

Quality Improvement Plan SFY21/22 Update

RAE: Region 1

Date: 09/30/2021

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 Members and the health of 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, provider-directed care, with an emphasis of Member health is the heart of our success. This founding principle has served 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 health care consumers. We have succeeded by putting Members first and working toward the 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 (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; QI, Care Coordination (CC), Utilization Management (UM), Customer Service (CS), Pharmacy, Provider Network Management, Clinical Quality Improvement (CQI) – (formerly known as Practice Transformation (PT)), Community Integration (CI), Customer Service, Claims Management, Marketing and Communications, Information Technologies and 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 (PH), behavioral health (BH) and social determinants of health (SDoH) 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 QI information.

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- Evaluate and improve the effectiveness of the QI Program by developing action plans based on measured outcomes.
- Report results of QI 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 (QOC) concerns through QOC processes and interdepartmental committee activities. Identify and evaluate related trends, as well as take corrective action if deemed appropriate.
- Monitor and improve Member access to care and continuity of care through interdepartmental committees, as well as Member Advisory Council (MAC) 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 appropriate.
- 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, regarding the importance and benefits to RMHP membership.
- Use results of performance measurements to continually improve care delivered to the Member including Performance Improvement Projects (PIPs).
- Monitor the diversity, cultural and linguistic needs of Members and determine if actions are required in order to serve the needs of the Member.
- Identify Members with complex health care needs, improve coordination of care (COC) and services for Members.
- Identify Members with special health care needs as defined by the Department of Health Care Policy and Financing (The Department) and develop mechanisms to assess the quality and appropriateness of care furnished to this population.
- Credentialing/Re-Credentialing of Practitioners.
- Monitor and improve practitioner adherence to standards for preventive, BH treatment and chronic illness care.
- Conduction of regular quality audits of the Region 1 Behavioral Health Network. Develop performance improvement or corrective action plans as identified. 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 in administering the Client Over-Utilization Program (COUP). This information is used for data-informed interventions with Members and providers.

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- Monitor and improve practitioner adherence to standards for medical record documentation.
- Participate in external quality reviews.
- Develop continuing medical education (CME) and BH training programs based on results of performance measurements, audits, QI 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

- Refine the quality assurance (QA) oversight program of the BH network.
- Engage Members and stakeholders in directing and informing performance and quality improvement of the Regional Accountable Entity (RAE).
- Continue data-driven QI processes at both the practice and RAE level.
- Meet or exceed benchmarks for key performance indicators (KPIs), Behavioral Health Incentive Program (BHIPS) measures and PIPs.
- Improve access to high-quality physical and behavioral health care.
- Refine processes to evaluate and incorporate SDoH data into whole-person assessment and stratification with connection to resources.
- Improve maternity-related care.
- Improve diabetes-related care.
- Improve childhood and adolescent immunizations and well-care.
- Improve Coordination of Care (COC) and services for Members with complex needs.

3. Quality Program Leadership

Please list the individuals who are in your quality program. Please include their contact information. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

Vice President of Clinical Programs, Todd Lessley, Todd Lessley [REDACTED]

The Vice President of Clinical Programs is responsible for the ongoing development and deployment of Practice Transformation, Care Coordination, Utilization Management, Quality Improvement 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, ongoing improvement, as well as collaboration with all necessary departments and external entities for the effective development, implementation, and integration of initiatives.

Director of QI, Director of Accreditation and Clinical Quality Assurance, Maura Cameron, [REDACTED]

The Accreditation and Clinical Quality Assurance Director is responsible for executing the daily functioning of the Quality Improvement department. The director oversees, practice quality monitoring, adverse event review, regulatory compliance with quality standards and requirements,

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National Committee for Quality Assurance (NCQA) accreditation project management, as well as Health care Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Health care Providers & Systems (CAHPS) data collection and intervention development to improve performance measures, and Quality of Care (QOC) processes. The director directs and coordinates all QI activities, ensures alignment with federal and state guidelines and sets internal performance goals and objectives.

Vice President, Community Integration and Regional Accountable Entity Program Officer, Meg Taylor,

The RAE Program Officer is responsible and accountable for monitoring all phases of the RAE contract in accordance with the work plans or timelines determined by The Department. 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 all individuals with who are part of the quality leadership team. The RAE Program Officer is responsible for coverage and compliance of positions that are open, such as the Behavioral Health Compliance & Quality Assurance Analyst.

