



CHP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

Fiscal Year 2019–2020 PIP Validation Report

for

Friday Health Plans of Colorado

April 2020

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



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1. Executive Summary

The Code of Federal Regulations at 42 CFR Parts 438 and 457—managed care regulations for Medicaid and the Children’s Health Insurance Program (CHIP), with revisions released May 6, 2016, and effective July 1, 2017, for Medicaid managed care and July 1, 2018, for CHIP managed care require states that contract with managed care health plans (health plans) to conduct an external quality review (EQR) of each contracting health plan. Health plans include managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), primary care case management entities (PCCM entities), and prepaid ambulatory health plans (PAHPs). The regulations at 42 CFR §438.350 require that the EQR include, conducted by an external quality review organization (EQRO), analysis and evaluation of aggregated information on healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG) serves as the EQRO for the State of Colorado, Department of Health Care Policy and Financing (the Department)—the agency responsible for the overall administration and monitoring of Colorado’s Medicaid managed care program and Child Health Plan *Plus* (CHP+), Colorado’s program to implement CHIP managed care.

Pursuant to 42 CFR §457.1250, which requires states’ CHIP managed care programs to participate in EQR, the Department required its CHP+ health plans to conduct and submit performance improvement projects (PIPs) annually for validation by the state’s EQRO. **Friday Health Plans of Colorado (FHP)**, an MCO, holds the contract with the State of Colorado for provision of medical and behavioral health services for the Department’s CHP+ managed care program.

For fiscal year (FY) 2019–2020, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i-iv), and each PIP must include:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

As one of the mandatory EQR activities required by 42 CFR §438.358(b)(1)(i), HSAG, as the State’s EQRO, validated the PIPs through an independent review process. 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 2012.¹⁻¹

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: January 27, 2020.

Over time, HSAG and some of its contracted states identified that while the MCOs had designed methodologically valid projects and received *Met* validation scores by complying with documentation requirements, few MCOs had achieved real and sustained improvement. In July 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and modified by the Institute for Healthcare Improvement.¹⁻² The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous quality improvement. The redesigned framework redirects MCOs to focus on small tests of change to determine which interventions have the greatest impact and can bring about real improvement. PIPs must meet CMS requirements; therefore, HSAG completed a crosswalk of this new framework against the Department of Health and Human 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 presented the crosswalk and new PIP framework components to CMS to demonstrate how the new PIP framework aligned with the CMS validation protocols. CMS agreed that given the pace of quality improvement science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern improvement projects within healthcare settings, a new approach was needed.

PIP Components and Process

The key concepts of the new PIP framework include forming a PIP team, setting aims, establishing a measure, determining interventions, testing interventions, and spreading successful changes. The core component of the new approach involves testing changes on a small scale—using a series of PDSA cycles and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. The duration of rapid-cycle PIPs is 18 months.

PIP Terms

SMART (Specific, Measurable, Attainable, Relevant, Time-bound) Aim directly measures the PIP's outcome by answering the following: *How much improvement, to what, for whom, and by when?*

Key Driver Diagram is a tool used to conceptualize a shared vision of the theory of change in the system. It enables the MCO's team to focus on the influences in cause-and-effect relationships in complex systems.

FMEA (Failure Modes and Effects Analysis) is a systematic, proactive method for evaluating processes that helps to identify where and how a process is failing or might fail in the future. FMEA is useful to pinpoint specific steps most likely to affect the overall process, so that interventions may have the desired impact on PIP outcomes.

PDSA (Plan-Do-Study-Act) cycle follows a systematic series of steps for gaining knowledge about how to improve a process or an outcome.

¹⁻² Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: February 6, 2020.

