

Quality Improvement Plan SFY23/24 Update

RAE: Region 1, RMHP PRIME & CHP+ MCO

Date: 09/29/2023



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.

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 on 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 respond to identified opportunities to improve the quality and safety of health care services through a cycle of evaluation, intervention, and reevaluation. These activities include contributions from multiple teams including – Quality Improvement, Care Coordination, Utilization Management, Customer/Member Service(s), Pharmacy, Network Management, Clinical Quality Performance and Clinical Quality Program Teams – (practice transformation), Government Programs (community integration), Claims Management, Information Technology, and Professional Peer Review. Pertinent activities from the identified departments are reported and integrated into the QI Program.

Quality Improvement Goals:

- Improve the quality of all health care categories, including physical health (PH), behavioral health (BH) and social determinants of health (SDoH) provided to the entire population of RMHP Members, which includes the Regional Accountable Entity (RAE), PRIME & Child Health Plan Plus (CHP+) membership.
- 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 performance relative to meeting those needs and expectations.
- Encourage and engage in effective clinical peer review.
- Support and facilitate health care entities in geographically distinct areas in coordinating the collection and utilization of QI information.
- 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 contractual, regulatory, and statutory requirements and accreditation standards.

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Quality Objectives:

- Collect and review information from Members about their experience. 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 and take appropriate corrective action if necessary.
- Monitor and improve Member access to care and continuity of care through interdepartmental committees, and 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 quality assurance 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, and relaying the importance and benefits to RMHP membership.
- Use results of performance measurements to continually improve care delivered to the Member including Performance Improvement Projects (PIP).
- Monitor the diversity, cultural and linguistic needs of Members to identify disparities to better meet the needs of the Member while working to ensure health equity for all.
- 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.
- Support the credential/re-credential of providers in a timely manner.
- Monitor and improve practitioner adherence to standards for preventive, BH treatment and chronic illness care.
- Completion 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) (RAE Members), the Optum RX Pharmacy Home Program (PHP) and Med Adherence Program for PRIME and CHP+ Members, and the Medication Review Program (MRP) for PRIME Members. This information is 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.
- Continue to develop training opportunities and BH training programs based on results of performance measurements, audits, QI data and Member feedback.

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- Report QI activity progress and findings to providers and others, including Members as deemed appropriate. Continue to advance the awareness of the QI program within the organizational structure and processes.

Top Priorities for Fiscal Year:

- Continue to 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), PRIME and CHP+ programs.
- Continue data-driven QI processes at both the practice and regional level.
- Meet or exceed benchmarks for Key Performance Indicators (KPIs), Performance Pool (PP), Behavioral Health Incentive Program (BHIPs) measures, PIPs, CHP+ Performance and Operation Measures, and PRIME MLR Quality metrics.
- Improve access to high-quality physical and behavioral health care.
- Continue to refine processes to evaluate and incorporate SDoH data into whole-person assessment and stratification with connection to resources.
- Continue to provide ongoing organizational focus on health equity by identifying and addressing health disparities throughout the Membership.
- Improve maternity and diabetes care.
- Improve childhood and adolescent immunizations and well-care.
- Improve Coordination of Care (COC) and services for Members with complex and special health care needs.
- Continue supporting strategic programs including: eConsults, ePrescriber Tool, APM, APM2, Hospital Transformation Program (HTP), by assisting practices with measure selection, supporting practices with program management, collecting structural documentation at end of program year, and providing reminders for program deadlines.

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 Services, Todd Lessley, [REDACTED]

The Vice President of Clinical Services is responsible for the ongoing support, development and deployment of Care Coordination, Utilization Management, Quality Improvement, and other clinical programs.

Director of Quality Improvement, Kim Herek, [REDACTED]

The Quality Improvement Director oversees the clinical quality accreditation team, clinical quality performance team and clinical quality program team. The 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, 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. The director directs and coordinates all QI activities, ensures alignment with federal and state guidelines, and sets internal performance goals and objectives.

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Utilization Management Director, Billie Bemis, [REDACTED]

The Utilization Management (UM) Director is responsible for leading and developing the UM program and managing the medical review and authorization process. The director is responsible for overseeing the medical appropriateness and necessity of physical health and BH services provided to Members and works closely with the Care Management Director. The UM Director leads the oversight of prospective and concurrent reviews of services covered by the Capitated Behavioral Health Benefit (RAE), in addition to other utilization reviews for the PRIME and CHP+ Managed Care Organizations. 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 Management Director provides oversight of the development and implementation of quality improvement initiatives performed by the Care Coordination team and participates in interdepartmental quality improvement initiatives.

Vice President, Behavioral Health and Regional Accountable Entity Program Officer, Meg Taylor, [REDACTED]

The RAE Program Officer is responsible and accountable for monitoring all phases of the RAE, PRIME and CHP+ contracts 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 who are part of the quality leadership team.

Chief Clinical/Medical Officer (CCO/CMO), Kim Nordstrom, MD, JD, [REDACTED]

The CMO is responsible for providing the clinical vision and strategy for the organization, and oversight and support for all clinical areas, including Utilization Management, Care Management, Quality Improvement and Quality Assurance. The CMO is part of a leadership team that manages the development and implementation of evidence-based treatments and medical expense initiatives. All Medical Directors and Quality Assurance staff report directly to the CMO.

Physical Health Medical Director, Richard Price, MD, [REDACTED]

The Physical Health 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 PH practitioners and other clinical professionals who consult on various processes and programs. The PH Medical Director is responsible for maintaining the clinical integrity of the program, including timely peer reviews, appeals and consultations with practitioners and other community-based clinicians. The PH Medical Director collaborates with the clinical team, network/quality staff and reports directly to the CMO.

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 practitioners and other clinical professionals who consult on various processes

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and programs. The BH Medical Director is responsible for maintaining the clinical integrity of the program, including timely peer reviews, appeals and consultations with practitioners and other community-based clinicians. The BH Medical Director collaborates with the clinical team, network/quality staff and reports directly to the CMO.

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 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 Network Management department works with 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).

Chief Operations Officer, Monika Tuell, [REDACTED]

The Chief Operating Officer is responsible for all Business Operations at the health plan. This includes Member Services, Claims, Appeals & Grievances, Real Estate, Security, Print and Mail, oversight of Enrollment/Billing, Encounters, and Information Technology. The Chief Operating Officer oversees all aspects of each of these departments at the health plan, ensuring performance measures are met as well as compliance with all state and federal regulatory requirements. This includes collaboration with the enterprise who perform many of these functions on behalf of the health plan through shared services. This collaboration includes evaluating the Members experience at the health plan and the enterprise. The Chief Operating Officer also actively participates in the QIC.

Director of Compliance and Medicare Programs (Program Monitoring & Audit), Melissa Keele, [REDACTED]

The Program Monitoring and Audit Director is responsible for executing the daily functioning of the Program Monitoring & Audit department. The director oversees all activities related to internal financial, operational and compliance audits, fraud investigations and operations of Medicare DSNP Member plans. The Program Monitoring & 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.

<u>LOB</u>	<u>Goal</u>	<u>Fiscal Year (FY)</u>	<u>Fiscal Year Objectives</u>	<u>Targeted Due Date</u>	<u>Status and Update</u>
Collection and Submission of Performance Measurement Data					
RAE	Regional Accountable Entity (RAE), Performance Improvement Project (PIP) #1:	2018/2019 2019/2020	Improve the rate of depression screenings in the primary care setting and follow-up with a BH provider following a positive screening.	6/30/2020: closed early due to COVID-19	Closed: 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, Relatent, 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.
RAE	RAE PIP #1: Continued	2020/2021 2021/2022	Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.	6/30/2022:	Completed: RMHP completed Module 1 in December 2020, Module 2 in April 2021, and Module 3 in August 2021, all were accepted with no modifications. RMHP is currently in Module 4 – Evaluation phase with final reports due October 21, 2022. RMHP submitted the final module in October of 2022 with validated results showing statistically significant improvement in performance.
RAE	RAE PIP #1: Continued	2022/2023 2023/2024	SDoH Screening	6/30/2024:	In Progress: RMHP is developing the project plan for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year. Topic selection forms have been submitted.
RAE	RAE PIP #1: Continued	2023/2024 2024/2025	Follow-up after hospitalizations for Mental Illness - 7 day.	6/30/2025:	Planning: RMHP is in the planning stage for establishing the new PIP. Topic Selection forms have been submitted. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year.

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RAE	RAE PIP #2:	2018/2019 2019/2020	Improve well child visits (WCV) for children for Medicaid Members ages 15 -18 years old	6/30/2020: closed early due to COVID-19	Closed: 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.
RAE	RAE PIP#2: Continued	2020/2021 2021/2022	N/A	N/A	N/A (A secondary RAE BH PIP is not required for this period.)
CHP	Child Health Plan Plus (CHP+) PIP:	2018/2019 2019/2020	Improve WCV for children for Medicaid Members ages 15 -18 years old.	6/30/2020: closed early due to COVID-19	Closed: 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 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.
CHP	CHP+ PIP: Continued	2020/2021 2021/2022	Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.	6/30/2022:	Completed: RMHP completed Module 1 in December 2020, Module 2 in April 2021, and Module 3 in August 2021, all were accepted with no modifications. RMHP is currently in Module 4 – Evaluation phase with final reports due October 21, 2022. RMHP submitted the final module in October of 2022 with validated results showing statistically significant improvement in performance.
CHP	CHP+ PIP: Continued	2022/2023 2023/2024	SDoH Screening	6/30/2024:	In Progress: RMHP is developing the project plan for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority

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					quality metrics and activities for the current and upcoming year. Topic selection forms have been submitted.
CHP	CHP+ PIP: Continued	2023/2024 2024/2025	Well Child Visits	6/30/2025:	Planning: RMHP is in the planning stage for establishing the new PIP. Topic Selection forms have been submitted. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year.
PRIME	PRIME PIP:	2018/2019 2019/2020	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: closed early due to COVID-19	Closed: 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 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.
PRIME	PRIME PIP: Continued	2020/2021 2021/2022	Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.	6/30/2022:	Completed: RMHP completed Module 1 in December 2020, Module 2 in April 2021, and Module 3 in August 2021, all were accepted with no modifications. RMHP is currently in Module 4 – Evaluation phase with final reports due October 21, 2022. RMHP submitted the final module in October of 2022 with validated results showing statistically significant improvement in performance.
PRIME	PRIME PIP: Continued	2022/2023 2023/2024	SDoH Screening	6/30/2024:	In Progress: RMHP is developing the project plan for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority

