

Colorado Children's Health Insurance Program
Child Health Plan *Plus* (CHP+)

FISCAL YEAR 2015–2016 COLORADO PIP VALIDATION REPORT

CHP+ Members with Asthma Transitioning Out
of Plan Coverage

for
Rocky Mountain Health Plans

April 2016
for
Validation Year 2

*This report was produced by Health Services Advisory Group, Inc. for the
Colorado Department of Health Care Policy & Financing.*



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

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1. BACKGROUND

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with federal regulations and quality improvement standards. According to the BBA, the quality of health care delivered to Medicaid members in MCOs and PIHPs must be tracked, analyzed, and reported annually. The Colorado Department of Health Care Policy & Financing (the Department) has contractual requirements with each MCO, and behavioral health organization (BHO) to conduct and submit performance improvement projects (PIPs) annually.

In preparation for implementation of Public Law 111-3, The Children's Health Insurance Program Reauthorization Act of 2009, the State of Colorado required each contractor with the Colorado Child Health Plan *Plus* (CHP+) health insurance program to conduct and submit PIP reports annually. CHP+ is Colorado's implementation of the Children's Health Insurance Program (CHIP), a health maintenance organization (HMO) jointly financed by federal and state governments and administered by the states. Originally created in 1997, CHIP targets uninsured children in families with incomes too high to qualify for Medicaid programs, but often too low to afford private coverage.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of system interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities to increase or sustain improvement.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the HMO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG's review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.

- The outcomes of the PIPs. Once designed, a PIP’s effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP’s outcomes determined whether the HMO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the HMO was successful in sustaining the improvement. The goal of HSAG’s PIP validation is to ensure that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the HMO’s improvement strategies.

PIP Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For fiscal year (FY) 2015–2016, **Rocky Mountain Health Plans (RMHP)** continued its **CHP+ Members with Asthma Transitioning Out of Plan Coverage** for its PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, the timeliness of, and access to, care and services.

PIP Summary

For this FY 2015–2016 validation cycle, the PIP received an overall validation score of 81 percent and a *Partially Met* validation status. The focus of this PIP is to improve the transition of care process for members with asthma who will be aging out of the CHP+ plan. The PIP had one study question that **RMHP** stated: “Does targeted member outreach to CHP+ members who turn 18 during the measurement year and have a special needs condition of asthma result in an increase in the percentage of those members who have at least one visit with a primary care provider (PCP)?” The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>CHP+ Members with Asthma Transitioning Out of Plan Coverage</i>	The percentage of CHP+ members with asthma who turn 18 years of age during the measurement year who have at least one visit with a primary care provider prior to transitioning out of the CHP+ program.

Validation Overview

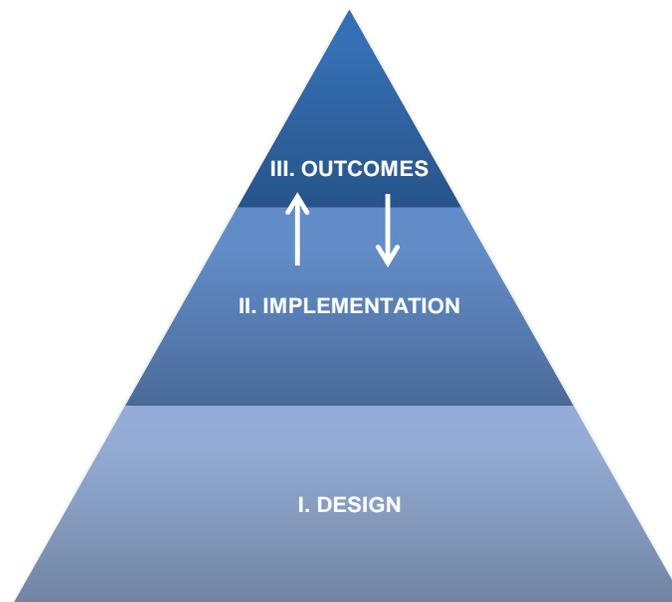
HSAG obtained the information needed to conduct the PIP validation from **RMHP**’s PIP Summary Form. This form provided detailed information about the HMO’s PIP related to the activities completed and HSAG evaluated for the FY 2015–2016 validation cycle.

Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. A HMO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary.

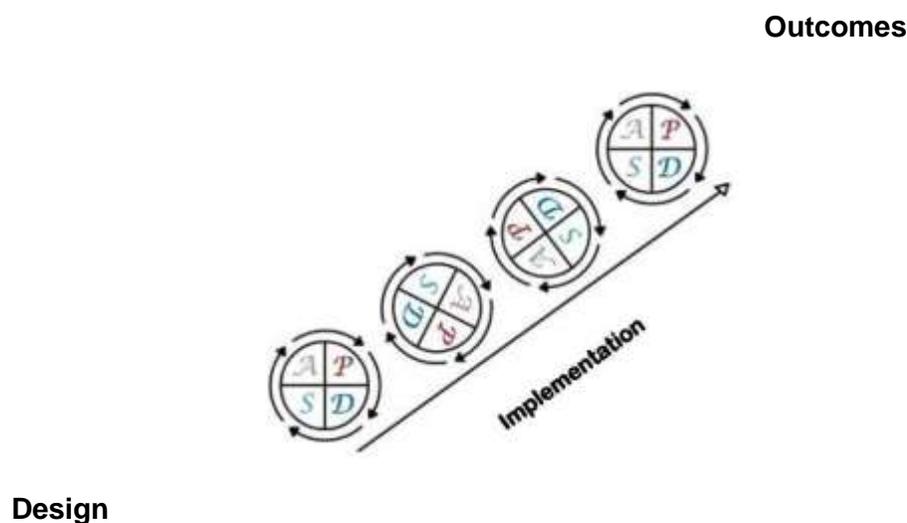
Figure 1–1—PIP Stages



Once **RMHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the HMOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The HMOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-

Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- ◆ **Plan**—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- ◆ **Do**—implement intervention; track and monitor the intervention; and record the data
- ◆ **Study**—analyze the data; compare results; and evaluate the intervention’s effectiveness
- ◆ **Act**—based on the evaluation results, standardize, modify, or discontinue the intervention

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The HMO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the HMO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the HMO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

This year, the PIP validation process evaluated the technical methods of the PIP (i.e., the study design), as well as the implementation of quality improvement activities. Based on its technical review, HSAG determined the overall methodological validity of the PIP.

Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is an HMO’s update of a previously submitted PIP with modified/additional documentation.

HMOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Partially Met* overall validation status when originally submitted. The HMO had the opportunity to receive technical assistance, incorporate HSAG’s recommendations, and resubmit the PIP. After resubmission, the HMO improved the overall and critical evaluation elements percentages; however, the validation status remained *Partially Met*.

Table 2–1—FY 2015–2016 Performance Improvement Project Validation Activity for Rocky Mountain Health Plans

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>CHP+ Members with Asthma Transitioning Out of Plan Coverage</i>	Submission	75%	75%	<i>Partially Met</i>
	Resubmission	81%	88%	<i>Partially Met</i>
<p>¹ Type of Review—Designates the PIP review as an annual submission, or resubmission. A resubmission means the HMO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall <i>Met</i> validation status.</p> <p>² Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and non-critical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>³ Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>⁴ Overall Validation Status—Populated from the PIP Validation Tool and based on the percentage scores.</p>				

Validation Findings

Table 2–2 displays the validation results for the **RMHP** PIP validated during FY 2015–2016. This table illustrates the HMO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary

technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the second validation year for the PIP, with the HMO completing Activities I through VIII.

Table 2–2—Performance Improvement Project Validation Results for Rocky Mountain Health Plans

Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Review the Selected Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Review the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Review the Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Review the Selected Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Review Sampling Methods (if sampling was used)	<i>Not Applicable</i>		
	VI.	Review the Data Collection Procedures	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (9/9)	0% (0/9)	0% (0/9)
Implementation	VII.	Review the Data Analysis and Interpretation of Results	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Assess the Improvement Strategies	25% (1/4)	75% (3/4)	0% (0/4)
Implementation Total			57% (4/7)	43% (3/7)	0% (0/7)
Outcomes	IX.	Assess for Real Improvement Achieved	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements Met			81% (13/16)	19% (3/16)	0% (0/9)

Overall, 81 percent of all applicable evaluation elements validated received a score of *Met*. For this year's submission, the Design and Implementation stages (Activities I through VIII) were validated.

Design

RMHP designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

Implementation

RMHP reported and interpreted its baseline data accurately. The HMO has opportunities for improvement within its improvement strategies activities. **RMHP** described the staff involved with the quality improvement (QI) activities and the QI tools used; however, it did not describe how the identified barriers were prioritized. In addition, **RMHP** will need to implement active interventions to allow enough time for these interventions to impact the study indicator outcomes.

Outcomes

The PIP had not progressed to the Outcomes stage during this validation cycle.

Analysis of Results

Table 2–3 displays baseline data for **RMHP's CHP+ Members with Asthma Transitioning Out of Plan Coverage** PIP. **RMHP's** goal is to increase the percentage of CHP+ members with asthma who turn 18 years of age during the measurement year who have at least one visit with a primary care provider (PCP) by 20 percent at the first remeasurement.

**Table 2–3—Performance Improvement Project Outcomes
for Rocky Mountain Health Plans**

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)	Sustained Improvement
The percentage of CHP+ members with asthma who turn 18 years of age during the measurement year who have at least one visit with a primary care provider.	10%			

The baseline rate for CHP+ members with asthma who turn 18 years of age during the measurement year who had at least one visit with a PCP was 10 percent. This rate is 2 percentage points below the first remeasurement goal of 12 percent (20 percent increase over baseline). **RMHP** should revisit its goal to ensure that the Remeasurement 1 goal will yield statistically significant improvement.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. The HMO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the HMO's overall success in improving PIP rates.

For the ***CHP+ Members with Asthma Transitioning Out of Plan Coverage*** PIP, **RMHP** identified these barriers: lack of members' knowledge to manage their condition during and after transitioning out of the health plan, and members needing reminders of the importance of wellness visits. To address these barriers, **RMHP** implemented the following interventions:

- ◆ Telephone outreach to parent or guardian of member in targeted population to discuss the transition and importance of primary care visits.
- ◆ Mailings of educational materials to parent or guardian of member in the targeted population.

Conclusions

RMHP developed a methodologically sound project and has set the foundation from which to move forward.

