



COLORADO

**Department of Health Care
Policy & Financing**

Colorado Accountable Care Collaborative

Fiscal Year 2016–2017 PIP Validation Report
Improving Transitions of Care for Individuals
Recently Discharged from a Corrections
Facility
for
Rocky Mountain Health Plans
(Region 1)

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 (BHO) to conduct and submit performance improvement projects (PIPs) annually.

The Colorado Department of Health Care Policy & Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the client and family experience, improve access to care, and transform incentives and the health care delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, client-centered system of care, and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of health care resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. The RCCOs provide medical management for medically and behaviorally complex clients; care coordination among providers; and provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.

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 RCCO 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 RCCO 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 RCCO 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 RCCO’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, **Rocky Mountain Health Plans (RMHP)** continued its *Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility* PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, the quality and access to, care and services.

PIP Summary

For this FY 2016–2017 validation cycle, the PIP received an overall validation score of 89 percent and a *Not Met* validation status. The focus of this PIP is to improve the transition of care by assisting members who have been paroled with accessing a primary care provider within 90 days of enrollment into RMHP Region 1 RCCO. The PIP had one study question **RMHP** stated: “Do targeted interventions to improve transitions of care for individuals released from prison into parole in La Plata County increase the percentage of paroled members that have a visit with a primary care provider within 90 days of Medicaid RMHP Region 1 RCCO enrollment?” The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility</i>	The percentage of members paroled to La Plata County Department of Corrections (DOC) parole office and enrolled into RMHP Region 1 RCCO during the measurement year and had a visit with a primary care provider within 90 days of enrollment into RMHP Region 1 RCCO.

Validation Overview

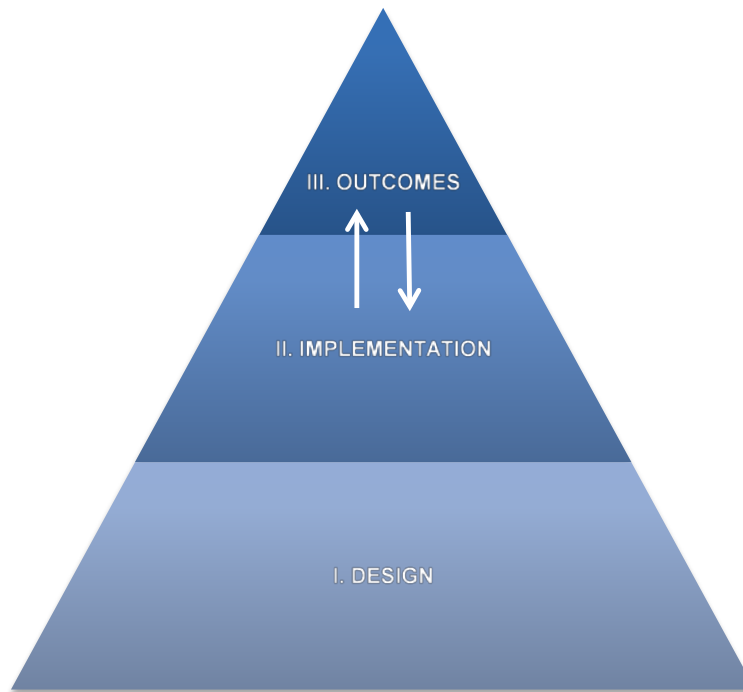
HSAG obtained the information needed to conduct the PIP validation from **RMHP**'s PIP Summary Form. This form provided detailed information about the RCCO's PIP related to the activities completed and HSAG evaluated for the FY 2016–2017 validation cycle.

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 RCCO 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*.

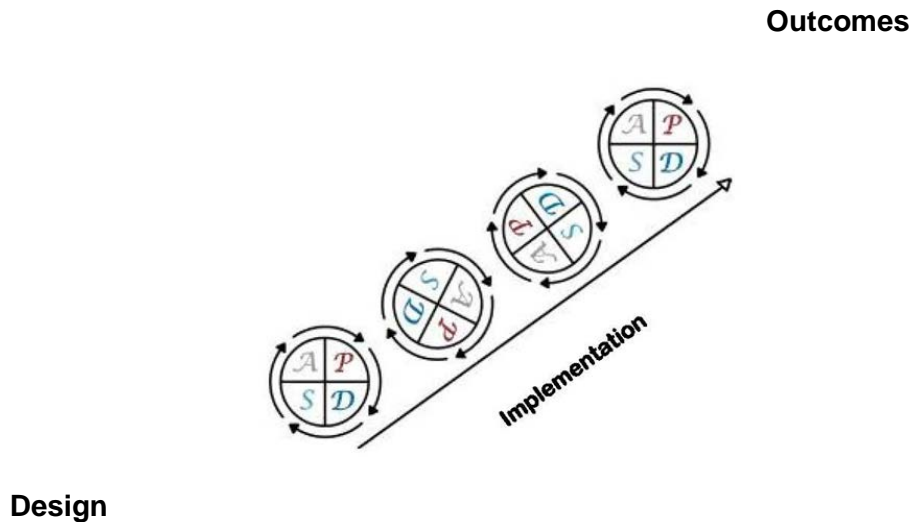
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the 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 **RMHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the RCCOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The RCCOs 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 RCCO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the RCCO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the RCCO 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 RCCO’s update of a previously submitted PIP with modified/additional documentation.

RCCOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Not Met* overall validation status when originally submitted. The RCCO had the opportunity to receive technical assistance, incorporate HSAG’s recommendations, and resubmit the PIP. After resubmission, the RCCO improved the *Met* percentages of its overall and critical evaluation elements; however, the validation status remains *Not Met* due to the lack of statistically significant improvement achieved for the study indicator.

