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

Northeast Health Partners

Region 2

April 2020

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

HSAG HEALTH SERVICES ADVISORY GROUP

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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, **Northeast Health Partners Region 2**, referred to in this report as **NHP R2**, 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.[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.medicaid.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.ihi.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 **NHP R2**'s module submission forms. In FY 2019–2020, these forms provided detailed information about **NHP R2**'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, **NHP R2** 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.*

NHP R2 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:

- **S**pecific: The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **M**easurable: 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?
- **A**ttainable: 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)?
- **R**elevant: The goal addresses the problem to be improved.
- **T**ime-bound: The timeline for achieving the goal.

Table 1-1 includes the PIP titles and SMART Aim statements selected by **NHP R2**.

Table 1-1—PIP Titles and SMART Aim Statements

PIP Title	SMART Aim Statements
Increasing Well Checks for Members 21–64 Years of Age	By 6/30/2020, increase the percentage of well checks that are received among males ages 21–64, from 46.97% to 49.67% at Plan De Salud Del Valle, Inc.
Increasing Mental Healthcare Services After a Positive Depression Screening	By 6/30/2020, increase the number of behavioral health follow-up services to members within 30 days of receiving a positive depression screen, from 30.92% to 40.13%.

The focus of the well check visits PIP is to increase the percentage of male members 21 through 64 years of age who receive a well-check visit from the narrowed focus provider group. The focus of the behavioral health PIP is to increase the percentage of members who receive follow-up behavioral health services within 30 days of receiving a positive depression screen. Table 1-2 summarizes the progress **NHP R2** has made in completing the five PIP modules for each PIP.

Table 1-2—PIP Titles and Module Status

PIP Title	Module	Status
Increasing Well Checks for Members 21–64 Years of Age	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 September 2019, with PDSA cycles continuing through SMART Aim end date of June 30, 2020.
	5. PIP Conclusions	Targeted submission for October 2020.
Increasing Mental Healthcare Services After a Positive Depression Screening	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, **NHP R2** had passed Module 1, Module 2, and Module 3, achieving all validation criteria for each PIP. **NHP R2** 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.

Validation Findings

In FY 2019–2020, **NHP R2** 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, **NHP R2** 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 **NHP R2** 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 want an annual well check	Beacon will pull well check claims and create a monthly well check registry that can be shared with the narrowed focus provider (Salud) for purposes of reaching out to members to schedule well check appointments. In order to actively engage members, care coordinators from Salud can make contact and address the importance of a well check with the member. Care coordinators will receive a well check registry list that shows which members attributed to Salud have not had a well check and those who are coming due for a well check. This list will then be used to outreach to members to make them aware of the importance of a well check and help them to schedule the appointment. Care coordinators from Salud will educate the member on the importance of a well check. In doing so, they will establish value to the well check appointments with the member and assist the member in scheduling an

Failure Modes	Potential Interventions
	appointment. They will 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 her baseline results can lead to a healthier lifestyle. In order to actively engage members, care coordinators from Salud could make contact and address the importance of a well check and the importance of knowing what the results will bring. Care coordinators will track their contacts on a spreadsheet and the provider will track appointments scheduled and attended on a spreadsheet that will be compared to real-time data. Spreadsheets will be returned and reconciled monthly to determine the impact of the intervention.
Member may not be aware that he or she needs an annual well check	The use of the Well Pass texting campaign is an option that can be used to inform the member about their need for an annual well check. Care coordinators can follow up with members who have received the text messages in order to assist with providing the member information regarding, but not limited to, the member's benefit package, the need for a well check, the importance of a well check, and what to expect at the well check appointment. Additionally, information could include the difference between acute visits and well check visits, emphasize the need for an annual well check in maintaining health, and the impact on preventing complications when issues are identified early. Claims data and provider data can be used to determine if members contacted by the well pass system completed an appointment. Care coordinators will track their contacts on a spreadsheet and the provider will track appointments scheduled and attended on a spreadsheet that will be compared to real-time data. Spreadsheets will be returned and reconciled monthly to determine the impact of the intervention.
Member does not value the appointment	The rationale for this intervention could stem from the fact that the member does not value the importance of a well check and does not prioritize attending the well check appointment. In order to actively engage members, care coordinators from Salud could make contact and address the importance of a well check with the member and help the member reschedule the appointment. Claims data can be used to see if members contacted by care coordinators completed an appointment. Care coordinators will track their contacts on a spreadsheet and the provider will track appointments scheduled and attended on a spreadsheet that will be compared to real-time data. Spreadsheets will be returned and reconciled monthly to determine the impact of the intervention.

