



**COLORADO**

**Department of Health Care  
Policy & Financing**

Regional Accountable Entities (RAEs)  
For the Colorado Accountable Care Collaborative

**Fiscal Year 2019–2020 PIP Validation Report**  
*for*  
**Health Colorado, Inc.**  
**Region 4**

*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 Part 438—managed care regulations for Medicaid programs, with revisions released May 6, 2016, and effective July 1, 2017, for Medicaid 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 analysis and evaluation by an external quality review organization (EQRO) of aggregated information related to 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 program. Beginning in fiscal year (FY) 2019–2020, the Department entered into contracts with Regional Accountable Entities (RAEs) in seven regions throughout Colorado. Each Colorado RAE meets the federal definition of a PCCM entity.

Pursuant to 42 CFR §438.350, which requires states’ Medicaid managed care programs to participate in EQR, the Department required its RAEs to conduct and submit performance improvement projects (PIPs) annually for validation by the state’s EQRO. One RAE, **Health Colorado, Inc. Region 4**, referred to in this report as **HCI R4**, holds a contract with the State of Colorado for provision of healthcare services for Health First Colorado, Colorado’s Medicaid program.

For FY 2019–2020, the Department required RAEs to conduct performance improvement projects (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.<sup>1-1</sup>

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<sup>1-1</sup> 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.<sup>1-2</sup> 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.

<sup>1-2</sup> 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 **HCI R4**'s module submission forms. In FY 2019–2020, these forms provided detailed information about **HCI R4**'s PIPs and the activities completed in Module 3. (See Appendix A. Module Submission Forms.)

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, **HCI R4** submitted the following PIP topics for validation: *Increasing Well Checks for Members 21–64 Years of Age* and *Increasing Mental Healthcare Services After a Positive Depression Screening*.

**HCI R4** defined a Global Aim and SMART Aim for each 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 each 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 titles and SMART Aim statements selected by **HCI R4**.

**Table 1-1—PIP Titles and SMART Aim Statements**

PIP Title	SMART Aim Statements
<i>Increasing Well Checks for Members 21–64 Years of Age</i>	By 6/30/2020, increase well checks for adult male (ages 21–64) members from 32.33% to 37.33% at Castillo Primary Care.
<i>Increasing Mental Healthcare Services After a Positive Depression Screening</i>	By 6/30/2020, increase the percentage of members who receive mental health services in a physical or mental health care setting after a positive depression screening at Health Solutions Medical Center (from 72.65% to 80.00%).

The focus of the well check PIP is to increase the rate of well check visits among adult male members 21 through 64 years of age who receive care from the narrowed focus provider group. The focus of the behavioral health PIP is to increase the rate of members who receive mental health (MH) services after a positive depression screen from the narrowed focus provider group. Table 1-2 summarizes the progress **HCI R4** has made in completing the five PIP modules for each PIP.

**Table 1-2—PIP Titles and Module Status**

PIP Title	Module	Status
<i>Increasing Well Checks for Members 21–64 Years of Age</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 July 2019, with PDSA cycles continuing through SMART Aim end date of June 30, 2020.
	5. PIP Conclusions	Targeted submission for October 2020.
<i>Increasing Mental Healthcare Services After a Positive Depression Screening</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 January 2020, 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, **HCI R4** had passed Module 1, Module 2, and Module 3, achieving all validation criteria for each PIP. **HCI R4** 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 each PIP will be reported in the FY 2020–2021 PIP validation report.

## 2. Findings

### Validation Findings

In FY 2019–2020, **HCI R4** completed and submitted Module 3 for validation for each PIP. Detailed module documentation submitted by the health plan is provided in Appendix A. Module Submission Forms.

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 each PIP. Detailed validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tools.

#### Module 3: Intervention Determination

In Module 3, **HCI R4** 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 for each PIP.

#### Increasing Well Checks for Members 21–64 Years of Age

Table 2-1 summarizes the potential interventions **HCI R4** identified for the *Increasing Well Checks for Members 21–64 Years of Age* PIP to address high-priority subprocesses and failure modes determined in Module 3.

