Quality Improvement Plan
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RAE: 2
Date: September 29, 2023

1. Purpose/Mission Statement

Organizational Purpose

Northeast Health Partners, LLC (NHP), the Regional Accountable Entity (RAE) for Region 2, oversees the 10 counties in the northeast section of Colorado that spans more than 20,000 square miles and covered over 110,000 members as of the end of SFY22/23. The RAE was initially founded by four non-profit provider organizations serving the region: Sunrise Community Health, Salud Family Health Centers, North Range Behavioral Health, and Centennial Mental Health Center. NHP utilizes Carelon Behavioral Health (formerly Beacon Health Options) as an Administrative Services Organization (ASO). The mission of NHP has not changed across performance years as it continues to ensure access to high-quality physical and behavioral health services for our Health First Colorado (Medicaid) members.

The Quality Improvement (QI) program at NHP maintains responsibility for initiatives that work to improve health outcomes and overall healthcare management for Health First Colorado (Medicaid) members. Working collaboratively with Carelon, QI initiatives span across performance measures, performance improvement, quality assurance/quality control, health equity, population health, business intelligence, practice transformation, and care coordination to ensure programmatic decisions are data-driven, efficient, and strategically aligned.

As with previous quality plans, this plan also serves as the blueprint NHP will use for the state fiscal year (SFY) 2023-2024 (July 1, 2023 – June 30, 2024). This plan includes goals and activities that will be prioritized for the fiscal year.

Overall Quality Health Strategy Mission and Vision

The QI Department at NHP strives to ensure high value and equitable service delivery for Health First Colorado Medicaid members and health care providers. This is achieved through insightful data analytics, strategic alignment across initiatives, effective collaboration with regional practices, and targeted efforts to improve performance. The QI Department leverages the principles of Lean, Six Sigma, and Total Quality Management (TQM) to eliminate waste and fragmentation between service providers and improve processes across the broader system.

NHP aligns to the Total Quality Management (TQM) framework; a model focused on meeting the needs of those it serves regardless of demographic variables (such as race, gender, income level, location, or language) while engaging the entire organization and its stakeholders to embrace quality improvement. The tenets of a TQM system are outlined below to include a focus on the customer (in this case the Medicaid members served by NHP and its clinical partners), integrating smaller systems into a larger strategic direction, engaging staff and members from across the region, standardizing processes, strategic thinking, emphasizing continual improvement, fact-based decision-making, and effective communication.[1]

[1] Westcott, R.T. (2014). *The Certified Manager of Quality/Organizational Excellence Handbook. 4th Edition.* Milwaukee: ASQ Press.

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In alignment with the Department's Quality Strategy and the TQM Principles, NHP is committed to understanding smaller systems within the larger framework, engaging members and providers to understand need and to establish partnerships for improvement, establishing transparency in measurement, data reporting, the distribution of payment incentives of key performance markers as well as the data used in evaluating performance and effectiveness, and continually looking for ways to improve performance.

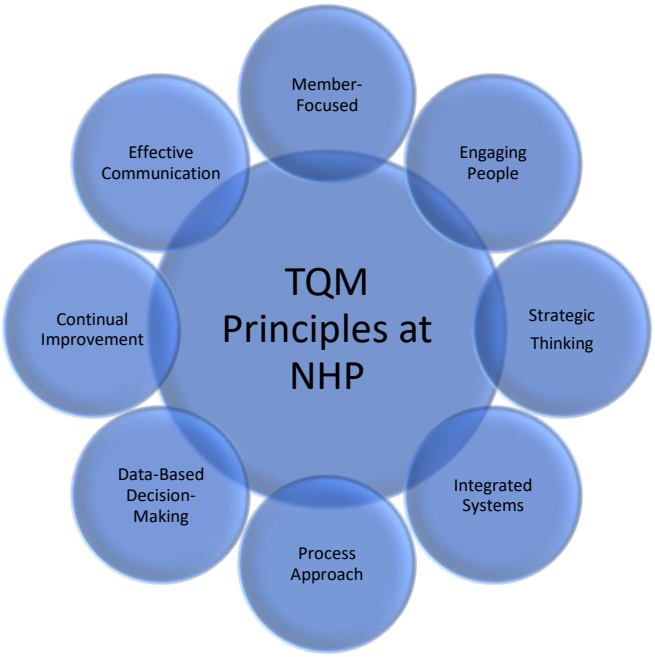

Figure 1. Total Quality Management Framework at NHP

NHP also utilizes the Define, Measure, Analyze, Improve, and Control (DMAIC) method of process and performance improvement. This method is data-driven, focuses on identifying root causes for targeted intervention development, assesses the impact of improvement initiatives, and then repeats the process for continual improvement. This cycle begins with defining the problem (Define Phase), and then collects data on variables associated with the problem (Measure Phase). Data analysis yields insights into root causes or performance gaps to identify what corrective actions can be made (Analyze Phase), which are then implemented (Improve Phase). The process ends in a reassessment of the impact to determine whether the intervention is maintained or revised (Control Phase). The process then repeats itself for continual improvement.