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					quality metrics and activities for the current and upcoming year. Topic selection forms have been submitted.
PRIME	PRIME PIP: Continued	2023/2024 2024/2025	Diabetes A1c Poor Control	6/30/2025:	Planning: RMHP is in the planning stage for establishing the new PIP. Topic Selection forms have been submitted. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year.
RAE PRIME	RAE Potentially Avoidable Complications (PAC) Project Plan	2018/2019	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.	6/30/2019:	Completed: The PAC plan focused on PT and CC interventions for diabetes, depression/anxiety, and substance use disorder (SUD).
RAE PRIME	PAC: Continued	2019/2020	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.	6/30/2020:	Completed: The PAC plan continued the focus on PT and CC interventions for diabetes, depression/anxiety, and SUD.
RAE PRIME	PAC: Continued	2020/2021	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.	6/30/2021:	Completed: All milestone deliverables met with full points received. The PAC plan for FY 20/21 focused on PT and CC interventions. The 3 episodes of focus changed to SUD, diabetes and Chronic Obstructive Pulmonary Disease (COPD).
RAE PRIME	PAC: Continued	2021/2022	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.	6/30/2022:	Completed: All milestone deliverables met with full points received. The PAC plan for FY21/22 focused on PT and CC interventions. The 3 episodes of focus for this project year were SUD, diabetes, and hypertension.
RAE PRIME	PAC: Continued	2022/2023	N/A	N/A	N/A (PAC was discontinued as a KPI in FY22/23)

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RAE	Key Performance Indicators (KPIs):	2018/2019	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2019:	Completed: 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.
RAE	KPI: Continued	2019/2020	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2020:	Completed: RMHP met 5 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 5 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.
RAE	KPI: Continued	2020/2021	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2021:	Completed: RMHP continues to actively develop and support interventions for KPIs. RMHP met 5 of 8 KPIs for Q1 and Q2, 4 of 8 KPIs for Q3 and 6 of 8 KPIs for Q4.
RAE	KPI: Continued	2021/2022	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2022:	Completed: Integrated Quality Workgroups (IQWg) were created and formally launched in January 2022. The IQWg's provide a venue to innovatively address and deliver accountability for intervention activities aimed at improving population health, addressing health equity, reducing health care costs, and improving Member and provider experience via the Quality Improvement Committee's prioritized measures grid. This will be accomplished by using the 10 Building Blocks of a High Performing Health Plan framework. The IQWG operations will contribute to achievement of Quality Improvement Program activities and requirements. The IQWGs report to the QI Director and RMHP QIC to provide operational oversight and accountability of prioritized quality improvement measures and overall performance. There are seven IQWGs: Maternity/Women's Health, Diabetes/Chronic Conditions,

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					Preventive/Older Adults, Utilization, Behavioral Health/Substance Use Disorder, Member Experience, and Pediatrics. All KPI's, BHIP measures and Performance Pool measures are prioritized and assigned across the IQWg's. For FY21/22, RMHP met 6 of 6 KPIs for Q1 and for Q2. In Q3, RMHP met 5 of 6 KPIs. In Q4, RMHP met 4 of 6 KPIs.
RAE	KPI: Continued	2022/2023	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2023:	In progress: Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the KPIs. A new structure to the IQWgs was implemented to drive improvement efforts at the physical health and behavioral health level. The Medicaid PH IQWg will focus on the KPI's and Performance Pool measures while the Medicaid BH IQWg will focus on the BHIP measures. For Q1, RMHP met 1 out of 7 KPIs. For Q2, RMHP met 2 out of 7 KPIs.
RAE	KPI: Continued	2023/2024	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2024:	In progress: Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the KPIs. RMHP is implementing a KPI Practice Support program, which includes more emphasis for data support, practice workflows and best practices. RMHP is leveraging Integrated Community Care Team (ICCT) collaboration to drive activity aimed at improving performance on select KPIs.
RAE	Performance Pool (PP)	2022/2023	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2023:	In progress: Integrated Quality Workgroups (IQWg) were created and formally launched in January 2022. The IQWg's provide a venue to innovatively address and deliver accountability for intervention activities aimed at improving population health, addressing health equity, reducing health care costs, and improving Member and provider experience via the Quality Improvement Committee's prioritized

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					<p>measures grid. This will be accomplished by using the 10 Building Blocks of a High Performing Health Plan framework. The IQWG operations will contribute to achievement of Quality Improvement Program activities and requirements. The IQWgs report to the QI Director and RMHP QIC to provide operational oversight and accountability of prioritized quality improvement measures and overall performance. There are seven IQWGs: Maternity/Women’s Health, Diabetes/Chronic Conditions, Preventive/Older Adults, Utilization, Behavioral Health/Substance Use Disorder, Member Experience, and Pediatrics. All KPI's, BHIP measures and Performance Pool measures are prioritized and assigned across the IQWg's.</p> <p>Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the KPIs. In 2023, the IQWgs evolved into a new structure to better drive improvement efforts at the physical health and behavioral health level. The Medicaid PH IQWg will focus on the KPI’s and Performance Pool measures while the Medicaid BH IQWg will focus on the BHIP measures.</p>
RAE	Performance Pool (PP)	2023/2024	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2024:	<p>In progress: Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the PP metrics. There are focused activities targeted toward the DOC, Maternity, and Respiratory measures. RMHP is leveraging Integrated Community Care Team (ICCT) collaboration to drive activity aimed at improving performance on select PP metrics.</p>

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RAE	Behavioral Health Incentive Program (BHIP) Measures:	2018/2019	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.	6/30/2019:	Completed: Region 1 met targets for BHIP indicator's 1, 4, & 5.
RAE	BHIP: Continued	2019/2020	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.	6/30/2020:	Completed: Region 1 met targets for BHIP indicator's 3 & 4, to include the gateway metric for Ind. 4.
RAE	BHIP: Continued	2020/2021	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.	6/30/2021:	Completed: RMHP continues to actively develop and support interventions for BHIPs. Region 1 met targets for BHIP indicator's 1, 3, & 5. Performance target was met for Ind. 4; however, the gateway metric was not met for Ind. 4.
RAE	BHIP: Continued	2021/2022	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.	6/30/2022:	Completed: RMHP has implemented QI Workgroups across multiple measure domains. A BH Workgroup has started meeting and is specifically focused on BHIP measures. RMHP created a dashboard to internally track BHIP measures. Finalized reporting is shows preliminary results of RMHP meeting 4 of the 5 BHIP measures.
RAE	BHIP: Continued	2022/2023	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the	6/30/2023:	In progress: RMHP continues to develop, support, and maintain interventions that improve performance on BHIP metrics, through the BH/SUD IQWg and through working with CMHC/IPN partners in the region. Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the BHIPs. In 2023, the

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			identified measures related to BH under the ACC.		IQWgs evolved into a new structure to better drive improvement efforts at the physical health and behavioral health level. The Medicaid PH IQWg will focus on the KPI's and Performance Pool measures while the Medicaid BH IQWg will focus on the BHIP measures.
RAE	BHIP: Continued	2023/2024	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.	6/30/2024:	In progress: RMHP continues to develop, support, and maintain interventions that improve performance on BHIP metrics, through the BH/SUD IQWg and through working with CMHC/IPN partners in the region. Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the BHIPs. A monthly Provider Cross Collaboration Committee (PCCC) has evolved from the former BHIP Collaborative. RMHP is implementing more local level collaboration is planned for BHIP measure #5 (FC BH Assessment). Additional focus is being placed on depression screening coding for BHIP measures #4.
CHP	Performance and Operation Measurement	2021/2022	Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the identified measures related to physical health (PH).	6/30/2022:	Completed: RMHP has included CHP Core Measures in prioritization of quality metrics as directed by the RMHP QIC.
CHP	Performance and Operation Measurement	2022/2023	Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the	6/30/2023:	Completed: RMHP has included CHP Core Measures in prioritization of quality metrics as directed by the RMHP QIC. There are currently 5 measures included in the Core Measure Set that RMHP will need to develop reporting processes on - all others have oversight and will be prioritized for measure interventions.

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			identified measures related to physical health (PH).		
CHP	Performance and Operation Measurement	2023/2024	Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the identified measures related to physical health (PH).	6/30/2024:	In progress: CHP Core Measures are prioritized within the Quality Metric Crosswalk. The reporting and tracking processes are in place. Measures which have alignment with other programs are in place to receive higher focus.
RAE PRIME CHP	RAE Population Health Plan	2018/2019	Develop a population health reporting template that allows us to meaningfully assess RMHP programs.	6/30/2019:	Retired: 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.
RAE PRIME CHP	Population Management Strategic Plan (PMSP)	2019/2020	N/A	N/A	N/A
RAE PRIME CHP	PMSP: Continued	2020/2021	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	6/30/2021:	Completed: PMSP submitted August 2020, accepted with changes. Resubmission in September 2020, which was accepted.
RAE PRIME CHP	PMSP: Continued	2021/2022	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	6/30/2022:	Completed: PMSP submitted June 30th, 2021, and was accepted with no edits.
RAE PRIME CHP	PMSP: Continued	2022/2023	Develop a PMSP that allows RMHP evaluate and monitor population health strategies	6/30/2023:	Completed: PMSP submitted on June 30th, 2022, acceptance 7/27/2022.

