

Colorado
Accountable Care Collaborative

FISCAL YEAR 2015–2016 COLORADO
PIP VALIDATION REPORT

Improving the Rate of Completed Behavioral
Health Services Within 30 Days After Jail
Release

for
Integrated Community Health Partners—Region 4

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.*



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TABLE OF CONTENTS

1. BACKGROUND	1-1
PIP Rationale	1-2
PIP Summary	1-2
Validation Overview	1-3
2. FINDINGS	2-1
Validation Findings	2-1
Design	2-3
Implementation	2-3
Outcomes	2-3
Analysis of Results	2-3
Barriers/Interventions	2-4
3. CONCLUSIONS AND RECOMMENDATIONS	3-1
Conclusions	3-1
Recommendations	3-1
Appendix A. PIP-SPECIFIC VALIDATION TOOL	A-1
Appendix B. PIP-SPECIFIC SUMMARY FORM	B-1

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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.

The Colorado Department of Health Care Policy and Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the client and family experience, improve access to care, and transform incentives and the health care delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, client-centered system of care, and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of health care resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. The RCCOs provide medical management for medically and behaviorally complex clients; care coordination among providers; and provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.

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 RCCO 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.
2. 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 RCCO 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 RCCO 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 RCCO’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, **Integrated Community Health Partners (ICHP)** continued its *Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release* PIP. The topic selected addressed CMS’ requirements related to quality outcomes—specifically, 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 91 percent and a *Partially Met* validation status. The focus of this PIP is to improve transitions of care from the local jail setting to the community. **ICHP** will work collaboratively with the behavioral health organization, Colorado Health Partners, to assist members in accessing the healthcare system within 30 days of their jail release date. The PIP had one study question that **ICHP** stated: “Do targeted interventions increase the percentage of members in the simple chronic, complex chronic, or critical population segment categories who were released from jail and had an outpatient follow-up visit within 30 days of the release date?”

The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release</i>	The percentage of members with simple chronic, complex chronic, or critical population segment categories who had an outpatient service within 30 days of the jail release date.

Validation Overview

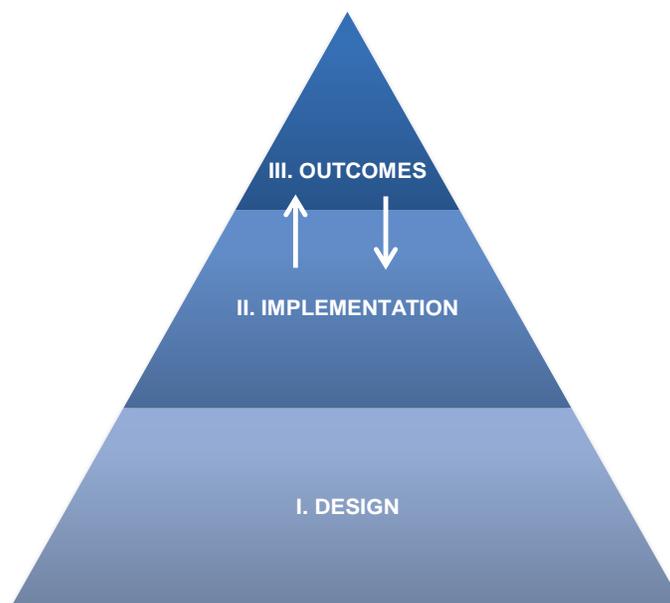
HSAG obtained the information needed to conduct the PIP validation from **ICHP**'s PIP Summary Form. This form provided detailed information about **ICHP**'s PIP related to the activities completed and HSAG evaluated for the FY 2015–2016 validation cycle.

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 RCCO 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*.

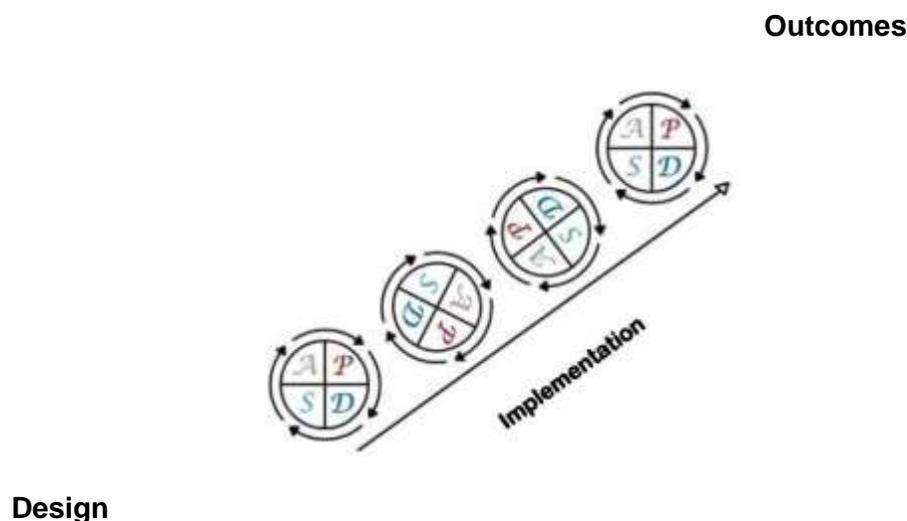
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the 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 **ICHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the RCCOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The RCCOs 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 RCCO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the RCCO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the RCCO 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.

for Integrated Community Health Partners—Region 4

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 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 a RCCO’s update of a previously submitted PIP with modified/additional documentation.

RCCOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP received a *Not Met* validation status when originally submitted. The RCCO had the opportunity to receive technical assistance, incorporate HSAG’s recommendations, and resubmit the PIP. After resubmission, the RCCO improved the *Not Met* validation status for its PIP to a *Partially Met* validation status.

Table 2–1—FY 2015–2016 Performance Improvement Project Validation Activity for Integrated Community Health Partners—Region 4

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>Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release</i>	Submission	57%	57%	<i>Not Met</i>
	Resubmission	91%	83%	<i>Partially Met</i>
<p>¹ Type of Review—Designates the PIP review as an annual submission, or resubmission. A resubmission means the RCCO 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 **ICHP** PIP validated during FY 2015–2016. This table illustrates the RCCO’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 RCCO completing Activities I through VIII.

**Table 2–2—Performance Improvement Project Validation Results
for Integrated Community Health Partners—Region 4**

Stage	Activity		Percentage of Applicable Elements		
			<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
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)	50% (1/2)	50% (1/2)	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			89% (8/9)	11% (1/9)	0% (0/9)
Implementation	VII.	Review the Data Analysis and Interpretation of Results	<i>Not Assessed</i>		
	VIII.	Assess the Improvement Strategies	100% (2/2)	0% (0/2)	0% (0/2)
Implementation Total			100% (2/2)	0% (0/2)	0% (0/2)
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 <i>Met</i>			91% (10/11)	9% (1/11)	0% (0/11)

Overall, 91 percent of all applicable evaluation elements validated received a score of *Met*. For this year's validation, the Design stage and a portion of the Implementation stage, (Activities I through VIII) were validated. Activity VII could not be validated this year due to the lack of

baseline data. **ICHP** will be executing a business associate agreement between itself, Beacon Health Options, and Pueblo County Legal department. Once this is completed, the RCCO will be able to receive data from July 1, 2014, through June 30, 2015, for its baseline and will report the baseline and its first remeasurement data in the next annual submission.

Design

ICHP 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 stages of the PIP process. The RCCO needs to address the deficiency with the study indicator title. The current title does not align with the focus of the PIP, resulting in the *Partially Met* score. This was a critical evaluation element in Activity IV that affected the overall validation status of the PIP.

Implementation

As stated above, **ICHP** did not have baseline data to report due to the lack of a participating jail for much of the first year of the project. However, the RCCO's quality improvement team did conduct a causal/barrier analysis by using brainstorming to identify barriers. The two barriers identified were loss of participation of the highest-volume jail (Pueblo) due to administrative changes in that county, and data issues. **ICHP** indicated that these barriers were prioritized based on the impact they have on the RCCO's ability to move forward. The RCCO had not implemented interventions for this year's submission.

Outcomes

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

Analysis of Results

ICHP was not able to collect its baseline data due to the lack of a participating jail at the time of the PIP submission. Baseline and Remeasurement 1 data will be reported with the next annual submission.

**Table 2–3—Performance Improvement Project Outcomes
for Integrated Community Health Partners—Region 4**

Study Indicator	Baseline Period (7/1/2014–6/30/2015)	Remeasurement 1 (7/1/2015–6/30/2016)	Remeasurement 2 (7/1/2016–6/30/2017)	Sustained Improvement
The percentage of members with simple chronic, complex chronic, or critical population segment categories who had an outpatient service within 30 days of the jail release date.				

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 RCCO’s choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the RCCO’s overall success in improving PIP rates.

For the ***Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release*** PIP, **ICHP** identified two barriers: (1) loss of participation from the largest-volume jail; and (2) lack of accurate, consistent, and timely data. Due to the lack of a participating jail, the RCCO had not progressed to the point of implementing interventions that address barriers to members accessing behavioral health services within 30 days of their jail release date. To address the data issues, **ICHP** contacted Appriss to request a data exchange. Since booking and release data were not set up for sharing, **ICHP** proposed feeding member information from data analytics to Appriss with a request to cross reference the data against **ICHP**’s member data to identify members who should be included in the denominator. Appriss agreed to this proposal, and the process to initiate a business associate agreement was started.

3. CONCLUSIONS AND RECOMMENDATIONS

for Integrated Community Health Partners—Region 4

Conclusions

Despite complications and delays associated with the project, **ICHP** has developed a methodologically sound project and has set the foundation from which to move forward.

Recommendations

As the PIP progresses, HSAG recommends that the RCCO:

- ◆ Include an accurate title of the study indicator that aligns with the focus of the PIP.
- ◆ Revisit its causal/barrier analysis once baseline data are obtained and analyzed.
- ◆ Use additional quality improvement tools such as a 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 RCCO from achieving the desired outcomes.
- ◆ Develop active, innovative interventions that can directly impact the study indicator outcomes.
- ◆ Develop a process or method to evaluate the effectiveness for each intervention. Use quality improvement science techniques such as the Plan-Do-Study-Act (PDSA) model as part of its improvement strategies. Interventions can be tested on a small scale, evaluated, and then expanded to full implementation, if deemed successful.
- ◆ Use the PIP Completion Instructions to ensure all requirements for each completed activity have been addressed.
- ◆ Seek technical assistance from HSAG as needed.