The DMAIC methodology can be applied across disease states, programs and departments, and mirrors other improvement methodologies including PDSA (Plan, Do, Study, Act), A3, and the medical model where interventions are data-driven, assessed for efficacy, and either maintained or retooled depending on the impact assessment. NHP applies this approach universally across programs including Quality, Condition Management, Public/Population Health, and Complex Care Management where performance analysis and improvement is required.

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2. Yearly Objectives/Top Priorities

The QI Program at NHP established key initiatives for SFY23/24 through an evaluation of its accomplishments to-date, and the identified gaps and barriers observed during the last fiscal year. Initiatives for SFY23/24 are noted at a high level below in Table 1.

Table 1. Key Initiatives for SFY23/24

Project	Goal / Activity
411 Audit	• Continue to maintain high inter-rater reliability with HSAG over-reads • Successfully pass the 411 Audit without receiving a QUIP
All performance measures	• Maintain strong performance in Risk-Adjusted Per Member Per Month (PMPM) measure • Utilize clinic-level Power BI Reports to outreach providers for performance improvement activities • Continue reporting on regional performance across quality committees • Align Practice Transformation activities to impact KPIs and BHIP measures • Assess performance across demographic groups in alignment with the Health Equity Strategy • Develop targeted interventions for equity disparity gap closures in partnership with the regional Health Equity Task Force • Develop tip sheets for providers to help with coding practices and to quickly understand performance measures • Pilot and expand Inovalon as a real-time performance measurement and population health data platform to regional providers and administrators
Behavioral Health Incentives Program Measures (BHIP)	• Improve performance on the Depression screening (Gate) measure and Follow-up for Positive Depression Screening measures • Meet the HCPF performance Goals for the three new HEDIS measures • Achieve regional goals for the BH Screen/Assessment for children entering Foster Care • Align the annual and fiscal year HEDIS calculation methodology to the state • Accurately track new HEDIS BHIP measures and refine calculations to meet the state's calculation • Improve performance on the ED SUD measure in alignment with the state PIP • Establish clinic-level performance improvement initiatives for lagging performance • Develop BHIP-specific balanced scorecards
Performance Pool (PP)	• Maintain high performance in Extended Care Coordination • Maintain strong performance in Department of Corrections (DOC) BH Engagement Measure • Meet regional goals for Asthma Medication Ratio • Meet Regional goals for Anti-Depressant Medication Management • Meet Regional Goals for Contraceptive Care Management • Establish clinic-level performance improvement initiatives for lagging performance

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Project	Goal / Activity
Key Performance Indicators	• Meet regional goals for prenatal/post-partum care • Meet regional goals for well visits (all ages) • Maintain strong performance on the Risk-Adjusted PMPM Performance Measure • Improve Dental KPI performance over baseline • Implement a pilot program with DenTriage to increase dental access in the region • Develop reports assessing the acuity (severity) of ED visits • Continue sending DAP charts to practices
Performance Improvement	• Implement Performance Improvement activities to impact the Asthma Medication Ratio measure • Implement Performance Improvement activities to impact the Anti-Depressant Medication Management measure • Implement other targeted Performance Improvement activities to address performance barriers as needed
PIP (Performance Improvement Project)	• Implement the clinical and non-clinical PIPs with regional practices • Assess Clinical PIP performance using HEDIS specifications • Assess baseline performance on the non-clinical PIP (tracking Social Determinants of Health screenings) • Align non-clinical PIP screening questions across sites
Quality of Care	• Incorporate Grievance and Appeals into the Quality of Care review and reporting process • Develop a reporting template for state-level reporting • Increase QOCC meeting frequency to comply with new state requirements for resolution reporting
Practice Transformation Program (PT)	• Build on Practice Transformation work from SFY22/23 • Expand the Behavioral Health Practice Transformation program to include more practices participating in the program • Align milestone activities to performance measures better meet goals
Hospital Transformation Program (HTP)	• Receive test data from Contexture for all connected hospitals • Go live with Contexture for all connected hospitals • Provide training to practices on how to send data to NHP if Contexture is not operational by October 1, 2023. • Refine the current data transmission process with the Eastern Plains Healthcare Consortium (EPHC) to become more automated • Aggregate incoming data from the EPHC with Contexture • Build initial reports for internal analysis

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3. Program Leadership

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4. SWOT Analysis & Action Plan

Note: The Department has not requested this.