Behavioral Health Compliance & Quality Assurance Analyst, *Open Position*

The Behavioral Health Compliance and Quality Assurance Analyst is responsible for the development, delivery and oversight of the compliance and quality of services of the RAE Capitated BH Benefit. This includes oversight of corrective action plans (CAPs) and monitoring 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, Marjorie Champenoy,

The Quality Improvement Analyst is responsible for the development, delivery and oversight of the Behavioral Health Quality Audit (BHQA) and is responsible for development and execution of the 411/412 Quality Improvement Plan (QUIP). The Quality Improvement Analyst is responsible for oversight and improvement of the Key Performance Indicators (KPIs) for physical health, KPI Performance Pool (PP) metrics, Behavioral Health Incentive Program (BHIP) measures, and primary care Alternative Payment Model (APM) program metrics. The Quality Improvement Analyst manages RMHPs CMHC APM program. The Quality Improvement Analyst maintains quarterly reviews of the quality interventions taking place in various departments that are reported into the annual deliverables titled, Quality Improvement Plan Update and the Quality Report.

Chief Clinical Officer, Lisa Latts, MD,

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, QI, UM and credentialing divisions. The CCO provides medical oversight, expertise and leadership to ensure the delivery of coordinated and cost-effective services, which support RMHPs Members. Additionally, the CCO participates in strategy development, the design and implementation of innovative clinical programs and interventions with the Health Neighborhood and community.

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Behavioral Health Medical Director, Wojciech Zolcik, MD, [REDACTED]

The RAE Behavioral Health (BH) Medical Director position is responsible for providing oversight and direction of the UM program and performing QOC and peer reviews as necessary. This individual will interact directly with BH providers and other clinical professionals who consult on various processes and programs. The BH Medical Director is part of a leadership team that manages the development and implementation of evidence-based treatments and medical expense initiatives. Additionally, the BH Medical Director advises leadership on health care system improvement opportunities. The BH Medical Director is responsible for maintaining the clinical integrity of the program, including timely peer reviews, appeals and consultations with providers and other community-based clinicians. The BH Medical Director works collaboratively with the CCO, clinical team, and network/quality staff.

Regional Accountable Entity Utilization Management Director, Tiffany Kikta, [REDACTED]

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

Care Management Director, Violet Willet, [REDACTED]

Care Management Director is responsible for executing the daily functioning of the Care Coordination Program. The Director oversees all activities related to care coordination. The Care Coordination Director provides oversight of the development and implementation of quality improvement initiatives performed by the RAE Care Coordination and participates in interdepartmental quality improvement initiatives.

Vice President, Network Strategy and Operations, Dale Renzi, [REDACTED]

The Vice President of Network Strategy and Operations is responsible for executing the daily functioning of the Provider Network Management and Corporate Contract and Benefit Configuration and Credentialing Departments. The Vice President oversees all contractual and administrative activities related to provider networks and system set up for provider contracts and Member benefit plans. This includes provider contracting, provider relations, contract administration, and benefit and contract configuration. 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 Corporate Contract and Benefit Configuration Department is responsible for the system set up of all provider contracts, Member benefit plans and claims. The Vice President collaborates with the clinical and operational departments related to quality and access standards, as well as actively participates in several QI committees, including but not limited to; ownership of the Network Advisory Council and attending and reporting to the Quality Improvement Committee (QIC).

Senior Director of Business Operations, Marci O’Gara, [REDACTED]

The Senior Director of Business Operations is responsible for executing the daily functioning of Customer Service, Appeals and Grievances and Claims departments. The Senior Director of Business

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Operations 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 Senior Director of Business Operations oversees all aspects of claims processing including assuring compliance with all state and federal regulatory requirements and collaborates with multiple departments to evaluate the Members health plan experience. The Senior Director also actively participates in several QI committees by chairing the Member Experience Advisory Council (MEAC) and attending the QIC.

Internal Audit Director, Melissa Keele, [REDACTED]

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 RMHPs Members.