Recommendations

As the PIP progresses, HSAG recommends the following:

- ◆ Use and describe quality improvement tools (such as a causal/barrier analysis, key driver diagram, process mapping, or failure modes and effects analysis) at least annually to determine barriers, drivers, and/or weaknesses within processes which may inhibit the HMO from achieving the desired outcomes.
- ◆ Describe methods used to prioritize the identified barriers.
- ◆ Develop active, innovative interventions that can directly impact the study indicator outcomes.
- ◆ Use quality improvement science techniques such as the Plan-Do-Study-Act (PDSA) model as part of the HMO's improvement strategies. Interventions can be tested on a small scale, evaluated, and then expanded to full implementation, if deemed successful.
- ◆ Develop a process or plan to evaluate the effectiveness of each implemented intervention.
- ◆ Ensure goals set for the remeasurement period will yield statistically significant improvement.
- ◆ Seek technical assistance from HSAG as needed.

APPENDIX A. PIP-SPECIFIC VALIDATION TOOL for Rocky Mountain Health Plans

The following contains the PIP-specific validation tool for **RMHP**.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**CHP+ Members with Asthma Transitioning Out of Plan Coverage
 for Rocky Mountain Health Plans**

DEMOGRAPHIC INFORMATION

Plan Name: Rocky Mountain Health Plans

Project Leader Name: Jackie Hudson, RN Title: Director, Quality Improvement

Telephone Number: (970) 248-5190 E-mail Address: jackie.hudson@rmhp.org

Name of Project/Study: CHP+ Members with Asthma Transitioning Out of Plan Coverage

Type of Project (for HSAG's internal tracking):

- Clinical Nonclinical
 Collaborative HEDIS

Date of Project: 1/1/2014 to 12/31/2014

Type of Delivery System: CHP+

Submission Date: 1/18/2016

Section to be completed by HSAG

9/25/2014	Year 1 Validation	9/15/2014	Annual Submission
11/13/2014	Year 1 Validation	11/10/2014	Resubmission
11/8/2015	Year 2 Validation	10/30/2015	Annual Submission
1/22/2016	Year 2 Validation	1/18/2016	Resubmission

- X Pre-Baseline
X Baseline

Year 1 validated through Activity: VI
 Year 2 validated through Activity: VIII



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
for Rocky Mountain Health Plans*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
I.	Select the Study Topic: The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State. The study topic:		
C*	1. Is selected following collection and analysis of data. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Selection of the PIP topic followed the collection and analysis of plan-specific data.
	2. Has the potential to affect member health, functional status, or satisfaction. The score for this element will be Met or Not Met.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The PIP has the potential to affect member health, functional status, or satisfaction.

Results for Activity I

Total Evaluation Elements**	# of Total Evaluation Elements				Critical Elements***	# of Critical Elements			
	Met	Partially Met	Not Met	Not Applicable		Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
for Rocky Mountain Health Plans*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
II.	Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question:		
C*	1. States the problem to be studied in simple terms and is in the recommended X/Y format. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study question was clear and stated in simple terms using the recommended X/Y format.

Results for Activity II

Total Evaluation Elements**	# of Total Evaluation Elements				Critical Elements***	# of Critical Elements			
	Met	Partially Met	Not Met	Not Applicable		Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
III.	Define the Study Population: The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs. The study population:		
C*	1. Is accurately and completely defined and captures all members to whom the study question(s) applies. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan accurately and completely defined the study population, providing correct codes for the denominator, when applicable.

Results for Activity III									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IV. Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):			
C*	1. Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study indicator was objective, clear, and unambiguously defined. The health plan provided correct codes, when applicable, for the numerator. The documentation provided a description of the study indicator as well as the definitions for the numerator and denominator. The original <i>Point of Clarification</i> was removed; however, the health plan needs to correct how the goals are documented in Activity IV in the next annual submission. In addition, the goal should be updated in the data table in Activity VII. Re-review January 2016: In the resubmission, the health plan revised its goal to be a 20 percent increase over the baseline rate. The health plan should ensure that the goal will yield statistically significant improvement given a denominator of a similar size. The Remeasurement 2 goal should be determined once the Remeasurement 1 rate is available.
	2. Include the basis on which the indicator(s) was adopted, if internally developed.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan included the basis on which the study indicator was developed.

Results for Activity IV

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

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EVALUATION ELEMENTS		SCORING		COMMENTS		
Performance Improvement Project/Health Care Study Evaluation						
V.	Use Sound Sampling Techniques: (If sampling is not used, each evaluation element is scored NA.) If sampling is used to select members in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:					
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	2. Include the title of the applicable study indicator(s).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	3. Identify the population size.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	4. Identify the sample size.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	5. Specify the margin of error and confidence level.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	6. Describe in detail the methods used to select the sample.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	7. Allow for the generalization of results to the study population.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.

Results for Activity V

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
7	0	0	0	7	2	0	0	0	2

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VI. Reliably Collect Data: Data collection must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:			
	1. Clearly defined sources of data and data elements to be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The documentation included the identification of data elements for collection.
C*	2. Clearly defined and systematic process for collecting data that includes how baseline and remeasurement data will be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan specified a systematic method for collecting baseline and remeasurement data.
C*	3. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan did not use manual data collection.
	4. An estimated degree of administrative data completeness. Met = 80 - 100 percent Partially Met = 50 - 79 percent Not Met = <50 percent or not provided	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The estimated degree of administrative data completeness was between 80 percent and 100 percent, and the health plan explained how it determined the administrative data completeness percentage reported.

Results for Activity VI

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
4	3	0	0	1	2	1	0	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VII. Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:			
C*	1. Include accurate, clear, consistent, and easily understood information in the data table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan presented results in a clear, accurate, and easily understood format.
	2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided an accurate interpretation of the baseline results.
	3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan identified that no factors threatened the internal or external validity of the baseline findings.