In Activity VI, **ICHP** indicated it will be collecting data daily. Because of the delays associated with the participating jail, the baseline data will be collected retroactively. If **ICHP** will not be collecting data daily, it will need to update Activity VI documentation prior to the next annual submission.

ICHP indicated that no quality improvement tools were used to identify barriers; however, it referenced brainstorming. Brainstorming is a quality improvement tool, and the documentation in Activity VIII should be corrected.

APPENDIX A. PIP-SPECIFIC VALIDATION TOOL
for **Integrated Community Health Partners—Region 4**

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



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

DEMOGRAPHIC INFORMATION		
Plan Name:	Integrated Community Health Partners - Region 4	
Project Leader Name:	Mona Allen Title: Director of Performance Improvement	
Telephone Number:	(719) 226-7783 E-mail Address: ramona.allen@valueoptions.com	
Name of Project/Study: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release		
Type of Project (for HSAG's internal tracking):	Section to be completed by HSAG 9/24/2014 Year 1 Validation 9/15/2014 Annual Submission 11/13/2014 Year 1 Validation 11/10/2014 Resubmission 11/18/2015 Year 2 Validation 10/30/2015 Annual Submission 1/25/2016 Year 2 Validation 1/20/2016 Resubmission <u>X</u> Pre-Baseline <u>X</u> Baseline Year 1 validated through Activity: VI Year 2 validated through Activity: VIII	
<input checked="" type="checkbox"/> Clinical <input type="checkbox"/> Nonclinical <input type="checkbox"/> Collaborative <input type="checkbox"/> HEDIS		
Date of Project:		1/1/2014 to 12/31/2014
Type of Delivery System:		RCCO
Submission Date:		1/20/2016



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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 data specific to the health plan.
	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

# 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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**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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

# 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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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. Re-review January 2016: In the resubmission, the health plan provided the referenced attachment. The <i>Point of Clarification</i> was removed.

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.



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**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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 type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study indicator was objective, clear, and unambiguously defined; however, the health plan did not revise the title of the study indicator as indicated by HSAG in last year's validation tool. Therefore, the score for this evaluation element is no longer <i>Met</i> . An example of an appropriate title for the study indicator that describes what the indicator is measuring is, "The percentage of members with simple chronic, complex chronic, or critical population segment categories who had a follow-up outpatient visit within 30 days of the jail release date." Re-review January 2016: The resubmission did not include a revised study indicator title. The title of the study indicator is currently "consistent systematic approach to exchanging data." This title does not align with the focus of the PIP. The score for this evaluation element will remain <i>Partially Met</i> .
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 and rationale for the development of the study indicator.

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	1	1	0	0	1	0	1	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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 for Integrated Community Health Partners - Region 4**

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.



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 for Integrated Community Health Partners - Region 4**

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 health plan included the sources for data collection; however, the codes to identify numerator positive hits were not provided. The health plan did not include the codes used to identify an outpatient visit for numerator-positive hits. If the code list is too extensive, the PIP documentation should reflect this. This recommendation was made in last year's validation tool and not addressed by the health plan. Re-review January 2016: In the resubmission, the health plan provided the codes that are used to identify a numerator positive hit. The score for this evaluation element has been changed to <i>Met</i> .

* "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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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:		
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 data; however, the data collection process in this year's submission is identical to last year where the health plan is obtaining data each morning from the participating jail. ICHP indicated that Pueblo County Jail is not participating in this project and that they currently do not have a participating jail. The data collection process should reflect these changes. Re-review January 2016: In the resubmission, the health plan provided updates regarding its data collection process and that Pueblo County Jail will be participating in this project. The measurement periods have been revised. The score for this evaluation element has been changed to <i>Met with a Point of Clarification</i> . Point of Clarification: In the Activity VI documentation, the health plan indicates it will be collecting data daily. Based on the January 15, 2016, update noted in the PIP, the health plan will collect its baseline data retroactively. If data will not be collected daily, the health plan must update its documentation prior to the next annual submission.
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 will 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 documentation included how the health plan determined the reported percentage.

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Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

EVALUATION ELEMENTS					SCORING					COMMENTS				
Performance Improvement Project/Health Care Study Evaluation														
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					

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Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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 type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The baseline measurement period was calendar year 2014 and there were no reported baseline data or explanations in Activity VII. In addition, the data table reflects a baseline measurement period that does not align with the study indicator measurement period. Re-review January 2016: Based on the revisions made to this project, data were not available and the score for this evaluation element has been changed to <i>Not Applicable</i> .
2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The baseline measurement period was calendar year 2014 and there were no reported baseline data or explanations in Activity VII. Re-review January 2016: Based on the revisions made to this project, data were not available and the score for this evaluation element has been changed to <i>Not Applicable</i> .
3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The baseline measurement period was calendar year 2014, and there were no reported baseline data or discussions regarding threats to validity. Re-review January 2016: Based on the revisions made to this project, data was not available and the score for this evaluation element has been changed to <i>Not Applicable</i> .

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** 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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

EVALUATION ELEMENTS					SCORING					COMMENTS				
Performance Improvement Project/Health Care Study Evaluation														
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	0	0	0	3	1	0	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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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	The health plan described the members of the quality improvement (QI) team; however, it stated that no QI tools were used to identify the barriers because the barriers were easily identifiable. The QI team used brainstorming to come up with the barriers presented in the PIP, and this should be referenced as a QI tool.

