Quality Improvement Plan
Name: Beacon Health Options
RAE: Health Colorado, Inc.
Date: December 20, 2019

**1**. **Purpose/Mission Statement**

**Regional Accountable Entity Overview**

In order to provide our Members with the best services available, and to ensure that Members are receiving whole person care, the Regional Accountable Entity (RAE) was formed. The RAE combines a prepaid inpatient health plan for behavioral health with a primary care case management program under a single Accountable Care Collaborative (ACC) program. The ACC program is designed to affordably optimize Member health, functioning, and self-sufficiency. The primary goals of the programs are to improve Member health and life outcomes and to use state resources wisely. Regional Accountable Entities (RAEs) work in collaboration with Primary Care Medical Providers (PCMPs) that serve as medical homes, behavioral health providers, and other health providers and Members to optimize the delivery of outcomes-based, cost-effective health care services. The RAE is responsible to:

- Promote the population's health and functioning
- Coordinate care across disparate providers, interface with LTSS providers, and
- Collaborate with social, educational, criminal justice, recreational and housing agencies to foster healthy communities and address complex Member needs that span multiple agencies and jurisdictions.

The RAE will manage a network of primary care and behavioral health providers to ensure access to appropriate care for Medicaid Members. A critical function of the RAEs is to create a cohesive network of providers that work together seamlessly and effectively to provide coordinated health care services to Members. The RAE is also responsible for:

- Onboarding and activating clients
- Developing and supporting Health Teams
- Establishing a value-based payment system and
- Convening Health Neighborhoods

Health Colorado, Inc. (HCI) is the RAE for Region 4. HCI is a partnership comprised of Beacon Health Options, four community mental health centers, and Valley Wide Health. The Health Colorado owners are:

- Southeast Health Group
- Health Solutions
- Solvista Health
- San Luis Valley Behavioral Health Group
- Beacon Health Options (Beacon)
- Valley Wide Health

HCI was established to advance the integration of behavioral health and primary care services, and to promote Medicaid reform in the State of Colorado. As part of its contract with the Colorado Department of Health Care Policy and Financing (HCPF), HCI is responsible for managing behavioral health services for Medicaid eligible Members and ensuring Member care is effectively coordinated across those

providers, agencies and other health care entities that serve Health First Colorado Members. The partnership serves approximately 119,777 Members in its 19-county rural southern-southeastern Colorado catchment area.

The RAE is governed by a Board of Directors, which includes Membership from each of the equity partners. HCI has delegated the administration of the HCI Quality Management Program to Beacon Health Options. The Beacon Colorado Engagement Center was established in 1995 and is part of a nationally managed behavioral health organization (BHO), known as Beacon Health Options (Beacon), which is a privately held company.

**Framework/Purpose/Scope of the Health Colorado Quality Program**

**Health Colorado, Inc. QM Program**

Oversight of the QM Program is conducted by the HCI Board through QIUM Committee participation, deliverable reviews and an annual delegation audit. Day-to-day operational oversight of the Quality Management Program is also supported through the Beacon Colorado Quality team and the Corporate Quality team. This team works with the Colorado Engagement Center Quality Management Department to provide support in assuring the quality, efficiency and effectiveness of the QM program. HCI will systematically monitor delegated functions via scheduled submissions to the Board of documentation and reports that will demonstrate compliance with contract requirements and timelines.

Additional support of the Engagement Center's QM Program is provided by the Central/Southeast Region QM-UM-CM Committee and Corporate Quality team, described in Section A of this document.

The Beacon National QM staff provides ongoing quality management training to Beacon staff. Training focuses on issues pertinent to quality management including the use of quality management tools and processes, performance improvement initiatives and interventions, strategic planning, and outcome management systems. Further training is identified through needs assessments. Annual training for Beacon employees (also provided during initial orientation) includes, but is not limited to:

- Confidentiality
- Conflict of interest
- State and federal regulatory requirements
- State and federal regulatory requirements and HIPAA and HITECH Act
- Code of Conduct/Fraud, Waste and Abuse
- Best Practices
- Contractual requirements
- Security Awareness Training
- Initial Orientation

**QM Organizational Structure**

HCI's QM Program structure is built on our shareholder's considerable experience operating both the Regional Care Collaborative Organization and Behavioral Health Organization programs. This structure has been developed and refined in alignment with the Department's quality strategy as well as our partners' existing nationally and locally established processes and best practices. Our Administrative Services Organization, Beacon Health Options, Inc. (Beacon), is a fully accredited, NCQA Managed Behavioral Health Organization that functions in accordance with those high standards. Our QI Program structure is designed to ensure:

- Accountability to Members, the State, providers, and stakeholders
- Collaboration and integration throughout the behavioral and physical health systems
- Enhanced physical health and behavioral health outcomes across populations through an integrated program approach
- Increased opportunities for Member, family, provider, and other stakeholder input
- Committees focused on evaluating problem-prone systems and generating data-driven, improved care processes and increased Member satisfaction
- Analytics-based decision making that supports effective interventions and programs
- Sub-region and community needs are addressed
- Provider support is provided, and practices are enabled to meet performance goals through evidence-based interventions and education

The Quality Committee structure is integrated to cultivate outcomes for whole-person care and consistent oversight, measurement, and action across all of Health Colorado's functions.