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Goal	Fiscal Year (23/24) New & Ongoing Objectives	Targeted Due Date	Update
Performance Improvement Projects			
Maintain Successful Performance on 411 Audit	a) Pass the 411 audit b) Meet all project requirements associated with the 411 Quality Improvement Project (QuIP), if required.	June 30, 2024	The 411 Audit conducted in FY23 was determined to be a success. The audit scores netted a high degree of accuracy between submitted claims and encounters. NHP will continue to train its provider network on the intricacies of the audit and will partner with providers who fall below the 90% compliance threshold.
State Performance Improvement Project (Non-Clinical)	a) Assess baseline performance for Social Determinants of Health Screening for members receiving BH services b) Partner with CMHCs to collect performance data on a monthly basis c) Develop interventions to improve performance	June 30, 2024	NHP identified various sources of data including data collected on the CCAR and DACOD tools from CMHCs and screening tools from care coordinators.
State Performance Improvement Project (Clinical)	a) Partner with CMHCs to collect performance data on a monthly basis b) Identify partnering hospitals for project collaborations c) Map current processes with hospitals and CMHCs d) Develop interventions to improve performance	June 30, 2024	NHP identified early partners in the clinical PIP including North Colorado Health Alliance.
Collection and Submission of Performance Measurement Data			
Achieve Performance Targets for Prenatal and Post-Partum Engagements	a) Track and trend performance on new KPI measures b) Develop coding tip sheets for improved performance c) Disseminate performance at regional meetings	June 30, 2024	Regional prenatal engagement rate had maintained a steady performance rate across the past three fiscal years, and further identified viable CPT codes that were not being calculated in the performance. Including these codes would have driven the regional prenatal engagement rate above 80%. The new KPI measure is currently being reviewed.

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Achieve Regional Performance Targets for Well Visits	a) Align well visits to Physical Health Practice Transformation Work b) Develop a practice and coding tip sheet for improved performance c) Align well visit messaging to the start of the school year for sports physicals	June 30, 2024	Well Visit rates increased across all three measures over the past six quarters. Well Visits for children ages 0-15 months rose from 47.74% in Q2 SFY22 to 56.02% in Q3 SFY23. Well Visits for children ages 15-30 months rose from 48.48% in Q2 SFY22 to 59.24% in Q3 SFY23. Well Visits for children and adolescents ages 3-21 years rose from 30.04% in Q2 SFY22 to 35.28% in Q3 SFY23.
Achieve Performance Targets for Depression Screening and Follow-up Plan (KPI)	a) Track and trend performance on new KPI measures b) Develop coding tip sheets for improved performance c) Disseminate performance at regional meetings	June 30, 2024	NHP is currently developing tip sheets to help practices code for both depression screenings and the inclusion of a follow-up documentation plan.
Utilize Performance Improvement Methodologies to Meet at Least One New KPI Goal	d) Continue assessing performance at site/clinic levels e) Initiate targeted PI activities with sites/clinics as necessary	June 30, 2024	NHP has been working with Salud and Sunrise, the region's two largest practices, to collaboratively explore and improve performance. NHP is currently developing "tip sheets" around well visits to help providers understand the measure and the codes needed to meet the measure.
Exceed Performance Thresholds for 7-Day Follow-Up after Inpatient Mental Health Discharge	a) Continue meeting performance goals b) Identify and understand performance trends and improvement opportunities c) Map discharge processes with hospitals	June 30, 2024	NHP mapped the discharge and communication process with North Range Behavioral Health and North Colorado Health Alliance to improve processes. NHP was one of only two RAEs that saw increases in performance from SFY21 to SFY22, and was also one of only two RAEs to meet this measure.
Exceed Performance Thresholds for Depression Screening	a) Identify and understand performance trends and improvement opportunities b) Initiate targeted PI activities with sites/clinics if necessary c) Implement a project with Care on Location to expand depression screenings	June 30, 2024	Screening rates rose in SFY23 in connection with the state PIP focusing on screening and follow-up rates. While performance rose, the goal also rose just beyond the performance rate. NHP engaged in Care on Location to expand telemedicine services for the SFY24 year with a key focus on increasing depression screenings.