**Table 2–1—FY 2016–2017 Performance Improvement Project Validation
for Rocky Mountain Health Plans—Region 1**

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>Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility</i>	Submission	74%	73%	<i>Not Met</i>
	Resubmission	89%	82%	<i>Not Met</i>

¹ **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the RCCO 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 **RMHP** PIP validated during FY 2016–2017. This table illustrates the RCCO’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 IX.

**Table 2–2—Performance Improvement Project Validation Results
for Rocky Mountain Health Plans—Region 1**

Stage	Activity		Percentage of Applicable Elements		
			<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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% (2/2)	0% (0/2)	0% (0/2)
Design Total			100% (8/8)	0% (0/8)	0% (0/8)
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Appropriate Improvement Strategies	100% (5/5)	0% (0/5)	0% (0/5)
Implementation Total			100% (8/8)	0% (0/8)	0% (0/8)
Outcomes	IX.	Real Improvement Achieved	33% (1/3)	0% (0/3)	67% (2/3)
	X.	Sustained Improvement Achieved	<i>Not Assessed</i>	<i>Not Assessed</i>	<i>Not Assessed</i>
Outcomes Total			33% (1/3)	0% (0/3)	67% (2/3)
Percentage Score of Applicable Evaluation Elements <i>Met</i>			89% (17/19)	0% (0/19)	11% (2/19)



Overall, 89 percent of all applicable evaluation elements validated received a score of *Met*.

Design

RMHP 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

RMHP reported and interpreted its first remeasurement data accurately and used appropriate quality improvement tools to identify and prioritize barriers. Interventions implemented were logically linked to the barriers. As the PIP progresses, **RMHP** will need to make data-driven decisions based on intervention evaluation results for interventions to continue, be revised, or be abandoned.

Outcomes

For Remeasurement 1, the study indicator demonstrated a non-statistically significant decline when compared to the baseline. Due to the eligible population criteria, the RCCO had to exclude 11 members from the numerator because they were not yet enrolled in the RCCO; however, these members received the interventions and had a primary care visit. Had these members not been excluded, the rate would have been 48 percent for the first remeasurement, which would have exceeded the goal of 35 percent and would have achieved statistically significant improvement.

Analysis of Results

Table 2–3 displays Remeasurement 1 data for **RMHP**'s *Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility* PIP. **RMHP**'s goal is to increase the percentage of paroled members who have a visit with a primary care provider within 90 days of enrollment into RMHP Region 1 RCCO.

**Table 2–3—Performance Improvement Project Outcomes
for Rocky Mountain Health Plans—Region 1**

PIP Study Indicator	Baseline Period (7/1/2014–6/30/2015)	Remeasurement 1 (7/1/2015–6/30/2016)	Remeasurement 2 (7/1/2016–6/30/2017)	Sustained Improvement
The percentage of members paroled to Mesa County, DOC Adult Parole-Grand Junction Office, and enrolled into RCCO Region 1 during the measurement year and had a visit with a primary care provider within 90 days of enrollment into RCCO Region 1.	25%	12.9%		<i>Not Assessed</i>

The baseline rate for paroled members who had a visit with a primary care provider within 90 days of enrollment into RMHP Region 1 RCCO was 25 percent. This rate is 10 percentage points below the first remeasurement goal of 35 percent.

For Remeasurement 1, the rate was 12.9 percent which was a non-statistically significant decline when compared to the baseline. The first remeasurement performance was 22.1 percentage points below the goal of 35 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 RCCO’s choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the RCCO’s overall success in improving PIP rates.

For the *Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility* PIP, **RMHP** identified the following barriers to address:

- Parolees having an urgent/emergent medical or behavioral health need and lacking the ability to navigate the system independently.
- Parolees’ inability to identify a primary care medical provider (PCMP) with which to schedule a visit.
- Parolees’ lack of reliable forms of communication—either no communication or limited telephonic communication.



- Lack of education and awareness of the importance of regularly visiting a PCMP to manage chronic health conditions or to maintain health.

To address these barriers, **RMHP** implemented the following interventions:

- The parole office or parole office behavioral health specialist contacts the RCCO when parolees have an identified urgent need. The RCCO assigns a care coordinator to immediately assess needs and help coordinate care and services.
- The parole officer or parole office behavioral health specialist contacts the RCCO with the parolee present and provides a warm hand-off referral to the care coordinator.
- Assigned a care coordinator to each parolee to assess for health needs and help coordinate primary care, schedule the initial appointment, and ensure the parolee attends the appointment.
- Developed a health literacy module for the required parole orientation after release from prison.

3. Conclusions and Recommendations

Conclusions

RMHP designed a methodologically sound project. The sound study design allowed the RCCO to progress to collecting data and implementing interventions. **RMHP** accurately reported and summarized the first remeasurement study indicator results and used appropriate quality improvement tools to identify and prioritize barriers. The interventions developed and implemented were logically linked to the barriers and have the potential to impact study indicator outcomes.

Recommendations

As the PIP progresses, HSAG recommends the following:

- **RMHP** revisits the causal/barrier analysis and quality improvement processes at least annually to reevaluate barriers and develop new active interventions, as needed.
- **RMHP** continues to evaluate the effectiveness of each individual intervention and report the results in the next annual submission.
- **RMHP** makes data-driven decisions when revising, continuing, or discontinuing interventions.
- **RMHP** seeks technical assistance from HSAG, as needed.