**Framework of the Beacon QM Program**

The Beacon Value Options (BVO) Holdings, LLC Board of Managers is the governing body that assumes overall responsibility for the operations of the Quality Program of Beacon. The Beacon Board of Managers delegates oversight of the Quality program to the Compliance and Quality Committee of the Board of Managers (CQCBOM) which, in turn, delegates QM program oversight to the Chief Medical Officer and Vice President of Quality Operations and Clinical Quality Standards through the Beacon Quality governance committee structure. This structure includes the active committee/subcommittee participation of the medical, clinical, operations and quality senior leadership as well as department leaders and managers. These committees/sub-committees report quarterly to Beacon's Corporate Medical Management Committee and Corporate Quality Committee (CQC), and the corporate Quality Department reports sub-committee activities to the CQCBOM quarterly. The Executive Clinical, Medical, Quality and Compliance Oversight Committee receives semi-annual updates on all quality activities for purposes of communication and quality integration.

The Quality program is structured to include the participation and collaboration of all staff, the provider network, contracted health plans, clients, state agencies and Members. Quality improvements are made through ongoing work with representatives of relevant clinical, departmental and medical systems, specifically mental health and substance use practitioners and administrative staff, and primary

care practitioners, consultation with partner health plans/clients, state agencies, subject matter experts and others. The annual Corporate QM Work Plan provides a blueprint for allocating resources needed to continually improve processes and outcomes and is evaluated annually, at minimum.

Clinical and Service QI activities across the company are aligned with the Beacon program with some Regional variations to meet the needs of their local culture, market and contractual requirements. The framework for the identification of and strategies to address opportunities for improvement begins with utilizing a disciplined approach as defined by the Continuous Quality Improvement (CQI) process to measure performance against adopted benchmarks and performance goals. When opportunities for improvement are identified to improve care and service consistent with the Quality and company mission, multidisciplinary teams collaborate on solutions based on the most recent and compelling evidence. The efforts of this disciplined and deliberate framework lead to improved outcomes.

The Beacon Quality Program framework employs a Regional model based on geographic location. In this model, each Region has its own governance and leadership and reports into the Corporate Quality committee structure in terms of company-wide governance and oversight. The role of Corporate Quality was expanded to include responsibility for accreditation readiness and medical, clinical and quality standards.

The purpose of the Corporate Quality Management (QM) Program Description is to operationalize the Beacon Health Options (Beacon) strategic goals by setting the Quality vision and direction of the organization for its Regional and Engagement centers. However, this Quality Management Program Description (QMPD) describes the framework and process that supports high quality services that are based out of the Colorado Engagement Center.

This QM Program Description provides a clear definition of the authority of the Program, its relationship to both the corporate departments and Regional and Engagement centers, and its accountability to the governing body of the organization. This document describes the corporate program's mission, philosophy, goals, objectives, and committee hierarchy as well as mechanisms used to filter information from a local and regional committee level to a national committee level. The Program Description, along with the attached Work Plan, defines the annual quality activities and goals that the Beacon Colorado QM Program is responsible to operationalize and report on up through the relevant committee structure. The program description and work plan are applicable to those health plans and other clients for which quality management activities are delegated. The Colorado Engagement Center is adopting those portions of the corporate QM program description referenced in this document that align with Colorado and the State Medicaid contract requirements.

The QM Program is integrated with the Regional Centers' and Engagement Centers' Quality Management and Clinical Management Programs as well as with the business units and major functional areas within the company. The QM Program receives input from and coordinates its program with the Clinical Departments, as well as Medical Affairs, Provider Quality, Client Partnerships, Operations (Network, Analytics and Strategy Departments), and stakeholders including clients, Members, practitioners, providers, and colleagues.

**Mission**

The mission of the Beacon QM Program, in collaboration with the Clinical and Medical Affairs functional areas is to help people live their lives to the fullest potential by transforming the lives of those we serve through promotion, support and facilitation of high quality, cost-effective, evidence-based care and service known to improve health outcomes.

**Philosophy**

The corporate QM program is committed to ensuring that continuous quality/performance improvement occurs within our Regional and local Engagement centers. That improvement goes beyond checking the box that a service was provided to measuring that the service was of a high quality to impact outcomes. By structuring clinical quality and medical affairs operations under the direction of the Beacon Chief Medical Officer (CMO), we have created and maintained centralized corporate clinical, medical and quality framework to maximize production of best practice clinical, medical and quality programming. There is consistent and ongoing monitoring for applicability so Beacon can achieve efficiency and effectiveness with improved outcomes for our Members.

**Scope**

The scope of the Beacon QM program encompasses the ongoing assessment, monitoring and improvement of all aspects of care and service delivered to Members, including Member safety. The diverse populations served represent multiple cultural and linguistic groups and include pediatric, adult and geriatric individuals with mental health and substance use disorders, as well as individuals with developmental disabilities and other special needs across the United States that have benefit plans coverage. There are commercial, employer group, health plan, Medicare, Medicaid, Dual Eligible and other types of state funded services such as waiver programs provided to Members.