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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)	<p><i>Fiscal year (FY) 2018-2019/2019-2020:</i> Improve the rate of depression screenings in the primary care setting and follow-up with a BH provider following a positive screening.</p> <p><i>FY 2020-2021/2021-2022:</i> Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.</p> <p><i>FY 2021-2022/2022-2023:</i></p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/20, closed out early due to COVID-19.</p> <p><i>FY 2020/2021-2021/2022:</i> 6/30/22:</p> <p><i>FY 2021/2022-2022/2023:</i> 6/30/23:</p>	<p><i>FY 2018/2019-2019/2020 – Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Colorado Mountain Medical (CMM) conducted was a health texting campaign through: new software, <i>Relatient</i>, to engage Members and encourage an annual wellness visit (AWV), which will include depression screening. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p> <p><i>FY 2020/2021-2021/2022 – Completed:</i> RMHP is in the planning stage for establishing the new PIP. Module 1 is due December, 2020.</p> <p><i>FY 2021/2022-2022/2023: 6/30/23 – In progress:</i> RMHP completed Module 1 in December 2020, Module</p>

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			2 in April 2021 and Module 3 in August 2021, all were accepted with no modifications.
RAE PIP	<p><i>FY 2018/2019-2019/2020:</i> Improve well child visits (WCV) for children for Medicaid Members ages 15 -18 years old.</p> <p><i>FY 2020/2021-2021/2022:</i> Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/2020, closed early due to COVID-19.</p> <p><i>FY 2020/2021-2021/2022:</i> 6/30/2022 (A secondary RAE BH PIP is not required for this period.)</p>	<p><i>FY 2018/2019-2019/2020 - Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. A narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Mountain Family Health Center (MFHC) conducted was a text reminder campaign for Members that have not been seen in prior 12 months or attributed to a practice, but not seen. Goal was to increase engagement of Members to complete AWVs. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p> <p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP completed Module 1 in December 2020, Module 2 in April 2021 and Module 3 in August 2021, all were accepted with no modifications.</p>
Child Health Plan Plus (CHP+) PIP	<p><i>FY 2018/2019-2019/2020:</i> Improve WCV for children for</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/2020, ended early due to COVID-19.</p>	<p><i>FY 2018/2019-2019/2020 - Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the</p>

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	<p>Medicaid Members ages 15 -18 years old.</p> <p><i>FY 2020/2021-2021/2022:</i> Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.</p>	<p><i>FY 2020/2021-2021/2022:</i> 6/30/2022</p>	<p>Rapid Cycle PIP process. A narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that MFHC conducted was a text reminder campaign for Members that have not been seen in prior 12 months or attributed to practice, but not seen. Goal was to increase engagement of Members to complete AWVs. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p> <p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP completed Module 1 in December 2020, Module 2 in April 2021 and Module 3 in August 2021, all were accepted with no modifications.</p>
<p>Prime PIP</p>	<p><i>FY 2018/2019-2019/2020:</i> 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.</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/2020, ended early due to COVID-19.</p>	<p><i>FY 2018/2019-2019/2020 - Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Foresight Family Practice (FFP) conducted was peer and family support engagement</p>

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	<p><i>FY 2020/2021-2021/2022:</i> Improve the rate of depression screenings in a PC setting and follow-up with a BH provider following a positive screening.</p>	<p><i>FY 2020/2021-2021/2022:</i> 6/30/2022</p>	<p>through a new referral structure and relationship with Mind Springs Health (MSH) to engage Members for a complete initiation of their medication assistance treatment (MAT) treatment within 60 days of diagnosis. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p> <p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP completed Module 1 in December 2020, Module 2 in April 2021 and Module 3 in August 2021, all were accepted with no modifications.</p>
<p>RAE Potentially Avoidable Complications (PAC) Project Plan</p>	<p>Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data.</p>	<p><i>FY 2018/2019: Fall 2019</i></p> <p><i>FY 2019/2020: Fall 2020</i></p> <p><i>FY 2020/2021: Fall 2021</i></p>	<p><i>FY 2018/2019 – Completed:</i> The PAC plan focused on PT and CC interventions for diabetes, depression/anxiety, and substance use disorder (SUD).</p> <p><i>FY 2019/2020 – Completed:</i> The PAC plan continued the focus on PT and CC interventions for diabetes, depression/anxiety, and SUD.</p> <p><i>FY 2020/2021 –Completed:</i> All milestone deliverables met with full points received. The PAC plan for FY</p>