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			to improve health outcomes for Members.		
RAE PRIME CHP	PMSP: Continued	2023/2024	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	6/30/2024:	In progress: PMPs submitted on July 5th, 2023, accepted with Changes on August 7th, 2023. Resubmission on 8/21/23, deliverable accepted.
RAE PRIME	Accountable Health Communities Model (AHCM) Program Performance	2018/2019	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2019:	Completed: Maintained quarterly reporting.
RAE PRIME	AHCM: Continued	2019/2020	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2020:	Completed: Maintained quarterly reporting.
RAE PRIME	AHCM: Continued	2020/2021	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2021:	Completed: Monitored Total Screeners and Total Number of Members Opted in to CC by quarter- Q1 – 806 opted in to CC /navigation, 6128 Total screeners completed Q2 – 603 opted in to CC/navigation, 5669 Total screeners completed Q3 – 567 opted in to CC /navigation, 6457 Total screeners completed Q4 – 685 opted in to CC /navigation, 6704 Total screeners completed

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RAE PRIME	AHCM: Continued	2021/2022	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2022:	Completed: Monitored Total Screeners and Total Number of Members Opted in to CC by quarter - Q1 - 293 opted in to CC/navigation, 5560 Totals screeners completed (2555) unique screens) Q2 - 215 opted in to CC/navigation, 5150 Total screeners completed (2232 unique screens) Q3 - Q4 - AHCM contract ended in April 2022. Official screening discontinued as of 12/31/21. Final reports submitted for the AHCM program in June 2022. Current navigation referrals from SDOH screenings are requested by clinical staff who believe the member would benefit from further navigation services. This is compared to previous navigation referrals in the AHC model that, unless the member opted out, were referred automatically when eligible.
RAE PRIME	AHCM: Continued	2022/2023	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	N/A	Completed/Discontinued: The AHCM contract concluded in Q4 of FY2021/2022 (screening discontinued at the end of Q2).
RAE PRIME CHP	SDoH	2022/2023	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2023:	Completed: RMHP continues to support SDoH screening and referral to social resources in partnership with clinical partners. Organizational priorities include initiatives to address food insecurity, transportation, and housing needs in the region. RMHP submitted the PRIME Social Needs screening deliverable on August 15th, 2023. It was accepted with Changes. Response was submitted on September 9th, 2023 - RMHP request 1 additional month to rerun and resubmit accurate data. Resubmission is due on October 5th, 2023.

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RAE PRIME CHP	SDoH	2023/2024	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2024:	In Progress: RMHP continues to support SDoH screening and referral to social resources in partnership with clinical partners. Organizational priorities include initiatives to address food insecurity, transportation, and housing needs in the region. Additionally, in alignment with the Performance Improvement Projects (PIPs), RMHP will implement incentive for completed SDoH screeners for Provider. To support this programming, RMHP will be collaborating with Providers to build capacity for screening capabilities and data sharing. RMHP is also planning to incorporate SDoH screening into the Value Based Payment Provider Contracting incentives. RMHP is developing a SDoH dashboard to monitor and evaluate SDoH needs to inform population health strategy.
RAE PRIME	EPSDT (Early & Periodic Screening, Diagnostic, and Treatment)	2020/2021	Rocky Mountain Health Plans (RMHP) is committed to promoting awareness of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to ensure Members have access to comprehensive healthcare and community-based services throughout the region. RMHP will continue to use the Regional Accountable Entity (RAE) infrastructure and a comprehensive network of physical and behavioral health providers, community resources and other key community partners to ensure Members	6/30/2021:	Completed: RMHP conducted an annual chart audit for a sample of EPSDT eligible members to assess the quality of care provided to EPSDT beneficiaries, and to ensure these eligible Members are receiving their EPSDT benefits. RMHP also conducted gaps-in-care outreach to encourage Members to obtain appropriate preventive and screening services. RMHP conducted educational outreach (annual letter/flyer, quarterly letters, and emails) to eligible Members to promote the importance of well visits, immunizations, and covered benefit options. RMHP provided the Provider Network education regarding EPSDT, in addition to the annual Provider Guidebook (provider notification of EPSDT information) distribution in the fall of 2021. RMHP provided timely quarterly reporting for EPSDT deliverables.

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			receive information regarding EPSDT benefits. EPSDT engagement activities are closely aligned with quality improvement and condition management programs to ensure overall healthcare needs of Members are met.		
RAE PRIME	EPSDT (Early & Periodic Screening, Diagnostic, and Treatment)	2021/2022	Rocky Mountain Health Plans (RMHP) is committed to promoting awareness of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to ensure Members have access to comprehensive healthcare and community-based services throughout the region. RMHP will continue to use the Regional Accountable Entity (RAE) infrastructure and a comprehensive network of physical and behavioral health providers, community resources and other key community partners to ensure Members receive information regarding EPSDT benefits. EPSDT engagement activities are closely aligned with quality improvement and condition management programs to ensure overall healthcare needs of Members are met.	6/30/2022:	<p>Completed: RMHP conducted an annual chart audit for a sample of EPSDT eligible members to assess the quality of care provided to EPSDT beneficiaries, and to ensure these eligible Members are receiving their EPSDT benefits. RMHP also conducted gaps-in-care outreach to encourage Members to obtain appropriate preventive and screening services. RMHP conducted educational outreach (annual letter/flyer, quarterly letters, and emails) to eligible Members to promote the importance of well visits, immunizations, and covered benefit options. RMHP provided the Provider Network education regarding EPSDT, in addition to the annual Provider Guidebook (provider notification of EPSDT information) distribution in the fall of 2022. RMHP provided timely quarterly reporting for EPSDT deliverables.</p>

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LOB	Goal	Fiscal Year (FY)	Fiscal Year Objectives	Targeted Due Date	Status and Update
RAE PRIME	EPSDT (Early & Periodic Screening, Diagnostic, and Treatment)	2022/2023	Rocky Mountain Health Plans (RMHP) is committed to promoting awareness of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to ensure Members have access to comprehensive healthcare and community-based services throughout the region. RMHP will continue to use the Regional Accountable Entity (RAE) infrastructure and a comprehensive network of physical and behavioral health providers, community resources and other key community partners to ensure Members receive information regarding EPSDT benefits. EPSDT engagement activities are closely aligned with quality improvement and condition management programs to ensure overall healthcare needs of Members are met.	6/30/2023:	Completed: RMHP conducted an annual chart audit for a sample of EPSDT eligible members to assess the quality of care provided to EPSDT beneficiaries, and to ensure these eligible Members are receiving their EPSDT benefits. RMHP also conducted gaps-in-care outreach to encourage Members to obtain appropriate preventive and screening services. RMHP conducted educational outreach (annual letter/flyer, quarterly letters and 3 email touchpoints) to eligible Members to promote the importance of well visits, immunizations, and covered benefit options. RMHP provided the Provider Network education regarding EPSDT, in addition to the annual Provider Guidebook distribution (provider notification of EPSDT information) in the fall Of 2023. RMHP provided timely quarterly reporting for EPSDT deliverables. RMHP participated in the inaugural EQR EPSDT Audit - no specific finding, however, some recommendations for improvement were identified.

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RAE PRIME	EPSDT (Early & Periodic Screening, Diagnostic, and Treatment)	2023/2024	Rocky Mountain Health Plans (RMHP) is committed to promoting awareness of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to ensure Members have access to comprehensive healthcare and community-based services throughout the region. RMHP will continue to use the Regional Accountable Entity (RAE) infrastructure and a comprehensive network of physical and behavioral health providers, community resources and other key community partners to ensure Members receive information regarding EPSDT benefits. EPSDT engagement activities are closely aligned with quality improvement and condition management programs to ensure overall healthcare needs of Members are met.	6/30/2024:	In Progress: RMHP is preparing for the annual chart audit. RMHP is continuing to provide gaps-in-care outreach and educational outreach to EPSDT eligible Members, which includes expansion into text message communications. RMHP will continue to offer education to the Provider Network and will distribute the annual provider guidebook (provider notification of EPSDT information) in the fall of 2024. RMHP will continue to provide timely quarterly reporting for EPSDT deliverables.
RAE PRIME CHP	Population Assessment:	2017/2018 2018/2019	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2019:	Completed: 2017 and 2018 assessments are complete.

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RAE PRIME CHP	Population Assessment: Continued	2019/2020	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2020:	Completed: Assessments were completed in Spring 2020.
RAE PRIME CHP	Population Assessment: Continued	2020/2021	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2021:	Completed: Assessments were completed in Spring 2021.
RAE PRIME CHP	Population Assessment: Continued	2021/2022	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2022:	<p>Completed: Population Health Assessment was completed. Key elements include the expansion of BH provider network, specifically integrated behavioral health. Another strength was screening for SDoH. Opportunities for RMHP are to continue to address racial/ethnic disparities, especially in the Native American population and Latino/Hispanic population. RMHP funded practices that are serving the Native American population. Two of the PCMP practices in the four corners area will be paid at the Tier 1 level instead of the Tier 4 level. Additionally, RMHP care management has a process to connect Spanish-speaking Members to Spanish-speaking care coordinators.</p> <p>Opportunities also exist in improving health outcomes for cardiovascular diseases, diabetes, depression, and anxiety in this population. Additionally, receiving preventative care was another identified opportunity. Interventions to support these most common conditions were discussed and deployed using the Integrated Quality Workgroups (IQWgs). Interventions that were included to support these population needs were a blood pressure competency program for PCMPs, educational webinars and materials to PCMPs on these conditions, and Member incentives.</p>
RAE PRIME CHP	Population Assessment: Continued	2022/2023	Conduct a system-wide population assessment of the needs of our population and	6/30/2023:	Completed: Data collection is occurring utilizing RMHP's population health flags and tables. Analysis was delayed for FY22/23 and will occur again in the next FY.

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			the resources allocated to address those needs.		
RAE PRIME CHP	Population Assessment: Continued	2023/2024	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2024:	In progress: Data collection is continuing to occur utilizing RMHP's population health flags and tables. Analysis is planned for Spring of 2024 and will include data for 2022 and 2023.
RAE PRIME	Rocky Mountain Health Plans Quality Improvement Program (RQUIP):	2018/2019	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.	6/30/2019:	Completed/Discontinued: This program was sunset in June 2019.
RAE PRIME CHP	Clinical Practice Guidelines (CPG):	2018/2019 2019/2020	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2020:	Completed: 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.
RAE PRIME CHP	CPG: Continued	2020/2021	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2021:	Completed: 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.

