

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

1. Purpose/Mission Statement

Please describe your Organization's overall purpose/mission statement. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

CCHA Vision Statement

Colorado Community Health Alliance's (CCHA) overall vision is to provide guidance and support to Health First Colorado (HFC) members, providers and community partners through innovative, collaborative, results-driven partnerships and programs.

2. Yearly Objectives/Top Priorities

Please describe your quality objectives and top priorities for this fiscal year. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

Accountable Care Collaborative (ACC) Performance Measures

CCHA is committed to improving the health outcomes of our most vulnerable populations. Our goal is to monitor and ensure the delivery of consistent, reliable, and integrated physical health (PH) and behavioral health (BH) services to members. Achieving CCHA's goal allows us to collectively achieve the Quadruple Aim goals that focus on population health, patient experience, per capita costs, and provider satisfaction. As described in detail in our Annual Quality Improvement Report, CCHA accomplished many of the established quality improvement work plan activities for state fiscal year 2022-2023 (SFY22-23) and aims to build upon successes and lessons learned in the previous year. This year's quality objectives and top priorities include the following:

- Develop new clinical and non-clinical Performance Improvement Projects (PIPs) including identifying target populations and goal, developing interventions, and timely submission of related deliverables.

ACC Performance Measures

- **Key Performance Indicators:** Achieve the goal for three of the six Key Performance Indicators (KPIs) and implement the two new KPIs by continuing or expanding on the following:
 - Continue sharing internal reports to track interventions, show performance by region and provider, including updating baseline information when available.
 - Identify and develop strategies for specific populations to address health inequities in each area of opportunity proposed by the Department of Health Care Policy and Financing (HCPF). CCHA will also tailor interventions and work with community partners to address gaps in care for identified populations.
 - Utilize practice transformation coaches (PTCs) to engage and educate primary care medical providers (PCMPs) on the ACC measures and programs.
 - Continue to host Quarterly Leadership Meetings with Accountable Care Network (ACN) providers, which are intended to aid in collaboration at various levels, help CCHA understand provider support needs, and serve to ensure CCHA and ACN partners are aligned on performance goals.
 - Educate providers and community partners on the new depression screening and follow-up and timely prenatal and postpartum care KPIs through practice

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

transformation coaching, provider newsletter, social media, and written coding materials.

- Continue supporting practices to improve operations, processes, KPI workflows and planning, proper billing and coding, member access, and provide electronic health record assistance, systems training, data and analytics, and continue with member-centered care.
- Leverage opportunities for alignment across programs (KPIs, condition management, Alternative Payment Model, Performance Pool, etc.).
- Scale up practice level quality improvement pilots that are successful to share best practices across the region.
- Distribute KPI incentive dollars to PCMPs through the CCHA Provider Incentive Program and to community partners through the Community Incentive Program.
- Continue to identify and collaborate with community partners and leverage community resources to support members, especially those related to new KPIs.
- Work with HCPF to troubleshoot identified challenges with KPI metric methodology and work to accurately reflect network performance on the Data Analytics Portal (DAP).
- **BH Incentive Measures:** Achieve benchmark improvements on four of the five Behavioral Health Incentive Program (BHIP) quality metrics by continuing or expanding on the following:
 - Continue BH practice transformation partnerships with key providers to identify solutions that address gaps in care for the BH incentive performance measures through provider-level BH data scorecards.
 - Partner with hospitals in the Hospital Transformation Program (HTP) to better support members with substance use disorder (SUD) and assist with service planning and coordination at the time of discharge from the emergency department (ED).
 - Utilize the Care Coordination Specialized Transitions of Care (STOC) team to support discharge and aftercare planning for members stepping down from inpatient, withdrawal management, and residential substance use care.
 - Demonstrate through performance improvement projects (PIPs) with high volume Community Mental Health Centers (CMHCs) an increase in aftercare planning support to members discharging from inpatient placement for a mental health condition.
 - Increase the rate of foster care members receiving BH assessment within 30 days by continued improvement of Regional Accountable Entity (RAE) notification and referral protocols with county Departments of Human Services (DHS) at the time of placement.
- **Performance Pool Metrics:** Meet at least one of three non-medication adherence metrics and at least one medication adherence metric by continuing or expanding on the following:
 - Adjust Performance Pool dashboards to include new baselines and measures to share with providers.
 - Maintain engagement and support for individual providers, including ACN providers, in implementing interventions, such as education around members using continuous glucose monitors.
 - Continue working with community partners, other state agencies, and RAEs to develop workflows related to behavioral health engagement for members released from the Department of Corrections (DOC).
 - Refine and test outreach methodologies to engage identified members and complex members, including working with our automated outbound call vendor to add opt out options to comply with the Telephone Consumer Protection Act.

