

Quality Improvement Plan
Name: Rocky Mountain Health Plans
RAE: Region 1
Date: 2/8/2019

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.

Organization Mission:

Rocky Mountain Health Plans takes the initiative to improve the lives of our Members and the health of our communities by offering innovative health plans, providing excellence in service, and staying true to our tradition of putting people first.

Our commitment to high quality, physician-directed care, with an emphasis on keeping our Members healthy, is the heart of our success. This founding principle has served our Members well and has guided us to high Member satisfaction and quality performance ratings.

We also adapt quickly to changing market conditions to meet the needs of today's healthcare consumers. Overall, we have succeeded by putting our Members first and working toward the good health of the communities we serve. It is our pledge to continue this tradition.

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2. Yearly Objectives/Top Priorities

Please describe your quality objectives and top priorities for this fiscal year. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

Quality Objectives

- Improve the quality of all categories of health care, including physical health, behavioral health and social determinants of health provided to the entire population of RMHP Members
- Promote clinical care and services that are delivered in a safe, timely, efficient, effective, equitable, and Member-centered manner
- Respond to the needs and expectations of RMHP internal and external customers by evaluating clinical and service performance relative to meeting those needs and expectations
- Encourage and engage in effective professional peer review
- Support and facilitate health care entities in geographically distinct areas in coordinating the collection and utilization of quality improvement information
- Evaluate and improve the effectiveness of the QI Program by developing action plans based on measured outcomes
- Report results of quality improvement efforts
- Ensure compliance with statutory requirements and accreditation standards

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Top Priorities for Fiscal Year

- Develop and implement a value-based tiered model for the Behavioral Health network
- Develop and implement a quality assurance oversight program of Behavioral Health network
- Engage Members and Stakeholders in directing and informing performance and quality improvement of the RAE
- Continue to engage in data-driven quality improvement processes at both the practice and RAE-level
- Meet or exceed benchmarks for key performance indicators, Behavioral Health incentive measures and performance improvement projects
- Improve access to high-quality Primary and Behavioral Health Care
- Develop and implement processes to evaluate and incorporate social determinants of health data into whole-person assessment and stratification with connection to resources
- Improve pregnancy-related care
- Improve diabetes-related care
- Improve childhood and adolescent immunizations and well-care

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3. 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.

Chief Clinical Officer, Kevin Fitzgerald, Kevin.Fitzgerald@rmhp.org
The Regional Accountable Entity (RAE) Chief Clinical Officer (CCO) is responsible for defining the overall clinical vision for the organization and provides clinical direction to network management, quality improvement, utilization management and credentialing divisions. The CCO provides medical oversight, expertise and leadership to ensure the delivery of coordinated, cost-effective services and supports for Members. Additionally, the CCO participates in strategy development and the design and implementation of innovative clinical programs and interventions with the Health Neighborhood and Community.

Clinical Program Development and Evaluation Director, Lori Stephenson, Lori.Stephenson@rmhp.org
The Clinical Program Development and Evaluation Director is responsible for the ongoing development and deployment of Practice Transformation initiatives and other related initiatives. The Director oversees staff of the Practice Transformation Team and the Clinical Outcomes Analysis team. The Clinical Program Development and Evaluation Director is responsible for directing the Clinical Outcome Analysis team for the purpose of clinical program evaluation, ongoing monitoring, and ongoing improvement as well as collaboration with all necessary departments and external entities for the effective development, implementation, and integration of initiatives.

Quality Improvement Director, Maura Cameron, Maura.Cameron@rmhp.org
The Quality Improvement Director is responsible for executing the daily functioning of the Quality Improvement Department. The Director oversees credentialing activities, practice quality monitoring, adverse event review, regulatory compliance with quality standards and requirements, NCQA accreditation project management, as well as HEDIS and CAHPS data collection and intervention development to improve performance measures. The Director directs and coordinates all quality improvement activities, ensures alignment with federal and state guidelines and sets internal performance goals and objectives.

Care Management Director, Sandy Dowd, Sandy.Dowd@rmhp.org
The Care Management Director is responsible for executing the daily functioning of the Care Management Program. The Director oversees all activities related to care management and care coordination, prospective review, concurrent review, retrospective review, and as well as Member appeal, grievances, and complaints. The Care Management Director provides oversight of the development and implementation of quality improvement initiatives performed by the RAE Care Coordination, Utilization Management and Appeals and Grievances staff and participates in interdepartmental quality improvement initiatives.

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Regional Accountable Entity Utilization Management Director, Kila Watkins,
Kila.Watkins@rmhp.org

The Regional Accountable Entity Utilization Management Director is responsible for leading and developing the RAE utilization management program and managing the medical review and authorization process. The Director is responsible for overseeing the medical appropriateness and necessity of behavioral health services provided to Members and works closely with the Care Management Director and leads the oversight of prospective and concurrent reviews of services covered by the Capitated Behavioral Health Benefit. The Director is also responsible for analyzing and monitoring utilization trends, identifying problem areas and recommending action plans for resolution.

Provider Network Management Director, Dale Renzi, Dale.Renzi@rmhp.org

The Provider Network Management Director is responsible for executing the daily functioning of the Provider Network Management Department. The Director oversees all contractual and administrative activities related to provider networks. This includes provider contracting, provider relations, and contract administration. The Provider Network Management Department works with the provider communities to create a robust provider network that meets and or exceeds the access needs of communities at reasonable rates. The Provider Network Management Director collaborates with the clinical and operational departments related to quality and access standards and actively participates in several QI committees including chairing the Access and Availability Committee and attending the Medical Advisory Council, and the Quality Improvement Committee.

Regional Accountable Entity Program Officer, Meg Taylor, meg.taylor@rmhp.org

The RAE Program Officer is responsible and accountable for monitoring all phases of the Regional Accountable Entity Contract in accordance with the work plans or timelines determined by the Department of Health Care Policy and Financing. The Program Officer is responsible for ensuring the completion of all work in accordance with Contract requirements including, but not limited to, ensuring the accuracy, timeliness and completeness of all work. The Program Officer works closely with the Quality Improvement Director, Provider Network Management Director, Care Management Director, RAE Utilization Management Director and Chief Clinical Officer and maintains direct oversight of the Behavioral Health Quality Assurance and Compliance program.

Customer Service Director, Marci O’Gara, Marci.O’Gara@rmhp.org

The Customer Service Director is responsible for executing the daily functioning of the Customer Service Department. The Customer Service Director oversees all aspects of the RAE OneCall Center and evaluates the quality and effectiveness of the Customer Service Department through routine monitoring of performance measures. The Customer Service Director collaborates with multiple departments to evaluate the Member’s health plan experience and actively participates in several QI committees by chairing the Member Experience Advisory Council and attending the Quality Improvement Committee meetings.

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Internal Audit Director, Jerry Spomer, Jerry.Spomer@rmhp.org

The Internal Audit Director is responsible for executing the daily functioning of the Internal Audit Department. The Director oversees all activities related to internal financial, operational and compliance audits, fraud investigations and quality assurance processes of new provider contracts and Member plans. The Internal Audit Director participates in collaborative efforts organization wide to improve processes that directly or indirectly impact our Members.

Claims Director. The Claims Director is responsible for executing the daily functioning of the Claims Department. The Director oversees all aspects of claims processing including assuring compliance with all state and federal regulatory requirements. The Claims Director participates in collaborative efforts organization wide to improve processes that directly or indirectly affect claims processing for Members. The Director is a Member of the Quality Improvement Committee.

Behavioral Health Compliance & Quality Assurance Analyst, Steven Robinson,
steven.robinson@rmhp.org

The Behavioral Health Compliance and Quality Assurance Analyst is responsible for the development and oversight of the compliance and quality of delivery of services of the RAE Capitated Behavioral Health Benefit. This includes oversight of corrective action plans and monitoring of network provider quality, outcomes and access. The Compliance and Quality Assurance Analyst works closely with the RAE Program Officer, the Quality Improvement Director and the Utilization Management Director to evaluate utilization and outcome trends and implement performance improvement initiatives.