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RAE PRIME CHP	CPG: Continued	2021/2022	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2022:	Completed: All eCQM toolkits were updated and are in alignment with the CPG's that are posted to the RMHP website.
RAE PRIME CHP	CPG: Continued	2022/2023	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2023:	Completed: RMHP will evaluate updates to CPGs to align with evidence based professional organizations. 2023 RMHP CPG's will be reviewed, updated, and approved in December 2022 and published to the website in January 2023. CPG's will be disseminated during practice/provider meetings, in monthly newsletters, and referenced in Clinical Quality Improvement (CQI) Newsrooms.
RAE PRIME CHP	CPG: Continued	2023/2024	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2024:	In Progress: RMHP will evaluate updates to CPGs to align with evidence based professional organizations. 2024 RMHP CPG's will be reviewed, updated, and approved in December 2023 and made available on the UHC website in January 2024. CPG's will be disseminated during practice/provider meetings, in monthly newsletters, and referenced in Clinical Quality Improvement (CQI) Newsrooms.
Member Experience of Care					
RAE	Behavioral Health Focus Groups:	2018/2019	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2019:	Completed: Focus groups completed, Executive Summary and Detailed Reports were completed and shared with stakeholders, such as Department of Health Services (DHS), The Department and in community meetings. Findings/themes were shared, and each community shared how they would like to receive updates and share feedback with RMHP on an ongoing basis.
RAE	Behavioral Health Focus Groups: Continued	2019/2020	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2020:	Completed: 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.
RAE	Behavioral Health Focus Groups: Continued	2020/2021	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2021:	Completed: RMHP conducted focus groups with family members of children and adults with intellectual or developmental disabilities in July 2021. Two sessions were held for family members of children and two sessions were held for family members of adults. CCDC will develop a report with the findings and recommendations to RMHP.
RAE	Behavioral Health Focus Groups: Continued	2021/2022	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2022:	Completed: RMHP has partnered with The Oliver Group to offer providers an intensive training course on <i>Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities</i> . The course focuses on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis. Providers can choose from a monthly course with one training session per month over a six-month period, or an intensive course with five sessions offered the course of one week in October 2022. The monthly course launched in June 2022 and runs through November 2022. Providers who successfully complete the course are eligible for enhanced rates in their contracts for outpatient services and a certificate of completion for completing the course and exams. RMHP offered \$3,000 reimbursement for course completion to the first fifty provider registrants. The training has garnered significant interest, with over one hundred provider registrations.
RAE	Behavioral Health Focus Groups: Transitioned to Physical Health/Behavioral Health/SDoH Focus Groups	2022/2023	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2023:	Completed but ongoing: RMHP has conducted multiple focus groups across the RAE region with a focus on whole person health inclusive of Physical Health, Behavioral Health and SDoH.

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RAE	Behavioral Health Focus Groups: Transitioned to Physical Health/Behavioral Health/SDoH Focus Groups	2023/2024	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2024:	In progress and ongoing: RMHP will continue to host multiple focus groups across the RAE region with a focus on whole person health inclusive of Physical Health, Behavioral Health and SDoH
RAE PRIME CHP	Culturally Competent Care Provider Trainings:	2019/2020	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2020:	Completed: 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 culturally competent and disability competent care trainings, has generated interest.
RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2020/2021	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2021:	Completed: Fall 2020 - RMHP offered training for providers titled Basics of Affirming Care for LGBTQ, Transgender and Non-Binary Communities. In February 2021 RMHP offered trainings such as “Health Equity and Disability: Integrating from the Top Down” and “Interacting with Individuals Who Are Deaf, Deaf/Blind or Hard of Hearing.” In March 2021 RMHP offered a training on “Native American Cultural Awareness.” In April 2021 RMHP offered a training titled “Undoing Implicit Bias.”
RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2021/2022	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2022:	Completed: Fall 2021 – 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.

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RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2022/2023	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2023:	<p>Completed: RMHP partnered with The Oliver Group offering providers an intensive training course on Providing Behavioral Health Treatment to Persons with co-occurring mental illness, with the focus on Intellectual and Developmental Disabilities. The course included training with anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis, with co-occurring Intellectual and Development Disabilities. Providers selected which quarterly, five-day training, to attend, in March, June, September or December. RMHP offered \$3,000 incentive to the first 50 provider registrants that completed the course, including attendance, exams and receiving a certificate of completion. With further outreach, the course continued to garner interest, with nearly 100 providers registering for the 2023 trainings. RMHP also partnered with Loving Beyond Understanding, providing affirming environment training with LGBTQIA Plus. Over 300 providers completed the training, creating an affirming environment within their organizations.</p>
RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2023/2024	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2024:	<p>In progress: RMHP continues partnering with The Oliver Group in offering provider training for co-occurring mental illness and Intellectual Development Disabilities. This course provides quarterly, five-day intensive training, offering \$3,000 incentive to be one of the first 50 registrants that complete the course, including attendance, exams and receiving a certificate of completion.</p> <p>RMHP continues to partner with Loving Beyond Understanding, offering LGBTQIA Plus training to all providers. This training will assist providers in developing an affirming care environment within their organization.</p>

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					RMHP will continue to partner with both The Oliver Group for Intellectual Developmental Disabilities and Loving Beyond Understanding for LGBTQIA+ affirming care education. These courses will continue to offer cultural competency training, as well as a training for providers to become more skilled in serving people with severe and persistent mental illness.
RAE PRIME CHP	Provider Attributes Survey Program:	2019/2020	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.	6/30/2020:	Completed: 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 One Call Center, 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.
RAE PRIME CHP	Provider Attributes Survey Program: Continued	2020/2021	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.	6/30/2021:	Completed: RMHP continues to distribute surveys to primary care, specialty care and behavioral health providers to collect important demographic information that is displayed in our provider directories for Members. The quarterly cadence of the surveys helps RMHP keep a close pulse on how the provider network is adapting to COVID-19, including the effects of COVID-19 on their practice (i.e., practice closure, loss of staff, etc.) and whether the practice offers services via telemedicine.
RAE PRIME CHP	Provider Attributes Survey Program: Continued	2021/2022	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.	6/30/2022:	Completed: RMHP continues to collect Provider Attributes survey data from our provider network on a quarterly basis. During the reporting period, RMHP offered providers the ability to complete the surveys within the RMHP Provider Portal for an improved user experience. In addition to the new online option, providers can continue to submit the forms via email, fax, or mail. RMHP continues to use the data collected from the surveys to update our provider directories and ensure that members have accurate and helpful information when searching for a provider.

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RAE PRIME CHP	Provider Attributes Survey Program: Continued	2022/2023	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.	6/30/2023:	Completed: RMHPs will be meeting internally to discuss refinement/enhancements to the surveys, including the addition of a question regarding chronic pain/Medication Assisted Treatment (MAT). Health Plan staff have been working with the UHC Enterprise to get attestations in the Provider Portal for providers to attest to a variety of AOE's including MAT certifications. It will then be RMHP duty to let providers know of these attestations in the portal and their responsibility to complete them.
RAE PRIME CHP	Provider Attributes Survey Program: Continued	2023/2024	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.	6/30/2024:	In Progress: Health Plan staff will have the Provider Attribute Survey ready to be sent out at the end of September 2023.
Under and Over Utilization of Services					
RAE PRIME CHP	Gaps in Care Reporting:	2018/2019	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to 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 WCVs.	6/30/2019:	Completed: Annual reports were delivered to providers to inform gaps in care and PT processes. Gaps in Care Report was sent to practices October 2018. Member incentives for gaps in care were sent between July 2018 - June 2019.

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RAE PRIME CHP	Gaps in Care Reporting: Continued	2019/2020	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to 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 WCVs.	6/30/2020:	Completed: 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.
RAE PRIME CHP	Gaps in Care Reporting: Continued	2020/2021	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to 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 WCVs.	6/30/2021:	Completed: CHP+ and Prime: Annual wellness incentives for Members 3-17 years of age sent monthly per birthday than changed to annually in July 2021. Adolescent immunizations to CHP+ and PRIME Members 12 years of age with gaps sent in August 2021. Childhood immunizations and postpartum care incentives sent monthly. Cervical cancer, breast cancer, diabetes, A1C, diabetes retinal eye exam, controlling high blood pressure sent in Fall of 2021. CHP+, RAE, and Prime: Women's health Member educational email sent June 2021. 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 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.

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RAE PRIME CHP	Gaps in Care Reporting: Continued	2021/2022	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to 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 WCVs.	6/30/2022:	<p>Completed:</p> <p><u>PRIME and CHP+:</u></p> <ul style="list-style-type: none"> · Annual wellness incentives for Members 3-17 years of age sent annually in June 2022. · Monthly childhood immunization incentive sent at 16 mo. · Diabetes management incentive sent to all Members with a diagnosis of diabetes in July 2022. · Diabetes A1C and eye exam incentives sent in October 2021. · Monthly educational mailing sent to families of newborns at 30 days after birth. · Monthly educational mailing on annual wellness sent at 12 mo. of age. · Monthly postpartum incentive mailed between 37-38 weeks gestation or early delivery. <p><u>PRIME and RAE:</u></p> <ul style="list-style-type: none"> · Eliza diabetes phone outreach in November 2021 to Members identified with a diabetes gap for A1C, nephropathy, and/or eye exam in 2021. · Sent gap reports to healthcare providers in October 2021 identified as having RMHP Members with a breast cancer screening and/or A1C gap. <p><u>PRIME:</u></p> <ul style="list-style-type: none"> · Member educational email on cervical cancer screening and breast cancer screening with option for RMHP follow-up assistance sent in October 2021. <p><u>RAE:</u></p> <ul style="list-style-type: none"> · Member educational email on breast cancer screening with option for RMHP follow-up assistance sent in October 2021. <p><u>CHP+, RAE, and PRIME:</u></p> <ul style="list-style-type: none"> · Member educational email sent November 2021 to the parents/guardians of Members 9-13 years of age on the importance of receiving and completing HPV vaccine series. · Flu Member educational email sent February 2022. · Controlling high blood pressure Member educational email sent August 2021.