* "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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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 checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The two barriers presented were prioritized based on the impact they have on the health plans ability to progress. The health plan used brainstorming to prioritize these two barriers.</p> <p>Re-review January 2016: According to the resubmission, it appeared that Pueblo County Jail will be participating in the project; therefore, loss of participation of the partner should be removed as a barrier. Once the health plan has baseline data, it will need to revisit the causal/barrier analysis and update Activity VIII prior to the next annual submission. The original <i>Point of Clarification</i> has been removed.</p> <p>It should be noted that the health plan documented contacting multiple partners in Activity VIII. HSAG is unclear as to the health plan's intent for reaching out to these additional jails now that Pueblo County Jail has agreed to participate in the PIP. The health plan should either remove this documentation or add documentation explaining the rationale for these additional partners. If the health plan is planning to expand the population with these additional jails, HSAG recommends that the health plan receive technical assistance prior to the next annual submission.</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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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 type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Due to the lack of a participating jail, the plan has not progressed to the point of implementing interventions that address barriers to getting members into behavioral health services within 30 days of the jail release date.
	4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Due to the lack of a participating jail, the plan has not progressed to the point of implementing interventions that address barriers to getting members into behavioral health services within 30 days of the jail release date.
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	Due to the lack of a participating jail, the plan has not progressed to the point of implementing interventions that address barriers to getting members into behavioral health services within 30 days of the jail release date.
	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	Due to the lack of a participating jail, the plan has not progressed to the point of implementing interventions that address barriers to getting members into behavioral health services within 30 days of the jail release date.

Results for Activity VIII

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
6	2	0	0	4	3	1	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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	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"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	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"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	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.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
 for Integrated Community Health Partners - Region 4**

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:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
for Integrated Community Health Partners - Region 4*

Table A-1—FY 15-16 PIP Validation Report Scores: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release for Integrated Community Health Partners - Region 4											
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	1	1	0	0	1	0	1	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	0	0	0	3	1	0	0	0	1	
VIII. Improvement Strategies (interventions for improvement as a result of analysis)	6	2	0	0	4	3	1	0	0	2	
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	10	1	0	15	15	5	1	0	6	

Table A-2—FY 15-16 PIP Validation Report Overall Scores: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release for Integrated Community Health Partners - Region 4	
Percentage Score of Evaluation Elements Met*	91%
Percentage Score of Critical Elements Met**	83%
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:
**Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release
for Integrated Community Health Partners - Region 4**

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 **Integrated Community Health Partners—Region 4**

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



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*

for **Integrated Community Health Partners—Region 4**

DEMOGRAPHIC INFORMATION

Plan Name: Integrated Community Health Partners (ICHP)

Project Leader Name: Rebecca Encizo Title: Director of Performance Improvement

Telephone Number: (719) 226-7783 E-mail Address: Rebecca.@valueoptions.com

Name of Project: Improving the rate of completed health care services within 30 days after jail release

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

- Clinical (11/10/14)** Nonclinical
 Collaborative HEDIS

Type of Delivery System: RCCO – Region 4

Submission Date: September 15, 2014

Section to be completed by HSAG

____ Year 1 Validation ____ Initial Submission
 X Year 2 Validation 101/30/15 Initial Submission
____ Year 3 Validation ____ Initial Submission

X 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:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release
for Integrated Community Health Partners—Region 4*

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 intent of the study is to improve the rates of post-jail completed healthcare services within 30 days after inmate release for Medicaid Members identified as having healthcare needs and belonging to specific population health segments including complex, simple chronic and complex chronic as defined by Health Segments within Treo Solutions.

Provide health plan-specific data:

This study, assigned by the State of Colorado's Department of Healthcare Policy and Financing, is a collaborative, state-wide study designed to achieve the overall goal of improving transitions of care within the healthcare delivery system. The specific focus of the state-chosen topic is the transition of care from the local jail setting to the community. No health-plan specific data is available at this time. Baseline data will be available upon execution of the Business Associate Agreement with the Pueblo County Jail. The BAA was accepted by the Pueblo Sheriff, Bureau Chief, and Captain on January 15th, 2016 with a commitment to have the document signed by the county legal department and returned to ICHP as soon as possible. Once the BAA is in place, the Pueblo Sheriff's office is willing and able to share data. The first data exchange will be a list of inmates released between July 1, 2014 and June 30, 2015 which will be compared to eligibility data and Treo Solutions Health Segment member information to determine base line measures for members who fell into one of the identified categories of critical, complex chronic, or simple chronic. Baseline measurement period has been shifted to 2014-2015 fiscal year to allow for enough time to work out data exchange issues with the jail.

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

"As the front door to the criminal justice system, jails represent one of the largest catchment areas for people with substance use and mental health conditions, infectious diseases and other chronic health problems. Approximately 9 million adults churn through local jails each year. Compared to the general population, they have disproportionately high rates of chronic medical conditions, substance use disorders, serious mental illness, and co-occurring substance use and mental health disorders. These conditions, which contribute to recurring criminal behavior and affect millions of arrestees, usually are untreated or inadequately treated." Excerpted from Community Oriented Correctional Health Services – COCHS "Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations." Issue Paper - January 2011

"Inmates tend to have had limited contact with the health care system prior to entering jail. Many have never seen a doctor as adults before. When inmates return to their communities, they bring whatever health problems they have with them. Often these problems will go untreated after



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
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for Integrated Community Health Partners—Region 4*

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.

release. In essence, what amounts to massive societal investment in health care for inmates while they're in jail is lost the moment they leave. The health problems of ex-offenders become part of the public health burden borne by the community.