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Exceed Performance Thresholds for Depression Screening Follow-Up	a) Maintain status as the highest performing RAE b) Identify and understand performance trends and improvement opportunities c) Initiate targeted PI activities with sites/clinics if necessary	June 30, 2024	NHP was the highest performing RAE following the SFY22 year at a rate of 83.99%, but did not receive an incentive. NHP engaged in a project with Care on Location to help with depression screening rates, which may impact performance on the follow-up measure. Additionally, NHP is building tip sheets for the SFY24 year to help with coding on the KPI and BHIP performance measures.
Continue exceeding Performance Thresholds for Extended Care Coordination	a) Identify and understand performance trends and improvement opportunities b) Establish mitigation strategies as needed	June 30, 2024	NHP has been a constant leader on the Extended Care Coordination performance measure.
Continue exceeding Performance Thresholds for BH Engagement Following DOC Discharge	a) Identify performance trends and improvement opportunities b) Establish mitigation strategies as needed	June 30, 2024	NHP continues to perform at a high level on this measure and is one of the leading RAEs as of December 2022.[2]
Continue Clinic-Level Performance Monitoring and Performance Improvement Projects	a) Maintain the DAP project across the region to provide DAP performance and action item lists direct to clinics b) Continue presentations on regional performance at committee meetings c) Create targeted PI activities in partnership with clinics d) Continue sending balanced scorecards to the clinics	June 30, 2024	NHP has been sending DAP charts and action lists to regional clinics since the fall of 2021 and will continue to send these charts to providers for transparency and visibility. NHP also developed balanced scorecards in SFY23 for regional practices to see clinic-level performance and regional performance on KPIs and Performance Pool measures.
Align BHIP HEDIS Measures to State Methodology and Track Performance	a) Identify the state's methodology on blending calendar year measures to fiscal year performance and align internal calculations. b) Refine measurement to state calculations when state data is received.	June 30, 2024	With three new BHIP measures that align to CMS core measures, NHP is currently developing code to calculate two measurement years within one reporting year as core measures are calculated annually and HCPF calculates measures on a fiscal year.

[2] December 2022 performance was released on July 31, 2023.

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Member Experience of Care			
Utilize CAHPS surveys to Assess and Improve Member Satisfaction	a) Meet or exceed satisfaction results from SFY22/23 on common measures. b) Present survey results to quality committees for additional input and for performance improvement activities. c) Identify Methodologies and Strategies to Improve Response Rates	June 30, 2024	NHP saw its CAHPS performance for SFY22 saw response rates of less than 10% for both adults and children which could negatively impact the overall performance rates. NHP worked with practices to help promote the CAHPS surveys to members, and the impact of these efforts on SFY22/23 response rates are pending. Overall, NHP performed well on the Coordination of Care (adult) measure and Rating of Personal Doctor (child) measure. Opportunities for improvement were noted to be Access to Check-Ups (child), After Hours Care (child), and Maternity Experience.
Continue Grievances and Appeals Processes and Oversight	a) Align Grievances and Appeals to new HCPF Requirements b) Continue reporting on grievances and appeals trends to quality and clinical leadership on a quarterly basis c) Continue to utilize the Member Engagement Advisory Committee to ensure an additional level of member experience is incorporated into quality activities. d) Incorporate Grievances into the Quality of Care (QOC) review and reporting process	June 30, 2024	NHP tracks and trends grievances and appeals on a monthly basis and reports this information to the state quarterly. NHP is currently looking at internal processes for future alignment of the Grievance and Appeals process and the Quality of Care process.
Under and Over Utilization of Services			
Continue Monitoring the BH Penetration Rate	a) Improve BH penetration rates. b) Continue reporting on special populations for penetration rates, including foster care, rate groups and age groups.	June 30, 2024	Rolling penetration rates for SFY22/23 were 16.63%, which is lower than the previous year, but had increasing penetration rates over the last six months and achieved the highest monthly penetration rate (17.6% in May) since August of 2021.