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					<ul style="list-style-type: none"> · Monthly Pfizer IVR and mailing for 1 year old well visit. · Monthly Pfizer IVR and mailing for children who missed an immunization between 6-18 months of age. · Sent gap reports to health care providers in October 2021 identified as having RMHP Members with a breast cancer screening and/or A1C gap.

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RAE PRIME CHP	Gaps in Care Reporting: Continued	2022/2023	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to 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 WCVs.	6/30/2023:	<p>Completed:</p> <p><u>PRIME and CHP+:</u></p> <ul style="list-style-type: none"> · Monthly childhood immunization incentive sent at 16 mo. · Diabetes gap-based incentives (A1C and eye exam) sent November 2022. · Monthly educational mailing sent to families of newborns at 30 days after birth. · Monthly educational mailing on annual wellness sent at 12 mo. of age. · Monthly postpartum incentive mailed between 37-38 weeks gestation or early delivery. · Sent gap reports to healthcare providers in July 2022 identified as having RMHP Members with a breast cancer screening and/or A1C gap. <p><u>PRIME and RAE:</u></p> <ul style="list-style-type: none"> · COTIVITI diabetes phone outreach deployed in August 2022 to Members identified with a diabetes gap for A1C, KED and/or eye exam in 2022. <p><u>PRIME:</u></p> <ul style="list-style-type: none"> · Breast cancer screening incentive sent August 2022. · Cervical cancer screening incentive sent September 2022. <p><u>CHP+, RAE, and PRIME:</u></p> <ul style="list-style-type: none"> · Medication adherence Member educational email sent August 2022. · Controlling blood pressure Member educational email sent July 2022. · HPV vaccination Member educational email sent July 2022. · Women’s health Member education email sent October 2022. · Monthly Pfizer IVR and mailing for 1 year old well visit.

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					<ul style="list-style-type: none"> · Monthly Pfizer IVR and mailing for children who missed an immunization between 6-18 months of age.

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RAE PRIME CHP	Gaps in Care Reporting: Continued	2023/2024	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to 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 WCVs.	6/30/2024:	<p><i>In Progress:</i></p> <p><u>PRIME and CHP+:</u></p> <ul style="list-style-type: none"> · Monthly childhood immunization incentive sent at 16 mo. · Diabetes gap-based incentives (A1C, KED, and eye exam) planning to send in October 2022. · Monthly educational mailing sent to families of newborns at 30 days after birth. · Monthly educational mailing on annual wellness sent at 12 mo. of age. · Monthly postpartum incentive mailed between 37-38 weeks gestation or early delivery. · Send gap reports to healthcare providers in late 2023 identified as having RMHP Members with a breast cancer screening and/or A1C gap. <p><u>PRIME and RAE:</u></p> <ul style="list-style-type: none"> · COTIVITI diabetes phone outreach planning to deploy in August 2023 to Members identified with a diabetes gap for A1C, KED and/or eye exam in 2023. <p><u>PRIME:</u></p> <ul style="list-style-type: none"> · Breast cancer screening incentive planning to send August 2023. · Cervical cancer screening incentive planning to send September 2023. <p><u>CHP+, RAE, and PRIME:</u></p> <ul style="list-style-type: none"> · Monthly Pfizer IVR and mailing for 1 year old well visit. · Monthly Pfizer IVR and mailing for children who missed an immunization between 6-18 months of age. · Monthly Pfizer mailing for adolescents who missed an immunization between 16-17 and 18-19 years of age. · Live agent support to assist Members in scheduling a Well Visit.

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RAE	Client Over-Utilization Program (COUP):	2019/2020	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.	6/30/2020:	Completed: 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.
RAE	Client Over-Utilization Program (COUP): Continued	2020/2021	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	6/30/2021:	Completed: 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.

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			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.		
RAE	Client Over-Utilization Program (COUP): Continued	2021/2022	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.	6/30/2022:	Completed: RMHP continues to receive quarterly lists of Members from The Department and reviews for selection for the COUP program. The Members identified as 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 into 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. In Fiscal Year 2021/2022, RMHP worked with approximately 15 Members in the COUP program.
RAE	Client Over-Utilization Program (COUP): Continued	2022/2023	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	6/30/2023:	Completed: RMHP continued program coordination according to requirements and Member status. RMHP had 33 members who participated in the COUP Lock-in program during this reporting period. During this reporting period, ■ members were recommended to be removed from the lock-in program.

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			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.		
RAE	Client Over-Utilization Program (COUP): Continued	2023/2024	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	6/30/2024:	<i>In progress:</i> RMHP will continue program coordination according to requirements and Member status. RMHP will explore opportunities to enhance member engagement and collaboration with providers.

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			<p>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>		
PRIME CHP	Drug Safety Program (DSP)	2020/2021	<p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members</p>	6/30/2021:	<p>Completed: RMHP continues to review Members for potential inclusion into DSP. RMHP takes referrals from several sources including - pharmacies, providers, care and case managers, customer service, and more. RMHP enrolls Members that meet criteria to receive additional oversight of controlled substance paid claims. In addition, both those Members enrolled in DSP and those referred get case management.</p>

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			using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (> 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.		
PRIME CHP	Drug Safety Program (DSP)	2021/2022	Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the	6/30/2022:	<p>Completed: RMHP continues to review Members for potential inclusion into DSP. RMHP takes referrals from several sources including - pharmacies, providers, care and case managers, customer service, and more. RMHP enrolls Members that meet criteria to receive additional oversight of controlled substance paid claims. In addition, both those Members enrolled in DSP and those referred get case management.</p> <p>RMHP Care Management interventions are based on the acuity of the member. For higher acuity members, interventions include intensive care coordinating from an RN who supports recovery efforts, attend healthcare appointments, provides resources about harm reduction and safe use of medications as well as assists with care coordination between providers. Members are assessed for gaps in care and SDoH. Members are provided education and support to address identified needs. RMHP Care Management staff assist members with ongoing needs between medical and behavioral. All members in the MAT program are restricted to one pharmacy and/or one prescriber for prescriptions of methadone, buprenorphine, and naltrexone through their pharmacy benefit. This is to decrease risk for abuse and/or concurrent use of medications used to treat opioid dependence and opioids.</p>

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			<p>following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (> 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> <p>RMHP will review the Drug Safety Program on an annual basis. In addition, the Utilization Management Committee (UMC) will review the coordination of care report that tracks Members with multiple prescribers for narcotics annually. The information contained within the report will be used as an indicator for measuring the effectiveness of the RMHP Drug Safety Program.</p>		

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PRIME CHP	Drug Safety Program (DSP); Optum Pharmacy Home Program (PHP)	2022/2023	Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any	6/30/2023:	<p>Completed: Goal - Increase the Members per 1000 in Medication Assisted Treatment (MAT) by 50% each year. This goal was sunset with the DSP program.</p> <p>As of April 1st, 2023, the RMHP DSP program transition to the Optum Pharmacy Home Program (PHP). The new program focuses on Pharmacy prescriber lock-in vs. where the RMHP DSP program was focused on both Prescriber and Pharmacy lock-in. PHP is a 12-month lock-in, with an evaluation of the adherence data at that point.</p> <p>The new program initiated with a fresh eligibility determination for Member participation. Prior RMHP DSP member were not transitioned directly to the new program and their DSP lock-in's were discontinued.</p>

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			<p>combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (> 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> <p>RMHP will review the Drug Safety Program on an annual basis. In addition, the UMC will review the coordination of care report that tracks Members with multiple prescribers for narcotics annually. The information contained within the report will be used as an indicator for measuring the effectiveness of the RMHP Drug Safety Program.</p>		

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PRIME CHP	Optum Pharmacy Home Program (PHP)	2023/2024	Identify Members having poor controlled substance management may be enrolled in case management in addition to being placed into The Pharmacy Home Program (PHP) that aims to restrict the member to the agreed upon pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the PHP are identified via retrospective pharmacy claims analysis. There are two cohorts identified and reviewed each month. The Primary population includes those Members who have > 9 targeted medications, > 3 prescribers, > 3 pharmacies. Also a Secondary population which involves a diagnosis with pharmacy count (such as	6/30/2024:	In Progress: Continue the PHP program with eligible Members. Monthly reviews are conducted to determine eligibility for lock-in of new participation.

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			poisoning diagnosis and fill. targeted medications at > 2 pharmacies).		
PRIME CHP	Med Adherence Program	2022/2023	Starting April 1, 2022, RMHP opted in to the Meds On Track program which is a program run by OptumRx to target a variety of situations that Members are considered or may be considered non-adherent to their prescribed drugs. This program uses the Members pharmacy claims history to analyze adherence to prescribed drugs. There are seven disease states that the Meds On Track program is designed to address drug adherence.	6/30/2023:	Complete: Over 4,000 Member mailings were sent during the last nine months of the calendar year 2022, indicating that RMHP participated in the Meds On Track program through OptumRx. As expected, antidepressants and antihypertensives were the top two disease states that Members were eligible and enrolled into.
PRIME CHP	Med Adherence Program	2023/2024	This program uses the Members pharmacy claims history to analyze adherence to prescribed drugs. There are seven disease states that the Meds On Track program is designed to address drug adherence.	6/30/2024:	In Progress: These touchpoints to encourage appropriate and effective use of the drugs prescribed to RMHP Members will continue. The program did not change for fiscal year 2023-2024, and several thousand outreaches are expected to occur again this year.

