

## Quality Improvement Plan

Name: Denver Health Medical Plan, Inc. (DHMP)

RAE: 5

Date: August 30, 2019

### **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.**

Denver Health and Hospital Authority (DHHA), a political subdivision of the State of Colorado, is an academic, community-based, integrated health care system that serves as Colorado's primary "safety net" system. DHHA entered into a contract with the Colorado Department of Health Care Policy and Financing (HCPF) on May 1, 2004 in order to provide comprehensive health care services to Medicaid-eligible members enrolled into Denver Health Medical Plan, Inc. (DHMP). In 2018 the responsibility for the Denver Health Medicaid Choice (DHMC) contract shifted from DHHA to DHMP, which aligned all of the health plans under one entity.

#### Mission Statement

To provide affordable, high-quality health care coverage for all in partnership with Denver Health. In partnership with our providers, we continually seek to improve the health and well-being of our members by:

- Promoting wellness and disease prevention
- Providing access to culturally-diverse, comprehensive health services
- Enabling members to play an active role in their health care
- Delivering services with responsibility and respect to all

#### Quality Statement and Process

DHMP's Quality Improvement (QI) Program is designed to support the mission of DHMP by promoting the delivery of high-quality, accessible health care services that will improve or stabilize the health status of DHMP members. The QI Program provides a formal structure and process designed to monitor and evaluate the quality and safety of care and service through defined performance and outcome metrics.

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## 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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Position Vacant, Senior QI Analyst

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**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.**

#### Improving HEDIS Administrative Data

DHMP is committed to having the highest quality data that is used to promote data-driven projects across the enterprise that ultimately help our members. Improving HEDIS administrative data for completeness, accuracy and timeliness is a top priority to ensure the completeness and accuracy of the administrative data. This includes coding and data extraction, mapping of encounter data and supplemental data sources and provider data review and configuration. Timeliness efforts will include performing monthly administrative data runs and the development of 'gaps in care' list, by patient, to enhance the collaborative effort at effectiveness of care efforts with the Denver Health (DH) care delivery system.

#### Improving Identified Effectiveness of Care Measures

This is a top priority because it is central to providing members with the right care at the right time. In collaboration with the DH care delivery system, a key priority is to improve effectiveness of select care measures. With DH's Ambulatory Care Services (ACS) leadership and clinical quality work groups, we are collaborating for goals, measurement and activities to improve the rates of HbA1c testing, prenatal timeliness, immunization and well-child for 3, 4, 5 and 6 year olds.

#### Utilization and Care Management

This is a top priority because it is central to providing medically-necessary services and ongoing support to meet our member's needs and our provider's effectiveness. In 2019, DHMP planned to outsource its Utilization Management (UM) and Care Management (CM) Programs to an external vendor, known as EXL. The scope of work with the vendor was finalized in January 2019, and preparations were made to transition work; however, in April 2019 the vendor withdrew from the established scope of work and DHMP leadership made the decision to develop the UM and CM Programs in-house after this withdrawal.

The UM Program has continued throughout 2019 and DHMP is using contracted staff to manage and staff the Program. There has been no break in service to DHMP Medicaid Choice (MCD) and Child Health Plan Plus (CHP+) members during the time of transition.

The CM Programs, as described in the QI Program Description, started in July 2019 and will be fully developed and operational by October 2019. DHMP continues to collaborate with ACS in the provision of care coordination and QI services and programs for patients and members. In addition, care coordination was identified as an area of operational excellence for DH in 2018, and additional focus and resources have been allocated to help develop a comprehensive and robust care coordination system that spans across DHMP and ACS for seamless coverage to patients and members. A dashboard with operational metrics is part of this initiative with regular review by leadership teams.

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4. Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

Goal	Fiscal Year 2018-19 Project/Initiative	Targeted Completion Date	Status
<b>Performance Improvement Projects (PIPs)</b>			
Submit Module 3 for Health Services Advisory Group (HSAG) Review	PIP goal is to improve Adolescent Well-Child (AWC) rates for DH MCD & CHP+ members.	06/01/2019	Module 3 was submitted on May 14 <sup>th</sup> and approved on May 28 <sup>th</sup> . Strategic planning work for Module 4 is ongoing with intervention testing set to begin in September 2019.
Initiate Tracking for PIP Baseline Data	PIP goal is to improve Adolescent Well-Child (AWC) rates for DH MCD & CHP+ members.	04/01/2019	Custom Business Intelligence (BI) report created February 2019 to track rolling 12-month AWC rates for MCD and CHP+ members.
<b>Performance Measurement Data Driven Projects</b>			
Improve HEDIS Breast Screening Measure	Monthly mailer sent to MCD-eligible female members overdue for a mammogram.	12/31/2019	In Process – Intervention has been ongoing since 2016.
Improve HEDIS Diabetic Retinal Screening Measure	Eligible DH MCD members overdue for Diabetic Retinal Exam identified by DHMP and contacted by ACS Care Navigators.	12/31/2019	In Process – Intervention is ongoing.
Improve Select Effectiveness of Care Measures	Working with DH ACS leadership and clinical quality work groups. We are collaborating for goals, measurement and activities to improve the rates of HbA1c testing, prenatal timeliness, immunization and well-child for 3, 4, 5 and 6 year olds.	12/31/2019	System-wide improvements have been noted through July 2019 in Combo 7 pediatric vaccination rates for both MCD and CHP+ lines of business [REDACTED]