**2**. **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.**

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| **Erica Arnold-Miller, MBA:**<br>Director of Quality Management<br>719-538-1450<br>Erica.Arnold-Miller@beaconhealthoptions.com | **Jeremy White, MA:**<br>Quality Manager<br>719-226-7794<br>Jeremy.White@beaconhealthoptions.com |

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| **Kat Fitzgerald:**<br>Quality Management Specialist II<br>719-226-7793<br>Kathaleen.Fitzgerald@beaconhealthoptions.com | **Courtney Hernandez, MS-HSV:**<br>Quality Management Specialist II<br>Courtney.Hernandez@beaconhealthoptions.com |
| **Rhonda Borders, LCSW:**<br>Quality Management Specialist II<br>719-538-1432<br>Rhonda.Borders@beaconhealthoptions.com | **Kathy Kayser, RN, BSN:**<br>Quality Management Specialist III<br>Kathleen.Kayser@beaconhealthoptions.com |
| **Melissa Schuchman, MA:**<br>Business Analyst III<br>Melissa.Schuchman@beaconhealthoptions.com | **Jennifer Ryan:**<br>Quality Management Specialist II<br>Jennifer.Ryan@ beaconhealthoptions.com |

**3. Year Objectives/Top Priorities including a description of the techniques to improve performance, a description of the qualitative and quantitative impact the techniques had on quality and opportunities for improvement identified as well as newly identified opportunities for improvement.**

The top priorities for FY20 address the continued improvement on key functional areas that relate to the RAE contract. Specific areas of focus are:

- Key Performance Indicators
- Potentially Avoidable Costs (PAC) Plan
- Performance Incentive Measures
- Performance Improvement Projects Rapid Cycle Process
- Finalize annual work plans and
- Identify areas for continued improvement

**Key Performance Indicators and Performance Incentive Measures**

Health Colorado, Inc. strives to monitor provider performance based on the KPI's and performance incentive measures established by HCPF for the RAE. Our goals are to refine reporting formats, continue to educate providers/staff/stakeholders and to develop interventions based upon our committee/provider recommendations as needed to improve performance.

Performance measurement is a core function of the Quality Management program. The primary goal of the Quality Management Program is to continuously improve patient care and overall health outcomes, ensuring efficient utilization of services. Through data collection, measurement and analysis, aspects of care and service that demonstrate opportunities for improvement are identified and prioritized for quality improvement activities. Data collected for quality improvement projects and activities that are related to key indicators of quality primarily focus on high-volume diagnoses or services and high-risk diagnoses, services, or special populations.

Beacon Health Options shares performance findings with its partners, staff, management team and stakeholders through regular updates, the QIUM Committee Care Coordination subcommittee, and the PIAC as well and other meetings where applicable. Beacon works with practices, shareholders and other organizations (DentaQuest, Healthy Communities, care coordination entities) to evaluate performance and develop strategies for improvement.

**Performance Improvement Projects**

In collaboration with the Department, HCI selected two performance improvement projects (PIPs) that are detailed below. The intent of the PIPs is to have one PIP that addresses physical health and one PIP that addresses mental health. The PIPs, the PIP process, interventions and module results were all discussed at the QIUM Committee. In addition to review and discussion at the QIUM meeting, HCI had also established a PIP Task Group that met on an as-needed basis. The purpose of the PIP Task Group was to achieve a more focused, in-depth analysis of opportunities, barriers, ideas, and feedback related to the rapid-cycle performance improvement projects and initiatives. The group's tasks consisted of analyzing PIP related data, identifying opportunities and barriers to improvement, examining the successes and challenges of interventions, and working toward the development of the new PIPs. The current PIPs are summarized below.

**Increasing mental healthcare services after a positive depression screening**

Beginning in July of 2019, HCI selected two new areas of focus for the rapid cycle PIP process. The study was selected as a result of an assigned list of available topics by the State of Colorado's Department of Healthcare Policy and Financing (HCPF). This is a State initiative designed to achieve the overall goal of increasing mental healthcare services after a positive depression screening. The question HCI is seeking to answer is, do targeted interventions increase the percentage of Health First Colorado Members who receive a positive depression screening who go on to complete a follow up mental health appointment within 30 days in a physical health or mental healthcare setting. This study question and methodology were approved by HSAG on February 20th 2019 with the validation of rapid cycle PIP modules one and two. This was what was considered a, "conditional pass" due to the limitations in gathering current PIP data. As a stipulation of the conditional pass, HCI had to resubmit modules one and two on January 9th 2019 when 6 months of baseline data allowed for the completion of modules one and two. This was the time when HCI identified issues in the data and began to work with the Department to identify next steps in the PIP process. Modules one and two were submitted and validated by HSAG on November 25th 2019. HCI is currently working on module four.

**Increasing Well Checks for adult Members ages 21-64**

In July of 2019, HCI selected a second rapid cycle performance improvement project. This is also a State initiative designed to achieve the overall goal of increasing well checks for adult Health First Colorado Members who are between the ages of 21 to 64. The question HCI is seeking to answer is, do targeted interventions increase the percentage in which Health First Colorado Members who are between the ages of 21-64 receive an annual well check. This study question and methodology were approved by HSAG on March 13th 2019 with the validation of rapid cycle PIP modules one, two and three. HCI is now working on module 4.

**Audits**

Beacon Health Options conducts random audits to evaluate quality of care and compliance with the Health First Colorado (Colorado's Medicaid Program) documentation rules. The purpose of these audits is to ensure that contracted providers are meeting the guidelines established for service provision. The Colorado Department of Healthcare Policy and Financing requires us to evaluate the quality of care our Members receive and the supportive documentation for claims. Audits may also be completed to ensure contractual compliance where needed. Examples of current audits include but are not limited to:

**Substance Use Disorder Audits**

To date, seven SUD Outpatient, Medication Assisted Treatment, and SUD Detox providers will have completed an SUD audit totaling 141 Member charts. Regular and recurring audits and training will continue throughout the year in order to ensure proper documentation and support to our provider network. Recently, on August 8, 2019 and August 9, 2019 an SUD documentation training was held for SUD providers. Over 55 providers were trained in Health First Colorado documentation standards. Several providers have also participated in individualized training sessions offered by Beacon Health Options auditors.