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

- Support implementation and troubleshooting related to the prescription benefit tool and move providers who are ready into phase two.
- Evaluate the effectiveness of the interventions and identify opportunities for improvement across all measures, using data to drive interventions.

Member Experience of Care

- Continue to monitor member experience, perceptions, accessibility, and adequacy of services within the region for behavioral health.
- Utilize Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey data to inform providers about perceived member experience of care.
- Continue to collect, review, and refine data to inform member satisfaction interventions and identified opportunities for improvement for members who interact with CCHA Member Support Services or Care Coordination.
- Complete all member grievances within expected timelines and investigated by clinical staff.

Over and Under Utilization of Services

- Utilize Client Over-Utilization Program (COUP) monthly outreach to all COUP members by Member Support Services.

Quality and Appropriateness of Care Furnished to Members

- Continue to engage complex member in Extended Care Coordination (ECC) to meet the performance pool goal and assess these members for social determinant of health (SDOH) needs.
- **Develop a Diversity, Equity and Inclusion (DEI) plan**
 - Utilize both HCPF and internal data to identify populations with disparities.
 - Identify areas of opportunity to partner with providers and community entities to address identified disparities.
 - Hold listening sessions with members and advocates to identify areas of cultural responsiveness and where there are successes and opportunities.

Quality of Care Concerns

- Participate in Quality of Care Grievance (QOCG) external audit and implement improvement recommendations, and any new reporting processes as defined by the Medicaid contract.
- Identify best practices ongoing to minimize the risk of quality of care (QOC) occurrences.
- Enhance provider education regarding QOC and critical incident identification and submission.

External Quality Review

- Achieve a met score on all standards or complete any necessary corrective action plans (CAPs).

Advisory Committees and Learning Collaboratives

- Utilize CCHA's Regional Program Improvement Advisory Committee (PIAC) as a steering group to re-invest funding to support community programs, align with CCHA's focus areas and collect feedback from multiple different community and provider voices to support CCHA's DEI strategies.
- Utilize feedback from the Member Advisory Committee (MAC) to enhance the services provided and recruit committee members that come from diverse backgrounds.

Quality and Compliance Monitoring Activities

- 411 Audit Quality Improvement Project (QUIP): Support improvement of providers' documentation to comply with State Behavioral Health Services Manual (SBHS, formerly the Uniform Service Coding Standards (USCS)) standards and requirements.

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

- Continue Primary Care, Health Neighborhood & Community customer satisfaction survey and review data to guide interventions for improvement of satisfaction.

3. 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.