For this PIP framework, HSAG developed five modules with an accompanying reference guide. Prior to issuing each module, HSAG held technical assistance sessions with the MCOs to educate about application of the modules. The five modules are defined as:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes the topic rationale and supporting data, building a PIP team, setting aims (Global and SMART), and completing a key driver diagram.
- **Module 2—SMART Aim Data Collection:** In Module 2, the SMART Aim measure is operationalized and the data collection methodology is described. SMART Aim data are displayed using a run chart.
- **Module 3—Intervention Determination:** In Module 3, there is increased focus into the quality improvement activities reasonably thought to impact the SMART Aim. Interventions in addition to those in the original key driver diagram are identified using tools such as process mapping, failure modes and effects analysis (FMEA), and failure mode priority ranking, for testing via PDSA cycles in Module 4.
- **Module 4—Plan-Do-Study-Act:** The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- **Module 5—PIP Conclusions:** In Module 5, the MCO summarizes key findings and outcomes, presents comparisons of successful and unsuccessful interventions, lessons learned, and the plan to spread and sustain successful changes for improvement achieved.

Approach to Validation

HSAG obtained the data needed to conduct the PIP validation from **FHP**'s module submission forms. In FY 2019–2020, these forms provided detailed information about **FHP**'s PIP and the activities completed in Module 3. (See Appendix A. Module Submission Form.)

Following HSAG's rapid-cycle PIP process, the health plan submits each module according to the approved timeline. Following the initial validation of each module, HSAG provides feedback in the validation tools. If validation criteria are not achieved, the health plan has the opportunity to seek technical assistance from HSAG. The health plan resubmits the modules until all validation criteria are met. This process ensures that the PIP methodology is sound prior to the health plan progressing to intervention testing.

The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities conducted by the health plan during the PIP. HSAG's scoring methodology evaluates whether the health plan executed a methodologically sound improvement project and confirms that any improvement achieved could be clearly linked to the quality improvement strategies implemented by the health plan.

Validation Scoring

During validation, HSAG determines if criteria for each module are *Achieved*. Any validation criteria not applicable (N/A) were not scored. As the PIP progresses, and at the completion of Module 5, HSAG will use the validation findings from modules 1 through 5 for each PIP to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence and report the overall validity and reliability of the findings as one of the following:

- **High confidence** = The PIP was methodologically sound, the SMART Aim was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCO accurately summarized the key findings.
- **Confidence** = The PIP was methodologically sound, the SMART Aim was achieved, and the MCO accurately summarized the key findings. However, some, but not all, quality improvement processes conducted and/or intervention(s) tested were clearly linked to the demonstrated improvement.
- **Low confidence** = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes conducted and/or intervention(s) tested were poorly executed and could not be linked to the improvement.
- **Reported PIP results were not credible** = The PIP methodology was not executed as approved.

PIP Topic Selection

In FY 2019–2020, **FHP** submitted the following PIP topic for validation: *Well-Child Visits in the 6–14 Years of Life*.

FHP defined a Global Aim and SMART Aim for the PIP. The SMART Aim statement includes the narrowed population, the baseline rate, a set goal for the project, and the end date. HSAG provided the following parameters to the health plan for establishing the SMART Aim for the PIP:

- **Specific**: The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **Measurable**: The indicator to measure the goal: What is the measure that will be used? What is the current data figure (i.e., count, percent, or rate) for that measure? What do you want to increase/decrease that number to?
- **Attainable**: Rationale for setting the goal: Is the achievement you want to attain based on a particular best practice/average score/benchmark? Is the goal attainable (not too low or too high)?
- **Relevant**: The goal addresses the problem to be improved.
- **Time-bound**: The timeline for achieving the goal.

Table 1-1 includes the PIP title and SMART Aim statement selected by **FHP**.

Table 1-1—PIP Title and SMART Aim Statement

PIP Title	SMART Aim Statement
<i>Well-Child Visits in the 6–14 Years of Life</i>	By June 30, 2020, we will increase the percentage of members who meet the eligibility requirements during the measurement period receiving their well-child exam at San Luis Valley Health between the ages of 6 to 14 from 38% to 45%.

The focus of the PIP is to increase the rate of members ages 6 to 14 years in the narrowed focus group who receive an annual preventive or wellness visit.

Table 1-2 summarizes the progress **FHP** has made in completing the five PIP modules.

Table 1-2—PIP Title and Module Status

PIP Title	Module	Status
<i>Well-Child Visits in the 6–14 Years of Life</i>	1. PIP Initiation	Completed and achieved all validation criteria.
	2. SMART Aim Data Collection	Completed and achieved all validation criteria.
	3. Intervention Determination	Completed and achieved all validation criteria.
	4. Plan-Do-Study-Act (PDSA)	Initiated in August 2019, with PDSA cycles continuing through SMART Aim end date of June 30, 2020.
	5. PIP Conclusions	Targeted submission for October 2020.