In the traditional system, jail inmates are unlikely to receive regular, routine care. Instead, they get sporadic, short-term care that addresses their most urgent and immediate problems. After seeing a doctor in jail, they receive no case management and no medications for any chronic illnesses they may have when they leave jail.

Under a community-based approach, inmates who have providers and care coordinators to help manage their care are more likely to receive the regular, routine medical and behavioral health services they need. Continuity of treatment can be achieved, resulting in inmates leaving jail with medication prescriptions that can be filled through a community health center and follow up appointments arranged at discharge for them to see their providers after release. In addition, the jail staff receives information on treatment for diseases that can infect others in the community, and the inmate's health can be monitored and maintained. "Better inmate health helps improve the health and safety of the community." Excerpted from Robert Wood Johnson Foundation "Jails and Community-Based Health Care" Issue Brief – September 2008.

Regional Care Collaborative Organization (RCCO) Integrated Community Health Partners (IHP) plans to work in conjunction and collaboration with the Behavioral Health Organization (BHO) Colorado Health Partners (CHP) to assist members in accessing health care services within 30 days of their release from jail. Because the RCCO contracts with Primary Care Medical Providers, the goal of IHP is to make sure members have access to primary care services after release. The BHO contracts with Community Mental Health Centers and therefore, will focus their efforts on ensuring members have access to behavioral health services after release from jail.(11/10/14)



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*
for **Integrated Community Health Partners—Region 4**

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):

Do targeted interventions increase the percentage of members in the simple chronic, complex chronic or critical population segment categories who were released from jail and had an outpatient follow-up visit within 30 days of the release date?(11/10/14)



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*
for **Integrated Community Health Partners—Region 4**

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 at-risk population consists of Medicaid eligible members (determined at the time of jail release) who are enrolled in the Integrated Community Health Partners (ICHP) Regional Care Collaborative Organization (RCCO); who have a diagnosis that is considered to be part of a simple chronic, complex chronic or critical category as defined in by the Health Segment stratification within Treo Solutions and who are released from the Pueblo County jail during the measurement period. **The simple chronic, complex chronic and critical population segment categories are created through the Statewide Data Analytics Contract (SDAC), whom the Department of Healthcare Policy and Financing contracts with in the state of Colorado. The SDAC uses proprietary 3M algorithms to determine which population segment a member may be included in – although utilization of Emergency Departments, hospital inpatient stays, and total cost of care are some components used in determining population segmentation. (11/10/14)**

This study serves as a pilot study for the remainder of the counties that have jails in the ICHP region. Since there is no central data collection for jail booking activity in Colorado, ICHP must obtain a Business Associates Agreement (BAA) with the jail in order to be compliant with the Health Insurance Portability and Accountability Act (HIPAA) when sharing healthcare data. Having these legal documents in place and beginning data exchanges with 19 county jails is not feasible before the beginning of the first measurement period; therefore, ICHP chose to begin with the county jail that has the greatest amount of inmate releases within the ICHP 19-county region, so that ICHP can focus on providing services to the greatest amount of people. ICHP estimates that the jail releases from Pueblo County Jail accounts for a majority of the jail releases within the ICHP region. After data sharing begins with Pueblo County Jail, ICHP will expand data sharing to other county jails, community corrections, youthful offender systems, and prisons; however, ICHP will continue to calculate and report post-jail follow-up rates for the original Pueblo County Jail so that the subsequent measurements are comparable to the baseline measurement.

Four counties within the ICHP region are in the process of joining the study as of January 2016; these include Prowers, Alamosa, Bent and Otero. These jails have been contacted by the Criminal Justice Liaison and have been provided Business Associate Agreement contracts to review and sign. These counties were

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release

for **Integrated Community Health Partners—Region 4**

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.

approached and asked to participate due to an unforeseen delay in obtaining the BAA for Pueblo jail due to administrative changes at that facility. The necessary documentation not being in place to ensure HIPAA compliance during data exchange delayed the process. Pueblo jail officials have agreed to participate in the study and will be returning the signed BAA to ICHP which will enable both parties to provide the necessary member level detail for the project's implementation.

The study population consists of people who meet the following criteria:

- The jail release must have occurred within the fiscal year (July 1, 2014 to June 30, 2015).
- The person must be released into the community from Pueblo County Jail (other jails added as processes are in place for participation).
- The person must meet the Medicaid enrollment requirements described above.
- The person must be enrolled in the Regional Care Collaborative Organization (RCCO) for Region four (4) and have a condition that is considered to be part of the Simple Chronic, Complex Chronic or Critical Categories, as defined by the Treo Solutions Population Health Segments.
- The jail release must have occurred more than seven days after incarceration to allow for time for the jail to notify ICHP about the incarceration.

The study population excludes the jail releases that meet the following criteria:

- The person is admitted into residential treatment within the 30-day follow-up period.
- The person is admitted into a hospital within the 30-day follow-up period.
- The person is incarcerated within the 30-day follow-up period.
- The person dies within the 30-day follow-up period.