Results for Activity VII

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	3	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
for Rocky Mountain Health Plans*

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
C* 1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The documentation reflected that the health plan has a PIP team; however, the staff that make up this team were not described. Also, the documentation referenced that a causal/barrier analysis was conducted; however, the type of quality improvement tool used was not discussed or provided. The health plan should include the following:</p> <ul style="list-style-type: none"> • A description of the individuals, committee(s), team(s), and/or work group(s) involved. • A detailed description of the steps and specific processes used, including how health plan-specific data were used to identify barriers. • Provide the QI tools as attachments (e.g., key driver diagram, fishbone diagram, Plan-Do-Study-Act [PDSA] Worksheet). Dates when ongoing/cyclical quality improvement process steps were visited and revisited. <p>Re-review January 2016: In the resubmission, the health plan provided a description of its QI team staff and the tools used to complete the causal/barrier analysis. The score for this evaluation element has been changed to <i>Met</i>.</p>

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



*Appendix A: Colorado FY 15-16 PIP Validation Tool:
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 for Rocky Mountain Health Plans*

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
2. Barriers that are identified and prioritized based on results of data analysis and/or other quality improvement processes.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The health plan did not discuss its process for prioritizing barriers. The documentation should include the following:</p> <ul style="list-style-type: none"> • A description of all barriers identified, including a ranking of barriers by priority or other clear designation of high-priority barriers • A description of the QI tools used to prioritize the barriers • The QI tools as attachments <p>Re-review January 2016: In the resubmission, the health plan did not provide any additional information related to how it prioritized documented barriers. The tools used to prioritize barriers are different than those used to conduct a causal/barrier analysis. The score for this evaluation element will remain <i>Partially Met</i>.</p>

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

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*Appendix A: Colorado FY 15-16 PIP Validation Tool:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
for Rocky Mountain Health Plans*

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
C* 3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The interventions were logically linked to the barrier; however, both interventions were passive and not likely to impact the study indicator outcomes. Interventions should be active and innovative. If the health plan has data to show that telephone outreach and mailers have had a positive impact, these data should have been provided to support the selection of these interventions.</p> <p>Re-review January 2016: In the resubmission, the health plan added one new system intervention; however, this intervention was related to evaluating the effectiveness of the outreach and not an active intervention that will likely impact the study indicator outcome. The score for this evaluation element will remain <i>Partially Met</i> because there were no additional active interventions implemented to date.</p>
4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>One of two interventions were implemented in a timely manner. The intervention of mailing letters to the parent or guardian was implemented in October 2015 and may not have been in place long enough to impact the Remeasurement 1 outcomes.</p> <p>Re-review January 2016: In the resubmission, the one new intervention that was implemented in January 2016 is not an intervention that will likely impact the study indicator outcomes. Although implemented in a timely manner, it is a process to evaluate the effectiveness of member outreach. The score for this evaluation element will remain <i>Partially Met</i>.</p>

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:			
C*	5. Evaluation of individual interventions for effectiveness.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The PIP had not progressed to the point of evaluating the effectiveness of each intervention. The health plan will need to have a process in place to evaluate the effectiveness of each intervention. The evaluation process cannot rely on the review of remeasurement or interim claims data. A real-time tracking methodology must be used to determine if the intervention was effective. This information will need to be included in the next annual submission. It is difficult to track and measure the effectiveness of mailers.
	6. Interventions continued, revised, or discontinued based on evaluation results.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The PIP has not progressed to the point of evaluating the effectiveness of each intervention. The health plan will need to evaluate each intervention for effectiveness and base decisions to continue, revise, or abandon on the evaluation analyses.

Results for Activity VIII									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
6	1	3	0	2	3	1	1	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
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EVALUATION ELEMENTS		SCORING				COMMENTS
Performance Improvement Project/Health Care Study Evaluation						
IX.	Assess for Real Improvement: Real improvement or meaningful change in performance is evaluated based on study indicator(s) results.					
	1. The remeasurement methodology is the same as the baseline methodology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	2. The documented improvement meets the State- or health plan-specific goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	3. There is statistically significant improvement over baseline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.

Results for Activity IX									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
X.	Assess for Sustained Improvement: Sustained improvement is demonstrated through repeated measurements over comparable time periods.		
C*	1. Repeated measurements over comparable time periods demonstrate sustained improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. Sustained improvement cannot be assessed until the study indicator has achieved statistically significant improvement over baseline and sustained the improvement for a subsequent measurement period.

Results for Activity X

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
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Table A-1—FY 15-16 PIP Validation Report Scores: CHP+ Members with Asthma Transitioning Out of Plan Coverage for Rocky Mountain Health Plans											
Review Activity	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA	
I. Select the Study Topic	2	2	0	0	0	1	1	0	0	0	
II. Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0	
III. Define the Study Population	1	1	0	0	0	1	1	0	0	0	
IV. Select the Study Indicator(s)	2	2	0	0	0	1	1	0	0	0	
V. Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2	
VI. Reliably Collect Data	4	3	0	0	1	2	1	0	0	1	
VII. Analyze Data and Interpret Study Results	3	3	0	0	0	1	1	0	0	0	
VIII. Improvement Strategies (interventions for improvement as a result of analysis)	6	1	3	0	2	3	1	1	0	1	
IX. Assess for Real Improvement	3		Not Assessed			2	Not Assessed				
X. Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed				
Totals for All Activities	30	13	3	0	10	15	7	1	0	4	

Table A-2—FY 15-16 PIP Validation Report Overall Scores: CHP+ Members with Asthma Transitioning Out of Plan Coverage for Rocky Mountain Health Plans	
Percentage Score of Evaluation Elements Met*	81%
Percentage Score of Critical Elements Met**	88%
Validation Status***	Partially Met

- * The percentage score is calculated by dividing the total Met by the sum of the total Met, Partially Met, and Not Met.
- ** The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.
- *** Met equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**CHP+ Members with Asthma Transitioning Out of Plan Coverage
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EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results based on CMS Validating protocols. HSAG also assessed whether the State should have confidence in the reported PIP findings.

