



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2019



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.

Organization Mission:

Rocky Mountain Health Plans (RMHP) 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.

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.

The objective of the RMHP Quality Improvement Program (QI Program) is to monitor, measure, and take effective actions on identified opportunities to improve the quality and safety of health care and services through the cycle of objective evaluation, intervention, and reevaluation. These activities are the summation of efforts by several departments including Quality Improvement, Care Management – including Utilization Management and Appeals - Pharmacy, Provider Network Management, Practice Transformation, Community Integration, Customer Service, Health Promotions, Claims, Home Health, Member Administration, Marketing, Information Technologies, and effective professional peer review. Pertinent activities from all of these processes are reported and integrated into the QI Program.

Quality Improvement Goals

- 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

Quality Objectives

- Collect and review information from Members about their experience of care. Develop and implement data-informed performance improvement activities to address areas of concern and opportunities for improvement.
- Review and respond to Member and provider quality of care concerns through interdepartmental committee activities. Identify and evaluate related trends. Take corrective action if deemed warranted.
- Monitor and improve Member access to and continuity of care through interdepartmental committees as well as Advisory Council feedback and activities.
- Improve Member awareness, health literacy and engagement in their own health care.
- Identify, through multiple mechanisms, important areas of care, safety, and service to be monitored. Initiate and complete necessary activities.
- Promote quality and safety of clinical care by reviewing identified adverse Member outcomes, identifying and evaluating trends, and taking corrective action if deemed warranted.
- Coordinate and facilitate the collection, review and submission of performance measures and QI data pertinent to services provided to RMHP Members by contracting entities.
- Facilitate the development, distribution, and implementation of clinical practice guidelines of importance to the RMHP Membership.
- Use results of performance measurement to continually improve care delivered to the Membership including Performance Improvement Projects.
- Monitor the cultural and linguistic needs of Members and determine if actions are required in order to serve the diverse needs of the Membership.
- Identify Members with complex health needs and improve coordination of care and services for Members receiving care and services from providers and agencies.
- Identify Members with special health care needs (as defined by the Department of Health Care Policy and Financing) and develop mechanisms to assess the quality and appropriateness of care furnished to this population.
- Credential/recredential practitioners.
- Monitor and improve practitioner adherence to standards for preventive, behavioral health treatment and chronic illness care.
- Collaborate with the Provider Network to manage utilization.
- Collect and review data related to the over and under-utilization of health care services, including partnering with the Department of Health Care Policy and Financing in

administering the Client Over-Utilization Program (COUP). This information will be used for data-informed interventions with Members and Providers.

- Monitor and improve practitioner adherence to standards for medical record documentation.
- Participate in External Quality Reviews.
- Develop continuing medical education (CME) and Behavioral Health training programs based on results of performance measurements, audits, quality improvement data and Member feedback.
- Report QI activity progress and findings to providers and others, including Members as deemed appropriate. Advance the awareness of the QI Program within the organizational structure and processes.

Top Priorities for Fiscal Year

- Continue development and implement a value-based model for the Behavioral Health network.
- Continue development 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 Regional Accountable Entity (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 Program measures and performance improvement projects.
- Improve access to high-quality Primary and Behavioral Health Care.
- Continue development 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.

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



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implementation of innovative clinical programs and interventions with the Health Neighborhood and Community.

Behavioral Health Medical Director, William Elsass, William.Elsass@optum.com

The RAE Psychiatric Medical Director position is responsible for providing oversight to and direction of the utilization management program and performing peer reviews as necessary. This individual will interact directly with psychiatrists, behavioral health providers and other clinical professionals who consult on various processes and programs. The psychiatric medical director is part of a leadership team that manages development and implementation of evidence-based treatments and medical expense initiatives and will also advise leadership on healthcare system improvement opportunities. They are responsible for maintaining the clinical integrity of the program, including timely peer reviews, appeals and consultations with providers and other community-based clinicians, including general practitioners and will work collaboratively with the health plan CMO, clinical, network and quality staff.

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.

Regional Accountable Entity Utilization Management Director, Kila Watkins,

Kila.Watkins@rmhp.org (Key Personnel change is in process)



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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.

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



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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.

Quality Improvement Analyst, Jeremiah Fluke, jeremiah.fluke@rmhp.org

The Community Integration Quality Analyst is responsible for oversight of the Performance Improvement Projects (PIPs), the Key Performance Indicators (KPIs) for physical health and Behavioral Health Incentive Program (BHIP) measures, along with other quality improvement activities associated with the RAE Contract.