Diagnosis/procedure/pharmacy/billing codes (if applicable): Due to the volume of possible codes and the proprietary nature of the SDAC



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*
for **Integrated Community Health Partners—Region 4**

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.

System, specific codes are not included. However, the Treo Solutions Population Health Segments used to determine inclusions and exclusions of Population Health Segments are included in Attachment 1. (11/10/14)



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release

for Integrated Community Health Partners—Region 4

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.

<p>Study Indicator 1: Consistent, systemic approach to exchanging data.</p>	<p>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.</p> <p>The Integrated Community Health Partners (ICHP) Performance Advisory Committee (PAC); Medical Management Committee (MMC); Care Coordination Committee (CCC) and Board of Directors (BOD) have all recognized that the care transition timeframe from a jail based setting to a community based setting is critical to the success of the Member – primarily because the sooner the follow-up care occurs, the more likely that the person will be successful in treatment. A number of Providers within the ICHP Network who have organizations and practices present in Pueblo County already work with the jail population in conjunction with Pueblo County Jail. They believe that having a more consistent, systemic approach to exchanging data and scheduling appointments for this population may positively impact that Member’s success in transitioning to and staying within the community.</p>
<p>Numerator: (no numeric value)</p>	<p>The number of releases defined in the denominator having an outpatient service within 30 days. For each denominator event (jail release), the post-release visit must occur after the applicable release. An outpatient visit on the date of release will be included in the measure.</p>
<p>Denominator: (no numeric value)</p>	<p>The number of jail-to-community releases during the specified calendar year January 1 through December 31 (can have multiple jail releases per individual) that occur seven (7) or more days after the person’s incarceration. The released person must be Medicaid eligible at the time of jail release, enrolled in the Region four (4) RCCO, and be eligible for Medicaid continuously for 30 days after jail release. The released person must have a condition that is</p>



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release
for Integrated Community Health Partners—Region 4**

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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.

	<p>considered to be part of the Simple Chronic, Complex Chronic or Critical Categories, as defined by the Treo Solutions Population Health Segments. The released person must not at any point during the 30 days after release be prevented from receiving outpatient services – such circumstances that would prevent receiving outpatient services include hospitalization, residential treatment, incarceration, or death.</p> <p>Definition: Jail-to-community releases are jail releases where the individual would be in a position to receive outpatient services from a healthcare provider. If the person is released from jail to a hospital, residential facility, or correctional facility, that person is not available for post-jail release follow-up and that jail release will not be included in the study.</p>
Baseline Measurement Period (include date range) 07/01/2014 to 06/30/2015	<p>Fiscal Year 2014 - 2015 (07/1/2014 to 06/30/2015)</p> <p>Note: All fiscal years described in this submission span from July 1 to June 30.</p>
Remeasurement 1 Period (include date range) 07/01/2015 to 06/30/2016	07/01/2015 to 06/30/2016
Remeasurement 1 Period Goal	To Be Determined (TBD) – ICHP will determine a re-measurement 1 Period Goal when we have complete data for the baseline measurement.
Remeasurement 2 Period (include date range) 07/01/2016 to 06/30/2017	07/01/2016 to 06/30/2017



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release
for Integrated Community Health Partners—Region 4**

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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.

Remeasurement 2 Period Goal	TBD
State-Designated Goal or Benchmark	
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 MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to	



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*

for **Integrated Community Health Partners—Region 4**

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- ◆ Include the complete title of the study indicator(s).
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- ◆ 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 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)	



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*

for **Integrated Community Health Partners—Region 4**

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- ◆ 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)	
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	



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*
for **Integrated Community Health Partners—Region 4**

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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.

Source of Benchmark

Use this area to provide additional information. Discuss the guidelines and basis for each study indicator.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release
for Integrated Community Health Partners—Region 4**

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
MM/DD/YYYY–MM/DD/YYYY				

Describe in detail the methods used to select the sample: ICHP will not be using sampling. All jail releases that meet the criteria defined in Activity III will be included in the study.