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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 2019 Objective(s)	Targeted Due Date	Update
Collection and Submission of Performance Measurement Data			
Regional Accountable Entity, Performance Improvement Project (PIP)	Improve the rate of depression screenings in a primary care setting and follow-up with a behavioral health provider following a positive screening	6/30/2020	
Regional Accountable Entity, (PIP)	Improve well-child visits for children for Medicaid Members ages 15 -18 years old	6/30/2020	
Child Health Plan Plus (CHP+) PIP	Improve well-child visits for children for CHP+ Members ages 15 -18 years old	6/30/2020	
Prime PIP	Increase the percentage of adult Prime Members who receive effective pharmacotherapy for opioid use disorder (OUD) or alcohol use disorder (AUD) within 60 days of diagnosis of an OUD or AUD.	6/30/2020	

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RAE Population Health Plan	Develop a population health reporting template that allows us to meaningfully assess	Quarterly	
ACHM Program Performance	Evaluate screening volume, connection to navigation and other relevant program metrics to assess compliance with CMS specifications	Quarterly	
Population Assessment	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs	Annual (specific deadline TBD)	
Rocky Mountain Health Plans Quality Improvement Program (RQUIP)	<ul style="list-style-type: none"> • Improve BH access to Members with SUD related utilization • Increase number of members connected to a PCMP • Address members social determinants of health • Improve coordination of care to address members with needs across the domains of health 	Ongoing	

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Member Experience of Care			
Behavioral Health Focus Groups	Facilitate Member and Provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services	Winter/Spring 2019	
Culturally Competent Care Provider Trainings	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for members with disabilities	Ongoing	
Provider Attributes Survey Program	Collect in-depth information about the Primary Care and Behavioral Health Network to: identify gaps in care, provide up-to-date information about the network to Members, deliver whole-person focused information to Members about the Network and promote Member-choice	Quarterly	
Under and Over Utilization of Services			
Gaps in Care Reporting	Decrease service gap closures by reporting to Primary Care Practices the need of services to Members related to pregnancy, diabetes care, breast cancer screening, cervical cancer screening, child and adolescent immunizations and well care visits	Ongoing	
Quality of Care Concerns			
Behavioral Health Quality Assurance Program	Create and maintain quality assurance processes to ensure quality of care concerns are addressed and inform the Behavioral Health network	5/1/2019	

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External Quality Review			
Health Services Advisory Group	Annual Onsite Review for RAE and Prime	1/29/2019	

Advisory Committees and Learning Collaboratives			
<p>Member Advisory Councils (MACs)</p>	<p>2019 objectives for the Western Slope MAC include:</p> <ul style="list-style-type: none"> • Implement member engagement metrics • Place members on accountable communities committees • Continue local outreach events • Outreach to tribes <p>2019 objectives for the Larimer County MAC include:</p> <ul style="list-style-type: none"> • Continue Member outreach activities • Provided Education about Behavioral Health Benefit • Implement an enhanced process for member material testing / review 	<p>Quarterly/Every 2 Months</p>	
<p>Deaf advocacy Groups</p>	<p>2019 objectives for the Bridging Communications groups include:</p> <ul style="list-style-type: none"> • Produce and distribute provider video on Deaf culture • Facilitate a second Deaf Access Conference on the Western Slope • Participate in Rural Interpreting Services Project pilot (RISP) Advisory Council • Follow interpreter legislation and advocate for remote participation opportunities • Continue outreach to other Deaf individuals about ACC Phase II 	<p>Every 2 Months</p>	

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Program Improvement Advisory Committee	Provide a structured environment for diverse community involvement and a place where Members and their family or caregivers can provide feedback in a safe environment in order to improve the services that we provide as the Regional Accountable Entity (RAE)	Quarterly	
Value Based Contracting Office Hours	Improve Network Performance through Ongoing Provider Education and Learning Collaboration	Monthly	
Quality and Compliance Monitoring Activities			
Network Adequacy Validation Audit	Network Adequacy Validation Audit (NAV)--Prime, CHP+ and RAE	January 2019	
412 Audit	412 Audit of Prime encounter data quality and to assure alignment with medical records: Record review in process	March 2019	
Information Systems Review	Information Systems (IS) Review (Formerly BHRR—Behavioral Health Record Review): RAE questionnaire response due 2/16/19	February 2019	
411 Audit	411 Audit of RAE encounter quality and to assure alignment with medical records will take place in 2019-2020	TBD	
412 Quality Improvement Plan	412 Quality Improvement Plan (QUIP) Audit for Prime will take place in 2019-20	TBD	