At the time of the FY 2019–2020 PIP validation report, **FHP** had passed Module 1, Module 2, and Module 3, achieving all validation criteria for the PIP. **FHP** has progressed to intervention testing in Module 4—Plan-Do-Study-Act. The final Module 4 and Module 5 submissions are targeted for October 2020; the Module 4 and Module 5 validation findings and the level of confidence assigned to the PIP will be reported in the FY 2020–2021 PIP validation report.

2. Findings

Validation Findings

In FY 2019–2020, **FHP** completed and submitted Module 3 for validation. Detailed module documentation submitted by the health plan is provided in Appendix A. Module Submission Form.

The objective of Module 3 is for the MCO to determine potential interventions for the project. In this module, the MCO asks and answers the question, “What changes can we make that will result in improvement?”

The following section outlines the validation findings for the module. Detailed validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tool.

Module 3: Intervention Determination

FHP completed a process map and an FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 2-1 summarizes the potential interventions **FHP** identified to address high-priority subprocesses and failure modes determined in Module 3.

Table 2-1—Module 3 Intervention Determination Summary for the *Well-Child Visits in the 6–14 Years of Life* PIP

Failure Modes	Potential Interventions
Provider does not outreach to members and parents/guardians to schedule a well visit appointment	Develop a continuous communication plan with San Luis Valley Health (SLVH) to ensure that the report identifying members due for well visits is received
Member does not attend scheduled well visit appointment	Member outreach and follow-up to reconnect with members and parents/guardians after a missed appointment; upon follow-up contact, FHP will identify the members’ barriers to attending the appointment and attempt to address the barriers
FHP is unable to reach the member’s parent/guardian to notify parent/guardian that the member is due for a well visit, educate on importance of well visits	Multi-pronged outreach to parents/guardians of members due for a well visit, to include multiple phone calls, a mailed letter, and personalized web portal
Provider does not generate and share with FHP a report of members who are due for a well visit	FHP will manually sort through the health plan’s internal report to determine which members see an SLVH provider, rather than relying on the provider to report to the health plan

At the time of this FY 2019–2020 PIP validation report, **FHP** had completed Module 3 for the PIP and had initiated the intervention planning phase in Module 4. **FHP** submitted one intervention plan in August 2019. Table 2-2 summarizes the intervention **FHP** selected for testing through PDSA cycles.

Table 2-2—Planned Intervention for the *Well-Child Visits in the 6–14 Years of Life* PIP

Intervention Description	Key Driver	Failure Modes
Working with the narrowed focus provider to identify members due for well visits and conducting member outreach phone calls to provide education and schedule well visit appointments	<i>Not reported by the health plan</i>	<ul style="list-style-type: none"> Provider does not generate a report to identify members who are due for a well visit Provider does not outreach to members to schedule a well visit appointment

FHP selected one intervention for testing, which had a provider-focused component and a member-focused component. For the provider-focused component, the health plan worked with the narrowed focus provider to identify members 6 to 14 years of age who were due for a well visit. For the member-focused component, **FHP** conducted phone outreach to parents/caregivers of members identified as being due for a well visit. HSAG reviewed the intervention plan and provided written feedback and technical assistance to **FHP**. **FHP** is currently in the “Do” stage, testing the first intervention for the PIP. HSAG will report the intervention testing results and final Module 4 and Module 5 validation outcomes in the next annual PIP validation report.

3. Conclusions and Recommendations

Conclusions

The validation findings suggest that **FHP** successfully completed Module 3 and identified opportunities for improving the process related to obtaining a well visit for members 6 to 14 years of age. **FHP** further analyzed opportunities for improvement in Module 3 and considered potential interventions to address the identified process flaws or gaps and increase the percentage of members who receive a well visit. The health plan also successfully initiated Module 4 by selecting an intervention to test and documenting a plan for evaluating the impact of the intervention through PDSA cycles. **FHP** will continue testing interventions for the PIP through June 30, 2020. The health plan will submit complete intervention testing results and PIP conclusions for validation in FY 2020–2021. HSAG will report the final validation findings for the PIP in the FY 2020–2021 PIP validation report.