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PRIME	Medication Review Program (MRP)	2022/2023	The Medication Review Program (MRP) completes monthly drug profile reviews for PRIME members. These reviews are conducted by a contracted licensed Pharmacist. The review involves the Pharmacist completing an initial assessment of drug claims information. The Pharmacist then conducts a live one-on-one phone call to gather more information and make member specific recommendations. The Pharmacist then creates recommendation letters that are provided to both the Member and any providers who may be able to act upon the recommendation.	6/30/2023:	<p>Complete: The goal of 50 reviews per month was not met during this review period. Of the 600 Members enrolled into the program over the past 12 months, 274 received a review. Overall, 46% (274/600) of eligible Members were reviewed during the review period. Members added to the program are reviewed based on date of inclusion. Any Member that does not receive a review within the month added are reviewed prior to starting the next month's eligible Member cohort.</p>
PRIME	Medication Review Program (MRP)	2023/2024	The Medication Review Program (MRP) completes monthly drug profile reviews for PRIME members. These reviews are conducted by a contracted licensed Pharmacist. The review involves the Pharmacist completing an initial	6/30/2024:	<p>In Progress: Due to the reduction to one pharmacist completing these reviews, the goal has been reduced for the 2023-2024 fiscal year, as completing 50 per month is no longer feasible. RMHP will continue to complete as many of these reviews as possible as the touchpoints are valuable for our Members.</p>

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			assessment of drug claims information. The Pharmacist then conducts a live one-on-one phone call to gather more information and make member specific recommendations. The Pharmacist then creates recommendation letters that are provided to both the Member and any providers who may be able to act upon the recommendation.		
RAE PRIME CHP	Members with special health care needs (SHCN):	2019/2020	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 of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.	6/30/2020:	Completed: Focus on all special health care needs.
RAE PRIME CHP	Members with special health care needs (SHCN): Continued	2020/2021	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 of Members, RMHP has a category of SHCN for children	6/30/2021:	Completed: Continued focus on all special health care needs with expansion to Members identified as complex.

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			and adults which informs outreach and care planning occurs.		
RAE PRIME CHP	Members with special health care needs (SHCN): Continued	2021/2022	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 of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.	6/30/2022:	<p>Completed: 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. Update: Overall audits showed an increase in unclothed exams being performed in 2021 compared to 2020 across CHP+ (73% vs. 45%) PRIME (67% vs 38%) RAE (58%)</p> <p>In 2022, ages 0-2 will be filtered in to increase sample size. We will also be increasing the sample size to 50 members in each cohort to improve our analysis in all lines of business.</p>
RAE PRIME CHP	Members with special health care needs (SHCN): Continued	2022/2023	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 of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs. For CHP, Mechanisms to review and revise reassessment of functional	6/30/2023:	<p>Completed: 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. The audit tool continues to be used in order to better assess the quality of care that RMHP Members with SHCN receive. New methodology was incorporated following results of the CY2021 SHCN audit after it was found that a barrier to the quality audit was not having Members across all age cohorts included in the sample. To obtain a comprehensive sample size in CY 2022, Members from each LOB were randomly selected by age. Sample size increased to 99 members for CHP+, 66 for PRIME, and 92 for RAE. Additionally, RMHP has updated a process flow for CHP members who have been identified as recipients for the</p>

Quality Improvement Plan SFY23/24 Update

Name: Rocky Mountain Health Plans

RAE: Region 1, RMHP PRIME & CHP + MCO

Date: 09/29/2023



LOB	Goal	Fiscal Year (FY)	Fiscal Year Objectives	Targeted Due Date	Status and Update
			<p>need for Members with special health care needs, at least every 12 months, or when the Member's circumstances or needs change significantly, or at the request of the Member. Mechanisms to allow Members with special health care needs to directly access a specialist as appropriate for the Member's condition and identified needs.</p>		<p>Early Intervention Services (EIS) trust and eligible for those services. A care coordinator will be alerted in order for the coordinator to outreach to the CCB (Community Centered Board) to provide any additional supports to these members as many of them are considered members with special health care needs. RMHP continued to identify members with special HC needs and Care coordinators outreached members for assessments to identify needs and provided ongoing support where needed.</p>
<p>RAE PRIME CHP</p>	<p>Members with special health care needs (SHCN): Continued</p>	<p>2023/2024</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 of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.</p> <p>For CHP, Mechanisms to review and revise reassessment of functional need for Members with special health care needs, at</p>	<p>6/30/2024:</p>	<p>In progress: Using the adopted methodology, RMHP will continue with the SHCN audit process by ensuring Members across all age cohorts are included in the sample population. RMHP continue to refine a process flow for CHP members who have been identified as recipients for the Early Intervention Services (EIS) trust and eligible for those services. A care coordinator will be alerted in order for the coordinator to outreach to the CCB (Community Centered Board) to provide any additional supports to these members as many of them are considered members with special health care needs. RMHP identifies members with special HC needs and Care coordinators outreach members for assessments to identifies needs and to provide ongoing support as needed.</p>

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			least every 12 months, or when the Member's circumstances or needs change significantly, or at the request of the Member. Mechanisms to allow Members with special health care needs to directly access a specialist as appropriate for the Member's condition and identified needs.		
Quality of Care Concerns					
RAE	Behavioral Health Quality Assurance (QA) Program:	2019/2020	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2020:	Completed: Behavioral Health Provider Manual updated and distributed to BH network annually.
RAE	Behavioral Health Quality Assurance (QA) Program: Continued	2020/2021	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2021:	Completed: Behavioral Health Provider Manual updated and distributed to BH network annually. Last update was January 2021.
RAE	Behavioral Health Quality Assurance (QA) Program: Continued	2021/2022	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2022:	Completed: 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.
RAE	Behavioral Health Quality Assurance (QA) Program: Continued	2022/2023	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2023:	Completed: Behavioral Health Provider Manual: BH manual has been assigned to new PNM employee for review and updates. We reviewed and published an updated version in May 2023. QA team is reporting all closed QOCs to the Department monthly. The team is also meeting monthly with Mind

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					Springs, Axis, and the Center for Mental Health (now part of Axis) to review QOC cases.
RAE	Behavioral Health Quality Assurance (QA) Program: Continued	2023/2024	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2024:	In progress: Routine audit schedule in place across variety of treatment modalities and provider types. QA team is reporting all closed QOCs to the Department monthly. The team is also meeting monthly with Mind Springs and Axis to review QOC cases and other QA activity. The regular review process of the BH Provider Manual will occur in the 3rd quarter of FY23-24.
RAE PRIME CHP	Quality of Care (QOC) Concerns Program:	2018/2019	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).	6/30/2019:	Completed: Policies & Procedures were being developed.
RAE PRIME CHP	Quality of Care (QOC) Concerns Program: Continued	2019/2020	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).	6/30/2020:	Completed: Regular review of QOC concerns reported and investigated as appropriate. Policies & Procedures (P&Ps) have been developed and implemented.
RAE PRIME CHP	Quality of Care (QOC) Concerns Program: Continued	2020/2021	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).	6/30/2021:	Completed: Regular review of QOC concerns reported and investigated as appropriate.
RAE PRIME CHP	Quality of Care (QOC) Concerns Program: Continued	2021/2022	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for PRIME & CHP Members) and BH care (for all RAE Members).	6/30/2022:	Completed: Regular review of QOC concerns reported and investigated as appropriate. Reporting all closed QOCs to the Department monthly. Completion of the HSAG QOC Audit Review during this FY.

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RAE PRIME CHP	Quality of Care (QOC) Concerns Program: Continued	2022/2023	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for PRIME & CHP Members) and BH care (for all RAE Members).	6/30/2023:	Completed: Regular review of QOC concerns reported and investigated as appropriate. Reporting all closed QOCs to the Department monthly. Completion of the HSAG QOC Audit Review for CHP+ during this FY.
RAE PRIME CHP	Quality of Care (QOC) Concerns Program: Continued	2023/2024	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for PRIME & CHP Members) and BH care (for all RAE Members).	6/30/2024:	In progress: Regular review of QOC concerns reported and investigated as appropriate. Reporting all closed QOCs to the Department monthly.
RAE	Behavioral Health Quality Audits (BHQA):	2020/2021	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	6/30/2021:	Completed: 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 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.
RAE	Behavioral Health Quality Audits (BHQA): Continued	2021/2022	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	6/30/2022:	Completed/Ongoing: 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.
RAE	Behavioral Health Quality Audits (BHQA): Continued	2022/2023	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health	6/30/2023:	Completed/Ongoing: RMHP conducted both routine quarterly audits as well as focused audits as needed. RMHP adopted the use of universal audit tool developed with HCPF for all routine outpatient auditing and trained providers on this new tool. For providers who do not pass an audit RMHP

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			audits for RAE and Prime Members.		provided education and implemented corrective action as warranted.
RAE	Behavioral Health Quality Audits (BHQA): Continued	2023/2024	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	6/30/2024:	In progress/Ongoing: RMHP will continue to conduct both routine quarterly audits as well as focused audits as needed. RMHP will continue the use of universal audit tool developed with HCPF for all routine outpatient auditing and continue to educate providers on this tool. For providers who do not pass audit RMHP will continue to provide education and implement corrective action as warranted.
External Quality Review					
RAE PRIME CHP	Health Services Advisory Group (HSAG):	2018/2019	Annual Onsite Review for RAE and PRIME.	6/30/2019:	Completed: 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+ 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+.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2019/2020	Annual Onsite Review for RAE and PRIME.	6/30/2020:	Completed: 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.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2020/2021	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2021:	Completed: 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. All CAPs were completed with submissions accepted.

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RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2021/2022	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2022:	Completed: Final reports received 5/10/22. There were 2 items included in the required CAP. HSAG agreed to a combination CAP for RAE & PRIME (no CAP was identified for CHP+). Initial CAP submission on 6/6/22 and received approval with additional recommendations on 6/14/22. CAP evidence submission due 9/14/22 and was submitted on time. CAP partial approval and resubmission request received 9/23/22. Resubmission due 10/24/22. Resubmission was completed timely on 10/21/22. All CAPs were completed with submissions accepted on 10/26/22.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2022/2023	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2023:	In progress: Final reports received 5/16/23 for RAE/PRIME/CHP+. There were 11 items in the required CAP across RAE/PRIME/CHP+. HSAG agree to a combination CAP for RAE/PRIME/CHP+. Initial CAP Submission due on 6/16/23. This was submitted timely and received approval with additional recommendations on 6/28/23. CAP evidence submission completed on 9/26/23 with approval TBD.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2023/2024	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2024:	Planning: Currently in the planning and prep stages on the FY23/24 Annual Contract Compliance Audit.
Advisory Committees and Learning Collaboratives					
RAE PRIME CHP	Member Advisory Councils (MACs):	2019/2020	Current objectives for the MACs include: Implement Member engagement metrics. Place Members on accountable communities committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.	6/30/2020:	Completed: 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 welcomed several new Members to the MACs over the past year who continue to actively participate and make valuable contributions. Members continue to inform and drive the meeting agendas. Members receive information and share feedback with a variety of guest speakers including The Department leadership, Members of the state legislature and the Joint Budget Committee, and local health care policy leaders.