**Table 2-1—Intervention Determination Summary for the *Increasing Well Checks for Members 21–64 Years of Age* PIP**

Failure Modes	Potential Interventions
Member does not see that there is a need for a well check	<ul style="list-style-type: none"> <li>Beacon will pull well check claims and create a monthly well check registry that can be shared with the provider for purposes of reaching out to members to schedule well check appointments.</li> <li>Claims data can be used to see if members on the well check registry list who were contacted completed an appointment.</li> </ul>
Member may be fearful of well check results	<p>In order to actively engage members, care coordinators from Health Solutions could make contact and address the importance of a well check with the member. Care coordinators may receive a well check registry list as well that shows which members attributed to Castillo Primary Care have not had a well check and those who are coming due for a well check.</p> <ul style="list-style-type: none"> <li>Help the member to understand that the results of various tests may or may not show a need for further medical care. Educating the member of his or</li> </ul>

Failure Modes	Potential Interventions
	<p>her baseline results can lead to a healthier lifestyle. In order to actively engage members, care coordinators from Health Solutions could make contact and address the importance of a well check and the importance of knowing what the results will bring.</p> <ul style="list-style-type: none"> <li>Claims data can be used to see if members contacted by care coordinators completed an appointment.</li> </ul>
Member does not want an annual well check.	<ul style="list-style-type: none"> <li>The use of the Well Pass texting campaign is another option that can be used to educate the member about his or her benefits package and the importance of a well check.</li> <li>Claims data can be used to see if members texted completed an appointment.</li> </ul>

At the time of this FY 2019–2020 PIP validation report, **HCI R4** had completed Module 3 and initiated the intervention planning phase in Module 4. **HCI R4** submitted one intervention plan in July 2019 for the well check PIP. Table 2-2 summarizes the intervention **HCI R4** selected for testing through PDSA cycles for the *Increasing Well Checks for Members 21–64 Years of Age* PIP.

**Table 2-2—Planned Interventions for the *Increasing Well Checks for Members 21–64 Years of Age* PIP**

Intervention Description	Key Drivers	Failure Mode
Care coordinators will reach out to members to address the importance of a well check and assist them in scheduling a well check appointment	<ul style="list-style-type: none"> <li>Member knowledge and understanding about the importance of well check visits</li> <li>Members may not understand the difference between annual well checks and regular doctor visits</li> </ul>	Member does not see a need for a well check visit

**HCI R4** selected one intervention for the well check PIP to test using PDSA cycles in Module 4. The member-focused intervention includes outreaching to members via phone to discuss the importance of well check visits and assisting members in scheduling an appointment, addressing the failure mode “member does not see a need for a well check visit.” HSAG reviewed the intervention plan and provided written feedback and technical assistance to **HCI R4**.

## Increasing Mental Healthcare Services After a Positive Depression Screening

Table 2-3 summarizes the potential interventions **HCI R4** identified for the *Increasing Mental Healthcare Services After a Positive Depression Screening* PIP to address high-priority subprocesses and failure modes determined in Module 3.

**Table 2-3—Intervention Determination Summary for the *Increasing Mental Healthcare Services After a Positive Depression Screening* PIP**

Failure Modes	Potential Interventions
Member does not want to engage in treatment	<ul style="list-style-type: none"> <li>• Give provider documentation to give members who receive a positive depression screen that will start the conversation on the importance of MH treatment. Documentation and conversations will also address privacy, confidentiality and discreteness of MH treatment.</li> <li>• Provider will review documentation with member in case there is a literacy issue.</li> <li>• Provider will review documentation with member to ensure that the member understands the benefits package.</li> <li>• Provider education on the importance of MH follow-up in terms of clinical data and how they affect the performance of the RAE. In addition, education of medical providers in integrated medicine.</li> </ul>
Member decides that attending the appointment is not worthwhile	<ul style="list-style-type: none"> <li>• Education provided to member and member understands that MH services are provided at no charge. This can be done through the development of a brochure (provider can discuss with member), and member services will conduct education through one-on-one communication and in group meetings.</li> <li>• Care coordinator can reach out to members by phone to address the benefits package, cost, transportation issues, etc. on follow-up calls.</li> <li>• Provide education to the provider on the member's benefit package.</li> </ul>
Member does not know how to schedule the appointment	<ul style="list-style-type: none"> <li>• Care coordinator outreach to address scheduling and attending the appointment.</li> <li>• Walk-in appointment availability for the initial appointment. Identify same-day access.</li> </ul>

At the time of this FY 2019–2020 PIP validation report, **HCI R4** had completed Module 3 and initiated the intervention planning phase in Module 4. **HCI R4** submitted one intervention for the behavioral health PIP. Table 2-4 summarizes the intervention **HCI R4** selected for testing through PDSA cycles for the *Increasing Mental Healthcare Services After a Positive Depression Screening* PIP.