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		<p><i>FY 2021/2022: Fall 2022</i></p>	<p>20/21 focused on PT and CC interventions. The 3 episodes of focus changed to SUD, diabetes and Chronic Obstructive Pulmonary Disease (COPD).</p> <p><i>FY2021/2022 – In Progress:</i> Prometheus/Optumas Dashboard received late August 2021. New project year kicked off with planning and preparation of the project plan. The 3 episodes of focus for this project year are SUD, diabetes, and hypertension. Initial PAC Project Plan Draft is due 9/24/21 with Final project plan submission for approval on 10/22/21.</p>
<p>Key Performance Indicators (KPIs)</p>	<p>Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).</p>	<p>Quarterly: <i>FY 2018/2019: Fall/Winter 2019</i></p> <p><i>FY 2019/2020: Fall/Winter 2020</i></p> <p><i>FY 2020/2021: Fall/Winter 2021</i></p>	<p><i>FY 2018/2019 – Completed:</i> RMHP met 3 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 4 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.</p> <p><i>FY 2019/2020 – Completed:</i> RMHP met 5 of 8 KPIs for Q1, 5 of 8 KPIs for Q2. Q3 and Q4 results are not finalized.</p> <p><i>FY 2021/2022 – In progress:</i> RMHP continues to actively develop and support interventions for KPIs.</p>

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		<i>FY 2021/2022: Fall/Winter 2022</i>	<p>Awaiting final FY20/21 Q4 performance and calculations.</p> <p><i>FY 2021/2022 - In progress:</i> RMHP has implemented QI Workgroups across multiple measure domains. KPI's are assigned to these workgroups based on those specific domains in an effort to spread measure intervention development across teams. Initial focus has been on intervention development for maternity, well visit and dental visits.</p>
Behavioral Health Incentive Program (BHIP) Measures	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	<p>Annual:</p> <p><i>FY 2018/2019: Winter 2019</i></p> <p><i>FY 2019/2020: Winter 2020</i></p> <p><i>FY 2020/2021: Winter 2021</i></p> <p><i>FY 2021/2022: Winter 2022</i></p>	<p><i>FY 2018/2019 – Completed:</i> Region 1 met targets for BHIP indicator's 1, 4, & 5.</p> <p><i>FY 2019/2020 – Completed:</i> Annual performance rates are not finalized for BHIP Indicator's.</p> <p><i>FY 2020/2021 –Completed:</i> RMHP continues to actively develop and support interventions for BHIPs.</p> <p><i>FY 2021/2022: In progress:</i> RMHP has implemented QI Workgroups across multiple measure domains. A BH Workgroup has started meeting and is specifically focused on BHIP</p>

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			measures. RMHP is also creating a dashboard to internally track BHIP measures.
RAE Population Health Plan	Develop a population health reporting template that allows us to meaningfully assess RMHP programs.	Quarterly: <i>FY 2018/2019</i>	<i>FY 2018/2019 - Retired:</i> Completed Q2 and Q3 report. Q4 report requirement was waived by The Department. The population health structure and guidance are updated in collaboration between The Department and the RAEs.
Population Management Strategic Plan (PMSP)	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	Annual: <i>FY 2019/2020</i>	<i>FY 2020/2021 –Completed:</i> PMSP submitted August 2020, accepted with changes. Resubmission in September 2020, which was accepted.
		Annual: <i>FY 2020/2021</i>	<i>FY 2020/2021: Completed:</i> PMSP submitted June 30 th , 2021 and was accepted with no edits.
Accountable Health Communities Model (AHCM) Program Performance	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	Quarterly: <i>FY 2018/2019</i>	<i>FY 2018/2019 - Completed:</i> Maintained quarterly reporting.
		<i>FY 2019/2020</i>	<i>FY 2019/2020 - Completed:</i> Maintained quarterly reporting.
		<i>FY 2020/2021</i>	<i>FY 2020/2021: Completed:</i> Monitored Total Screeners and Total

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			<p>Number of Members Opted into CC by quarter-</p> <p>Q1 – 806 opted in to CC /navigation 6128 Total screeners completed</p> <p>Q2 – 603 opted in to CC/navigation 5669 Total screeners completed</p> <p>Q3 – 567 opted in to CC /navigation 6457 Total screeners completed</p> <p>Q4 – 685 opted in to CC /navigation 6704 Total screeners completed</p>
Population Assessment	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	<p>Annual:</p> <p><i>FY 2017/2018</i></p> <p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022</i></p>	<p><i>FY 2017/2018 – Completed:</i> 2017 and 2018 assessments are complete.</p> <p><i>FY 2019/2020 – Completed:</i> Assessments will be completed in Spring 2020.</p> <p><i>FY 2020/2021 –Completed:</i> Assessments were completed in Spring 2021.</p> <p><i>FY 2021/2022 – In process:</i> Population Health Assessment was completed. Key elements include the expansion of BH provider network, specifically integrated</p>