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release

for Integrated Community Health Partners—Region 4

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

<p><input type="checkbox"/> Medical/Treatment Record Abstraction</p> <p style="margin-left: 20px;">Record Type</p> <p style="margin-left: 40px;"><input type="checkbox"/> Outpatient</p> <p style="margin-left: 40px;"><input type="checkbox"/> Inpatient</p> <p style="margin-left: 40px;"><input type="checkbox"/> Other</p> <hr style="width: 80%; margin-left: 0;"/> <p style="margin-left: 20px;">Other Requirements</p> <p style="margin-left: 40px;"><input type="checkbox"/> Data collection tool attached</p> <p style="margin-left: 40px;"><input type="checkbox"/> Other Data</p> <hr style="width: 80%; margin-left: 0;"/>	<p><input checked="" type="checkbox"/> Administrative Data Data Source</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Programmed pull from claims/encounters</p> <p style="margin-left: 20px;"><input type="checkbox"/> Complaint/appeal</p> <p style="margin-left: 20px;"><input type="checkbox"/> Pharmacy data</p> <p style="margin-left: 20px;"><input type="checkbox"/> Telephone service data/call center data</p> <p style="margin-left: 20px;"><input type="checkbox"/> Appointment/access data</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Delegated entity/vendor data_ booking files from jail_____</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Other ____SDAC Data – Statewide Data Analytics Contractor_____</p> <p style="margin-left: 20px;">Other Requirements</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes)</p> <p style="margin-left: 40px;">____See Treo Solutions Population Health Segments Attached_____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Data completeness assessment attached</p> <p style="margin-left: 40px;"><input type="checkbox"/> Coding verification process attached</p> <p style="margin-top: 10px;">CPT codes 99201 – 99215 will be used to determine follow up outpatient visits that should be included in the numerator. The release data from jail will be matched against ICHP/Beacon Health Options internal claims data warehouse to determine which members received follow up services within the specified time frame post release.</p>	<p><input type="checkbox"/> Survey Data</p> <p style="margin-left: 20px;">Fielding Method</p> <p style="margin-left: 40px;"><input type="checkbox"/> Personal interview</p> <p style="margin-left: 40px;"><input type="checkbox"/> Mail</p> <p style="margin-left: 40px;"><input type="checkbox"/> Phone with CATI script</p> <p style="margin-left: 40px;"><input type="checkbox"/> Phone with IVR</p> <p style="margin-left: 40px;"><input type="checkbox"/> Internet</p> <p style="margin-left: 40px;"><input type="checkbox"/> Other</p> <hr style="width: 80%; margin-left: 0;"/> <p style="margin-left: 20px;">Other Requirements</p> <p style="margin-left: 40px;"><input type="checkbox"/> Number of waves _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Response rate _____</p> <p style="margin-left: 40px;"><input type="checkbox"/> Incentives used _____</p>
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*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*
for **Integrated Community Health Partners—Region 4**

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- ◆ 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.

Estimated percentage of administrative data completeness: 95-100
percent.

Describe the process used to determine data completeness:

In regard to the completeness of claims and encounters data:
Claims and encounters data are estimated to be 100% accurate. Data is subjected to various automated data completeness and accuracy routines administered by Treo Solutions prior to being uploaded and refreshed on the SDAC Dashboard monthly. **There is a lag between the current date and the publish date to allow for 90 days of claims run out (the period during which claims are still being submitted, paid or adjusted) and the SDAC's acquisition and processing of the refreshed data. (11/10/14)** However, the timing of the data collection falls well outside of specified timeframes for the resolution of ambiguous or flawed encounter and claims data received from providers.

In regard to the completeness of jail booking data: ICHP's best estimate of data completeness is 95%; however, ICHP does not have access to the system the jail uses to prepare data. ICHP assumes that the information contained in the booking files to be correct, however, inmates could potentially provide incorrect identifying information at the time of booking; thus, the identifying information in the booking file would not match up with the identifying information in the Treo Solutions SDAC Dashboard. Errors could also occur during manual data entry as part of the booking process. If either of these situations occurs, people who should be included in the study may be missed due to the mismatch of identifying information.



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release

for Integrated Community Health Partners—Region 4

Activity VI: Determine the Data Collection Cycle.	Determine the Data Analysis Cycle.
<input type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input checked="" type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<input type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe): <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

Describe the data collection process:

On a daily basis Pueblo jail will send booking files to ICHP that contain identifying information for people who are entering and exiting the jails. Identifying information contained in the booking file (such as name, date of birth, and/or social security number) will be compared to data sources used by ICHP to determine Medicaid eligibility, RCCO 4 enrollment, and past healthcare claims. The ICHP internal data warehouse combined with Treo Solutions data will provide eligibility, enrollment and claims information as well as health segment stratification. Members who are identified through the data collection process as meeting the requirements of the study will be included in the denominator, with those who receive a follow up visit within the specified time frame counted in the numerator. Reports identifying members for inclusion in the study as well as those in the numerator will be generated by ICHP data analytics team and forwarded to ICHP Quality/PI department for ongoing tracking and tallying.

At the time of release, the member must have been in jail for at least seven (7) days to allow for intervention time. Members identified through data sharing are tracked from the time of jail-to-community release for 30 days post release. These members will be included in the study denominator database unless they meet any of the exclusions specified in Activity III, in which cases the records will be removed at the time of data analysis. Rates will be calculated quarterly to assess the need to revise or develop interventions; however, the measurement period will be one year in duration.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release**

for Integrated Community Health Partners—Region 4

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 – Consistent, systemic approach to exchanging data.

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
07/01/2014-06/30/2015	Baseline	Not yet collected	Not yet collected	Not yet calculated	TBD	NA
	Remeasurement 1	NONE	NONE	NA	TBD	NA
	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					



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release

for Integrated Community Health Partners—Region 4

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: None. Baseline data will be obtained upon execution of the Business Associate Agreement between ICHP/Beacon Health Options and Pueblo County legal department. Once received, data exchange and baseline calculations can begin immediately.

Baseline to Remeasurement 1: None

Baseline to Remeasurement 2: NA

Baseline to Remeasurement 3: NA

Baseline to Final Remeasurement: NA



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release
for Integrated Community Health Partners—Region 4*

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:

Since April 2015, there have been ongoing team meetings to identify and address barriers. Reconsideration of participation in the project by new jail administration/leadership in Pueblo was a setback in moving forward with this project, and focus of these meetings. The meeting attendees included the Criminal Justice Coordinator, VP of Quality, Director of PI, Quality Specialists, Business and Data Analysts, internal legal consultants and third party vendors. No formal QI tools were used given that the barriers were easily identifiable. The process included:

- 1) Team members identifying internal and external barriers to establishing the necessary infrastructure to accomplish Indicator 1: Consistent, systemic approach to exchanging data.
- 2) Contributing factors to the identified barriers were discussed as a team.
- 3) Possible interventions were identified and presented.