**Table 2-4—Planned Interventions for the *Increasing Mental Healthcare Services After a Positive Depression Screening* PIP**

Intervention Description	Key Drivers	Failure Mode
Members who have not scheduled their follow-up appointment within 7 days after their positive depression screen	Member education	<ol style="list-style-type: none"> <li>1. Member does not want to engage in treatment</li> <li>2. Member decides that attending the appointment is not worthwhile</li> <li>3. Member does not know how to schedule the appointment</li> </ol>

For the behavioral health PIP, **HCI R4** selected one intervention to test using PDSA cycles in Module 4. The member-focused intervention included telephonic outreach to members who have not scheduled a MH follow-up visit and assist them with scheduling and providing resources, such as transportation, to address the failure modes related to members not engaging, attending, and scheduling treatment and follow-up visits. HSAG reviewed the intervention plans for the two interventions and provided written feedback and technical assistance to **HCI R4**.

The health plan is currently in the “Do” stage of the PDSA cycles for all interventions, carrying out the intervention and evaluating impact for each PIP. HSAG will report the intervention testing results and final Module 4 and Module 5 validation findings in the next annual PIP validation report.



## 3. Conclusions and Recommendations

### Conclusions

The validation findings suggest that **HCI R4** successfully completed Module 3 and identified opportunities for improving the process related to obtaining a well checks for members 21 through 64 years of age and increasing mental healthcare services after a positive depression screening. **HCI R4** 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 and the percentage of members who receive appropriate and timely follow-up services for a positive depression screen. The health plan also successfully initiated Module 4 by selecting interventions to test and documenting a plan for evaluating the impact of the intervention through PDSA cycles. **HCI R4** will continue testing interventions for the PIPs through June 30, 2020. The health plan will submit complete intervention testing results and PIP conclusions for each PIP 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

- When planning a test of change, **HCI R4** 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, **HCI R4** 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.
- **HCI R4** 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, **HCI R4** 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, **HCI R4** should develop a plan for continuing and spreading effective interventions and sustaining improvement in the long term.



## Appendix A. Module Submission Forms

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



State of Colorado  
Performance Improvement Project (PIP)  
Module 3 — Intervention Determination Submission  
Increasing Well Checks for Members 21–64 Years of Age  
for Health Colorado, Inc. Region 4 (RAE 4)



Managed Care Organization (MCO) Information	
MCO Name:	Health Colorado Inc.
PIP Title:	Increasing Well Checks for adult members ages 21-64
Contact Name:	Jeremy White
Contact Title:	Quality Manager
E-mail Address:	<a href="mailto:Jeremy.White@beaconhealthoptions.com">Jeremy.White@beaconhealthoptions.com</a>
Telephone Number:	719 226-7794
Submission Date:	May 29, 2019



State of Colorado  
 Performance Improvement Project (PIP)  
 Module 3 — Intervention Determination Submission  
 Increasing Well Checks for Members 21–64 Years of Age  
 for Health Colorado, Inc. Region 4 (RAE 4)



### 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	
04/09/2019 to 4/29/2019	
Team Members Involved	Role/Responsibilities
Jeremy White	PIP Lead
Erica Arnold-Miller	PIP Lead/Executive sponsor
Melissa Schuchman	Data Analysis for PIP
Kat Fitzgerald	Internal PIP Consultant
Wendell Mathews	Internal PIP: Data and Reporting
Dr. Steve Coen	Internal PIP Consultant: Clinical
<b>Pauline Castillo</b>	SMART Aim Provider



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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	
04/09/2019 to 4/29/2019	
Team Members Involved	Role/Responsibilities
Jeremy White	PIP Lead
Erica Arnold-Miller	PIP Lead
Melissa Schuchman	Data Analysis for PIP
Kat Fitzgerald	Internal PIP Consultant
Wendell Mathews	Internal PIP: Data and Reporting
Dr. Steve Coen	Internal PIP Consultant: Clinical
Pauline Castillo	SMART Aim Provider



State of Colorado  
Performance Improvement Project (PIP)  
Module 3 — Intervention Determination Submission  
Increasing Well Checks for Members 21–64 Years of Age  
for Health Colorado, Inc. Region 4 (RAE 4)



