



Quality Improvement Plan

**Colorado Access
Fiscal Year 2019**

FY19 Colorado Access Quality Improvement Plan

	Goal	Fiscal Year 2019 Objective(s)	Targeted Achievement Dates
Performance Improvement Projects			
Performance Improvement Projects (PIPs)	Select PIPs in collaboration with the Department that address the following: <ol style="list-style-type: none"> 1. Physical health, with potential to include integration of behavioral health into physical health 2. Behavioral health, with potential to include integration of physical health into behavioral health 	Collaborate with HCPF and HSAG to develop PIP topics and guidance relevant to the Medicaid population.	Dec 2018
Collection and Submission of Performance Measurement Data			
Performance Measure Validation (ISCAT audit)	Achieve 100% compliance score for performance measure validation.	Collaborate with HCPF, HSAG, and the other RAEs to improve the performance measure validation process.	Annually
Member Experience of Care`			
ECHO Survey	Monitor member satisfaction with services.	Collaborate with HCPF and HSAG in order to facilitate optimal survey response rates.	Annually
	Meet or exceed ECHO performance in each category from previous year.		
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey	Monitor member satisfaction with services. Support primary care medical providers (PCMPs) in meeting or exceeding CAHPS performance in each category from previous year.	Collaborate with HCPF and HSAG in order to facilitate optimal survey response rates.	Annually
	Support primary care medical providers (PCMPs) in meeting or exceeding CAHPS performance in each category from previous year.		
Mechanisms for Detecting Both Under and Over Utilization of Services			
Utilization Management Decisions	Maintain turn-around time compliance to 99% or higher.	Monitor decision composition and turn-around time compliance via automated reporting.	Ongoing
Clinical Appeals	Obtain a minimum 95% resolution of appeals within contractual timeframes.	Track and report on appeals quarterly.	Quarterly
Inter-Rater Reliability	Obtain 90% agreement for both intake and clinical staff in each area of pediatric and adult service	Monitor annually and train new/existing staff as needed.	Annually

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Reducing Over- and Under-Utilization of Services	Align the RAE Population Health Management Plan to provide the appropriate level of services for members: <ul style="list-style-type: none"> • Adult Wellness • Child Wellness • Access to Screenings, Promotions, Information, Rewards and Events (ASPIRE) • Chronic Disease Prevention and Management • Client Over Utilization Program (COUP) • Transitions of Care • Healthy Mom Healthy Baby • Vulnerable Populations 	Implement weekly meetings with UM and CM	Ongoing
		Strengthen care coordination efforts through facility partnerships and workflows.	Ongoing
		Implement a robust digital engagement strategy to improve outreach efforts for low and moderate risk members.	Ongoing
		Continue utilization of transitions of care model for care management.	Ongoing
		Continue support of co-responder models.	Ongoing
Access to and Coordination of Care	Leverage the goals of the RAE to address access issues for care coordination at the point of service and other key areas within the system.	Improve 7-day Follow up after hospital discharge (for mental health conditions) rates to 38%.	Ongoing
		Support the implementation of telehealth platforms to target homeless and other difficult-to-engage populations.	Ongoing
	Improve performance on SUD Engagement measures to meet or exceed identified goals	Engage outpatient BH/PH providers about the calculation of these measures and facilitate discussions on how to approach this measure comprehensively within the RAE system.	Ongoing
Mechanisms to Assess the Quality and Appropriateness of Care Furnished to Members			
Grievances		Improve grievance documentation and tracking mechanisms	Ongoing

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	Maintain system for member grievances to be filed and resolved that include the following benchmarks: <ul style="list-style-type: none"> • 100% of grievances resolved within contractual timeframes • < 2.0 grievances per 100 members 	Monitor grievance processing to ensure 100% compliance with timeliness.	Ongoing
		Provide education and outreach to members, families, and providers to ensure that they are informed of member rights and procedures for filing grievances.	Ongoing
		Continue collaborative working relationship with the Colorado Medicaid Managed Care Ombudsman Program.	Ongoing
Medical Record Reviews	Maintain robust company audit program that improves clinical documentation requirements amongst contracted providers.	Conduct at least one clinical assessment/treatment planning review per fiscal year	Ongoing
		Conduct at least one service-focused review per fiscal year	Ongoing
		Conduct targeted provider reviews as necessary per fiscal year	Ongoing
Quality of Care Concerns			
Quality of Care Concerns (QOCs)	Maintain system for patient safety and quality of care concerns to be reported and monitored that include the following benchmark: <ul style="list-style-type: none"> • < 2.0 quality of care concerns per 1000 members 	Investigate and resolve QOCs as warranted.	Ongoing
		Collaborate with customer service staff to ensure that QOCs are correctly identified and forwarded for investigation.	Ongoing
External Quality Review			
External Quality Review Organization (EQRO) Audit	Achieve a compliance score of 95% or above on the EQRO site visit (desktop and record review)	Coordinate with HSAG to comply with review activities	Annually
Encounter Date Validation	<ul style="list-style-type: none"> • Improve provider scores to 90% overall compliance • Maintain over-read score of 90% or higher with HSAG 	Educate and train providers on proper medical record documentation	Ongoing
		Follow up with providers to ensure corrective actions have been implemented	
Advisory Committees and Learning Collaboratives			
Quality Program Governance Structure	Design company governance structure in order to facilitate alignment of all quality related clinical and non-clinical programming activities	Launch governance committee structure that encompasses population health, care management, community engagement, member	July 2018

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		engagement, and provider engagement	
		Establish intersection with COA Regional Governance committees/subcommittees	July 2018
Ancillary Quality and Compliance Monitoring Activities			
BH Penetration Rates	Maintain or increase overall penetration rates from previous fiscal year across regions.	Monitor quarterly penetration trends in Region 5.	Ongoing
		Establish baseline penetration rate in Region 3.	
Support the transition of Region 3 members to decrease disruption in services.			
	Determine baseline penetration for those utilizing behavioral health services in primary care.	Develop data dashboard to understand and monitor utilization of integrated care services billed across both fee for service Medicaid and behavioral health.	Dec 2018
Network Composition	Meet the geographical needs of members by assuring provider availability for the following providers types: <ul style="list-style-type: none"> • PCMPs • Hospitals • Psychiatry • Mental health providers • SUD providers 	Monitor network composition and identify any gaps in specialty services.	Ongoing
		Collaborate with HCPF to understand new attribution and assignment methodology.	Dec 2018
Cultural and Linguistic Needs	Meet the cultural, ethnic, and linguistic needs of members by assuring a diverse provider network.	Continue evaluating networks needs for providers with cultural/linguistic expertise relative to the characteristics of the RAE membership.	Ongoing
		Recruit and retain providers with cultural, linguistic, or special needs expertise.	
		Make cultural competency training accessible for staff and providers.	