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			<p>behavioral health. Another strength was screening for social determinants of health (SDoH). Opportunities for RMHP are to continue to address racial/ethnic disparities, especially in the Native American population. RMHP has started to fund practices that are serving this minority. Two of the PCMP practices in the four corners area will be paid at the Tier 1 level instead of the Tier 4 level. Another opportunity for RMHP is to continue to deploy ED utilization interventions. RMHP has an ED Utilization workgroup who reports to the Interventions Committee (IVC). Some issues RMHP can work on are incomplete data sets for language and ethnicity/race. RMHP also need to continue to monitor the potential onset of chronic conditions care due to delayed preventative care during COVID-19 pandemic.</p>
<p>Rocky Mountain Health Plans Quality Improvement Program (RQUIP)</p>	<p>Improve BH access to Members with SUD related utilization. Increase number of Members connected to a PCMP. Address Members SDoH. Improve COC to address Members with needs across the domains of health care.</p>	<p><i>FY 2018/2019</i></p>	<p><i>FY 2018/2019 - Completed/Discontinued: This program was sunset in June 2019.</i></p>

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<p>Clinical Practice Guidelines (CPG)</p>	<p>Facilitate the development, distribution and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.</p>	<p><i>FY 2018/2019-2019/2020: 6/30/2020</i></p> <p><i>FY 2020/2021-2021/2022: 6/30/2022</i></p> <p><i>FY 2021/2022-2022/2023: 6/30/2023</i></p>	<p><i>FY 2018/2019-2019/2020 – Completed:</i> The RMHP PT Team updated all of the eCQM Toolkits and white papers with the most recent eCQM updates/clinical guidelines. These were disseminated ad hoc during practice meetings, in monthly newsletters, and referenced in value based contracting (VBC) office hours.</p> <p><i>FY 2020/2021-2021/2022 – Completed:</i> RMHP is currently updating all eCQM Toolkits and white papers with current clinical guidelines aligned with the clinical guidelines on RMHP.org, USPSTF, and other professional organizations like American Heart Association (AMA). Materials will be disseminated to practices in monthly newsletters, VBC office hours, and on an ad hoc basis during practice meetings.</p> <p><i>FY 2021/2022-2022/2023: - Completed:</i> All eCQM toolkits were updated and are in alignment with the CPG's that are posted to the RMHP website.</p>
<p>Member Experience of Care</p>			
<p>Behavioral Health Focus Groups</p>	<p>Facilitate Member and provider focus groups throughout Region 1</p>	<p><i>FY 2018/2019</i></p>	<p><i>FY 2018/2019 - Completed:</i> Focus groups completed, Executive</p>

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			<p><i>FY 2020/2021 – Fall 2021 – In progress:</i> RMHP conducted a survey of the PCMP network in June 2021 to determine what topics are of most interest and the results included; trainings on legal requirements, writing a letter for patients with disabilities and further education for SSI/SSDI/Private Disability. These trainings were scheduled to take place in August 2021.</p>
<p>Provider Attributes Survey Program</p>	<p>Collect in-depth information about the PC, BH, and Specialty Care provider network and use the information to provide useful, up-to-date, person centered information about the network to Members and promote Member choice.</p>	<p>Quarterly: <i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p>	<p><i>FY 2019/2020 -Completed:</i> Continued distributing surveys to all PC providers, specialists, and BH providers in RMHPs network on a quarterly basis. Information collected is used to populate our provider directories, provide up-to-date information to Members who contact us via our <i>One Call Center</i>, and enable our care coordinators to connect Members with appropriate care. Added questions about the pandemic and telehealth services offered in response to COVID-19.</p> <p><i>FY 2020/2021 – Completed:</i> RMHP continues to distribute surveys to primary care, specialty care and behavioral health providers to collect</p>