### Process Mapping

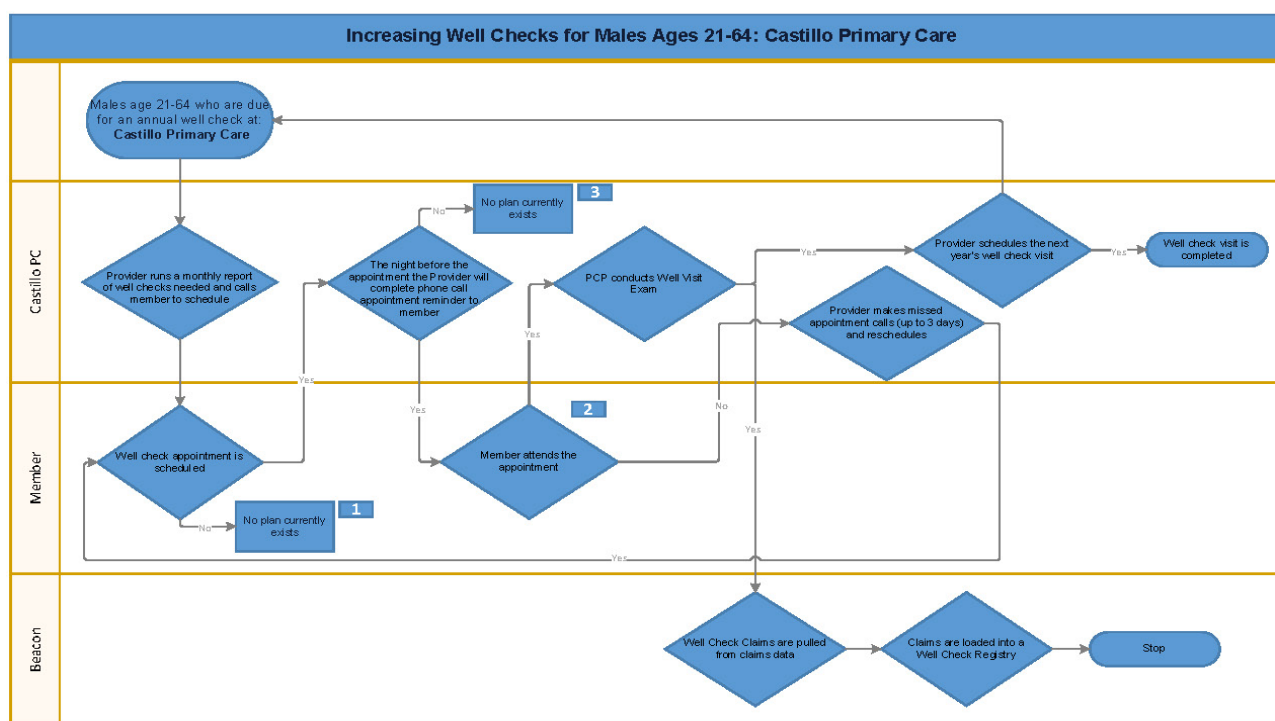
Develop a process map that aligns with the SMART Aim measure from the perspective of the person most impacted by the overall process (typically the member). The MCO may need to complete and submit more than one process map (i.e., member-level, provider-level, MCO-level, new members, existing members, 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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(Insert Process Map Here—Use attachments or additional pages if more space is required)

State of Colorado  
Performance Improvement Project (PIP)  
Module 3 — Intervention Determination Submission  
Increasing Well Checks for Members 21–64 Years of Age  
for Health Colorado, Inc. Region 4 (RAE 4)





State of Colorado  
Performance Improvement Project (PIP)  
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Increasing Well Checks for Members 21–64 Years of Age  
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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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#### **Description of process and rationale for selection of sub processes:**

In order to establish the sub process as listed above in the process map, select members of the PIP team met with Pauline Castillo from Castillo Primary Care. Pauline is a Family Nurse Practitioner (FNP) and is considered to be a professional in her field. Her insight was relied upon to draft the process map and to identify the sub processes. At the time of the creation of the process map, the scope of module three was reviewed. A conversation was held regarding the current process for members and for providers at Castillo Primary Care who are in need of a well check visit. We created a cross functional flow chart so we could see the process from the provider perspective, the impact to the member and then to the Beacon process. We restated our SMART aim and began to list out the current process starting with males (ages 21-64) in need of a well check. The provider runs a monthly report of members who need a well check and attempt to connect with the member to schedule an appointment. It can either be through this outreach or the member can contact the provider to schedule. Thus, we then saw that the next step in the process flowed from the member scheduling the well check appointment. At that point the team saw that once the appointment was scheduled that the PCP office would initiate their internal process to contact the member the night before the scheduled appointment via a phone call in order to remind the member of the appointment. However, if the member no shows, the provider will attempt outreach to the member to reschedule the appointment on the day of the missed appointment and continues to reschedule for up to 3 days following the missed appointment. The remaining steps in the process were incorporated into the map since they surrounded the member attending the appointment and completing the well check. Upon completion of the well check the provider will attempt to schedule a future well check appointment for the member. Once this process is submitted as a claim, Beacon Health Options will take the claim and place