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

The team identified two significant barriers to meeting the first indicator and prioritized them according to the impact they have on our ability to move forward. No QI tools were necessary, only the process of team discussion and brainstorming were involved in forming our cause and effect analysis. The two barriers in order of importance are:

- 1) Loss of participation of the highest volume jail (Pueblo) due to administrative changes in that county.



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release*
for **Integrated Community Health Partners—Region 4**

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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.

- ◆ Interventions: Identify alternative jails
- ◆ Once identified, outreach jail leadership
- ◆ Obtain BAAs and MOUs
- ◆ Train

2) Data issues:

- ◆ No consistent/timely data feed detailing jail releases is currently available to providers.
- ◆ Create data exchange system with Appriss
- ◆ Obtain BAAs and MOUs for member information exchange with Appriss
- ◆ Lack of agreement with jails regarding data sharing through Appriss or JusticeConnect systems.
- ◆ Obtain BAAs and MOUs with jails for data exchange

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

- ◆ Since the interventions are not related to measurement of program effectiveness, but instead are specific to recruitment, relationship building and establishing a legal basis for data exchange with participating jails and third party vendors, there are no formal processes or measures in place other than to monitor progress made in obtaining documents from legal and establishing relationships with alternative jails.



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving the Rate of Completed Behavioral Health Services Within 30 Days After Jail Release

for Integrated Community Health Partners—Region 4

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.

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
7/27/2015	New	System Intervention	1	Loss of participation of highest volume jail	<p>Identification of alternative jails that could be approached about participating in the project. The jails identified are:</p> <ul style="list-style-type: none"> ◆ Otero ◆ Bent ◆ Prowers ◆ Alamosa ◆ Conejos <p>Begin outreach to identified jails.</p> <p>Begin drafting BAAs and MOUs to establish a working relationship for data exchange and implementation of</p>



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving the Rate of Completed Behavioral Health Services Within 30 Days After
Jail Release
for Integrated Community Health Partners—Region 4**

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					interventions. Once BAAs/MOUs are in place schedule orientation/training for new participating jail personnel.
8/27/15	New	System Intervention	2	Data exchange	Contact Appriss to request data exchange. Since booking and release data were not set up for sharing, we proposed feeding member information from ICHP data analytics to Appriss with a request to cross reference booking/release data against ICHP member data to identify members who should be included in the denominator to get a baseline. Appriss agreed and responded with a request for information necessary to draft a proposal including scope of the project, objective, overview, needed data fields for input and output. Information requested by Appriss has



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					been forwarded to Beacon (IChP) legal for draft and execution of the Business Associate Agreement /Memorandum of Understanding
	Click to select status	Click to select status			
	Click to select status	Click to select status			

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:

- ◆ Barrier: Loss of highest volume jail. Interventions: Identify alternative jails in other IChP region counties and approach jail/county leadership about participating in the project. Results: Incomplete – still in progress.
 - Otero – the BAA has been signed and they are willing to participate
 - Bent – considering participating, but is waiting to commit until the process is under way with Otero.
 - Prowers – reported being interested but the negotiations are taking place between the jail and one of our provider partners that already has an established relationship with the jail leadership.
 - Alamosa – jail leadership meeting with team on Nov 4 to discuss participation.
- ◆ Barrier: Data issues. Interventions: Contact Appriss to establish process for data exchange, forward requirements to legal for review and

*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
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- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

execution. Results: Incomplete. Still in review at legal.

***Update as of 1/15/2016: Both identified barriers of “loss of highest volume jail” (Pueblo) and “data issues” appear to be resolved. Pueblo County Sheriff, the Bureau Chief, Captain, discharge planner and counselor for Pueblo jail met with ICHP and Beacon Health Options leadership on 1/15/2016 and agreed to participate in the project, including access to all booking/release files and cooperation and collaboration between jail staff (discharge planner and counselor) and ICHP. The Business Associate Agreement was hand delivered to the Sheriff during the meeting with the request that it be signed and returned as soon as possible so data exchange can begin. ICHP is continuing to pursue participation of other jails in Otero, Bent, Prowers, and Alamosa counties so they can be included in the study at a later date.

Next steps for each intervention based on evaluation results:

- ◆ Contact legal for an update on anticipated date of BAA/MOU completion.
- ◆ Forward completed BAA/MOU to Appriss for execution.
- ◆ Once BAA/MOU are executed, begin data exchange between Beacon/ICHP and Appriss to obtain baseline.
- ◆ Contact provider partner for update on meeting with Prowers County.
- ◆ Meeting on November 4 with Alamosa jail leadership to discuss participation.
- ◆ Criminal Justice Coordinator to do outreach with Bent Sheriff’s department.
- ◆ Set date for Criminal Justice Coordinator to meet with Conejos County to explore their interest in participating in the project.

***Next steps based on recent participation agreement with Pueblo County is to obtain the signed BAA from Pueblo legal counsel as soon as possible. ICHP/Beacon Criminal Justice Liaison has been tasked with this follow up item.