Recommendations

- **FHP** should update the key driver diagram to include the key driver(s) addressed by intervention(s) selected for testing in Module 4.
- When planning a test of change, **FHP** should clearly identify and communicate the necessary steps that will be taken to carry out an intervention including details that define who, what, where, and how the intervention will be carried out.
- To ensure a methodologically sound intervention testing methodology, **FHP** should determine the best method for identifying the intended effect of an intervention prior to testing. Intervention testing measures and data collection methodologies should allow the health plan to rapidly determine the direct impact of the intervention. The testing methodology should allow the health plan to quickly gather data and make data-driven revisions to facilitate achievement of the SMART Aim goal.
- **FHP** should consistently use the approved Module 2 SMART Aim measure data collection and calculation methods for the duration of the PIP so that the final SMART Aim measure run chart provides data for a valid comparison of results to the goal.
- When reporting the final PIP conclusions, **FHP** should accurately and clearly report intervention testing results and SMART Aim measure results, communicating any evidence of improvement and demonstrating the link between intervention testing and demonstrated improvement.
- If improvement is achieved through the PIP, **FHP** should develop a plan for continuing and spreading effective interventions and sustaining improvement in the long term.

Appendix A. Module Submission Form

Appendix A contains the Module Submission Form provided by the health plan.



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Managed Care Organization (MCO) Information	
MCO Name:	Friday Health Plans of Colorado
PIP Title:	Well–Child Visits in the 6–14 Years of Life
Contact Name:	DeeAnn Sierra
Contact Title:	Director of Quality
E-mail Address:	deeann.sierra@fridayhealthplans.com
Telephone Number:	719-587-6787
Submission Date:	6/12/2019



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Process Mapping

Indicate when the process map(s) was completed and list all team members involved. Describe the role and responsibilities for each individual team member. The team should include a data analyst. The analyst can assist with determining data needed for prioritization of subprocesses and failure modes and proposed interventions.

Table 1—Process Mapping Team	
Development Period	
04/29/2019-5/23/2019	
Team Members Involved	Role/Responsibilities
DeeAnn Sierra	PIP Lead/Data Analyst
Manuela Heredia	PIP Co-lead
Jennifer Mueller	Executive Sponsor
Cassandra Vanzalinge	Process Mapping Input
Shoshanna Montoya	Process Mapping Input
Janet Hornig	Process Mapping Input
Maria V. Sisneros	Process Mapping Input
Anika Garcia	SLVH Pediatric Care Coordinator
Adrienne Marcilla	SLVH Clinic Manager



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Failure Modes and Effects Analysis (FMEA)

Indicate when the FMEA was completed and list all team members involved. Describe the role and responsibilities for each individual team member. The team should include a data analyst. The analyst can assist with determining data needed for prioritization of subprocesses and failure modes and proposed interventions.

Table 2—Failure Modes and Effects Analysis Team	
Development Period	
04/29/2019-05/30/2019	
Team Members Involved	Role/Responsibilities
DeeAnn Sierra	PIP Lead/Data Analyst
Manuela Heredia	PIP Co-lead
Shoshanna Montoya	Medical Dept.
Ashley Booth	CHP+ Specialist
Anika Garcia	SLVH Pediatric Care Coordinator
Adrienne Marcilla	SLVH Clinic Manager