***Met** = Confidence/high confidence in reported PIP results

****Partially Met** = Low confidence in reported PIP results

*****Not Met** = Reported PIP results not credible

Summary of Aggregate Validation Findings

* **Met**

** **Partially Met**

*** **Not Met**

Summary statement on the validation findings:

Activities I through VIII were assessed for this PIP Validation Report. Based on the validation of this PIP, HSAG's assessment determined low confidence in the results.

APPENDIX B. PIP-SPECIFIC SUMMARY FORM
for Rocky Mountain Health Plans

The following contains the PIP-specific summary form for **RMHP**.



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
CHP+ Members with Asthma Transitioning Out of Plan Coverage
 for Rocky Mountain Health Plans

DEMOGRAPHIC INFORMATION

Plan Name: Rocky Mountain Health Plans

Project Leader Name: Jackie Hudson, RN Title: Director, Quality Improvement

Telephone Number: 970-248-5190 E-mail Address: jackie.hudson@rmhp.org

Name of Project: Transition of Care: CHP+ Members with Asthma Transitioning Out of Plan Coverage

Type of Project (for HSAG's internal tracking):

- Clinical Nonclinical
 Collaborative HEDIS

Type of Delivery System: CHP+

Submission Date: October 30, 2015

Section to be completed by HSAG

_____ Year 1 Validation	_____ Initial Submission
<u>X</u> Year 2 Validation	<u>10/30/15</u> Initial Submission
_____ Year 3 Validation	_____ Initial Submission
<u>X</u> Baseline Assessment	_____ Remeasurement 1
_____ Remeasurement 2	_____ Remeasurement 3

Year 1 validated through Activity VI
 Year 2 validated through Activity VIII
 Year 3 validated through Activity _____

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: CHP+ Members with Asthma Transitioning Out of Plan Coverage for Rocky Mountain Health Plans

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

Study Topic: The Transition of Care PIP is a State-mandated topic and no historical data are available. The Colorado Child Health Plan Plus (CHP+) PIP for Rocky Mountain Health Plans (RMHP) will focus on the transition of care for identified CHP+ children with special health care needs as Members age out of the CHP+ program. The special health care need that RMHP will focus on will be asthma.

The intervention will be to have a staff person from the quality improvement department contact the Member in the target population or the individual's caretaker to discuss the importance of continuity of care and self-management of their condition and that establishing a relationship with a physician is an important element to manage their condition. The goal is to improve health outcomes for children that are transitioning from CHP+ health coverage to another form of insurance.

Provide health plan-specific data: Eligibility data will be used to identify individuals within the RMHP CHP+ plan who will have their 18th birthday during the measurement year. Claims data will be used to identify whether the Member has a special needs condition of Asthma. Claims data will be used to identify wellness visits. RMHP will monitor the wellness visits of the Members in the target population via claims data.

Describe how the study topic has the potential to improve member health, functional status, or satisfaction:

The study topic has the potential to improve Member health outcomes by ensuring that the Member has the tools and resources needed to manage their condition during and after the transition from CHP+ coverage to insurance coverage from another source.

Access to comprehensive, quality care is important for improving the quality of living healthy. According to Healthy People 2020, "access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:

1. Gaining entry into the health care system.
2. Accessing a health care location where needed services are provided.
3. Finding a health care provider with whom the patient can communicate and trust."¹

Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and

¹ Healthy People 2020: <http://www.healthypeople.gov/2020/TopicsObjectives2020/overview.aspx?topicid=1>

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for Rocky Mountain Health Plans**

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

sustained relationships with patients and provide integrated services. Having a usual PCP is associated with good patient-provider communication and increased likelihood that patients will receive appropriate care. Health improvements such as management of asthma inclusive of best medical therapy as well as management of exacerbations are best accomplished in the PCP setting.

Preventative services enable members to live longer and more healthy lives. It can also lead to more effective use of resources in terms of illness management. It is important for a member to have coordination of care, which is best accomplished during physician visits. In children with special needs, the primary care physician serves as the primary person in charge of organizing necessary services with other medical providers. A visit with primary care physician, prior to aging out of the product, will enable the member to have his or her health needs coordinated with the transition to another product, provider and/or geographical area.

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Activity II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The Study Question(s) should:

- ◆ Be structured in the recommended X/Y format: “Does doing X result in Y?”
- ◆ State the problem in clear and simple terms.
- ◆ Be answerable based on the data collection methodology and study indicator(s) provided.

Study Question(s): Does targeted member outreach to CHP+ members who turn 18 during the measurement year and have a special needs condition of asthma result in an increase in the percentage of those members who have at least one visit with a primary care provider (PCP)?

The eligible study population is defined as children who are enrolled RMHP CHP+ program who turn 18 during the measurement year and have an identified special needs condition of asthma. RMHP will conduct outreach to the members during the calendar year in which the member turns 18. The members will be encouraged to have a primary care wellness visit during the measurement year.