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Improve and Monitor Hospital Readmissions Performance	a) Continue reporting on 30-day hospital readmissions. b) Establish a performance improvement opportunity on suboptimal performance.	June 30, 2024	Current reports exist for 30-day readmissions and are reported quarterly. SFY23 reported a 11.48% readmission rate, which is higher than the 9.08% rate reported in SFY22.
Improve and monitor Average Length of Stay (ALOS) performance	a) Continue reporting on ALOS. b) Establish a performance improvement opportunity on suboptimal performance.	June 30, 2024	Current performance is reported monthly in the UM Committee. ALOS has generally had a stable trend and SFY23 noted an average LOS of 6.47 days versus 6.1 days in SFY22.
Improve and Monitor Inpatient Utilization	a) Continue reporting on inpatient utilization. b) Establish a performance improvement opportunity on suboptimal performance.	Quarterly	Current performance is reported monthly in the UM Committee. SFY22 saw 941 inpatient admissions covering 6,095 inpatient days. Both of these numbers are increases over SFY23.
Quality and Appropriateness of Care Furnished to Members			
Continue Care Coordination Audits	a) Continue care coordination audits using the new audit tool b) Improve passing score rates over SFY22-23 performance	June 30, 2024	General training focused on opportunities identified across multiple entities during audits will continue to be provided during Care Coordination Committee meetings, while targeted training and support for specific care coordination entities may be provided for isolated challenges.
Quality of Care Concerns			
Continue Quality of Care Processes and Oversight	a) Send reports to HCPF as required b) Incorporate Grievances into the QOC tracking and reporting process	Quarterly	NHP follows a routine Quality of Care process including a monthly Quality of Care Committee. Quality of Care concerns are reviewed and discussed and recommendations on actions are given after the review. Founded issues are sent to the state on a quarterly basis, and the Grievances and Appeals review and reporting process will be incorporated into the Quality-of-Care review and reporting process following state guidance.

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External Quality Review			
Meet all Requirements Associated with the EQRO Audits	Comply with all site review activities for SFY23/24.	June 30, 2024	NHP complies with all requirements associated with the annual EQRO review. Currently, NHP has submitted their corrective action plan. The plan was reviewed and approved by HSAG. The next step will be to submit documentation supporting the plan's implementation to HSAG by October 30th, 2023. NHP will participate in the FY24 EQRO review.
Advisory Committees and Learning Collaboratives			
Maintain the Quality Management Committee Activities	Maintain bi-monthly Quality Management (QM) and QI/Pop Health Committees to monitor QI Program initiatives throughout the region.	Bimonthly	NHP routinely met for both the QM and QI/Pop Health committees for SFY23. Standing agenda items include regional updates, current performance on quality measures, grievances and appeals, and performance improvement projects.
Maintain Regional Program Improvement Advisory Committee (PIAC)	Continue aligning activities and content to the State PIAC.	Quarterly	NHP met quarterly for the regional PIAC committee in SFY23. NHP saw new representation at the state PIAC and refined the voting members to better meet quorums. Standing agenda items include regional updates, current performance on quality measures, grievances and appeals, performance improvement projects, and presentations from regional partners for service connections.
Maintain Monthly First Fridays Quality Forum Meetings	Maintain a monthly-scheduled regional meeting to cover quality-related topics with stakeholders.	Monthly	NHP met monthly in SFY23. Regional topics included information on specification document changes, Prescriber Tool, setting SMART goals, making data actionable, and included presentations from regional community groups.
Quality and Compliance Monitoring Activities			

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Meet all Encounter Data Validation Audit Requirements	Improve over-read scores with HSAG	Spring 2024	NHP met at or above the established 90% performance threshold for the annual 411 Claims and Encounter validation audit. NHP will continue to promote validation between documentation and claims/encounter submission though training and communication with its provider network.
Continue Behavioral Health Compliance Auditing	a) Continue tracking audit results b) Trend performance to proactively identify opportunities and training needs c) Improve year-over-year passing rates for BH audits	Monthly	NHP tracked audit results for the SFY22 and SFY23 years. NHP also conducted documentation audit training for providers at the end of SFY23, resulting in a 50% increase in passing audits across fiscal years.
Alternative Payment Model			
Hospital Transformation Program	a) Receive Data from Contexture b) Automate current data collection methods for the Eastern Plains c) Troubleshoot technology issues	June 30, 2024	NHP developed a data collection tool for the Eastern Plains Healthcare Consortium (EPHC) as many of the EPHC hospitals are not connected to Contexture for data transmissions. NHP began receiving data from the EPHC and designed a tool for more automated data collection.
Practice Transformation (PT)	a) Practices achieve 90% of milestones. b) Expand the Behavioral Health Practice Transformation Program c) Align PT milestones to KPIs and BHIP measures.	June 30, 2024	NHP launched the Behavioral Health Practice Transformation program in SFY23 with five participating sites. Eighteen clinics underwent the practice assessment, and four clinics increased their level of integration with physical health. Physical Health Practice Transformation programs saw an 85% collective improvement in well visit rates, eight clinics saw improvement in diabetes management rates, two clinics saw improvement in controlled blood pressure, and all three clinics who focused on dental performance saw increases in performance rates.