**Mental Health Audits**

Routine MH audits continue to be completed for Region 4 providers. To date 48 providers have been audited, and 50 staff attended documentation training. Additional trainings are scheduled in the upcoming months. The next round of audits are scheduled for Quarter 4, 2019.

**Intensive Outpatient Audits**

One provider will have completed a mental health documentation audit specifically concerning Members who had received Intensive Outpatient Services for a total of six Member charts. Currently, we have audited three providers and will continue to audit IOP providers on a quarterly basis as is appropriate based on claims made.

**Inpatient Audits**

One provider has completed a mental health documentation audit specifically concerning Members who had received services at an inpatient facility. Efforts have been made to monitor a Corrective Action Plan in order to facilitate best practice standards in the facility. There will be increased monitoring in this area in the upcoming year.

**Residential Treatment Center Audits**

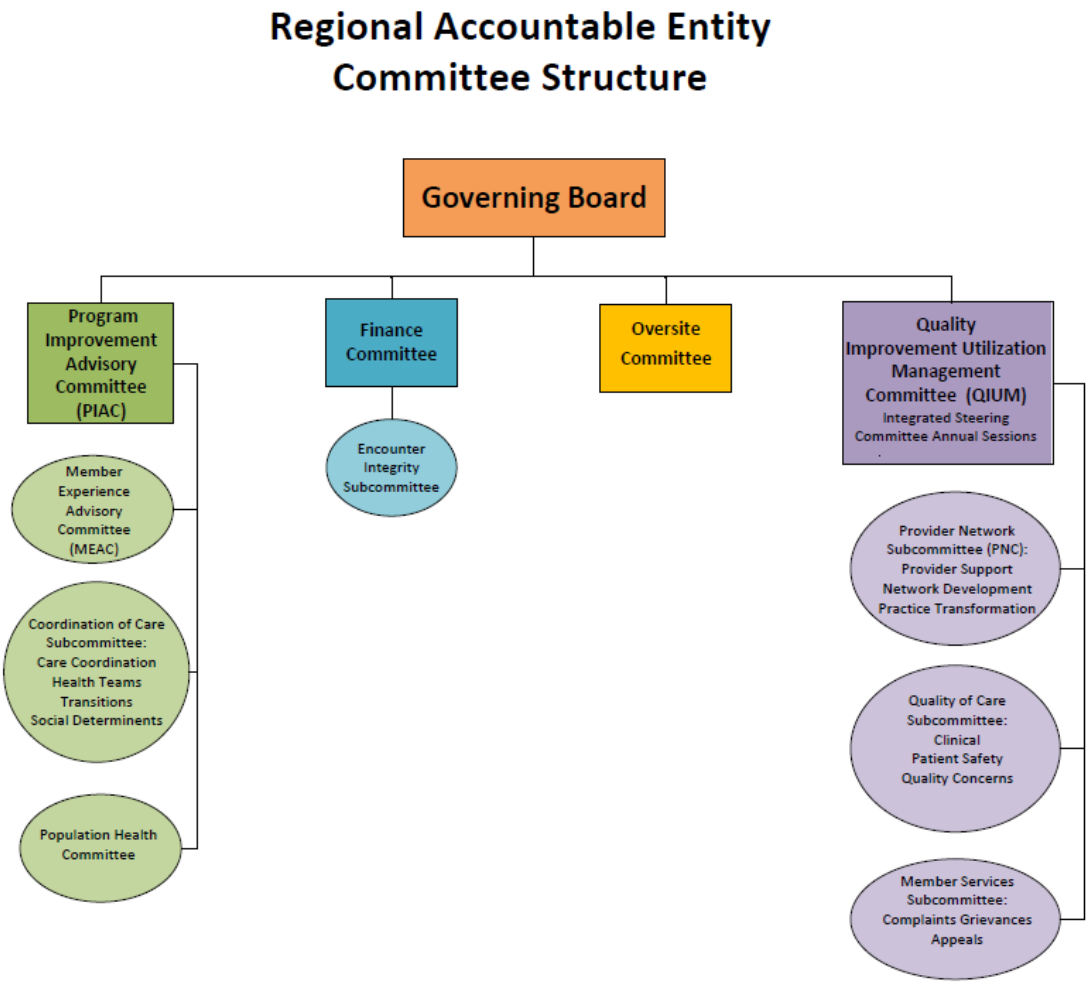
Two Residential Treatment Facilities (RTF), for a total of 15 Member charts, have been audited to ensure Member documentation meets standards. This audit will continue to be conducted throughout the year as appropriate based on claims made.

Documentation training is offered and made available to network providers throughout the year. Providers are encouraged and from time to time required to attend documentation trainings based upon their performance in an audit. Quality management in conjunction with the Provider Relations department holds regional in-person provider trainings, web based trainings, round table discussions and one-on-one personalized trainings. The expectation is that when providers utilize these training opportunities they will see a positive increase in their audit scores. A positive increase in audit scores can translate into better outcomes for Members.

**Committee and subcommittee structure**

Various committees and subcommittees have been established in order to assist in meeting the goals of the QM Program. Committees include a Quality Improvement/Utilization Management Committee, and three subcommittees, including the Provider Network Subcommittee, the Quality of Care Subcommittee and the Member Services Subcommittee. Periodically throughout fiscal year 19 and at the end of fiscal year 19, an evaluation of the structure and efficacy of the committee and subcommittee structures was conducted. It was found that the committee structure was working as intended. An annual review will occur though the assessment of the HCI Annual Evaluation. Cross-representation on committees has been a key to effective committee work, and having the Quality Director serving as a Member of the Care Coordination committee has provided insight into challenges, as well as improved clarity around the KPIs and behavioral health measures.

In FY19, stakeholder work groups were held with providers to discuss problem-solving techniques surrounding specific KPI measures. Specific topics addressed were related to what endeavors have been attempted to address no-show and cancellation rates for specialist visits, and what can be done to decrease the no-show and cancellation rates for specialist visits. Another topic for discussion was emergency room utilization: what are the most common reasons for avoidable ED visits; what has been tried to reduce avoidable ED visits; and what interventions have worked to reduce avoidable ED visits. At these stakeholder meetings, shareholders came together to identify barriers to KPI performance, to understand potential road blocks, and to address possible areas of strength that would directly impact a positive trend upon KPI performance.




**Quality of Care Issues:**

HCI undertakes a variety of activities aimed at evaluating and improving the quality of care for Members. Provider treatment record documentation audits continue quarterly, along with provider education in areas where scores indicate problems are evident. If improvement is not seen, the corrective action process is initiated. Audits include a review of encounters/claims against the chart documentation. Education on the topic of documentation standards was offered to providers throughout the fiscal year. The educational forums were facilitated by the same individuals who conduct the documentation audits. In addition to offering in-person documentation standards training to our providers, HCI has conducted several SUD and Mental Health treatment round table discussions where providers can bring questions and issues to the attention of the presenters. Furthermore, as well as offering the round table discussions there were also two in-person, day long trainings conducted by the auditors. Many providers had the opportunity to engage in specific discussions and ask clarifying questions. Feedback on the training indicated that providers found it very helpful. To

provide further support, HCI has provided provider specific training on-site at the provider facility and via WebEx in order to allow for a more personalized, agency specific training experience for all staff.

Investigations of potential quality of care issues are conducted through the Quality Management Department and findings are evaluated for appropriate follow-up, corrective action, and monitoring. All quality of care issues are documented as well as the results of any investigations. Corrective actions are tracked and monitored. Reporting, investigation and tracking of adverse incidents through the HCI Quality Management Department continued during the past fiscal year. An adverse incident may feed into the quality of care process based on investigation results. All providers are required to report adverse incidents; HCI received 114 adverse incident reports during FY2019. These care monitoring initiatives, along with treatment record reviews and training, are conducted with the goal of assuring Members receive the best care possible.

**Call Center Performance**

The Clinical Department sets high standards for our telephone performance, with goals that include keeping the average speed of answer (ASA) for all calls under 30 seconds and to maintain a call abandonment rate of less than three percent. For FY18, the department showed consistently excellent performance. Our abandonment rate was under two percent for the entire year. Average speed of answer for all calls combined, including nights and weekends, was less than ten seconds per call.

We continued to work closely with our after-hours team in the Texas Service center to ensure the quality of service our providers and Members receive. The Clinical Director continued to serve as a liaison to keep the team updated and apprised on local issues that our partners faced, and oversaw the adherence to workflows and processes to insure consistency of services provided by the team.

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| Goal | Fiscal Year 2019 Project/Initiative | Targeted Completion Date | Status |
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| **Performance Improvement Projects** | | | |
| **Increase Well Checks for adult male (ages 21-64) Members from [redacted]% to [redacted]% at Castillo Primary Care by 6/30/2020** | Increasing Well Checks for males ages 21-64 | 6/30/2020 | The PIP is currently in module 4, which is the intervention-testing module. Interventions are being tracked on a monthly basis. |
| **By 6/30/2020, increase the percentage of Members who receive mental health services in a physical or mental health care setting after a positive depression screening at Health Solutions Medical Center (from [redacted]% to [redacted]%).** | Behavioral Health Services following a positive depression screen | 6/30/2020 | Due to data limitations, a SMART Aim provider was difficult to obtain. Health Solutions Medical Center has agreed to serve as the SMART Aim provider. The PIP is currently in the starting phases of module 4. We will be meeting with HSMC on 12/12/19 to discuss the implementation of interventions that will be tested in module 4. Once finalized, the PIP module will be sent to Health Services Advisory Group for review. We will continue to work through the PIP modules and submit to Health Services Advisory Group per established due dates. |

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| **Performance Measurement Data Driven Projects** | | | |
| **PAC Plan goals are developed based on Prometheus episode data** | **Key Performance Indicators**<br>• Potentially Avoidable Complications (PAC) Plan Reduce costs for the three highest cost episodes:<br>o Diabetes: Our target goal is to reduce ED visit costs associated with diabetes<br>o Substance Use Disorder: Our target goal is reduce ED and hospital costs associated with SUD through the addition of a continuum of SUD services currently lacking in this area of the HCI region.<br>o Maternity: Our target goal is reduce the preterm birth rate in Region (13.8%) in Pueblo County and reduce potentially avoidable costs associated with lack of preterm engagement. | 6/30/2020 | We are using the Prometheus tool to identify and rank top episodes of potentially avoidable health care costs/complications in the region. HCI has initiated planning for FY20 Potentially Avoidable Complication (PAC) initiatives based on Prometheus data and current claims data. |