Melanie Rylander, MD Medical Director Phone: [REDACTED] Email address: [REDACTED]	Kathryn Morrison Medicaid Quality Management Health Plan Director Phone: [REDACTED] Email address: [REDACTED]
Zula Solomon Vice President, Clinical and Quality Programs Phone: [REDACTED] Email address: [REDACTED]	Camila Joao Clinical Quality Program Manager Phone: [REDACTED] [REDACTED]
Clara Cabanis Senior Manager of Strategy and Performance Phone: [REDACTED] Email address: [REDACTED]	Suzanne Kinney Clinical Quality Program Administrator Phone: [REDACTED] Email address: [REDACTED]
Cindi Terra Director, Practice Transformation Phone: [REDACTED] Email address: [REDACTED]	Katie DeFord CCHA Quality Program Manager Phone: [REDACTED] Email address: [REDACTED]

4. SWOT Analysis & Action Plan

Please provide a SWOT (Strengths, weakness, opportunities, and threats) for any program/project that the Department has specified needed more information. If you have not been asked by the Department to provide more information, please leave this page blank.

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

Quality Improvement Plan
 Name: Colorado Community Health Alliance
 RAE: 7
 Date: September 29, 2023

Goal	Fiscal Year 2024 Objective(s)	Targeted Due Date	Update
Performance Improvement Projects			
Successfully submit PIP Submission Forms for the clinical and non-clinical PIPs	Use data and collaborate with partners to design, implement, and refine interventions as needed.	June 30, 2024	<p>Define target populations and goals for clinical and non-clinical PIPs.</p> <p>Develop interventions to improve performance towards PIP goals.</p> <p>Timely submission of deliverables to Health Services Advisory Group (HSAG) and the Department.</p>
Collection and Submission of Performance Measurement Data			
Key Performance Indicators: Achieve the goal for three of the six KPIs	<p>Engage with PCMPs and ACN providers in quality improvement processes.</p> <p>Partner with community organizations to align efforts and strategies to achieve KPI goals.</p> <p>Collaborate with HCPF on data disparities.</p>	June 30, 2024	<p>Update CCHA's Provider Incentive Program to increase engagement of PCMPs in practice transformation efforts to improve PCMP KPI performance.</p> <p>Utilize care coordination to educate members to connect with appropriate services.</p> <p>Share member-level data with providers to inform and support their quality improvement activities.</p>
Implement new KPIs	Educate providers and community partners about the new depression screening and follow up and the timely prenatal and postpartum care KPIs.	December 31, 2023	<p>Educate PCMPs and community partners about the KPI changes.</p> <p>Work with providers to automate depression screening codes when they are completed at every visit.</p> <p>Educate providers about new global billing guidelines related to maternity care.</p> <p>Update CCHA KPI Member lists to include member-level data for the new KPIs.</p>

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

<p>BH Incentive Measures: Achieve benchmark improvements on four of the five BHIP quality metrics</p>	<p>Engage BH and PH providers in quality improvement processes.</p> <p>Partner with community organizations to align efforts and processes to achieve BHIP goals.</p>	<p>June 30, 2024</p>	<p>Promote program information to encourage enrollment in CCHA's BH Quality Incentive Program (BHQIP) and BH Facility Incentive Program (BHFIP), distribute performance status and disburse financial incentives to high-performing providers.</p> <p>Adjust processes and performance tracking tools to align BHIP measures with Centers for Medicare and Medicaid Services (CMS) Core Measure specifications.</p> <p>Maintain the Specialized Transitions of Care (STOC) team to work with discharge follow-up plans for members stepping down from inpatient, residential, and withdrawal management care for SUD.</p> <p>Practice transformation coaches will hold regular quality improvement meetings to provide support and assistance to increase depression screening and follow-up.</p> <p>Maintain and improve existing notification protocols and expand timely referral process for children entering foster care.</p>
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Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

<p>Meet the target for at least one of the three non-medication adherence Performance Pool metrics</p>	<p>Engage ACN providers, PCMPs, and the Single Entry Point and Community Centered Board agencies (SEPs/CCBs) to align efforts on Performance Pool metrics.</p>	<p>June 30, 2024</p>	<p>Continue monthly complex case reviews with entities including SEPs, CCBs, PCMPs, ACNs, behavioral health facilities and community partners when applicable to address barriers and find solutions to meet member needs.</p> <p>Hold quarterly check-ins and leadership meetings with ACNs to discuss successes, barriers, and opportunities for improvement.</p>
<p>Meet the target for at least one medication adherence Performance Pool measure</p>	<p>Engage with PCMPs and ACN providers in quality improvement processes.</p>	<p>June 30, 2024</p>	<p>Continue sharing actionable member level data with PCMPs and ACNs.</p>
<p>Member Experience of Care</p>			
<p>Monitor member experience, perceptions, accessibility, and adequacy of services within the region for behavioral health</p>	<p>Review survey results with key stakeholders to determine how best to use survey results.</p>	<p>June 30, 2024</p>	<p>Monitor member satisfaction measures developed by the CMHCs.</p> <p>Develop a member satisfaction survey of the members seeing BH providers in the Independent Provider Network (IPN) and analyze results.</p>
<p>CAHPS Survey: Improve member experience of care</p>	<p>Use CAHPS data to identify potential interventions and work with providers to implement and test.</p>	<p>June 30, 2024</p>	<p>Share results with all practices, work with quality improvement teams to address areas of opportunity.</p>
<p>Care Coordination (CC) and Member Support Services (MSS) Member Experience Survey</p>	<p>Continue to collect, review, and refine data to inform member satisfaction interventions and identified opportunities for improvement.</p>	<p>June 30, 2024</p>	<p>Analyze data on a regular basis to guide interventions for improvement of satisfaction.</p> <p>Share data with MAC and incorporate their feedback into workflows and processes.</p>

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

Member Grievances: 90% of member grievances will be completed within 15 business days	Member grievance completion provides an opportunity for increased member satisfaction, and identification of areas of improvement.	Quarterly reporting, ongoing	Execute process and workflows in place, reporting to HCPF and CCHA's Quality Management Committee (QMC) quarterly.
Member Grievances: 100% of member grievances will be completed within the extended 14 calendar days	Member grievance completion provides an opportunity for increased member satisfaction, identification of areas of improvement.	Quarterly reporting, ongoing	Execute process and workflows in place, reporting to HCPF and QMC quarterly.
Member Grievances: 100% of clinical grievances will be investigated by clinical staff	Maintain the clinical grievance process.	Quarterly reporting, ongoing	Clinical grievance process will be transferred to clinical staff, reporting to HCPF and QMC quarterly.
Under and Over Utilization of Services			
COUP: Identify members who may benefit from lock-in and engage the assigned PCMP and member to initiate lock-in, as appropriate	Monthly outreach to all COUP members by Member Support Services.	June 30, 2024	Provide annual training for care coordinators on the lock-in process and identify anyone engaged with care coordination that may be appropriate for lock-in. Work with PCMPs to identify members that may be appropriate for lock-in. If needed, collaborate with other RAEs when locked-in members transition between RAEs.

Quality Improvement Plan
 Name: Colorado Community Health Alliance
 RAE: 7
 Date: September 29, 2023

Quality and Appropriateness of Care Furnished to Members			
Continue to engage complex members in ECC	<p>90% of members identified as complex high-need will be outreached during the reporting period.</p> <p>CCHA will work to engage complex high-need members in extended care coordination, surpassing the goal specified by the Department, as defined in the Performance Pool specification document.</p> <p>90% of members engaged in care coordination will be assessed for SDOH needs.</p>	June 30, 2024	<p>CCHA will work to identify opportunities to enhance culturally competent communications and resources for members whose preferred language is Spanish to improve member engagement and reduce disparities.</p> <p>CCHA will develop a dashboard to measure and analyze SDOH needs and gaps in resources.</p>
Develop DEI Plan	Use data provided by HCPF to identify populations with health disparities and create plan to address these disparities.	Dec. 31, 2023	<p>Utilize both HCPF and internal data to identify populations with disparities.</p> <p>Identify areas of opportunity to partner with providers and community entities to address these disparities.</p> <p>Hold listening sessions with members and advocates to identify areas of cultural responsiveness and where there are successes and opportunities.</p>
Quality of Care Concerns			
QOCG: Participate in QOCG external audit and implement improvement recommendations	Ensure compliance with the Medicaid contract around standards for Quality of Care concerns.	June 30, 2024	Review and update current policies and procedures related to audit standards and contract requirements to ensure compliance, and identify areas for improvement.