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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 Objectives	Targeted Due Date	Update
Collection and Submission of Performance Measurement Data			
Regional Accountable Entity (RAE), 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	<i>In progress:</i> The practice has moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention is identified and FY 19/20 will be the focus of Module 4 – Intervention testing. The intervention that CMM is conducting: Health texting campaign through new software, <i>Relatient</i> , to engage members and encourage an annual wellness visit that will include depression screening.
RAE PIP	Improve well-child visits for children for Medicaid Members ages 15 -18 years old	6/30/2020	<i>In progress:</i> The practice has moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention is identified and FY 19/20 will be the focus of Module 4 – Intervention testing. The intervention that MFCU is conducting: Text reminder campaign for members that have not been seen in prior 12 months or attributed to practice but not seen, engagement of members to complete annual wellness visit.
Child Health Plan Plus (CHP+) PIP	Improve well-child visits for children for Medicaid Members ages 15 -18 years old	6/30/2020	<i>In progress:</i> The practice has moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention is identified and FY 19/20 will be the focus of Module 4 – Intervention testing. The intervention that MFCU is conducting: Text reminder campaign for members that have not been seen in prior 12 months or attributed to practice but not



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			seen, engagement of members to complete annual wellness visit.
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	<i>In progress:</i> The practice has moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention is identified and FY 19/20 will be the focus of Module 4 – Intervention testing. The intervention that FFP is conducting: Peer and Family support engagement through a new referral structure and relationship with MSH to engage members for a complete initiation of their MAT treatment within 60 days of diagnosis.
RAE Potentially Avoidable Costs Project (PAC) Plan	Develop a PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care.	Fall 2019	<i>In progress:</i> FY18/19 PAC plan completed – the plan focused on Practice Transformation and Care Coordination interventions for Diabetes, Depression & Anxiety, and SUD. FY19/20 PAC plan is beginning to be developed.
Key Performance Indicators (KPIs)	Support practices in intervention development to improve health outcomes in the identified measures related to physical health under the Accountable Care Collaborative.	Quarterly	<i>In progress:</i> RMHP met 3 of 8 KPIs for Q1, 5 of 8 KPIs for Q2. Q3 and Q4 results are not finalized.
Behavioral Health Incentive Program (BHIP) measures	Support CMCHs in intervention development to improve health outcomes in the identified measures related to behavioral health under the Accountable Care Collaborative.	Annual	<i>In progress:</i> Intervention support is ongoing. Annual Performance Rates are not finalized.
RAE Population Health Plan	Develop a population health reporting template that allows us to meaningfully assess our programs	Quarterly	<i>In progress:</i> Completed Q2 and Q3 report. Q4 report requirement was waived by the Department.



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AHCM Program Performance	Evaluate screening volume, connection to navigation and other relevant program metrics to assess compliance with CMS specifications	Quarterly	<i>In progress:</i> Up to date on quarterly reporting. We are not in Year 3, Qtr 2.
Population Assessment	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs	Annual, 6/1/2020	<i>In progress:</i> 2017 and 2018 assessments are complete. 2019 assessment will be completed in Spring 2020.
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 	Completed/Discontinued.	<i>Completed/Discontinued:</i> This program was sunset in June 2019.
Member Experience of Care			
Behavioral Health Focus Groups	<ul style="list-style-type: none"> - Facilitate Member and Provider focus groups throughout Region 1 regarding BH services - Identify gaps in care and quality of services 	Ongoing	<i>In progress:</i> Focus Groups Completed, Executive Summary and Detailed Report Completed (shared with stakeholders, HCPF, DHS), Currently engaged in follow-up with initial focus groups, After follow-ups will create priorities and action items
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	<i>In Progress:</i> Continued offering disability competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly Provider Attributes surveys, which includes questions about completion of



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			culturally competent and disability competent care trainings, has generated interest.
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	<i>In Progress:</i> Surveys have been distributed to all primary care providers, specialists, and behavioral health providers in our network on a quarterly basis beginning in November 2018. We have developed a database that will allow us to populate our print and online provider directories with the data collected, and are in the process of developing that connection.
Under and Over Utilization of Services			
Gaps in Care Reporting	Decrease service gap closures by: <ul style="list-style-type: none"> - Reporting to Primary Care Practices the need of services to Members related diabetes care and breast cancer screening. - Sending Incentives and Educational materials to Members with gaps in care related to diabetes care breast cancer screening, cervical cancer screening, and adolescent well care visits 	Ongoing	<i>In progress:</i> <ul style="list-style-type: none"> - Annual reports delivered to providers to inform gaps in care and practice transformation processes. Sent to practices October 2018. - Member Incentives for gaps in care are sent annually from July 2018 –June 2019
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	Ongoing	<i>In progress:</i> Behavioral Health Provider Manual updates in process, Distributed to BH Network November 2019. BH Network Chart Audits in process.
Quality of Care Concerns Program	Develop and maintain a Quality of Care Concern Reporting and Review Program related to Physical Health Care (for	Ongoing	<i>In progress:</i> Regular Quality of Care Concerns reported and investigated. Policies & Procedures being developed.



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	Prime Members) and Behavioral Health Care (for all RAE Members)		
External Quality Review			
Health Services Advisory Group (HSAG)	Annual Onsite Review for RAE and Prime	1/29/2019, Next onsite review is March 2020	<i>In progress:</i> Site Review completed by HSAG 2/1/19. RAE-PRIME Final report received 4/18/19, CHP+ Final report received 4/5/19, RAE-PRIME CAP accepted 6/7/19 and response is due 9/7/19 and CHP+ CAP accepted 5/29/19 and response is due 8/29/19. In preparation for FY19/20 Annual Compliance Audit as the onsite review is March 3 rd – 5 th , 2020.
Advisory Committees and Learning Collaboratives			
Member Advisory Councils (MACs)	2019 objectives for the Western Slope MAC include: <ul style="list-style-type: none"> - Implement member engagement metrics - Place members on accountable communities committees - Continue local outreach events - Outreach to tribes 2019 objectives for the Larimer County MAC include: <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 	Quarterly / Every 2 months	<i>In Progress:</i> The Larimer County MAC meets every other month and the Western Slope MAC meets on a quarterly basis. Three MAC members serve as voting members on the Regional RAE Performance Improvement Advisory Committee (PIAC). RMHP implemented a recommendation made by the Western Slope MAC to conduct focus groups with providers and clients to determine what is and is not working related to behavioral health services and access. Implementation of an enhanced process for member material review and testing is in progress.
Deaf Advocacy Groups	2019 objectives for the Bridging Communications groups include:	Every 2 months	<i>In Progress:</i> The Larimer County and Western Slope Bridging Communications groups



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	<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>typically meet every two months. Topics that the groups have discussed include the Rural Interpreting Services Pilot (RISP) project, a Deaf Access Conference in Grand Junction, the development of “Deaf appointment cards” to help facilitate interpreter requests, and development of a script for a provider training video, in partnership with the Colorado Commission for the Deaf, Hard of Hearing and Deafblind and the Daylight Partnership (Larimer County).</p>
<p>Program Improvement Advisory Committee</p>	<p>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).</p> <ul style="list-style-type: none"> - Strengthen relationships across Region 1 - Share information and feedback 	<p>Quarterly</p>	<p><i>In Progress:</i> The Regional PIAC meets quarterly. Topics include standing updates on the Statewide PIAC, Reunion Health and Executive Board, and Member Advisory Councils; Key Performance Indicator and Behavioral Health Incentive Measure outcomes data; and Voice of the Consumer. Outcomes have included the development and distribution of a RAE governance map and an acronym guide, prioritization of areas of focus for RMHP, and increased hospital participation.</p>



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	<ul style="list-style-type: none"> - Collaboratively develop solution to critical health issues - Prioritize work as the Regional Accountable Entity 		
Value Based Contracting Office Hours	Improve Network Performance through ongoing provider education and learning collaboration	Monthly	<i>In Progress:</i> Each month, RMHP’s Practice Transformation team facilitates a Value-Based Contracting Office Hours webinar for our provider network to learn about relevant topics and ask questions. Each month the series rotates between the following three initiatives: RAE, Prime and CPC+. Examples of topics covered at the RAE-focused webinars include attribution, short-term behavioral health services in the primary care setting, a demonstration of the CareNow telehealth platform, KPIs, and the Alternative Payment Model (APM).
Quality and Compliance Monitoring			
Network Adequacy Validation Audit	Network Adequacy Validation Audit (NAV)-- Prime, CHP+ and RAE	January 2019	<i>Completed:</i> Information delivered to Department in Feb. 2019.
RMHP Prime FY 18/19 412 Audit	2018-2019 412 Audit of Prime encounter data quality and to assure alignment with medical records: Record review in process	March 2019	<i>Completed:</i> Final results posted on Department website.
Information Systems Review	Information Systems (IS) Review (Formerly BHRR— Behavioral Health	February 2019	<i>Completed:</i> Submitted.



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	Record Review): RAE questionnaire response due 2/16/19		
FY 19/20 RAE 411 Audit	411 Audit of RAE encounter quality and to assure alignment with medical records will take place in 2019-2020	March 2020	<i>In process:</i> HSAG and Department developing and finalizing encounter data quality and reviewing guidelines. RMHP will receive generated RAE-specific 411 encounter sample list and guidelines by December 2019. Procure BH records and conduct audit to occur in January 2020.
412 Quality Improvement Plan	412 Quality Improvement Plan (QUIP) Audit for Prime will take place in 2019-20	March 13, 2020	<i>In process:</i> Phases 1 & 2 have been completed. Final phase is due on March 13, 2020.