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| **Achieve an improvement of 5% or greater over fiscal year 2019 performance for each KPI.** | Performance goals for the KPIs listed below will be determined following calculation of FY20 baselines by HCPF:<br>• Emergency Department Visits<br>• Behavioral Health Engagement<br>• Well Visits<br>• Prenatal Engagement<br>• Dental Visits<br>• Health Neighborhood | 6/30/2020 | **KPI Updates**<br>HCI continues to work with our QIUM Committee to evaluate performance, and identify projects and areas where quality improvement can be utilized. Through committee and provider education efforts, we have received questions and feedback involving codes/methodology that have been passed on to the Department.<br>HCI continues our ED interventions including the daily Admits, Discharge, Transfer list to Care Coordinators to facilitate contact and follow-up. Health Solutions created and continues distribution of the "Small Book of Crisis Survival Skills" education booklet to Members. HCI's current performance rate is approaching the Tier 2 level at 549 ED visits per thousand Members per year.<br><br>BH Engagement efforts continue through engagement following foster care eligibility, positive depression screens, behavioral/physical co-location synergies, and care coordination efforts. Current BH engagement rates, based on medical claims only at this time, continued an upward trend, reaching 2.8% at the end of the fiscal year.<br><br>Well visit performance is gradually improving; HCI continues to work toward improving the percent of Members who have a well visit during the year through the well-check PIP, Member communication of benefits, and care coordination efforts. |

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| | | | Accurate and early identification of Health First Colorado members who are pregnant is a prenatal engagement emphasis for HCI. Maternity is also a high complication episode identified through the Prometheus tool and has been identified as an FY20 PAC initiative. HCI continues to explore solutions for improvement in this measure and within the community. KPI performance reflected a positive trend for FY19, surpassing the Tier 2 goal at 52.42%.<br><br>HCI's prenatal engagement rate shows a steady increase over time and currently has exceeded Tier 2. We are aware of the associated challenges that accompany the data and timely and accurate identification of pregnant women and continue to explore solutions for improvement in this measure and within the community. Prenatal engagement is an area of focus for Healthy Communities, who also participates in the RAE Region 4 PIAC and has engaged in conversation regarding this measure.<br><br>HCI works with dental organizations to promote oral care and better address rural and frontier shortages. One area of success was Member engagement in dental services through the implementation of a dental clinic at Recovery Solutions in Pueblo. Performance on this KPI exceeded the Tier 1 goal, improving to [redacted]%, just under the Tier 2 goal of [redacted].<br><br>HCI continues to communicate the value of and requirements for care compacts; this goal has not been met. Performance |

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| | | | on the claims-based portion of this measure is improving. For FY19, HCI is approaching the Tier 1 goal of 3.56%, with current performance at 3.51%. Efforts to analyze specialty claims data are ongoing. |

| Goal | Fiscal Year 2019 Project/Initiative | Targeted Completion Date | Status |
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| **Performance Measurement Data Driven Projects** | | | |
| **Achieve an improvement of 10% over the performance gap for each BH measure by 6/30/2020** | BH Performance Incentive Measures<br>• Engagement in SUD Treatment<br>• Follow-up within 7 days of an inpatient hospital discharge for a MH condition<br>• Follow-up within 7 days of an Emergency Department visit for SUD<br>• Follow-up within 30 days after a positive depression screen<br>• Behavioral health screening or assessment for children in the foster care system within 30 days of ACC enrollment | **6/30/2020** | HCI has not yet received FY19 behavioral health performance rates from the Department. We have used internal data to approximate performance for three of the measures for which HCI has data available, listed below, along with a brief summary of the performance trend.<br><br>SUD Engagement: Based on the available data, performance trend has been consistent at around 45%; which is above the established FY19 goal of 36.96%. HCI's efforts to positively impact the SUD engagement measures include ongoing monitoring and follow up with the largest SUD provider in Region 4. SUD engagement expectations have been conveyed through documentation training for all providers.<br><br>Follow-up within 7 Days of Inpatient Hospital Discharge for a Mental Health Condition: While performance has varied, it has typically been below the established goal of 74.84%. We continue to distribute daily mental health discharge lists to providers to facilitate outreach, and to assess the data and tracking methodology.<br><br>Claims data for SUD-related ED visits is not currently available to the RAE so performance on this BH incentive measure is not currently available. The ADT reports noted earlier in this document do provide some opportunity for ED follow-up outreach |

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| | | | efforts through the care coordination process and by SUD providers.<br><br>Depression screen performance appears to be below the goal, however, the full data set needed to identify completed follow-up visits is not currently available to the RAE, due to the removal of claims that include any SU diagnosis or treatment. The Depression Screen measure is aligned with our behavioral health PIP topic for RAE Region 4. We have also worked with practices around the coding and submission of depression screens.<br><br>Foster Care Behavioral Health Assessment performance has been variable. Early concerns with consistent tracking of foster care eligibility have improved. We continue to work with DHS and providers to assure follow-up within the 30-day timeframe, and to problem solve any barriers these participants. |

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| **Member Experience of Care Improvement Driven Projects** | | | |
| **HCI will work with the Department to support survey initiatives, evaluate responses and formulate interventions to address areas of low satisfaction.** | CAHPS: Practices were contacted and supplied survey information regarding potential Member contact.<br><br>Survey results have been received and are being evaluated and formatted for presentation and review. | **6/30/2020** | Low-scoring areas will be identified and presented to the QIUM Committee to evaluate and plan next steps. |
| **HCI evaluates web-based survey responses and conducts follow-up where indicated and upon Member request.** | Member Survey: Your Opinion Matters is an internal survey that seeks to gain Member insight into access related issues and opinions on satisfaction with services rendered. | **6/30/2020** | HCI has reformatted the Member satisfaction survey on its website. The survey aims to collect information on Member interest to improve their healthcare, and perceptions of satisfaction and access issues for both physical health and behavioral healthcare services.<br>HCI conducts outreach to Members who indicate on the survey that they would like a follow up contact.<br><br>As of 12/9/2019, HCI has received [redacted] responses to the internal survey question, "If you would like more information about your Health First Colorado Benefits or to speak to someone regarding questions or concerns, please call Health Colorado Member Services at 1-888-502-4185 Monday through Friday 8am to 5pm." [redacted] have requested follow up and all have received follow up communication from Member Services. |

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| **Achieve performance greater than 70% for ECHO survey responses.** | HCI reviewed the ECHO survey results for adults and children. The Health Services Advisory Group established a benchmark of low performance as responses that fell below 65%. HCI will implement strategies to impact the identified areas of lower performance. Alternative treatment options and the inclusion of family in treatment are the two areas that HCI will focus on. | **6/30/2020** | ECHO: HCI found that two areas of low reporting satisfaction on the ECHO survey correlated to the questions addressing the availability of other treatment options and the rate at which family Members were involved in treatment. HCI worked with providers to identify potential interventions, which are being finalized and implementation is planned. |

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| **Under and Over Utilization of Services Projects** | | | |
| **Improve overutilization through implementation of COUP pilots; evaluate the effectiveness of the COUP pilot programs by increasing the number of Members in the COUP pilot program linked to care coordination.** | A pilot program has been established in RAE Region 4 for COUP members to address overutilization of services. The first step in developing the pilot was to evaluate COUP data and identify the COUP practices in RAE Region 4 and the number of COUP Members allocated to each unique provider, and the number of members who appeared on the report repeatedly.<br><br>The care coordination entities in Region 4 responsible for the highest volume of COUP Members were identified and agreed to implement COUP pilots: the entities were Health Solutions and Valley-Wide Health Systems. | **6/30/2020** | COUP Pilot Program initial interventions are in place, and are being evaluated and refined as the pilots move forward.<br><br>Health Solutions has developed specific protocols for COUP outreach, with escalated protocols for "repeater" COUP Members.<br><br>Valley-Wide uses a multifaceted approach to interacting with COUP Members. The approach includes a HUDDLE report that captures all possible opportunities to reach COUP Members. ED and drug use data are also incorporated into engagement efforts and intervention planning.<br><br>For FY20 Quarter 1 there was a total 38 Members who are on the current COUP list and have been on the COUP list for 2 additional quarters as referenced above. Out of those 38, 31 Members were attributed to Health Solutions and [redacted] were attributed to [redacted]. This is the population that continues to receive the targeted intervention in this COUP Pilot. |
| **Monitor and improve underutilization through demonstrated through an improvement of 10% over the performance gap in** | **Under-utilization:**<br><br>BH Incentive Measure 1—Engagement in OP SUD treatment—An initiation encounter plus 2 or more services within 30 days of the initiation. The RAE is collecting this data with specific provider-level detail. Poor | **6/30/2020** | The remaining [redacted] COUP repeaters are assigned to other delegated care coordination entities in RAE Region 4 that are not part of the pilot program:<br><br>[redacted]<br><br>[redacted] and |

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| **identified BH measures** | performance on this indicator will direct follow-up efforts.<br><br>The RAE is monitoring 7-day ambulatory follow-up after hospital discharge (BH Incentive Measure 2). Poor performance on this metric will result in QI/Clinical follow-up. MHC partners are provided with daily inpatient census and daily hospital discharge reports. | | [redacted]<br><br>Care coordination outreach efforts continue; these are tracked and reported as required. We continue to refine our knowledge of this population and effectiveness of interventions, provide support with assistance from the Provider Relations Department, and work toward improved management of this population. Training is provided to practices on how to access and use the DAP portal to monitor utilization at the practice level via KPI data with Member-level detail.<br><br>BH utilization trends by Member, facility, and service type are monitored on a monthly basis and reviewed at the monthly QIUM committee.<br><br>Chart audits are regularly conducted over a wide variety of service modalities. HCI audits mental health providers, substance use providers, residential treatment facilities, in-patient facilities, intensive out-patient facilities, and medication assisted therapy. All audits have a focus on the appropriateness of services provided in order to ensure proper utilization. |

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| **Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs Projects** | | | |
| **Auditing for EPSDT education during behavioral health treatment record audits. Goal is 80% compliance.** | Behavioral health providers are expected to complete assessments to identify and recommend treatment for individuals with special health care needs. Members with special needs are supported through case management where needed to assure care is well-coordinated and communication between providers is occurring. Providers are audited for EPSDT compliance during regularly conducted chart audits. | **6/30/2020** | During 2019, HCI has conducted 3 in-person substance use disorder and mental health documentation standards trainings for the HCI provider network. During this training EPSDT is covered. Providers are educated about EPSDT and provider responsibilities for EPSDT services. Audits are conducted quarterly. |