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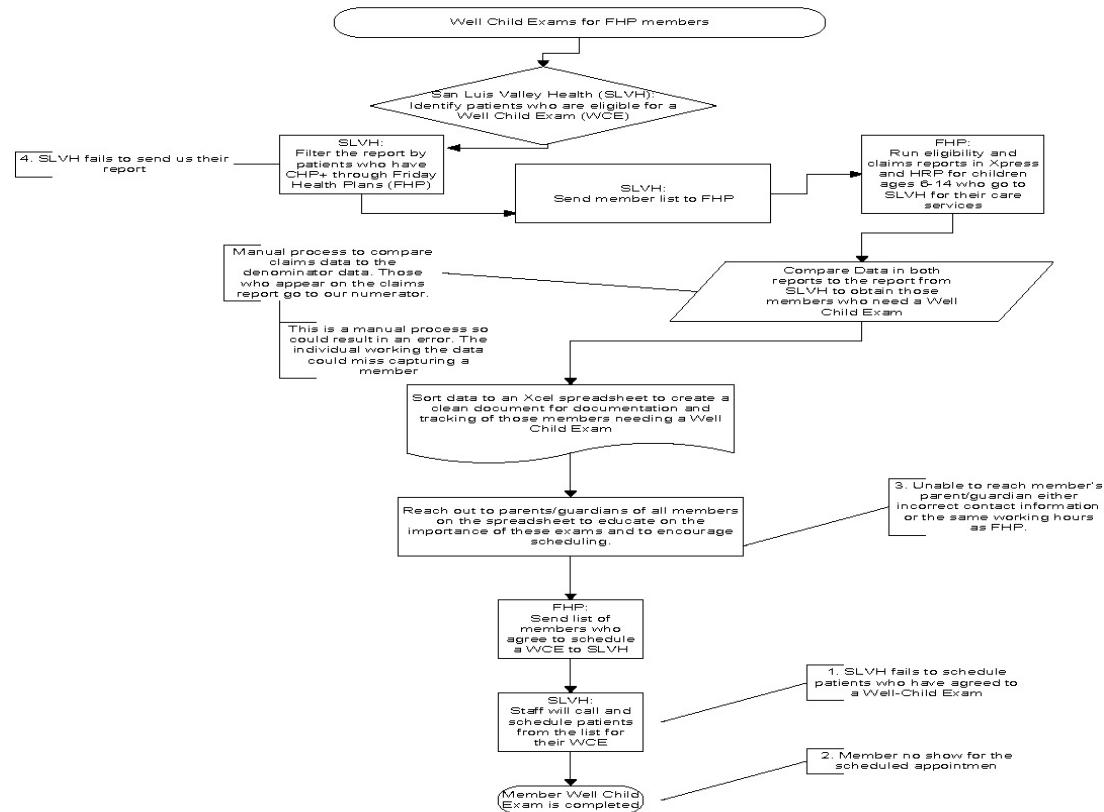


Process Mapping

Develop a process map that aligns with the SMART Aim measure from the perspective of the person most impacted by the overall process (typically the member). The MCO may need to complete and submit more than one process map (i.e., member-level, provider-level, MCO-level, new members, existing members, etc.).

Clearly identify subprocesses (opportunities for improvement) within the process map. These subprocesses will be used in the FMEA table. Assign a numerical value to each identified subprocess based on having the greatest potential of impacting the SMART Aim. In addition to providing the process map(s), provide a narrative description of the PIP team's process and rationale for the selection of subprocesses with the greatest impact on the SMART Aim.

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Process Mapping

Develop a process map that aligns with the SMART Aim measure from the perspective of the person most impacted by the overall process (typically the member). The MCO may need to complete and submit more than one process map (i.e., member-level, provider-level, MCO-level, new members, existing members, etc.).

Clearly identify subprocesses (opportunities for improvement) within the process map. These subprocesses will be used in the FMEA table. Assign a numerical value to each identified subprocess based on having the greatest potential of impacting the SMART Aim. In addition to providing the process map(s), provide a narrative description of the PIP team's process and rationale for the selection of subprocesses with the greatest impact on the SMART Aim.

Description of process and rationale for selection of subprocesses:

FMEA team met and discussed each step of the process in depth. We discussed any potential gaps and how we would be able to address them as well as what level of impact they would have on the SMART Aim. We talked about possible interventions and labeled the subprocesses based on what we felt would impact the SMART Aim the most and that we would be able to offer assistance with should we encounter that gap.



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Failure Modes and Effects Analysis

From the completed process map(s), enter up to three subprocesses that have the potential to make the greatest impact on the SMART Aim. The assigned priority number in the process map should align with the subprocess number in the FMEA table. This will help clearly link each opportunity for improvement to an identified subprocess.

