



CHIP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

Fiscal Year 2016–2017 PIP Validation Report

Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider

for

Colorado Choice Health Plan

April 2017

For Validation Year 3

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Colorado Department of Health Care Policy & Financing.*



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1. Background

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with federal regulations and quality improvement standards. According to the BBA, the quality of health care delivered to Medicaid members in MCOs and PIHPs must be tracked, analyzed, and reported annually. The Colorado Department of Health Care Policy & Financing (the Department) has contractual requirements with each MCO, and behavioral health organization (HMO) to conduct and submit performance improvement projects (PIPs) annually.

In preparation for implementation of Public Law 111-3, The Children's Health Insurance Program Reauthorization Act of 2009, the State of Colorado required each contractor with the Colorado Child Health Plan *Plus* (CHP+) health insurance program to conduct and submit PIP reports annually. CHP+ is Colorado's implementation of the Children's Health Insurance Program (CHIP), a health maintenance organization (HMO) jointly financed by federal and state governments and administered by the states. Originally created in 1997, CHIP targets uninsured children in families with incomes too high to qualify for Medicaid programs, but often too low to afford private coverage.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR §438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of system interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities to increase or sustain improvement.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.¹⁻¹

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>. Accessed on: Feb 19, 2013.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the HMO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG’s review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.
2. The outcomes of the PIPs. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP’s outcomes determined whether the HMO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the HMO was successful in sustaining the improvement. The goal of HSAG’s PIP validation is to ensure that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the HMO’s improvement strategies.

PIP Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For fiscal year (FY) 2016–2017, **Colorado Choice Health Plan (Colorado Choice)** continued its *Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider* PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, timeliness of, and access to, care and services.

PIP Summary

For the FY 2016–2017 validation cycle, the PIP received an overall validation score of 100 percent and a *Met* validation status. The focus of this PIP is to improve the transition of care for adolescents 12 to 17 years of age with a positive depression screening that was performed by a primary care provider who have a behavioral health provider follow-up visit within 30 days of the positive depression screening. The PIP had one study question that **Colorado Choice** stated: “Do targeted interventions from the health insurance plan increase the percentage of adolescents 12–17 years of age who screened positive for depressive disorders with a primary care provider and completed a follow-up with a behavioral health provider within 30 days?” The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider</i>	The percentage of adolescents 12–17 years of age with a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening with a primary care provider.

Validation Overview

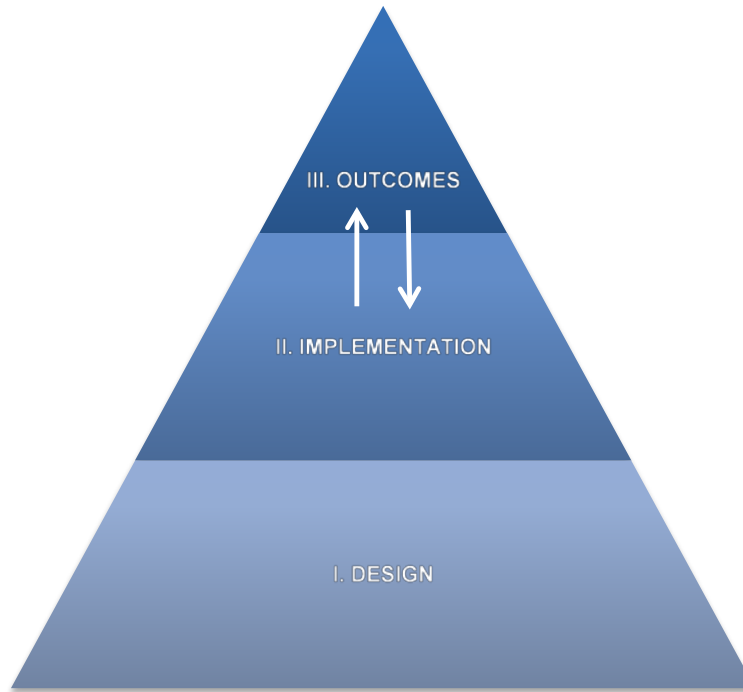
HSAG obtained the information needed to conduct the PIP validation from **Colorado Choice’s** PIP Summary Form. This form provided detailed information about the HMO’s PIP related to the activities completed and HSAG evaluated for the FY 2016–2017 validation cycle.

Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. A HMO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

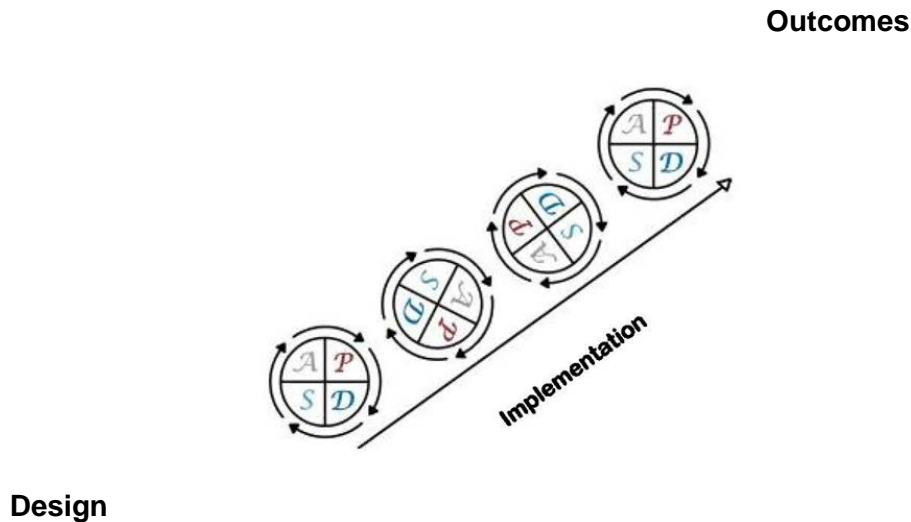
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary.

Figure 1–1—PIP Stages



Once **Colorado Choice** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the HMOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The HMOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- **Plan**—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- **Do**—implement intervention; track and monitor the intervention; and record the data
- **Study**—analyze the data; compare results; and evaluate the intervention’s effectiveness
- **Act**—based on the evaluation results, standardize, modify, or discontinue the intervention

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The HMO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the HMO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the HMO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

2. Findings

This year, the PIP validation process evaluated the technical methods of the PIP (i.e., the study design), as well as the implementation of quality improvement activities. Based on its technical review, HSAG determined the overall methodological validity of the PIP.

Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is an HMO’s update of a previously submitted PIP with modified/additional documentation.

HMOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Partially Met* overall validation status when originally submitted. The HMO had the opportunity to receive technical assistance, incorporate HSAG’s recommendations, and resubmit the PIP. After resubmission, the HMO improved its overall validation status to *Met*.

Table 2–1—FY 2016–2017 Performance Improvement Project Validation for Colorado Choice Health Plan

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider</i>	Submission	94%	89%	<i>Partially Met</i>
	Resubmission	100%	100%	<i>Met</i>

¹ **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the HMO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall *Met* validation status.

² **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

³ **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

⁴ **Overall Validation Status**—Populated from the PIP Validation Tool and based on the percentage scores.

Validation Findings

Table 2–2 displays the validation results for the **Colorado Choice** PIP validated during FY 2016–2017. This table illustrates the HMO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage

of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the third validation year for the PIP with HSAG validating Activities I through VIII.

**Table 2–2—Performance Improvement Project Validation Results
for Colorado Choice Health Plan**

Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
	VI.	Accurate/Complete Data Collection	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (9/9)	0% (0/9)	0% (0/9)
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (2/2)	0% (0/2)	0% (0/2)
	VIII.	Appropriate Improvement Strategies	100% (6/6)	0% (0/6)	0% (0/6)
Implementation Total			100% (8/8)	0% (0/8)	0% (0/8)
Outcomes	IX.	Real Improvement Achieved	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
	X.	Sustained Improvement Achieved	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Outcomes Total			<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)	0% (0/17)	0% (0/17)

Overall, 100 percent of all applicable evaluation elements validated received a score of *Met*.

Design

Colorado Choice designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

Implementation

Colorado Choice reported zero for the Remeasurement 1 numerator and denominator; therefore, the rate for this remeasurement period was not reportable. Despite the lack of eligible members, the health plan completed a causal/barrier analysis, identified and prioritized barriers, and implemented interventions logically linked to the barriers that have the potential to impact indicator outcomes. **Colorado Choice** also has processes in place to evaluate the effectiveness of each intervention.

Outcomes

When claims data was reviewed for the Remeasurement 1 period, 26 percent of the CHP+ adolescent population 12-17 years of age who were seen for a well-visit. Of those 140 completed well-visits, 25 (17.9 percent) were screened for depression. There were zero positive screenings for the remeasurement period making the rate non-reportable.

Analysis of Results

Table 2–3 displays Remeasurement data for **Colorado Choice’s Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider** PIP. **Colorado Choice’s** goal is to increase the percentage of members 12 to 17 years of age who have a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening with a primary care provider to 5 percent.

Table 2–3—Performance Improvement Project Outcomes for Colorado Choice Health Plan

PIP Study Indicator	Baseline Period (7/1/2014–6/30/2015)	Remeasurement 1 (7/1/2015–6/30/2016)	Remeasurement 2 (7/1/2016–6/31/2017)	Sustained Improvement
The percentage of adolescents 12–17 years of age with a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening with a primary care provider.	0%	NR		<i>Not Assessed</i>

NR = Not Reportable

The baseline rate for members 12 to 17 years of age who had a follow-up visit with a behavioral health provider within 30 days of a positive depressive disorder screening with a primary care provider was zero (0/1). The denominator size was only one member. The health plan's goal is to increase the rate to 5 percent at the first remeasurement. Based on the growth of the eligible population for this project, **Colorado Choice** may need to revisit its goal to make sure that the desired outcome yields statistically significant improvement.

For Remeasurement 1, the eligible population did not increase, and the numerator and denominator were again zero, making the rate Not Reportable (NR) for this measurement period. The goal remains at 5 percent.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. The HMO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the HMO's overall success in improving PIP rates.

For the ***Adolescent Positive Depressive Disorder Screening and Transition to a Behavioral Health Provider*** PIP, **Colorado Choice** determined it was necessary to better understand what processes, if any, the primary care providers had in place to screen for depressive disorders and for referring members to a behavioral health provider. To do this, **Colorado Choice** developed a telephonic survey which included the following survey questions for providers:

1. Are evidenced-based depression screenings being utilized for adolescents at their evaluation and management visits?
2. If so, what is the process to refer to a behavioral health provider when a positive screening is identified? If not, are there specific reasons that these evidence-based screening tools are not being used?
3. Does the primary care provider have a relationship with a behavioral health provider?
4. Is there a tracking mechanism in place to determine if the adolescent was seen by a behavioral health provider within 30 days of the positive screening? If so, what is the process?
5. Are there any barriers referring adolescents to a behavioral health provider?

A survey was also developed for behavioral health providers that asked the following questions:

1. Do you receive referrals from primary care providers for members that screened positive for depression? If so, can you see them within 30 days of the referral and how is this ensured?
2. What is the intake process?
3. What is the timing between the intake and first appointment?
4. What is the wait time for someone with emergent needs?



5. Does the behavioral health practice have clinicians integrated with the primary care setting or vice versa?

From the survey results, the following barriers were identified and prioritized:

- Not all primary care providers have a process in place for completing an adolescent depression screening.
- Primary care providers have difficulty accessing the behavioral health network.

To address these barriers, **Colorado Choice** implemented the following interventions:

- Educated the providers about using standardized depression screening tools, reimbursement rates, and correct billing codes.
- Conducted a provider survey to capture how **Colorado Choice** can better support providers in conducting depression screenings.
- Targeted provider contact will be made to those providers identified as a severity level 3.
- Continued to update the provider network regularly so that providers' needs are met.
- Uploaded the Patient Health Questionnaire (PHQ) screening tool to the Colorado Choice Health Plan website on the provider resources tab.

3. Conclusions and Recommendations

Conclusions

Colorado Choice developed a methodologically sound project that set the foundation for the health plan to move forward. Despite the low to nonexistent study population, the health plan conducted appropriate quality improvement activities and strategies to identify problems with current provider processes and developed interventions to overcome the identified barriers.

Recommendations

As the PIP progresses, HSAG recommends the following:

- **Colorado Choice** ensures that goals set will result in projected statistically significant improvement.
- **Colorado Choice** revisits the causal/barrier analysis and quality improvement processes at least annually to reevaluate barriers and develop new, active interventions, as needed.
- **Colorado Choice** continues to evaluate the effectiveness of each individual intervention and report the results in the next annual submission.
- **Colorado Choice** makes data-driven decisions when revising, continuing, or discontinuing interventions.
- **Colorado Choice** references the PIP Completion Instructions to ensure all documentation requirements for each completed activity of the PIP Summary Form are addressed.
- **Colorado Choice** seeks technical assistance from HSAG as needed.