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Activity III: Define the Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs.

The study population definition should:

- ◆ Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- ◆ Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- ◆ Clearly define the inclusion, exclusion, and diagnosis criteria.
- ◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify members, if applicable.
- ◆ Capture all members to whom the study question(s) applies.
- ◆ Include how race/ethnicity will be identified, if applicable.

Study Population: The eligible study population is defined as children who are enrolled RMHP CHP+ program who turn 18 during the measurement year and have an identified special needs condition, specifically, asthma.

Enrollment requirements (if applicable): No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a CHP+ beneficiary, for whom the enrollment is verified monthly, the member may not have more than one month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled.)

Member age criteria (if applicable): The inclusion criteria are members who were 18 in a CHP+ product during the measurement year. The anchor date is December 31 of the measurement year.

Inclusion, exclusion, and diagnosis criteria: Members will be excluded if there is more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a CHP+ beneficiary for whom the enrollment is verified monthly, the member may not have more than one month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled.). The identified diagnosis is asthma.

Diagnosis/procedure/pharmacy/billing codes (if applicable):

For identifying an asthma diagnosis: 493 Asthma; Excludes: wheezing NOS (786.07); The following fifth-digit subclassification is for use with category 493.0-493.2, 493.9: 0 unspecified; 1 with status asthmaticus; 2 with (acute) exacerbation; 493.0 Extrinsic asthma; [0-2]; allergic with stated cause; atopic; childhood; hay; platinum; Hay fever with asthma; 493.1 Intrinsic asthma; 493.2 Chronic obstructive asthma; 493.8 Other forms of asthma; 493.9 Asthma, unspecified

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

The percentage of CHP+ members with asthma who turn 18 years of age during the measurement year who have at least one visit with a Primary Care Physician during the measurement year prior to transition out of the CHP+ program.

Rationale: Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services. Having a usual PCP is associated with good patient-provider communication and increased likelihood that patients will receive appropriate care. Health improvements such as management of asthma inclusive or best medical therapy as well as management of exacerbations are best accomplished in the PCP setting.

Preventative services enable members to live longer and more healthy lives. It can also lead to more effective use of resources in terms of illness management.

It is important for a member to have coordination of care, which is best accomplished during physician visits. In children with special needs, the primary care physician serves as the primary person in charge of organizing necessary services with other medical providers. A visit with primary care physician, prior to aging out of the product, will enable the member to have his or her health needs coordinated with the transition to another product, provider and/or geographical area.

Numerator: (no numeric value)

Total number of the identified population with a wellness visit with a PCP or OB/GYN during the measurement year as identified by administrative data.

For identifying well child visits: Procedure code of G0438* or G0439* or 9938* or 9939*, OR ICD9 (first through fourth) of V20.2* or V70.0* or V70.3* or V70.5* or V70.6* or V70.8* or V70.9*

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Denominator: (no numeric value)	<p>Total number of CHP+ membership that turns 18 years of age during the measurement year and has an identified special needs condition of asthma</p> <p>For identifying an asthma diagnosis: 493 Asthma; Excludes: wheezing NOS (786.07); The following fifth-digit subclassification is for use with category 493.0-493.2, 493.9: 0 unspecified; 1 with status asthmaticus; 2 with (acute) exacerbation; 493.0 Extrinsic asthma; [0-2]; allergic with stated cause; atopic; childhood; hay; platinum; Hay fever with asthma; 493.1 Intrinsic asthma; 493.2 Chronic obstructive asthma; 493.8 Other forms of asthma; 493.9 Asthma, unspecified</p>
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	01/01/2014 to 12/31/14
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	01/01/2015 to 12/31/2015
Remeasurement 1 Period Goal	<p>To increase the percentage of wellness visits of the target population by 10% 5% from the baseline. The baseline data revealed a smaller denominator than expected. In order to make a more significant impact on the defined population, the goal has been modified. Year one remeasurement goal, post intervention, will reflect an increase from baseline of 10% of the total denominator to 20% of the total denominator.</p>

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	01/01/2016-12/31/2016
Remeasurement 2 Period Goal	To increase the percentage of wellness visits of the target population by 10% 3% from re-measurement 1 period. The baseline data revealed a smaller denominator than expected. In order to make a more significant impact on the defined population, the goal has been modified. Year two remeasurement goal, post intervention, will show an increase from 20% of the total denominator to 30%, provided the denominator remains at or below 50 members.
State-Designated Goal or Benchmark	N/A
Source of Benchmark	
Study Indicator 2: Enter title of study indicator	Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to	

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	
Study Indicator 3: Enter title of study indicator	Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.
Numerator: (no numeric value)	
Denominator: (no numeric value)	

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Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

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- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	
Use this area to provide additional information. Discuss the guidelines and basis for each study indicator.	

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Activity V: Use Sound Sampling Techniques. If sampling is to be used to select members of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis. Representative sampling techniques should be used to ensure generalizable information.