Complete the table with the corresponding failure modes, failure causes, and failure effects.

Note: The MCO should ensure that the same language is used consistently to describe the failure modes throughout Modules 3, 4, and 5.

Table 3—Failure Modes and Effects Analysis Table			
Subprocesses	Failure Modes (What could go wrong?)	Failure Causes (Why would the failure happen?)	Failure Effects (What are the consequences?)
1. SLH fails to schedule an appointment from the list we send them.	The member's parent/guardian is expecting a call from SLVH to schedule an appointment and when they don't get it they change their mind.	We have been informed that they are currently short staffed with another provider coming in within the next couple of months so they have not been scheduling any WCE as they do not have the staff.	We are unable to follow through with the appointments and will not increase our numbers.
2. The member no shows for their scheduled appointment.	The parent/guardian decides for some reason not to show up for their scheduled appointment.	Either the appointment was not scheduled to the needs of the member so they were unable to attend even after they were scheduled. Something else came up or the parent/guardian changed their mind.	We are unable to get to the end result we are working towards without a WCE taking place.



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3. Unable to reach parents/guardians of the member	We have incorrect contact information or they members parent/guardian works the same hours as we do.	Unable to make contact with the member.	With no contact with the members we will have no opportunity to discuss the importance and see if they are in agreement to take their children.
4. No report received from SLVH	We do not receive the information we are needing to define which one of our members sees a provider at SLVH	SLVH forgets or there could be a change in staff.	The data sorting process will take much more time as we have to manually sort through the data we can pull.



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Failure Mode Priority Ranking

Based on the results of the priority ranking process, list the numerically ranked failure modes from highest to lowest priority. In the space below the table, please describe the process used to assign the priority ranking.

Table 4—Failure Mode Priority Ranking	
Priority Ranking	Failure Modes
1	SL VH fails to schedule a patient after they have agreed- we feel this is our largest risk area at this time based on the situation at hand with the staffing at their facility and their current scheduling practice.
2	Member no shows for their scheduled appointment- this will have a large impact as well on our SMART Aim. If they don't show up for their appointments we will not have an increase in WCEs.
3	Unable to reach the member's parent/guardian- without initial contact we cannot inform member's parents/guardians which we are hoping will encourage them to take their child(ren).
4	SL VH fails to send the report to us- this has an impact, but not one that we wouldn't be able to work around. We would just have to do much more manual filtering and sorting of our data which would result in an increase in the time it will take to mine the information, but wouldn't have an overall effect on the SMART Aim.

Description of priority ranking process (i.e., Risk Priority Number (RPN) method). If the RPN method was used, please provide the numeric values from the calculations: We did not use the RPN method. We identified areas where we had gaps and then prioritized them based on importance and impact to the overall project and SMART Aim.



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Intervention Determination

In the Intervention Determine table, enter at a minimum, the top three ranked failure modes and the identified intervention to address the failure mode.

Table 5—Intervention Determination Table	
Failure Modes	Interventions
1	Continuous communication with San Luis Valley Health (SLVH) to ensure that the report doesn't get missed. We will determine a detailed communication plan with them.
2	We will determine a communication plan and follow-up plan to reconnect with these members. We are also going to ask at the time of initial contact what barriers there are to them taking their child(ren) for their well child exams and see if we can address those through the scheduling with SLVH. Possibly a Saturday WCE Clinic a few times a year, or extended hours for these exams to accommodate the scheduling for the member's parent/guardian. If we can schedule to their needs then this should help decrease the no show rate.
3	We will attempt to reach out by phone 3 times. If we are unable to contact them via phone we will send letters. CHP+ members will be on our portal in July so once that is up and running we will also put messages on the portal.
4	If we do not receive a member report from SLVH then we will just have to manually sort through our report to determine which members see an SLVH provider. This will just be a longer more time consuming way to get the information we are looking for, but will not have much impact on the overall SMART Aim.

Appendix B. Module Validation Tool

Appendix B contains the Module Validation Tool provided by HSAG.