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Member Experience of Care Improvement Driven Projects			
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	Monitor member perceptions of well-being, functional status, provider accessibility and adequacy of services, taking care to assess the quality and appropriateness of care furnished to members. Support the care delivery system in meeting or exceeding CAHPS performance in each category from previous year.	Annually	Collaborating with HCPF and HSAG to facilitate optimal survey response rates.
			In Winter 2018, QI Department staff contributed to two brainstorming sessions to support increased survey response rates.
Improve Member Satisfaction with Customer Service	Health Plan Services (HPS) initiatives to help members get help and information when they call.	August 2019	In process. Collecting data on HPS agents on asking the question, "Did you get the help you needed today?," and whether the customer did/did not. Ongoing reporting to the Quality Management Committee (QMC). Beginning to investigate reasons associated with those customers who did not get the help needed. Waiting for CHP+ CAHPS data from HCPF, due August 23 <sup>rd</sup> .
Under- and Over-Utilization of Services Projects			
Monitor Over-/Under-Utilization for Variances	Submit to Quality Management Committee the annual review of HEDIS indicators of Over-/Under-Utilization	January 2020	Completed for 2018. Recommendation by QMC is to add utilization/claims data. HEDIS 2019 (H2019) measures updated and presented at Medical Management Committee (MMC) in August.
Add Utilization/Claims Data to Over-/Under-Utilization Monitoring	Recommendation from QMC was to add utilization data to report (e.g., admissions, average length of stay (ALOS), emergency department (ED) use). This was supplied to the MMC for review and action.	November 2019	In process. Submitted for upcoming agenda for MMC. Planning ongoing.

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<p>Out of Network (OON) Management</p>	<p>Reduce OON utilization. Initiate analysis of data for select services that can be addressed in-network, prioritizing high-volume opportunities.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"><li>• OON work group reorganized and completed by 04/25/2019.</li><li>• Lean Event held 04/30/2019 to 05/01/2019 with great ideas and participation.</li><li>• Final Lean Event Day on June 17<sup>th</sup>. Finalized charter and tasks.</li><li>• Developing survey for OON MCD members for why they went OON for ED services. Marketing survey completed and reviewed, and baseline communication completed. Will disseminate via MyChart, bitly, text and United States Postal Service (USPS). Information on difference between Urgent Care (UC) and ED. Place on website and in newsletters, clinics and common places.</li><li>• New initiative to contract/build mobile UC for Northeast (NE) Denver. Checking into mobile UC. Working with Business Development (BD) on case for developing UC in NE Denver.</li><li>• Consider mobile x-ray vs. staffing Lowry with equipment and technology for x-ray. Also working with BD.</li><li>• Developing member education strategy. Meetings with Marketing have been held, and messaging and strategy have been discussed. Baseline communication to be sent with OON Survey.</li><li>• Develop provider education strategy. Educate on how to get appointments via the appointment center and/or NurseLine when they can't get into a clinic. Revising Provider Manual. Creating Quick Reference Guide (QRG) for providers.</li></ul>
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Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs (SHCN) Projects			
Monitor Quality Indicators for SHCN Populations	Using established tiering model, tracking of ambulatory care quality indicators for SHCN population is performed.	March 2019	Report created. Submitted to agenda for QMC on March 12 <sup>th</sup> . Monitoring is ongoing.
Revise Criteria to Align with new UM Definition of High-Risk and Quality Metrics	A new population risk stratification methodology has been implemented and will be fully implemented by October 2019.	October 2019	Program in development.
Early Periodic Screening Diagnostic and Treatment (EPSDT) Coordination	Ensure UM and CM participation to actively problem-solve barriers and accessibility of services for members with complex and SHCN.	Ongoing	Initiated post-April 2019. Program in development
Quality of Care Concern (QOCC) Monitoring			
Improve Rate of QOCCs	Maintain system for patient safety and QOCCs to be reported and monitored that include the following benchmark: <2.0 QOCCs per 1,000 members.	Ongoing	Collaborating with HPS and Appeals and Grievances (A&G) staff to ensure that QOCCs are correctly identified and mitigated for investigation.
			Following up with providers to ensure corrective actions have been implemented, as required.
External Quality Review Driven Projects			
Improve Detail of EPSDT Tracking	Ongoing effort to track at a clinic and provider level the rates of select EPSDT measures, replace the use of HEDIS 'study items' approach.	Ongoing	Initial report completed. Monitoring is ongoing. First month report developed in February 2019. Next report to QMC due September 2019.
External Quality Review Organization (EQRO) Audit	Achieve compliance score of >95.0% on the EQRO site review for quality-related standards and complete any required actions on findings.	Annually	Coordinating with HSAG to comply with review activities. CHP = 89% for QAPI. Actions complete MCD = 86% on EPSDT. Actions for Healthy Communities onboarding collaboration in process.
Internal Advisory Committees and Learning Collaboratives Strategies and Projects			
Health Maintenance Organization (HMO) Network Quality Work Groups Integration	DHMP is an active member of several care delivery system QI work groups including asthma, diabetes, cancer, pediatrics, perinatal, cardiovascular and immunization.	Monthly	Ongoing. DHMP brings topics, opportunities and supports measure, data, goal integration opportunities.
Quality Program Structure	Maintain an internal governance structure to facilitate alignment of all quality-related clinical and non-clinical programming activities.	Ongoing	Maintain QMC structure within DHMP that encompasses the following: UM, CM, Population Health Management (PHM), A&G, HPS, Provider Network Management, Pharmacy and Physician Representation.