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

Implement new reporting processes/standards for QOCs as defined by the Medicaid contract	Ensure compliance with reporting requirements and timeframes for QOC submission.	June 30, 2024	Submit QOC Notification forms and supporting documentation as required by the Medicaid contract.
QOC: Identify best practices ongoing to minimize the risk of QOC occurrences	Providers will share best practices at the quarterly QMC meetings to improve clinical outcomes.	Quarterly, ongoing	Engage QMC participants to share best practices that improve clinical outcomes. Complete annual training of internal CCHA staff to identify QOC concerns: 90% of member-facing staff will receive QOC training.
QOC: Enhance provider education regarding QOC identification and submission	Utilize multiple channels for provider education, including provider bulletin and provider meetings.	June 30, 2024	Submit information for provider bulletin at least semi-annually and leverage other avenues to educate providers, such as the BH provider education series.
External Quality Review			
Site Audits: Achieve a met score on all standards or complete any necessary corrective action plans (CAPs)	Ensure compliance with the Medicaid contract around these standards: Member Information Requirements, Provider Selection and Program Integrity, Subcontractual Relationships and Delegation, and Quality Assessment and Performance Improvement.	June 30, 2024	Review contract and federal managed care requirements with applicable teams. Review operational policies and procedures related to the audit standards to ensure compliance and identify areas of improvement. Complete any required actions and follow up on previous year CAPs.

Quality Improvement Plan
 Name: Colorado Community Health Alliance
 RAE: 7
 Date: September 29, 2023

Advisory Committees and Learning Collaboratives			
PIAC: Continue to utilize PIAC as a steering group to re-invest funding to support community programs and meet CCHA's focus areas	Continue to implement the Community Incentive Program application process through the voting committee.	December 31, 2023	Align CIP applications to compliment CCHA and HCPF priorities.
PIAC: Utilize PIAC to collect feedback from multiple different community and provider voices to support CCHA's Diversity Equity and Inclusion (DEI) strategies and activities to ensure members receive culturally accessible and competent care	Provide data to the committee specific to DEI efforts.	Quarterly, ongoing	
MAC: Continue to recruit committee members that come from diverse backgrounds	Implement outreach for committee members.	Quarterly, ongoing	Proactively outreach possible committee members with diverse backgrounds to assess interest in joining the MAC.
MAC: Continue to utilize feedback from the Member Advisory Committee (MAC) to enhance the services provided	Use direct member input to improve operations.	June 30, 2024	Engage members to identify short- and long-term opportunity areas for the member engagement plan. Solicit the lived experience of members to identify ways to engage members most effectively in their health at the micro and macro levels while improving member experience. Include MAC participants in DEI listening sessions.

Quality Improvement Plan

Name: Colorado Community Health Alliance

RAE: 7

Date: September 29, 2023

Quality and Compliance Monitoring Activities			
411 Audit QUIP: Support improvement of providers' documentation to comply with SBHS standards and requirements	Facilitate and oversee 411 Audit quality improvement processes.	June 30, 2024	Work with HSAG to determine quality improvement targets. Partner with providers to develop and implement improvement processes.
Participate in all Department mandated audits and analysis	Receive a met or improved status for all audits and analysis.	June 30, 2024	Review areas of opportunity and implement recommendations.
Continue the Primary Care, Health Neighborhood & Community customer satisfaction survey	Evaluate engagement of CCHA's PMCP network and community partners. Identify areas of opportunity for action planning.	June 30, 2024	Analyze data to guide interventions to improve satisfaction.