The description of the sampling methods should:

- ◆ Include components identified in the table below.
- ◆ Be updated annually for each measurement period and for each study indicator.
- ◆ Include a detailed narrative description of the methods used to select the sample; ensure sampling techniques support generalizable results.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
01/01/2014-12/31/2014	Wellness visits	All eligible as described in Activity 3	No sampling	

Describe in detail the methods used to select the sample:

no sampling



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Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

Data Sources (Select all that apply)

Hybrid—Both medical/treatment records (manual data collection) and administrative data collection processes are used

<input type="checkbox"/> Medical/Treatment Record Abstraction Record Type <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Other <hr/> Other Requirements <input type="checkbox"/> Data collection tool attached <input type="checkbox"/> Other Data <hr/>	<input checked="" type="checkbox"/> Administrative Data Data Source <input checked="" type="checkbox"/> Programmed pull from claims/encounters <input type="checkbox"/> Complaint/appeal <input type="checkbox"/> Pharmacy data <input type="checkbox"/> Telephone service data/call center data <input type="checkbox"/> Appointment/access data <input type="checkbox"/> Delegated entity/vendor data _____ <input type="checkbox"/> Other Other Requirements <input checked="" type="checkbox"/> Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes) ___as listed in activity 3 _____ <input type="checkbox"/> Data completeness assessment attached	<input type="checkbox"/> Survey Data Fielding Method <input type="checkbox"/> Personal interview <input type="checkbox"/> Mail <input type="checkbox"/> Phone with CATI script <input type="checkbox"/> Phone with IVR <input type="checkbox"/> Internet <input type="checkbox"/> Other <hr/> Other Requirements <input type="checkbox"/> Number of waves _____ <input type="checkbox"/> Response rate _____ <input type="checkbox"/> Incentives used _____
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Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

[] Coding verification process attached

Estimate percentage of administrative data completeness 95%

Describe the process used to determine data completeness:

RMHP will use claims data for this PIP. The claims data used will be all final status (not pending or original adjustment) claims with dates of service in the measurement year.

RMHP will run a claims lag report and complete the following:

- Validate the claims lags report
- Analyze trends on the report
- Compare results to historical data
- Act on any identified issues or barriers



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Activity VI: Determine the Data Collection Cycle.	Determine the Data Analysis Cycle.
<p><input checked="" type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Twice a year</p> <p><input type="checkbox"/> Once a season</p> <p><input type="checkbox"/> Once a quarter</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> Once a day</p> <p><input type="checkbox"/> Continuous</p> <p><input checked="" type="checkbox"/> Other (list and describe):</p> <p>RMHP will run data in the 1st quarter of the measurement year to determine target population. RMHP will run claims query in the 1st quarter of the next calendar year to evaluate if the target population received a wellness visit during the measurement year.</p> <hr/> <hr/> <hr/>	<p><input checked="" type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Once a season</p> <p><input type="checkbox"/> Once a quarter</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Continuous</p> <p><input type="checkbox"/> Other (list and describe):</p> <hr/> <hr/> <hr/> <hr/> <hr/>

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Describe the data collection process:

1. Data collection will be used to monitor existing processes, identify opportunities for improvement and identify changes that could lead to improvement of the measure.
2. **RMHP will run a report in June, the year prior to measurement year to determine the population of potential members having their 19th birthday in the measurement year to establish the initial base population. This will also ensure that those members having a qualified event at the beginning of the measurement year are not excluded from the population eligible for intervention.** ~~will run eligibility data in the 1st quarter of the measurement year to identify individuals within the RMHP CHP+ plan who will have their 18th birthday during the measurement year. This will determine the initial base population for the measure~~
3. For the members who meet the eligibility specifications, RMHP will query the claims of these members in the base population for a diagnosis of asthma.
4. ~~RMHP will run monthly reports for interventions using the formula in step 3. If the member meets both the eligibility criteria and has a diagnosis of asthma, this will create the target population that will receive interventions.~~
5. **If the member meets both the eligibility criteria and has a diagnosis of asthma, this will create the target population that will receive interventions.** ~~A quality staff member will provide initial outreach to the target population during the 1st quarter of the measurement year~~
6. **A quality staff member will provide initial outreach to the target population during the 1st quarter of the measurement year six months prior to member aging out by means of three phone calls, as needed, and a letter. Follow up outreach to target population will occur in the 3rd quarter of the measurement year.**
7. RMHP will run claims query in the 1st quarter of the next calendar year to evaluate if the target population received a wellness visit during the measurement year.
8. Data will be aggregated and analyzed to determine results of interventions, identify trends as well as process improvement opportunities





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Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 1 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
01/01/2014-12/31/2014	Baseline	2	20	10%	To increase the percentage of wellness visits of the target population by 5% from the baseline	n/a
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

Study Indicator 2 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
MM/DD/YYYY– MM/DD/YYYY	Baseline					
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

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Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting *p* values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

Describe the data analysis process and provide an interpretation of the results for each measurement period.

Baseline Measurement: 10/30/2015: The baseline population contains CHP+ Members who turned 18 years of age between 1/1/2014 and 12/31/2014 and who met the enrollment criteria described in Activity III and who had an identified special needs condition of asthma. Of the 20 CHP+ Members who met these criteria, 2 were identified as having had a primary care wellness visit during the baseline measurement year. With 2 as the numerator and 20 as the denominator, the rate for the baseline measurement year is 10 percent.

Data collection began by identifying all CHP+ Members who turned 18 within the baseline measurement year. To determine the denominator, claims with a final status dated between 01/01/2013 and 12/31/2014 were used to identify which of these Members had an asthma diagnosis. To determine the numerator, claims with a final status dated within the baseline measurement year were used to identify a wellness visit. The enrollment data for the identified population was evaluated to confirm Members met the continuous enrollment criteria.

There are no factors that threaten the validity of the findings for the baseline measurement.

The goal is to increase the percentage of Members in the target population who have a primary care wellness visit during the remeasurement year 1 period by 5 percent from the baseline measurement.