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		<p><i>FY 2020/2021 - Ongoing</i></p>	<p>Annual reports delivered to providers to inform gaps in care and PT processes were sent to practices October 2019. Member incentives for gaps in care are sent annually from July 2019 through June 2020. All non-COVID Member and provider communications were placed on pause per the direction of UnitedHealthcare (UHC) in March 2020.</p> <p><i>FY 2020/2021 - In progress:</i> CHP+ and Prime: Annual wellness incentives for Members 10-13 years of age and 14-17 years of age sent monthly per birthday. Plan to send adolescent immunizations to CHP+ and Prime Members with gaps in early July. Cervical cancer, breast cancer, diabetes A1C, diabetes retinal eye exam are in development to be sent in late Summer 2021.</p> <p>CHP+, RAE, and Prime: HPV immunization email in development. Monthly Pfizer IVR and mailing for 1 year old well visit for RAE, CHP+, and Prime. Monthly Pfizer IVR and mailing for RAE, CHP+, and Prime children who missed an</p>
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			immunization between 6-18 months of age. Monthly Pfizer mailing for RAE, CHP+, and Prime adolescents who missed an immunization between 16-18 years of age.
Client Over-Utilization Program (COUP)	Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members.	<p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022-Ongoing</i></p>	<p><i>FY 2019/2020 – Completed:</i> RMHP worked with █ members in the COUP program to manage unnecessary emergency department utilization and high-risk prescription medications. RMHP received the COUP list each quarter and RMHP’s clinical pharmacist reviewed the Member information to determine appropriateness for this program.</p> <p><i>FY 2020/2021 –Completed:</i> RMHP continues to receive lists of Members from The Department and reviews for selection for the COUP program. RMHP reviews Members who have been in the program for 12 months and advises The Department on whether or not the Members should remain enrolled in the program.</p> <p><i>FY 2021/2022 - In progress:</i> RMHP continues to receive quarterly lists of Members from The Department and reviews for selection for the COUP program. The Members identified as</p>

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			<p>high ED utilizers are distributed to the ICC teams to perform outreach. The intention of connecting with the Member is to encourage alignment with a PCMP and explain the appropriate use of the ED. Those Members with high RX and high RX/ED are assigned an internal RMHP CC for review of pharmacy claims and ED visits. These Members are reviewed by our RMHPS Pharmacist and Medical Director to determine the level of intervention needed. Outreach also occurs for these Members for PCMP alignment, education on ED usage in addition to any pharmacist/MD recommendations such as lock in to specific providers and pharmacy. RMHP also reviews Members who have been in the program for 12 months and advises The Department on whether or not the Members should remain enrolled in the program.</p>
<p>Members with special health care needs (SHCN)</p>	<p>SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification</p>	<p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p>	<p><i>FY 2019/2020 – Completed:</i> Focus on all special health care needs.</p> <p><i>FY 2020/2021 –Completed</i> Continued focus on all special health care needs</p>

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	<p>of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.</p>	<p><i>FY 2021/2022</i></p>	<p>with expansion to Members identified as complex.</p> <p><i>FY 2021/2022 – In progress:</i> RMHP revised the children and youth SHCN audit process/template in consultation with a local pediatrician Dr. Katie Price and have aligned it with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs: Domain Overviews. Audits began in September 2021 and 193 practices were audited. The audits were completed on CHP+ and Prime Members, 0-20 years of age. CHP+ was added in 2020 in order to increase audit sample size.</p>
<p>Quality of Care Concerns</p>			
<p>Behavioral Health Quality Assurance (QA) Program</p>	<p>Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.</p>	<p><i>FY 2019/2020 – Ongoing</i></p> <p><i>FY 2020/2021</i></p>	<p><i>FY 2019/2020 - Completed:</i> Behavioral Health Provider Manual updated and distributed to BH network annually.</p> <p><i>FY 2020/2021 – Completed:</i> Behavioral Health Provider Manual updated and distributed to BH network annually. Last update was January 2021.</p>

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		<i>FY 2021/2022- Ongoing</i>	<i>FY 2021/2022- In progress:</i> Behavioral Health Provider Manual is in process of update and distribution to BH network for FY21/22. Next update will be distributed in Q3 of FY21/22.
Quality of Care (QOC) Concerns Program	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).	<p><i>FY 2018/2019</i></p> <p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022- Ongoing</i></p>	<p><i>FY 2018/2019 – Completed:</i> Policies & Procedures were being developed.</p> <p><i>FY 2019/2020 - Completed:</i> Regular review of QOC concerns reported and investigated as appropriate. Policies & Procedures (P&Ps) have been developed and implemented.</p> <p><i>FY 2020/2021 –Completed:</i> Regular review of QOC concerns reported and investigated as appropriate.</p> <p><i>FY 2021/2022 –In progress:</i> Regular review of QOC concerns reported and investigated as appropriate.</p>
Behavioral Health Quality Audits (BHQA)	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	<i>FY 2020/2021</i>	<i>FY 2020/2021 –Completed:</i> Revised BHQA process was implemented in January 2021. All CMHCs are audited every quarter and the IPN network is randomly audited quarterly. Quarterly result meetings are held with all providers to provide a venue for discussion of results and

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		<p><i>FY 2021/2022-Ongoing</i></p>	<p>implement any new strategies. If a provider does not score at least 90% or above a Standard Improvement Process/Plan (SIPP) will be required on the element that did not meet the standard.</p> <p><i>FY 2021/2022 – In progress:</i> All CMHCs are audited every quarter and the IPN network is randomly audited quarterly. Quarterly result meetings are held with all providers to provide a venue for discussion of results and implement any new strategies. If a provider does not score at least 90% or above a Standard Improvement Process/Plan (SIPP) will be required on the element that did not meet the standard.</p>
<p>External Quality Review</p>			
<p>Health Services Advisory Group (HSAG)</p>	<p>Annual Onsite Review for RAE and Prime.</p>	<p>Annual: <i>FY 2018/2019 - 1/29/2019, Onsite review March 2019 and accompanying activities</i></p>	<p><i>FY 2018/2019 - Completed:</i> Annual compliance audit and site review completed by HSAG on 2/1/2019. RAE-Prime final report received on 4/18/2019, CHP+ final report received on 4/5/2019, RAE-Prime CAP accepted on 6/7/2019 and responses submitted by 9/7/2019; with CHP+</p>

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		<p><i>FY 2019/2020 - 2/3/2020, Onsite review March 2020 and accompanying activities</i></p> <p><i>FY 2020/2021 - February 2021, Onsite review March 2021 and accompanying activities</i></p>	<p>CAP accepted on 5/29/2019 and responses submitted on 8/29/2019. CAP submissions final acceptance received on 10/7/2019 for RAE-Prime and 9/16/2019 for CHP+.</p> <p><i>FY 2019/2020 - Completed:</i> Annual compliance audit and site review completed by HSAG between March 3, 2020 - March 5, 2020. RAE-Prime & CHP+ final reports received on 5/7/2020, RAE-Prime CAP and CHP+ CAP accepted on 6/23/2020 and submitted on 9/23/2020. RAE-Prime and CHP+ CAP submissions were accepted.</p> <p><i>FY 2020/2021 – In progress:</i> Final reports received 6/3/21 for RAE/Prime and 5/19/21 for CHP. There were only 4 items included in the required CAP (including 1 CHP CAP item that was removed). HSAG agreed to a Combination CAP for all 3 LOBs. Initial CAP submitted on 6/30/21 and received approval on 7/29/21. CAP evidence submission due 10/27/21.</p>
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		<p><i>FY 2021/2022-Ongoing</i></p>	<p>RMHP regarding the Member perspective. MAC meetings included the following topics: follow-up on Long COVID discussion and action items the council would like to work on, CHP+ Dental Home update, provider billing for services covered by Health First Colorado, legislative panel and behavioral health access.</p> <p><i>FY 2021/2022-In progress:</i> Quarterly meetings have been scheduled and will continue to be held virtually.</p>
<p>Deaf Advocacy Groups</p>	<p>Current objectives for the Bridging Communications groups include: Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved.</p>	<p>Every 2 months: <i>FY 2019/2020</i></p>	<p><i>FY 2019/2020 - Completed:</i> Larimer County and Western Slope Bridging Communications groups typically meet every two months to discuss and address issues that the deaf community faces. The groups have provided trainings to health care providers about the deaf culture and the needs of the deaf community when accessing health care and have been instrumental in advocating for the continued funding of the Rural Interpreting Services Project (RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer.</p>

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		<p><i>FY 2020/2021</i></p>	<p>FY 2020/2021 – In progress: Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In the Fall of 2021 the educational video project was completed for health care providers by addressing challenges with COVID-19 and American Sign Language (ASL) interpreter restrictions. RMHP will distribute the videos to our provider network.</p>
<p>Program Improvement Advisory Committee (PIAC)</p>	<p>Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE.</p>	<p>Quarterly: <i>FY 2019/2020</i></p>	<p><i>FY 2019/2020 - Completed:</i> The Regional PIAC meets quarterly. In February-March 2020, RMHP conducted a survey of PIAC members to help establish PIAC priority areas of focus for the coming year. The</p>