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RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2020/2021	Current objectives for the MACs include: Implement Member engagement metrics. Place Members on accountable communities committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.	6/30/2021:	Completed: The RMHP Member Advisory Councils (MACs) have active involvement with higher-level program and policy work and act as the eyes and ears for 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.
RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2021/2022	Current objectives for the MACs include: Implement Member engagement metrics. Place Members on accountable communities committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.	6/30/2022:	In progress: Quarterly meetings have been scheduled and will continue to be held virtually. In Fiscal Year 2021/2022, the MACs continued to meet regularly and discussed the following topics: Provider Access, Dental Updates, Mental Health, Crisis Services, State PIAC and Regional PIAC reports, Medicaid Buy-in Program for Working Adults with Disabilities, Pain Management, New Larimer County Behavioral Health Facility, Medicaid Prior Authorization Request (PAR) and Therapy Benefits, Health First Colorado Member Billing Policy, Medicaid American Rescue Plan Act (ARPA) Funding, and RMHP's New Spanish Speaking Member Advisory Council.
RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2022/2023	Current objectives for the MACs include: Implement Member engagement metrics. Place Members on accountable communities committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.	6/30/2023:	Completed: Priorities identified by the Larimer County MAC for Fiscal Year 2022/2023 include making recommendations on improvements to the Health First Colorado pain management and physical therapy benefit. Priorities identified by the Western Colorado MAC for Fiscal Year 2022/2023 include promoting / building out additional advocacy resources for Members, such as the formation of a dedicated Advocacy team. Planning and implementation of the newly formed Spanish MAC occurred during the 4th quarter of FY 2022/2023, with the first meeting occurring on June 13, 2023.

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RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2023/2024	Current objectives for the MACs include: Implement Member engagement metrics. Place Members on accountable communities committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.	6/30/2024:	<p><i>In progress:</i></p> <p>The <u>Larimer County MAC</u> continues to focus on access to care, supporting change with Health First Pain Management, as well as supporting restructuring of physical therapy benefits. The following topics will be discussed during the 2023-2024 fiscal year.</p> <ul style="list-style-type: none"> • Continue strengthening relations with local human services and new behavioral health facility administration, including touring facility and impressing the necessity for IDD and youth support services • ACC Phase 3, with the expected changes and how they affect the Health First members in Larimer county • BHA and the organizing of BHASOs, understanding the structure and implementation of services • Case management redesign and how this effects Health First members <p>The <u>Western Slope MAC</u> will continue discussion on how different areas of health care is effecting members, especially LTSS waiver members.</p> <ul style="list-style-type: none"> • Continue monitoring the PHE Unwind and how members are effected • BHA and the implementation of BHASOs • Continue following ACC Phase 3 and responding to current developments • Developing the Advocacy Team and structuring the utilization for optimum benefit for Health First members • Supporting and building further outreach for the Spanish MAC, through consistency and strengthening trust in the health care system • Continue focusing on Health Equity and further HE

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					<p>involvement</p> <p>The <u>Spanish MAC</u> will focus on areas that directly relate to building trust and strengthening relations with hospitals, clinics and agencies that provide health care. Some of the topics for the meetings will include the following.</p> <ul style="list-style-type: none"> • Discussion with a bilingual billing expert to understand the process and what questions are appropriate • Understanding Emergency Medicaid and when someone undocumented is eligible • Medicaid benefits and community resources
RAE PRIME CHP	Deaf Advocacy Groups:	2019/2020	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.	6/30/2020:	Completed: 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.
RAE PRIME CHP	Deaf Advocacy Groups: Continued	2020/2021	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.	6/30/2021:	Completed: 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

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					Language (ASL) interpreter restrictions. RMHP will distribute the videos to our provider network.
RAE PRIME CHP	Deaf Advocacy Groups: Continued	2021/2022	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.	6/30/2022:	Completed: 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 March 2022, the Larimer County group hosted a community town hall meeting to connect with the community and gain a better understanding of community members' needs and solicit ideas to improve communication access in a variety of health care situations.
RAE PRIME CHP	Deaf Advocacy Groups: Continued	2022/2023	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.	6/30/2023:	Completed: 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 September 2022, RMHP supported the regional Deaf meeting in Grand Junction featuring education about state-wide resources for the Deaf. In October 2022, RMHP sponsored several Deaf individuals to attend the Heathier Together Summit where the keynote speaker was a Deaf Comedian.

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RAE PRIME CHP	Deaf Advocacy Groups: Continued	2023/2024	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.	6/30/2024:	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 September 2023, RMHP supported the regional meeting in Grand Junction which focused on partnering with first responders and law enforcement to provide mutual education about the needs of the Deaf and blind community and the interaction with local safety and security professionals.
RAE PRIME CHP	Program Improvement Advisory Committee (PIAC):	2019/2020	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. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2020:	Completed: 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 following topics were identified as the top priorities: - Care Coordination - SDoH - Access and availability - Medicaid attribution and enrollment 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.

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RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2020/2021	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. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2021:	Completed: 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 and breakout rooms - for interactive discussion among participants.
RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2021/2022	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. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2022:	Completed: Regional PIAC meetings have been scheduled for this Fiscal Year. In Fiscal Year 2021/2022, the Regional PIAC continued to meet on a quarterly basis to discuss topics of interest and importance to RAE Region 1 stakeholders. During the reporting period, the committee discussed the following topics: RMHP's approach to health equity; the Department's Health Equity Plan, Performance measurement updates, RMHP's community reinvestment program; RMHP Prime expansion, Hospital Transformation Program, and Member Advisory Council updates. In June 2022, RMHP implemented a compensation structure for Health First Colorado Members who serve as PIAC voting members to tangibly demonstrate that each Member's time, energy, and lived experience is valued.

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RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2022/2023	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. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2023:	Completed: RMHP has focused on solidifying the role of PIAC voting members as an area of improvement and filled several vacant PIAC voting member seats with new members. Voting members meet in between the public meetings to discuss strategy and planning.
RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2023/2024	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. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health	6/30/2024:	In progress: Quarterly RAE1 Regional PIAC meetings will continue, providing in-person and virtual options for all participants to discuss current areas that directly affect Health First members, providers, and communities. Topics of current interest, as well as implementing of new programs drive the topics for each meeting, with consistent topics discussed each time. This includes KPI, ACC Phase 3, HTP reports and continue reporting on each MAC for the RAE. Health Equity updates will remain a focus for discussion. Other topics will include the following. <ul style="list-style-type: none"> • Cultural Competency Awareness, including disability navigation gaps in health care • Barriers in accessing health care • Unique challenges in rural and frontier areas, including both medical and behavioral health

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			issues. Prioritize work as the RAE.		
RAE PRIME CHP	Value Based Contracting (VBC) Office Hours:	2019/2020	Improve network performance through ongoing provider education and learning collaboration.	6/30/2020:	Completed: Each month, RMHPs PT team facilitates a Value-Based Contracting (VBC) Office Hours webinar for the provider network to learn about relevant topics and ask questions. Each month the series includes updates on the following three initiatives: RAE, Prime and CPC+. Examples of topics covered at the RAE focused webinars include attribution, short-term BH services in the PC setting, a demonstration of the CareNow telehealth platform, KPIs, and the Alternative Payment Model (APM).
RAE PRIME CHP	Value Based Contracting (VBC) Office Hours: Continued	2020/2021	Improve network performance through ongoing provider education and learning collaboration.	6/30/2021:	Completed: Each month, RMHPs CQI (formerly known as Practice Transformation – PT) team facilitates a Value-Based Contracting (VBC) Office Hours webinar for the provider network to learn about relevant topics and ask questions. Each month the series includes updates on the following three initiatives: RAE, Prime and CPC+. This webinar series will continue to be offered in the next FY.
RAE PRIME CHP	Clinical Quality Improvement Newsroom: Continued	2021/2022	Improve network performance through ongoing provider education and learning collaboration.	6/30/2022:	Completed: RMHP's Clinical Quality Improvement team continues to host this monthly webinar for providers, called the Clinical Quality Improvement Newsroom (formerly titled Value Based Contracting Office Hours). Topics that were covered during the reporting period include: colorectal cancer screening best practices, breast cancer screening best practices for gap closure, eCQM reporting, COVID-19 vaccination incentive program, HCPF Alternative Payment Model (APM), patient gap lists, Year 8 Prime metrics, attestation process for value-based contracting, Comprehensive Primary Care Plus (CPC+) model closeout, physical and mental wellness health outcomes survey results, and upcoming educational offerings and events.