State of Colorado  
**Performance Improvement Project (PIP)**  
**Module 3 — Intervention Determination Submission**  
**Increasing Well Checks for Members 21–64 Years of Age**  
*for Health Colorado, Inc. Region 4 (RAE 4)*



### 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.

the member's information in a well check registry. At this point in time Beacon Health Options is only collecting the information of those who have and have not received an annual well check exam. This process flow was determined to be accurate by Pauline Castillo.

Once the process map was completed the group identified three main areas where opportunities for improvement existed. Those are:

- Well check appointment is scheduled
- Member attends the appointment. Even though there is a plan in place to conduct member outreach we still see that there are several other variables that can affect the member not attending the scheduled appointment.
- The night before the appointment the Provider will complete phone call appointment reminder to member PCP conducts Well Visit Exam

The rationale behind the selection for each of the sub-processes stems from the direct experience of the providers at Castillo Primary Care. They as well as the PIP team saw that the largest area for improvement surrounds the member scheduling the appointment. It was determined that if the member did not schedule the appointment there would be no opportunity for the member to complete a well check. This was closely followed by the member attending the appointment. This was seen to be of significant importance due to the fact that if the member did not attend the scheduled appointment then they would not complete the well check process. The well check phone call reminder being provided to the member was selected for the third sub process. This was determined to be the





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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.

third sub process due to the fact that contact information for members can change often. It is seen that if the member is reminded of the appointment then they may be more inclined to attend and complete the well check process.



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### Failure Modes and Effects Analysis

From the completed process map(s), enter up to three sub processes 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 sub process number in the FMEA table. This will help clearly link each opportunity for improvement to an identified sub process.

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			
Sub processes	Failure Modes (What could go wrong?)	Failure Causes (Why would the failure happen?)	Failure Effects (What are the consequences?)
1. Well check appointment is scheduled	Member may be fearful of well check results	Member is anxious about possible unforeseen illnesses or other conditions that a well check would reveal	Member does not schedule the well check appointment
	Member forgets to schedule the appointment	Member has conflicting priorities that could include transportation, child care or the appointment time is not convenient.	Member does not schedule the well check appointment
	Member does not want an annual well check	Member has poor health literacy	Member does not schedule the well check appointment



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	Member does not see that there is a need for a well check	Member does not understand the importance of scheduling an annual well check	Member does not receive an annual well check
	Member does not understand their benefits package	Poor health literacy, no internet access to find information on benefit package.	Member does not receive an annual well check
2. Member attends the appointment	Inconvenient appointment times	Appointment times do not fit into members schedule	Member does not receive an annual well check
3. The night before the appointment the Provider will complete phone call appointment reminder to member	Member does not receive a well check reminder phone call	Member contact information is not updated when they are at the provider's office or there is an incorrect phone number.	Member does not receive a reminder for the annual well check and could miss their appointment.



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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	Member does not see that there is a need for a well check
2	Member may be fearful of well check results
3	Member does not want an annual well check
4	Inconvenient appointment times
5	Member forgets to schedule the appointment
6	Member does not understand their benefits package
7	Member does not receive a well check reminder phone call

**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:**

When completing the FEMA table, a total of seven failure modes were identified. Those seven failure modes were then analyzed and categorized from top priority one to lowest priority seven. Priority was assigned to each failure mode based upon the impact that the failure mode would have upon successful completion of a well check by our target population. We saw that the failure modes should be ranked in conjunction with the top three sub processes from the process map. Thus, it was seen as prevalent to align the ranking of the failure modes with the sub-process. For example, the number one sub-process was: well check appointment is scheduled by



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member. Thus, we saw that the number one priority for the failure mode was: member does not see that there is a need for a well check. We see that these modes are the highest priority and were ranked as such.