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	<p>Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.</p>	<p><i>FY 2020/2021</i></p>	<p>following topics were identified as the top priorities:</p> <ul style="list-style-type: none"> - Care Coordination - Social determinants of health - Access and availability - Medicaid attribution and enrollment <p>Based on survey feedback, RMHP implemented several changes beginning with the May 2020 meeting including a condensed timeframe for the meetings (from four to three hours), and a transition to providing standing updates in written format instead of verbally during meetings to reserve more time for interactive discussions on new topics. A Care Coordination Task Force was formed in June 2020 to share learnings and recommendations to the PIAC.</p> <p><i>FY 2020/2021 –Completed:</i> The Regional PIAC continues to meet on a quarterly basis with an average of 75-100 attendees. Voting members meet on a quarterly basis to advise RMHP on the goals and priorities for the committee. Based on voting member feedback, RMHP is working to reduce the number of topics discussed at each meeting and to incorporate more time and structure - i.e. polls</p>
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			updates on the following three initiatives: RAE, Prime and CPC+. This webinar series will continue to be offered in the next FY.
Quality and Compliance Monitoring			
Network Adequacy Validation Audit	Network Adequacy Validation Audit (NAV) - Prime, CHP+ and RAE.	<i>December 2019</i>	<i>Completed:</i> Information delivered to The Department and HSAG in December 2019.
Information Systems Review	Information Systems (IS) Review (Formerly BHRR— Behavioral Health Record Review): RAE questionnaire response due 2/16/2019.	<i>February 2019</i>	<i>Completed:</i> Submitted.
RMHP Prime 412 Audit	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	<i>FY 2019/2020</i> <i>FY 2020/2021</i>	<i>FY 2019/2020 - Completed:</i> HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received generated 412 sample list and guidelines in January 2020. Records were procured and the audit was conducted and completed January-March 2020. Final report received in July 2020. <i>FY 2020/2021 –Completed:</i> Sample records for audit are expected to be received 1/6/2021. Received sample over-read list from HSAG. Audit was conducted and HSAG had an 83.8% agreement at the case level and a 94.8% agreement at

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		<p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022</i></p>	<p><i>FY 2020/2021 – Completed:</i> All phases were successfully completed.</p> <p><i>FY 2021/2022 – In progress:</i> Phase 1 and Phase 2 were both accepted. HSAG identified any element not receiving over 90% or above as an element for the health plan to address within the QuIP.</p>
411 Quality Improvement Plan	411 Quality Improvement Plan (QuIP) Audit for RAE BH.	<p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022</i></p>	<p><i>FY 2020/2021 – Completed:</i> All phases were successfully completed.</p> <p><i>FY 2021/2022 – In progress:</i> Phase 1 and Phase 2 were both accepted. HSAG identified any element not receiving over 90% or above as an element for the health plan to address within the QuIP.</p>
Credentialing/Re-credentialing of practitioners	RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list.	<p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022</i></p>	<p><i>FY 2019/2020 – Completed:</i> New credentialing and tracking mechanism was developed and implemented.</p> <p><i>FY 2020/2021 –Completed:</i> Monthly monitoring continues with timely credentialing reviews.</p> <p><i>FY 2021/2022 – In process:</i> Monthly monitoring continues with timely credentialing reviews.</p>

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<p>Clinical Assurance Quality Improvement (CAQI) Committee</p>	<p>Collaborate with providers and community partners to develop systemic improvements to health care delivery.</p>	<p><i>FY 2018/2019</i></p> <p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p> <p><i>FY 2021/2022 - Ongoing</i></p>	<p><i>FY 2018/2019 – Completed:</i> Monthly meetings to establish and implement the scope of the committee.</p> <p><i>FY 2019/2020 – Completed:</i> Monthly meetings to inform providers and partners about performance and Member needs as well as collaborate on delivery improvement.</p> <p><i>FY 2020/2021 – Completed/Discontinued:</i> The CAQI committee was disbanded in November 2020.</p> <p><i>FY 2021/2022 – In process:</i> As of June 2020 the CMHC BHIP Collaborative was created with the CMHCs to specifically focus and work on BHIP metrics and performance. To date, this has been a beneficial and collaborative meeting with the CMHCs.</p>
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