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| **Quality of Care Concern Monitoring** | | | |
| **Identify and address potential Quality of Care issues and concerns.** | HCI undertakes a variety of activities aimed at evaluating and improving the quality of care for Members.<br><br>The Quality of Care Committee (QOCC) is a sub-committee of the QI UM Committee.<br>The purpose of this committee is to identify, investigate, monitor and resolve quality of care issues and patterns of poor quality within the system of care. Investigations of potential quality of care issues are conducted through the Quality Management Department, and findings are evaluated for appropriate follow-up, corrective action, and monitoring.<br><br>Provider treatment record documentation training, audits and provider education are ongoing and occur individually in areas where scores indicate problems are evident. If improvement is not seen, the corrective action process is initiated. Audits include a review of encounters/claims against the chart documentation. | **6/30/2020** | Quality of Care issue status is noted in the first section of this document. Meetings to evaluate quality of care issues and adverse events are scheduled quarterly or as needed.<br><br>Quality of Care data is presented at the QI UM Committee where trends are analyzed. Training and education on QOC and the adverse indecent reporting process is covered at all documentation training sessions. Overall, there has been a gradual decrease in adverse incidents and quality of care issues over the past year. For FY19, HCI received 114 adverse incident reports.<br><br>Quality of care issues include concerns raised by the Department of Health Care Policy and Financing (Department), provider-raised concerns or RAE discovered concerns. HCI will work with HCPF to address any concerns reported. |

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| **External Quality Review Driven Projects** | | | |
| **HCI will collaborate with HSAG and the Department on the completion of the annual External Quality Review and complete corrective actions as determined by Health Services Advisory Group.** | Health Colorado underwent its first EQRO audit in March of 2019 and will undergo a subsequent annual audit in March of 2020. HCI was given three corrective actions that stemmed from the 2019 Health Services Advisory Group (HSAG) EQRO audit. Two CAPs were issued for the Coordination and Continuity of Care standard and one CAP was issued for the EPSDT standard. Under the Coordination and Continuity of Care standard HCI received a CAP for standard three requirement nine, and requirement ten. Under the EPSDT section HCI received a CAP for standard eleven requirement three.<br><br>In response to the CAP for standard three requirement 9, HCI has updated the provider handbook, provider contracts and sent notification to all providers of this requirement and the silent amendment to the provider contract.<br><br>The main issue identified in standard three requirement 10 that warranted a corrective action required HCI to implement mechanisms to ensure that the electronic care coordination tool used by each accountable care coordination entity includes the minimum required elements outlined in the RAE contract. The care coordination audit tool was updated to ensure contractual standards are present. HCI intends to complete audits of all care coordination entities to verify that all required elements are present in care coordination documentation prior February 2020. | **2/03/2020** (CAP submission)<br><br>HCI EQRO Audit scheduled for March 2020 | In 2019 HSAG conducted an audit for HCI covering the following categories:<br><br>• Coordination and Continuity of Care<br>• Member Information<br>• Member Rights and Protections<br>• EPSDT<br>HCI scored 93% in this audit and met all due dates associated with the CAP.<br><br>The CAP for standard 3 requirement 9 was due on December 2nd, 2019 and was submitted December 2nd, 2019.<br><br>Standard 3 requirement 10 is due to Health Services Advisory Group on February 3rd, 2020. HCI intendeds to submit the corrective action response by February 3rd, 2020.<br><br>For the standard 11, requirement 3 covering EPSDT, a response was submitted to Health Services Advisory Group on October 22nd and was reviewed and accepted by Health Services Advisory Group. HCI has established onboarding plans with Healthy Communities, |

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| | The main issue identified in standard 11 requirement three that warranted a corrective action addressed, “HCI must complete the process of developing and executing an onboarding plan with each Healthy Communities contractor in the region.” | | and scheduled recurring meetings. |

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| **Internal Advisory Committees and Learning Collaboratives Strategies and Projects** | | | |
| **Oversee and participate in current HCI committees that communicate best practices, and share information and feedback that is key to the delivery of effective healthcare in the region.** | The Regional PIAC is comprised of Members, family Members, partners, providers, hospitals, community agencies and a variety of stakeholders who represent the populations of the region and local communities. The role of this committee is to guide and inform program administration, such as input into performance with a focus on KPIs, population health, program development, quality of care, and service. This committee serves the important function of vetting the annual Performance Improvement Plan, the Performance Improvement Project progress, and possible performance improvement initiatives that will directly impact the quality of Member care, Member engagement or Member experience of care. Issues that might arise for discussion within the PIAC include but are not limited to: Member needs around medical care, transportation, community services such as food, peer support, financial assistance, clothing, and cultural and religious considerations.<br><br>In order to ensure the Quality Management program is effectively serving Members and providers, Health Colorado will participate in multi-disciplinary statewide advisory committees and learning collaboratives for the purposes of | **6/30/2020** | Regional PIAC meetings for Health Colorado, Inc. are scheduled monthly. Meetings have been held in venues across the region periodically throughout the year. Stakeholder participation in these meetings continues to grow.<br><br>Health Colorado staff consistently attend the State Learning Collaborative meetings. HCI has also hosted learning collaboratives that have centered on the Key Performance Indicators, along with Town Hall Meetings for medical and behavioral health providers. |

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| | monitoring the quality of the Program overall and guiding the improvement of program performance.<br><br>Health Colorado will also periodically hold learning collaboratives to educate and better understand network challenges related to performance improvement, initiatives and interventions, and other topics relevant to stakeholders. | | |