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
1. The documentation included the team members responsible for completing the process map(s) and failure mode and effects analysis (FMEA).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>It appeared that the external partner/narrowed focus provider practice was not involved in developing the process map and FMEA. Prior to submitting Module 3, the health plan should work with the narrowed focus provider to understand the current process used for members to obtain a well-child visit and to identify barriers, gaps, and flaws in the current process that can be impacted by interventions.</p> <p>Re-review June 2019: The health plan addressed HSAG's feedback. The criterion was achieved.</p>
2. The documentation included a process map(s) illustrating the step-by-step flow of the current process. The subprocesses identified in the process map(s) as opportunities for improvement were prioritized and assigned a numerical ranking.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>HSAG identified the following opportunities for improvement:</p> <ul style="list-style-type: none"> The process map starting and ending points should align with the SMART Aim measure for the PIP. For example, the process map should start with identifying those members who are eligible and due for a well-child visit. The final step in the process map should reflect numerator compliant members – those eligible members who received a well-child visit. The health plan noted on the process map that they were not aware of the process the narrowed focus provider uses to identify and outreach members due for well-child visits. The narrowed focus providers should be involved in developing the process map. The process map should illustrate the current process that leads eligible members due for a well-child visit to complete a well-child visit. The subprocesses identified on the process map were not clearly linked to illustrated gaps in the process. The health plan should complete the process map through the steps of a member



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<p>receiving a well-child visit and note on the process map the specific gaps/flaws/barriers in the process that are linked to the four identified subprocesses.</p> <p>Re-review June 2019: The health plan addressed HSAG’s feedback. The criterion was achieved.</p> <p>General Comment: The subprocess identified on the process map as “member no show for the scheduled appointment” should be clarified by adding a Yes/No decision point before the final step in the process “Member Well-Child Exam is completed.”</p>
3. The health plan included a description of the process and rationale used for the selection of subprocesses in the FMEA table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The health plan did not provide a narrative rationale for selection of subprocesses as opportunities for improvement in the PIP. As noted in the Module 3 instructions, the health plan should provide a narrative description of the PIP team’s process and rationale for the selection of subprocesses with the greatest impact on the SMART Aim.</p> <p>Re-review June 2019: The health plan addressed HSAG’s feedback. The criterion was achieved.</p>
4. Each subprocess in the FMEA table aligned with a numerically ranked opportunity for improvement in the process map(s), and was logically linked to the documented failure modes, causes, and effects.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>HSAG identified the following opportunities for improvement:</p> <ul style="list-style-type: none"> The first subprocess listed in the FMEA (“FHP needs to determine an owner(s) of this process”) should be addressed prior to completing and submitting Module 3 for validation. The health plan should work with the narrowed focus provider to identify a lead contact and external team member. The external team member should be involved in developing a process map

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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<p>to illustrate the current process and should be involved in identifying and prioritizing gaps in the process.</p> <ul style="list-style-type: none"> While the subprocesses were numbered in the process map and in the FMEA, the descriptions of the subprocesses were not consistent. The health plan should use consistent language in Module 3 to describe each subprocess in the process map and the FMEA. <p>Re-review June 2019: The health plan addressed HSAG’s feedback. The criterion was achieved.</p>
5. The health plan described the failure mode priority ranking process. If the RPN method was used, the health plan provided the numeric calculations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The health plan should provide more detail on the process or steps used by the PIP team to prioritize failure modes. How did the health plan determine which failure modes were more important and had greater impact?</p> <p>Re-review June 2019: The health plan addressed HSAG’s feedback by adding the rationale for each failure mode’s priority ranking within the failure mode descriptions in Table 4. The criterion was achieved.</p>
6. The interventions listed in the Intervention Determination table were appropriate based on the ranked failure modes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The interventions documented for Failure Modes 1, 2, and 4 appeared to be steps the health plan should have taken prior to submitting Module 3 for validation, rather than interventions to facilitate achieving the SMART Aim goal. The interventions listed in Table 5 should be directly linked to failure modes identified in the FMEA, which should be directly linked to the subprocesses identified in the process map. Additionally, the interventions should have the potential to directly impact achieving the SMART Aim goal.</p>

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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		Re-review June 2019: The health plan addressed HSAG's feedback. The criterion was achieved.

Intervention Determination (Module 3)

☒ Pass

Date: June 24, 2019