Baseline to Remeasurement 1:

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Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting p values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

Baseline to Remeasurement 2:

Baseline to Remeasurement 3:

Baseline to Final Remeasurement:

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Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Please describe the process used to identify barriers and develop corresponding interventions. Include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers, such as data mining, fishbone diagram, process-level data, etc. Describe the process used to prioritize the barriers and designate high-priority barriers. Lastly, describe the process used to evaluate the effectiveness of each intervention. The documentation should be dated to identify when steps in the ongoing quality improvement process were visited/revisited.

A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools:

10/30/2015: The PIP team met several times in the fall of 2014 and the first quarter of 2015 to discuss an intervention to improve primary care visits for members with asthma prior to their loss of eligibility with the CHP+ program. The intervention was developed as a result of a causal barrier analysis and collaborative discussion with the clinical and technical team members. **The PIP team members are comprised of a variety of backgrounds from the Quality Improvement (QI) and Clinical Program Development and Evaluation Department (CPDE). They are:**

Jackie Hudson, RN (QI Director)

Kila Watkins, RN (then time the QI Interventions Manager)

Candace Duran, RN (then Quality Assurance Compliance Manager)

Melissa Miller, RN (then QI Intervention Developer)

Jill Bystol (QI Compliance Coordinator)

Anjie Sage (Clinical Analytics Manager, CPDE)

Ashley Reed, MHP (Data Analyst, CPDE)

In reviewing the claims data the team determined in the fall of 2014 a very small percentage of the members had a primary care visit prior to their eligibility with CHP+ ending. The team determined it would be important to notify parents of the importance of having taking their child to their primary care provider prior to their coverage ending so they would have an asthma management plan in place. The team also determined notifying

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This activity will include the following:

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parents prior to the 30 day notification from the state would be important to allow time for the parents to make an appointment for their child.

The team obtained documentation from the state so the team was familiar with the information the state would be sending to the child 30 days prior to the termination of their coverage.

The team will be reviewing the results of the year 1 intervention in first quarter 2016. The team will use a causal barrier analysis to determine the efficacy of the intervention and to provide information to the team so a plan can be developed for year 2.

Quality improvement processes, tools, and/or data analysis results used to identify and prioritized barriers:

Claims data was reviewed to determine if members with asthma routinely have a visit with their primary care provider after they turn 18 years of age and prior to the eligibility terminations with CHP+. A spreadsheet was used to organize the data and review the trend.

The quality team, consisting of the individuals listed in Activity VIII, met and reviewed claims and diagnostic data, as well as disease management data and interventions to identify the individuals in the CHP+ program that might benefit from a transitions of care intervention in advance of aging out of the CHP+ program. It was determined that due to the chronic nature of pediatric asthma and the benefits associated with continuity in treatment of asthma, the CHP+ members turning 18 in the measurement year would benefit most from an intervention to support continuity of care during the transition. A fishbone diagram was developed to identify current barriers in continuity of care for CHP+ members with asthma who are aging out of the program. From the team's analysis of data and identification of current barriers, the intervention to encourage the member to have a visit with their primary care provider within the final year of CHP+ eligibility was determined to be potentially the most effective intervention.

In reviewing the results for baseline data, we found that the denominator was much smaller than expected. Therefore, there was an adjustment made to the Remeasurement Period goal for both Remeasurement Year 1 and 2. The adjust was from 5% to 10% from

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Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

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baseline for RMY1 and from 3% to 10% from RMY1 to RMY2. In order to create a more robust intervention, we also included increased communication and an earlier communication schedule during the measurement year for the transitioning member. This includes a monthly report in order to communicate with the member by phone six months prior to their aging out month along with an informational letter and a member survey with self-addressed envelope asking if the information provided was helpful. Members without a PCP visit before their age out month would also get a follow up phone call 30 days prior to their age out month.

Another barrier and intervention added, surrounded the importance of members having access to appointments with providers. Long lead times to get in with PCP's can lead to barriers for members attempting to be seen prior to aging out. PCP's of identified members will be outreached through mailings notifying them that the member will lose coverage within the year and may need an assessment to promote continuity of care.

Processes and measures used to evaluate the effectiveness of each intervention:

The team plans to use a flow chart to evaluate the intervention next year.

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- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Barriers/Interventions Table:

Use the table below to list barriers, corresponding intervention descriptions, intervention type, target population, and implementation date. For each intervention, select if the intervention was (1) new, continued, or revised, and (2) member, provider, or system. Update the table as interventions are added, discontinued, or revised.

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Member, Provider, or System Intervention	Priority Ranking	Barrier	Intervention That Addresses the Barrier Listed in the Previous Column
06/15	New	Member Intervention	1	Member needs education about managing their condition during and after the transition from CHP+ coverage	Telephone call to parent or guardian of Member in target population to discuss the transition and the importance of PCP visit
10/15 01/16	New	Member Intervention	2	Member needs reminder of importance of wellness visit	Letter mailed to parent or guardian of Member in target population with included educational material.
01/16	New	System Intervention	3	No tracking mechanism in place to identify the effectiveness of outreach.	Include instructions to complete a member survey with self-addressed envelope requesting input on the educational information provided to the member.
	Click to select status	Click to select status			

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This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Report the evaluation results for each intervention and describe the steps taken based on the evaluation results. Was each intervention successful? How were successful interventions continued or implemented on a larger scale? How were less-successful interventions revised or discontinued?

Evaluation results for each Intervention:

Next steps for each intervention based on evaluation results: