first PIP topic that HCI has selected is to increase the rate at which Health First Colorado Members receive well checks. Health Colorado has selected this PIP as an identified topic by the Department of Health Care Policy and Financing (HCPF). This PIP topic has the ability to increase overall member health. According to the Centers for Disease Control (CDC), "Regular health exams and tests can help find problems before they start. They also can help find problems early, when your chances for treatment and cure are better. By getting the right health services, screenings, and treatments, you are taking steps that help your chances for living a longer, healthier life." Furthermore, "health care visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions."

In an effort to improve access to behavioral health care, HCI has selected as their second PIP one that was designed to increase the rate at which HCI members receive follow up mental health services in a physical or mental health care setting after receiving a positive a depression screen in a primary care setting. This topic allows HCI to strengthen provider relationships across the primary care/behavioral healthcare system to address depression, a significant health risk across Colorado.

Audits:

Beacon Health Options conducts random audits to evaluate quality of care and compliance with the Health First Colorado (Colorado's Medicaid Program) documentation rules. The purpose of these audits are to ensure that contracted providers are meeting the guidelines established for service provision. The Colorado Department of Healthcare Policy and Financing requires us to evaluate the quality of care our members receive and the supportive documentation for claims. Audits may also be completed to assure contractual compliance where needed.

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Substance Use Disorder

To date, three SUD providers will have completed an SUD audit [REDACTED]. Regular and reoccurring audits and training will continue throughout the year in order to ensure proper documentation and support to our provider network. Recently, on January 7^h, 2019 an SUD documentation training was held for SUD providers. Over 30 providers were trained in Health First Colorado documentation standards.

Mental Health

Routine MH audits continue to be completed for Region 4 IPN providers. To date a total of 9 providers have been audited across the region. The next round of audits are scheduled for February, 2019.

Intensive Outpatient

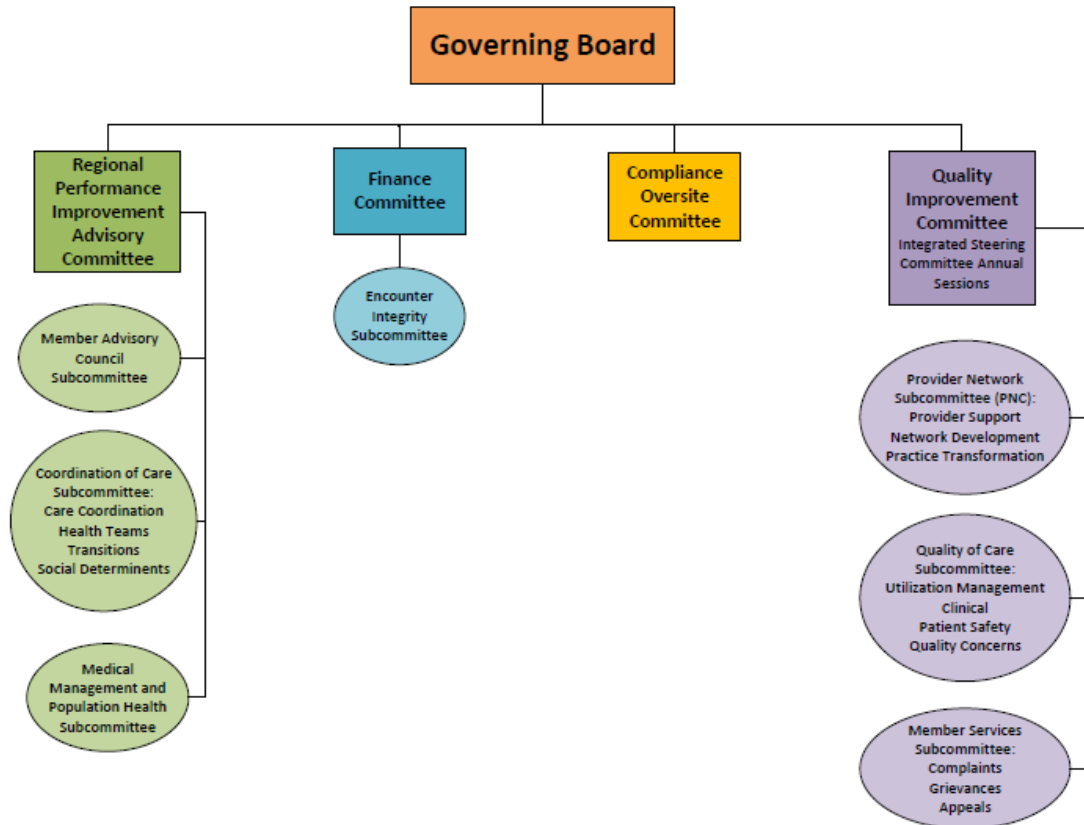
Three providers will have completed a mental health documentation audit specifically concerning members who had received Intensive Outpatient Services [REDACTED]. Currently, we have audited three providers and will continue to audit IOP providers on a quarterly basis.

Committee and subcommittee structure:

Various committees and subcommittees have been established in order to assist in meeting the goals of the QM Program. Periodically throughout the fiscal year and at the end of the fiscal year, an evaluation of the structure and efficacy of the committee and subcommittee structures will be examined. If a change to the committee structure recommended, changes will be discussed and implemented as needed. Cross-representation on committees has been a key to effective committee work; the Quality Director as a member of the Care Coordination committee has provided insight into challenges, as well as improving clarity around the KPIs and behavioral health measures.

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Regional Accountable Entity Committee Structure



Quality of Care Issues:

One quality of care issue has been reported. The matter was investigated and closed.

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

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Goal	Fiscal Year 2019 Project/Initiative	Targeted Completion Date	Status
Performance Improvement Projects			
PIPS	Increasing Well Checks	June 30 th , 2020	Both PIP topics listed are currently under review with HSAG. As soon as modules one and two have been validated by HSAG we will move into intervention testing in module 3.
	Behavioral Health Services following a positive depression screen	June 30 th , 2020	
Performance Measurement Data Driven Projects			

<p>PIMKPI</p>	<p>Performance measurement is a core function of the Quality Management program. The primary goal of the Quality Management Program is to continuously improve patient care and overall health outcomes, assuring efficient utilization of services. Through data collection, measurement and analysis, aspects of care and service that demonstrate opportunities for improvement are identified and prioritized for quality improvement activities. Data collected for quality improvement projects and activities are related to key indicators of quality that tend to focus on high-volume diagnoses or services and high-risk diagnoses, services, or special populations. Data is considered to be statistically valid, reliable and comparable over time. Beacon Health Options/Health Colorado uses the following steps to ensure a systematic approach to process improvement:</p> <ul style="list-style-type: none"> • Monitor clinical and service quality indicators • Identification of opportunities for improvement • Prioritization of opportunities to improve processes or outcomes of healthcare delivery that are based on risk assessment, ability to impact performance and resource availability • Identification of the affected population within the total membership • Performance relative to the baseline level is reviewed by the quality management committee • Thoughtful identification of interventions that are powerful enough to impact performance; and • Analysis of results are used to determine where performance is acceptable and, if not, the identification of current barriers to improving performance. <p>Beacon Health Options shares the findings with its partners, staff and management</p>	<p>Health Colorado Inc., continues to work with our QI UM Committee to identify projects. Through committee and provider education efforts, we have received questions and feedback involving codes/methodology that have been passed on to the Department. Much of our initial work has been establishing relationships to increase knowledge, validate data, gain feedback on measures, performance challenges and interventions.</p> <p>The Prometheus tool brings key health resource data that has been valuable in understanding health care costs and population characteristics, as well as specific detail for intervention development. Substance use disorders, diabetes and hypertension are the episode areas identified for action in Region 4.</p> <p>Recent receipt of baseline and performance data has created improved opportunities for engaging with providers to better quantify performance. Working with dental organizations to better address rural and frontier shortages is a current area of focus. Working with practices to support the development of care compacts, and foster care screening processes are current initiatives as well.</p>
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	team and stakeholders through regular updates, PIAC and other committee meetings.		
Member Experience of Care Improvement Driven Projects			
Surveys	<p>Health Colorado, Inc. will be supporting the CAHPS survey. The survey currently is underway as it is being initiated by HCPF. HCI will support the survey once detail emerge from HCPF.</p> <p>HCI is currently piloting a survey on its website. The survey aims to collect information on member's desire to improve their healthcare.</p> <p>At this time, there has been minimal responses provided. HCI will be exploring other options for this administration of this survey.</p>		<p>This process is just being initiated by HCPF; Health Colorado will be notifying practices whose members have been selected for the survey.</p>
Under and Over Utilization of Services Projects			

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<p>COUP</p>	<p>As the RAE, we will outreach to Members identified through the COUP in order to link them to appropriate and available services. We will continue to coordinate care and monitor service utilization for these individuals until utilization patterns are stabilized and clinically appropriate. The Client Overutilization Program (COUP, also known as "Lock-In") is a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of care or services. This program provides a post-payment review process allowing for the review of Medicaid client utilization profiles. It identifies excessive patterns of utilization in order to rectify over-utilization practices of clients. The Client Over-Utilization Program will restrict clients to one designated pharmacy and primary care physician when there is documented evidence of abuse or over-utilization of allowable medical benefits.</p> <p>Under-utilization:</p> <p>BH Incentive Measure 1—Engagement is OP SUD treatment—An initiation encounter plus 2 or more services within 30 days of the initiation. The RAE is collecting this data with specific provider-level detail. Poor performance on this indicator will direct follow-up QI efforts.</p> <p>The RAE is looking at 7-day ambulatory follow-up after hospital discharge (BH Incentive Measure 2). Poor performance on this metric will result in QI/Clinical follow-up. MHC partners are provided with daily inpatient census and daily hospital discharge reports.</p> <p>Over-utilization:</p> <p>COUP report is distributed to the RAE's care coordination entities for follow-up.</p> <p>Top 50 reports, a monthly list of high-cost and high-utilization members, is distributed to each MHC for review and follow-up</p> <p>The RAE has a daily report of hospital re-admissions within 60 days. Members who are identified as inpatient over-utilizers are</p>	<p>Care coordination outreach efforts are in progress; these are tracked and reported as required; the data capture tool is being updated We continue to refine our knowledge of this population and effectiveness of interventions, provider support with assistance from the Provider Relations Department, and work toward improved management of this population.</p>
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	<p>referred for Intensive case management services.</p> <p>General:</p> <p>The Quality of Care Committee (QOCC) is a sub-committee of the Quality Improvement Committee that meets at least quarterly. The QOCC is co-chaired by the RAE's Medical Director and is comprised of the Vice President of Quality Management, Provider Relations Director, Clinical Peer Advisor, and clinical/quality management representatives from our partner organizations. The purpose of this committee is to identify, investigate, monitor, and resolve quality of care issues and patterns of poor quality within our system. Activities include a review of issues such as adverse incidents, over- and under-utilization, compliance with quality of care indicators, repeated non-compliance with access standards, adherence to clinical treatment guidelines, treatment/discharge planning and medication management, along with other identified quality of care issues.</p>		
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Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs Projects

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	<p>Health Colorado recognizes Health First Colorado’s definition of special health care needs as, “those who have or are at increased risk for a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” For Members who require EPSDT services as well as those individuals with other identified disabilities, Health Colorado requires an intake assessment to be conducted by a qualified, credentialed clinician. If a mental health issue is identified, treatment planning will include follow-up/intervention with the identified issue(s). Health Colorado will provide referral assistance to members receiving diagnosis or treatment services not covered by the plan, but found to be needed as a result of conditions disclosed during the screening (assessment) and diagnosis process.</p> <p>Furthermore, we will conduct periodic audits of medical record documentation to ensure care is comprehensive, appropriate and effectively coordinated across providers.</p> <p>Our existing network includes psychologists and psychiatrists who can assist with the assessment of complex cases, such as Members who present with co-occurring disorders, including substance use disorders, medical problems, autism, developmental disabilities, or neurological conditions such as traumatic brain injuries. Members are offered choice about geographic service location, provider’s licensure type and clinical specialty, and treatment options. These practitioners are trained to offer appropriate treatment for members who have special health care needs.</p>		<p>Behavioral health providers are expected to complete assessments to identify and recommend treatment for individuals with special health care needs. Members with special needs are supported through case management where needed to assure care is well-coordinated and communication between providers is occurring.</p> <p>During Q3 of FY19, the process of confirming that appropriate procedures are in use is being implemented.</p>

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Quality of Care Concern Monitoring			
<p>QOC</p>	<p>Quality of Care issues are any deviation from a reasonably expected standard of care on the part of the provider based on established medically necessary criteria and/or safety standards essential to maintain safety and promote improved health and functioning. Beacon Health Options reviews and investigates potential quality of care (QOC) issues reported to Beacon. Findings are reported to the Quality of Care Committee (QOCC) comprised of the Medical Director, and other key staff. The QOCC will evaluate and determine the best course of action. If an incident is founded, the development and implementation of a Corrective Action Plan (CAP), follow-up and tracking based on severity and circumstances of the incident, member/client safety prioritization, and other reporting as recommended by the QOCC.</p> <p>All QOC issues are tracked by the Quality Department. Further, Beacon's Quality Department submits quarterly trend reports of all QOC issues to the applicable Beacon Regional Quality or Network/Credentialing Committee, for the purpose of further ongoing monitoring of quality of care and member safety.</p>		<p>Quality of Care issue status is noted in the first section of this document. Meetings to evaluate quality of care issues and adverse events are scheduled quarterly or as needed.</p>
External Quality Review Driven Projects			
<p>EQRO</p>	<p>Health Colorado will undergo its first EQRO audit in March of 2019.</p>	<p>March 2019</p>	<p>Once the audit is completed, Health Colorado will assess the results and make necessary adjustments as warranted by the audit findings.</p>
Internal Advisory Committees and Learning Collaboratives Strategies and Projects			

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<p>PIAC/ Learning Collaborative</p>	<p>The Regional PIAC comprises Members, family members, partners, providers, hospitals, community agencies and a variety of stakeholders who represent the populations of the region and local communities. The role of this committee is to guide and inform program administration, such as input into performance with a focus on KPIs, population health, program development, quality of care, and service. This committee serves the important function of vetting the annual Performance Improvement Plan, the Performance Improvement Project progress, possible performance improvement initiatives that will directly impact the quality of Member care, Member engagement or Member experience of care. Issues that might arise for discussion within the PIAC include but are not limited to: Member needs around medical care, transportation, community services such as food, peer support, financial assistance, clothing, and cultural and religious considerations.</p> <p>In order to ensure the Quality Management program is effectively serving Members and providers, Health Colorado will participate in multi-disciplinary statewide advisory committees and learning collaboratives for the purposes of monitoring the quality of the Program overall and guiding the improvement of program performance.</p> <p>Health Colorado will also hold learning collaboratives to educate and better understand network challenges related to performance improvement, initiatives and interventions, along with other topics relevant to stakeholders.</p>	<p>Regional PIAC meetings for Health Colorado, Inc. are scheduled monthly. Meetings will be held in venues across the region periodically throughout the year. Stakeholder participation in these meetings continues to grow.</p> <p>Health Colorado staff consistently attend the State Learning Collaborative meetings. Planning is also underway for a performance-related learning collaborative to be scheduled during Quarter 3.</p>
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