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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
Member does not see that there is a need for a well check	<p>Beacon will pull well check claims and create a monthly well check registry and can be shared with the provider for purposes of reaching out to members to schedule well check appointments.</p> <p>Claims data can be used to see if members on the well check registry list who were contacted completed an appointment.</p>
Member may be fearful of well check results	<p>In order to actively engage members, Care Coordinators from Health Solutions could make contact and address the importance of a well check with the member. Care coordinators may receive a well check registry list as well that shows which members attributed to Castillo Primary Care have not had a well check and those who are coming due for a well check.</p> <p>Help the member to understand that the results of various tests may or may not show a need for further medical care. Educating the member of their baseline results can lead to a healthier lifestyle. In order to actively engage members, Care Coordinators from Health Solutions could make contact and address the importance of a well check and the importance of knowing what the results will bring.</p> <p>Claims data can be used to see if members contacted by care coordinators completed an appointment.</p>





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Table 5—Intervention Determination Table	
Failure Modes	Interventions
Member does not want an annual well check	<p>The use of the Well Pass texting campaign is another option that can be used to educate the member about their benefits package and the importance of a well check.</p> <p>Claims data can be used to see if members texted completed an appointment.</p>



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Managed Care Organization (MCO) Information	
MCO Name:	Health Colorado, Inc.
PIP Title:	Increasing Mental Healthcare Services After a Positive Depression Screening
Contact Name:	Jeremy White
Contact Title:	Quality Manager
E-mail Address:	<a href="mailto:Jeremy.White@beaconhealthoptions.com">Jeremy.White@beaconhealthoptions.com</a>
Telephone Number:	719 226-7794
Submission Date:	October 16, 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	
9/18/2019-10/16/2019	
Team Members Involved	Role/Responsibilities
Jeremy White	PIP Lead
Erica Arnold-Miller	PIP Lead/Executive sponsor
Melissa Schuchman	Data Analysis for PIP
Kat Fitzgerald	Internal PIP Consultant
Wendell Mathews	Internal PIP: Data and Reporting
Dr. Steve Coen	Internal PIP Consultant: Clinical
Dr. Mary Horgan	Narrowed Focus Partner
Andrea Alvarez	Narrowed Focus Partner
LeAnna Pacheco	Narrowed Focus Partner



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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	
9/18/2019-10/16/2019	
Team Members Involved	Role/Responsibilities
Jeremy White	PIP Lead
Erica Arnold-Miller	PIP Lead/Executive sponsor
Melissa Schuchman	Data Analysis for PIP
Kat Fitzgerald	Internal PIP Consultant
Wendell Mathews	Internal PIP: Data and Reporting
Dr. Steve Coen	Internal PIP Consultant: Clinical
Dr. Mary Horgan	Narrowed Focus Partner
Andrea Alvarez	Narrowed Focus Partner
LeAnna Pacheco	Narrowed Focus Partner



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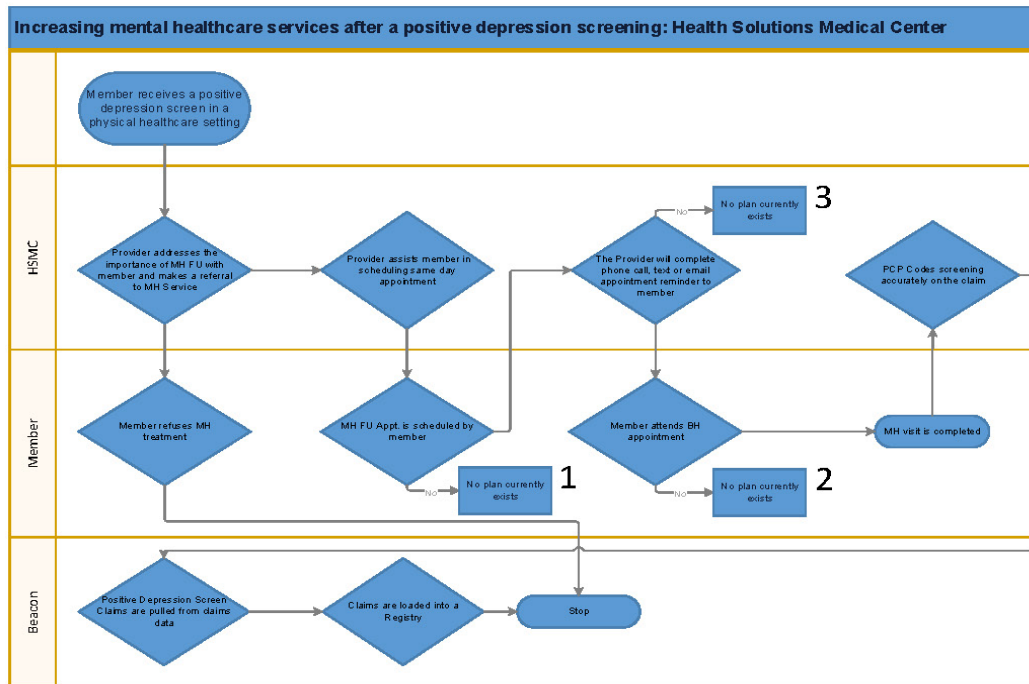
### Process Mapping