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RAE PRIME CHP	Clinical Quality Improvement Newsroom: Continued	2022/2023	Improve network performance through ongoing provider education and learning collaboration.	6/30/2023:	Completed: RMHP's Clinical Quality Improvement team continues to host this monthly webinar for providers, called the Clinical Quality Improvement Newsroom. Topics that have been covered during the reporting period thus far include well-visits for kids, introduction of SimpliFed (virtual baby feeding support), review of the Colorado Specialty Care Connect- eConsults, Diabetes disease management, updates to billing the Medicaid HO Modifier, FOBT Kits, patient outreach for diabetes care gaps, and upcoming educational offerings and events.
RAE PRIME CHP	Clinical Quality Improvement Newsroom: Continued	2023/2024	Improve network performance through ongoing provider education and learning collaboration.	6/30/2024:	In Progress: RMHP's Clinical Quality Improvement team continues to host this monthly webinar for providers, called the Clinical Quality Improvement Newsroom. Topics that have been covered during the reporting period thus far include well-visits for kids, introduction of SimpliFed (virtual baby feeding support), review of the Colorado Specialty Care Connect- eConsults, Diabetes disease management, updates to billing the Medicaid HO Modifier, FOBT Kits, patient outreach for diabetes care gaps, and upcoming educational offerings and events.
Quality and Compliance Monitoring					
RAE PRIME CHP	Network Adequacy Validation Audit	2019/2020	Network Adequacy Validation Audit (NAV) - Prime, CHP+ and RAE.	12/31/2019:	Completed: Information delivered to The Department and HSAG in December 2019.
RAE PRIME CHP	Information Systems Review	2018/2019	Information Systems (IS) Review (Formerly BHRR— Behavioral Health Record Review): RAE questionnaire response due 2/16/2019.	2/16/2019:	Completed: Submitted

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PRIME	RMHP PRIME 412 Audit:	2019/2020	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2020:	Completed: 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.
PRIME	RMHP PRIME 412 Audit: Continued	2020/2021	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2021:	Completed: 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 the element level with RMHPs auditors. RMHP is continuing to develop the audit tool to better align with HSAG and the audit process. RMHP is revising a process for all auditors to follow internally to provide more continuity when auditing.
PRIME	RMHP PRIME 412 Audit: Continued	2021/2022	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2022:	Completed: RMHP's Program Monitoring & Audit (PM&A) department took over the oversight of the 412 Annual MCO Encounter Data Quality Review for FY21-22. This included development of the Encounter Date Validation (EDV) tool, medical record request process, 412 coding review, EDV submission, over-read sample submission, and development/submission of the Encounter Data Quality Report. RMHP completed all submissions to HSAG and received the final report on 6/26/2022. PM&A is overseeing the QuIP process.
PRIME	RMHP PRIME 412 Audit: Continued	2022/2023	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2023:	Completed: The 412 Annual MCO Encounter Data Quality Review for FY22-23 is being administered by RMHP's Program Monitoring & Audit (PMA). PMA has submitted all documentation to HSAG and received final report in June 2023. PMA is overseeing the QuIP process.
PRIME	RMHP PRIME 412 Audit: Continued	2023/2024	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2024:	Planning: The 412 Annual MCO Encounter Data Quality Review for FY23-24 will be administered by RMHP's Program Monitoring & Audit. The audit will run January –July 2024.

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RAE	RMHP RAE 411 Audit:	2019/2020	411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records.	6/30/2020:	Completed: HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received generated RAE specific 411 encounter sample list and guidelines in January 2020. BH records were procured, and the audit was conducted and completed in January-March 2020. Final report received in July 2020.
RAE	RMHP RAE 411 Audit: Continued	2020/2021	411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records.	6/30/2021:	Completed: 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 a 94.1% agreement at the case level with RMHP auditors. RMHP self-reported service coding accuracy results of 74% across 3 encounter categories and elements.
RAE	RMHP RAE 411 Audit: Continued	2021/2022	411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records.	6/30/2022:	Completed: RMHP's Program Monitoring & Audit (PM&A) department took over the oversight of the 411 Annual RAE BH Encounter Data Quality Review for FY21-22. This included development of the Encounter Date Validation (EDV) tool, medical record request process, coordination of the 411 coding review with the Quality Assurance staff, EDV submission, over-read sample submission, and development/submission of the Encounter Data Quality Report. RMHP completed all submissions to HSAG and received the final report on 6/26/2022. PM&A is overseeing the QulP process.
RAE	RMHP RAE 411 Audit: Continued	2022/2023	411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records.	6/30/2023:	Completed: The 411 Annual RAE BH Encounter Data Quality Review for FY22-23 is being administered RMHP's Program Monitoring & Audit (PMA). PMA has submitted all documentation to HSAG and received final report in June 2023. PMA is overseeing the QulP process.
RAE	RMHP RAE 411 Audit: Continued	2023/2024	411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records.	6/30/2024:	Planning: The 411 Annual BH Encounter Data Quality Review for FY23-24 will be administered by RMHP's Program Monitoring & Audit. The audit will run January –July 2024.

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PRIME	412 Quality Improvement Plan:	2019/2020	412 Quality Improvement Plan (QuIP) Audit for Prime.	03/31/2022:	Completed: All phases were successfully completed.
PRIME	412 Quality Improvement Plan: Continued	2020/2021	412 Quality Improvement Plan (QuIP) Audit for Prime.	03/31/2021:	Completed: All phases were successfully completed.
PRIME	412 Quality Improvement Plan: Continued	2021/2022	412 Quality Improvement Plan (QuIP) Audit for Prime.	03/31/2022:	Completed: All phases were successfully completed.
PRIME	412 Quality Improvement Plan: Continued	2022/2023	412 Quality Improvement Plan (QuIP) Audit for Prime.	03/31/2023:	Completed: All phases were successfully completed.
PRIME	412 Quality Improvement Plan: Continued	2023/2024	412 Quality Improvement Plan (QuIP) Audit for Prime.	03/31/2024:	In progress: Phases 1 – 2 have been submitted to and accepted by HSAG. Phase 3 is due to HSAG on March 15, 2024.
RAE	411 Quality Improvement Plan:	2020/2021	411 Quality Improvement Plan (QuIP) Audit for RAE BH.	03/31/2021:	Completed: All phases were successfully completed.
RAE	411 Quality Improvement Plan: Continued	2021/2022	411 Quality Improvement Plan (QuIP) Audit for RAE BH.	03/31/2022:	Completed: All phases were successfully completed.
RAE	411 Quality Improvement Plan: Continued	2022/2023	411 Quality Improvement Plan (QuIP) Audit for RAE BH.	03/31/2023:	Completed: All phases were successfully completed.
RAE	411 Quality Improvement Plan: Continued	2023/2024	411 Quality Improvement Plan (QuIP) Audit for RAE BH.	3/31/2024:	In progress: Phases 1 – 2 have been submitted to and accepted by HSAG. Phase 3 is due to HSAG on March 15, 2024.
RAE PRIME CHP	Credentialing/Re-credentialing of practitioners:	2019/2020	RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider	6/30/2020:	Completed: New credentialing and tracking mechanism was developed and implemented.

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			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.		
RAE PRIME CHP	Credentialing/Re-credentialing of practitioners: Continued	2020/2021	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.	6/30/2021:	Completed: Monthly monitoring continues with timely credentialing reviews.
RAE PRIME CHP	Credentialing/Re-credentialing of practitioners: Continued	2021/2022	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.	6/30/2022:	Completed: Monthly monitoring continues with timely credentialing reviews.

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RAE PRIME CHP	Credentialing/Re-credentialing of practitioners: Continued	2022/2023	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.	6/30/2023:	Completed: As of 01/01/2023 all credentialing and recredentialing is performed by Optum BH and United HealthCare/ NCC. Monthly monitoring continues with timely credentialing reviews.
RAE PRIME CHP	Credentialing/Re-credentialing of practitioners: Continued	2023/2024	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.	6/30/2024:	In progress: Monthly monitoring and reporting continues with timely credentialing reviews per contractual requirements.
RAE	Clinical Assurance Quality Improvement (CAQI) Committee:	2018/2019	Collaborate with providers and community partners to develop systemic improvements to health care delivery.	6/30/2019:	Completed: Monthly meetings to establish and implement the scope of the committee.

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RAE	Clinical Assurance Quality Improvement (CAQI) Committee: Continued	2019/2020	Collaborate with providers and community partners to develop systemic improvements to health care delivery.	6/30/2020:	Completed: Monthly meetings to inform providers and partners about performance and Member needs as well as collaborate on delivery improvement.
RAE	Clinical Assurance Quality Improvement (CAQI) Committee: Continued	2020/2021	Collaborate with providers and community partners to develop systemic improvements to health care delivery.	6/30/2021:	Completed/Discontinued: The CAQI committee was disbanded in November 2020.
RAE	CMHC BHIP Collaborative:	2021/2022	Collaborate with providers and community partners to develop systemic improvements to health care delivery as related to the performance incentive programs and outcomes impacts.	6/30/2022:	Completed: As of June 2021, 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.
RAE	CMHC BHIP Collaborative: Continued	2022/2023	Collaborate with providers and community partners to develop systemic improvements to health care delivery as related to the performance incentive programs and outcomes impacts.	6/30/2023:	Completed: The CMHC BHIP Collaborative met regularly through 2022. Discussions occurred to inform interventions in improving behavioral health performance metrics through implementation of innovative interventions. In early 2023, RMHP launched a BHIP expansion project, adding selected Tier 1 PCMPs and independent behavioral health providers to those contracted to work on BHIP measures. This new group of providers forms the external membership for the new Provider Cross Collaboration Committee (PCCC). Monthly PCCC meetings are focused on splitting attendees into workgroups to focus on prioritized BHIP measures with a deep dive into measures, group strategizing and encouraging accountability for action to improve performance across all provider settings. Timely data continues to be a barrier in this forum, however, RMHP has developed a BHIP dashboard that provides preliminary data monthly to help inform action. FY2022/2023 allowed opportunity for updates to the provider contracts and

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					restructured financial incentives of the Region 1 BH Network. With value-based contracting expanded to multiple provider types, RMHP strives to continue improvement of the BHIP performance in this fiscal year.
RAE	Provider Cross Collaboration Committee (PCCC)	2023/2024	Collaborate with providers and community partners to develop systemic improvements to health care delivery as related to the performance incentive programs and outcomes impacts.	6/30/2024:	<i>In Progress:</i> The Provider Cross Collaboration Committee (PCCC) includes CMHCs, IPN, Primary Care, and Integrated BH providers. Monthly PCCC meetings are focused on splitting attendees into workgroups to focus on prioritized BHIP measures with a deep dive into measures, group strategizing and encouraging accountability for action to improve performance across all provider settings. Timely data continues to be a barrier in this forum, however, RMHP has developed a BHIP dashboard that provides preliminary data monthly to help inform action. HEDIS results and performance improvement brainstorming also occurs in this group.