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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**Description of process and rationale for selection of subprocesses:**

Select members of the PIP team met with staff from Health Solutions Medical Center to develop the process map above. First, the scope of Module 3 was reviewed. A conversation regarding the current process flow for what occurs after a Member receives a positive depression screen was discussed. This conversation lead to making revisions to the cross functional flow chart. The flow chart allowed the group to be able to view the process from multiple viewpoints. These viewpoints consist of the provider, member, and Beacon. In formulating the process map in this manner the group was able to determine a process flow that spanned multiple functionalities. The discussion began with identifying that the start point was when a member received a positive depression screening.

The group saw that the highest priority in this map was that the Mental health follow up appointment is scheduled by the member receiving a positive depression screen. The group believes that this is a vital mode due to the fact that if the member does not schedule an appointment, they cannot complete the process. The second mode selected was that the member attends the behavioral health appointment. The group saw this as important due to the fact that this mode is at the core of the PIP. If a member does not attend the appointment, there is no way that the PIP goal can be met.

Finally, the group determined that The Provider will complete phone call, text or email appointment reminder to member. The group saw that communication in the form of appointment reminders to a member/their demographic is key to the successful completion of a behavioral health well visit.



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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?)
<b>1. Mental health follow up appointment is scheduled by the member</b>	Member is not interested in BH treatment with HSMC.	Member is currently engaged in outside BH services not associated with HSMC.	Member refuses onsite MH treatment.
	Member does not want to engage in treatment.	Member does not want to engage in treatment due associated to MH stigma.	Member does not attend MH care follow up.
		Member does not see value in MH treatment.	Member does not attend MH care follow up.
	Member does not know how to schedule the appointment.	Provider did not refer member, provider did not give member resources to schedule appointment, and member	Member does not attend MH care follow up.





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		may not know how to research a provider.	
<b>2. Member attends Behavioral Health appointment</b>	Member does not have transportation to the appointment.	Member cannot access transportation services.	Member does not attend MH care follow up.
	Member forgets appointment.	Member does not receive an appointment reminder.	Member does not attend MH care follow up appointment.
	Inconvenient appointment time.	Appointment times do not fit into member's schedule.	Member does not attend MH care follow up.
	Member decides that attending the appointment is not worthwhile.	Member has had a negative experience in the past with MH treatment or believes that MH treatment is stigmatizing.	Member does not attend MH care follow up.
		Member does not see value in MH treatment.	Member does not attend MH care follow up.
<b>3. The Provider will complete phone call, text or email appointment reminder to member</b>	Inaccurate contact information.	Moved, changed, lost service, email goes to junk folder, lost phone, do not have phone, email or other contact information.	Member is not reminded of appointment and does not attend MH care follow up.
	Reminder is ignored.	Member is feeling better and no longer sees value in seeking MH treatment/MH treatment is no longer a priority.	Member does not attend MH care follow up.



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	EHR reminder system goes down.	Power outage, server failure, loss of connection and or other technology related issues.	Member is not reminded of appointment and does not attend MH care follow up.
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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	Member does not want to engage in treatment.
2	Member decides that attending the appointment is not worthwhile.
3	Member does not know how to schedule the appointment.
4	Member does not have transportation to the appointment.
5	Inconvenient appointment time.
6	Inaccurate contact information.
7	Member forgets appointment.
8	Member is not interested in BH treatment with HSMC.
9	Reminder is ignored.
10	EHR reminder system goes down.



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**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:**

When completing the FEMA table a total of ten (10) failure modes were identified. Those ten failure modes were then analyzed and categorized from top priority one to lowest priority ten. Priority was assigned to each failure mode based upon the impact that the failure mode would have upon successful completion of a behavioral health follow up visit by our target population. We saw that the failure modes should be ranked in conjunction with the top three subprocesses from the process map. Thus, it was seen as prudent to align the ranking of the failure modes with the sub-process. For example, the number one sub-process was: mental health follow up appointment is scheduled by the member. Thus, we saw that the number one priority for the failure mode was: Member does not want to engage in treatment. We see that these modes are the highest priority and were ranked as such.



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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. Member does not want to engage in treatment.	<ul style="list-style-type: none"> <li>Give Provider documentation to give members who receive a positive depression screen that will start the conversation on the importance of MH treatment. Documentation and conversations will also address privacy, confidentiality and discreteness of MH treatment</li> <li>Provider will review documentation with member in case there is a literacy issue.</li> <li>Provider will review documentation with member to ensure that the member understands the benefits package.</li> <li>Provider education on the importance of MH follow up in terms of clinical data and how it affects the performance of the RAE. In addition, education of medical providers in integrated medicine.</li> </ul>
2. Member decides that attending the appointment is not worth while	<ul style="list-style-type: none"> <li>Education provided to Member and Member understands that MH services are provided to them at no charge. This can be done though the development of a brochure (provider can discuss with member), member services will conduct education through one on one communication and in group meetings.</li> <li>Care coordinator can reach out to members by phone to address the benefits package, cost, transportation issues etc. at follow up calls.</li> <li>Provide education to the provider on the members benefit package.</li> </ul>



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Table 5—Intervention Determination Table	
Failure Modes	Interventions
3. Member does not know how to schedule the appointment	<ul style="list-style-type: none"> <li>Care coordinator outreach to address scheduling and attending the appointment.</li> <li>Walk in appointment availability for the initial appointment. Identify same day access.</li> </ul>

## Appendix B. Module Validation Tools

Appendix B contains the Module Validation Tools 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	
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	
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 documented within the narrative that the second subprocess was “Member attends the appointment”; however, in the process map, this step is not indicated as a subprocess for improvement. Additionally, the second subprocess marked in the process map “PCP does not conduct the exam” is identified as a fourth subprocess within the narrative. The health plan should revise the process map or narrative to appropriately identify the subprocesses.</p> <p><b>Re-review May 2019:</b> In the resubmission, the health plan updated the process map and it is now aligned with the narrative. The criterion was achieved.</p>





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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
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	<b>General Comment:</b> The subprocesses within the FMEA table align with those documented within the process map narrative. The health plan may need to revise the FMEA table as appropriate once changes are made to the process map or the process map narrative.
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	
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	<b>General Comment:</b> The interventions documented for all three failure modes appear to be the same. The health plan should consider multiple distinct interventions which can be tested throughout the PIP as necessary.  All interventions should be innovative, actionable improvement strategies that address the failure modes and have the potential to impact the SMART Aim. The health plan must develop a robust tracking mechanism identifying all members who received the text messaging and develop an effective evaluation method to link the receipt of the message to the members' compliance with a well-care visit.





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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		<p><b>Re-review May 2019:</b> In the resubmission, the health plan updated the interventions.</p> <p><b>General Comment:</b> The health plan documented that it will use claims to determine if the members who received the intervention completed a well check appointment. HSAG recommends that in order to understand the impact of interventions on member compliancy, and to make rapid changes to the interventions as needed, the health plan must use more real time data to track intervention effectiveness.</p>

**Intervention Determination (Module 3)**
☒ Pass

Date: May 30, 2019



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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	
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	<b>General Comment:</b> It appears that some steps should be yes/no decision points. For example, within the FMEA table, the health plan notes for subprocess one; “Provider did not refer member, provider did not give member resources to schedule appointment”. Given this failure cause, the first and second step in the HSMC row of the process map; “Provider assists member is scheduling same day appointment” and “Provider addresses the importance of MH FU with member and makes a referral to MH services” may need to be yes/no decision points since these may not always happen.
3. The MCO 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	
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	<b>General Comment:</b> The health plan may need to update the FMEA table as revisions are made to the process map.



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
5. The MCO described the failure mode priority ranking process. If the RPN method was used, the MCO provided the numeric calculations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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><b>General Comment:</b> The second intervention, <i>the development of a brochure and group meetings</i>, if selected, the health plan must develop a robust tracking mechanism to demonstrate the impact of these strategies.</p> <p>The third intervention, <i>walk in appointment availability for initial appointment</i>, is unclear. Will the health plan regularly assess the availability of same day appointments at the narrowed focus provider office? Are there actions that will be taken once this information is received? The health plan should clearly document the action that will be tested in the Module 4 Intervention Plan.</p>

**Intervention Determination (Module 3)**
☒ Pass

Date: November 6, 2019