At the time of this FY 2019–2020 PIP validation report, **NHP R2** had completed Module 3 and initiated the intervention planning phase in Module 4. **NHP R2** submitted one intervention plan in September 2019 for the well-child visits PIP. Table 2-2 summarizes the intervention **NHP R2** 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
Outreach to inform members about well checks	• Member knowledge and understanding about the importance of well check visits • Members may not understand the difference between annual well checks and regular doctor visits	Member does not want an annual well check

NHP R2 selected one intervention for the well check PIP to test using PDSA cycles in Module 4. The member-focused intervention included outreach to members to discuss the importance of well check visits and offer assistance with scheduling an appointment to address a failure mode related to members not wanting an annual well check. HSAG reviewed the intervention plan and provided written feedback and technical assistance to **NHP R2**.

Increasing Mental Healthcare Services After a Positive Depression Screening

Table 2-3 summarizes the potential interventions **NHP R2** 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
Positive depression screen is not coded accurately on the claim	One-on-one discussion with the providers about the roadblocks they experience that keep them from submitting claims for positive depression screens. Review claims to see how many (positive and negative) are submitted. Education for the provider on how to code a depression screen on the claim and then in turn bill the service provided. Provider town halls could be a venue for the education. Chart audits conducted to confirm if the screen took place and if the screen was billed as well as if the depression screen was discussed with the member.
Depression screen combined with other services	Provider provides other services (for example, well visit or other preventive service) and does not itemize out a depression screen. In this instance, providers will need education around the purpose of itemizing out a depression screen and an implementation timeline for ensuring practitioners and billing staff members are aware of the changes.
Member is diagnosed with other comorbid conditions and depression not seen as critical to treating	Member education that depression symptoms can have an effect on other conditions. This particular intervention would be crafted with a selected provider to ensure the resources are usable and relevant to their clinical teams and member demographics. Examples could include a rack of cards that gives member information on integrated care, comorbid conditions, and the importance of seeking mental health treatment.

Failure Modes	Potential Interventions
Member forgets to schedule an appointment	Provider completes a follow-up call to remind member to schedule their BH follow-up appointment.
Member does not believe in mental health (MH) services	• Work to understand how providers currently navigate topics of medical stigma with members; as needed, assist the provider in new language and resources to provide to members who receive a positive depression screen, which will start the conversation on the importance of MH treatment. • Provider will review documentation with member in case there is a literacy issue. • Provider education on the importance of MH follow-up in terms of clinical data and how they affect the performance of the RAE.

At the time of this FY 2019–2020 PIP validation report, **NHP R2** had completed Module 3 and initiated the intervention planning phase in Module 4. **NHP R2** submitted one intervention plan in January 2020 for the behavioral health PIP. Table 2-4 summarizes the intervention **NHP R2** 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
Provider needs to submit claim for completed depression screening with correct billing codes	Billing inconsistency.	• Positive depression screen is not coded accurately on the claim • Depression screen combined with other services

For the behavioral health PIP, **NHP R2** selected one intervention to test using PDSA cycles in Module 4. The provider-focused intervention included the creation of training materials and potential establishment of new workflows, both specific to depression screening billing. This intervention is meant to address the failure modes related to incorrectly coded, or noncoded, depression screenings. HSAG reviewed the intervention plan and provided written feedback and technical assistance to **NHP R2**.

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 **NHP R2** successfully completed Module 3 and identified opportunities for improving the process related to obtaining well checks for members 21 through 64 years of age and increasing mental healthcare services after a positive depression screening. **NHP R2** 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 initiated Module 4 by selecting interventions to test and documenting a plan for evaluating the impact of the intervention through PDSA cycles. **NHP R2** 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, **NHP R2** 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, **NHP R2** 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.
- The key driver diagram for the PIP should be updated regularly to incorporate knowledge gained and lessons learned as **NHP R2** progresses through determining and testing interventions. **NHP R2** should also update the key driver diagram to include the key driver(s) addressed by intervention(s) selected for testing in Module 4.
- **NHP R2** should ensure that interventions selected for the PIP are likely to improve the timeliness of follow-up care after a positive depression screen.
- **NHP R2** 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, **NHP R2** 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, **NHP R2** 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 Check for Members 21–64 Years of Age
for **Northeast Health Partners Region 2 (RAE 2)**

Managed Care Organization (MCO) Information	
MCO Name:	Northeast Health Partners
PIP Title:	Increasing Well Checks for Members 21–64 Years of Age
Contact Name:	Jeremy White
Contact Title:	Quality Manager
E-mail Address:	Jeremy.White@beaconhealthoptions.com
Telephone Number:	719 226-7794
Submission Date:	August 23, 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	
6/27/2019 to 8/23/2019	
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
Kari Snelson	Northeast Health Partners Consultant
Don Gutstadt	SMART Aim Provider
Chelsea Morrison	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	
6/27/2019 to 8/23/2019	
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
Kari Snelson	Northeast Health Partners Consultant
Don Gutstadt	SMART Aim Provider
Chelsea Morrison	SMART Aim Provider

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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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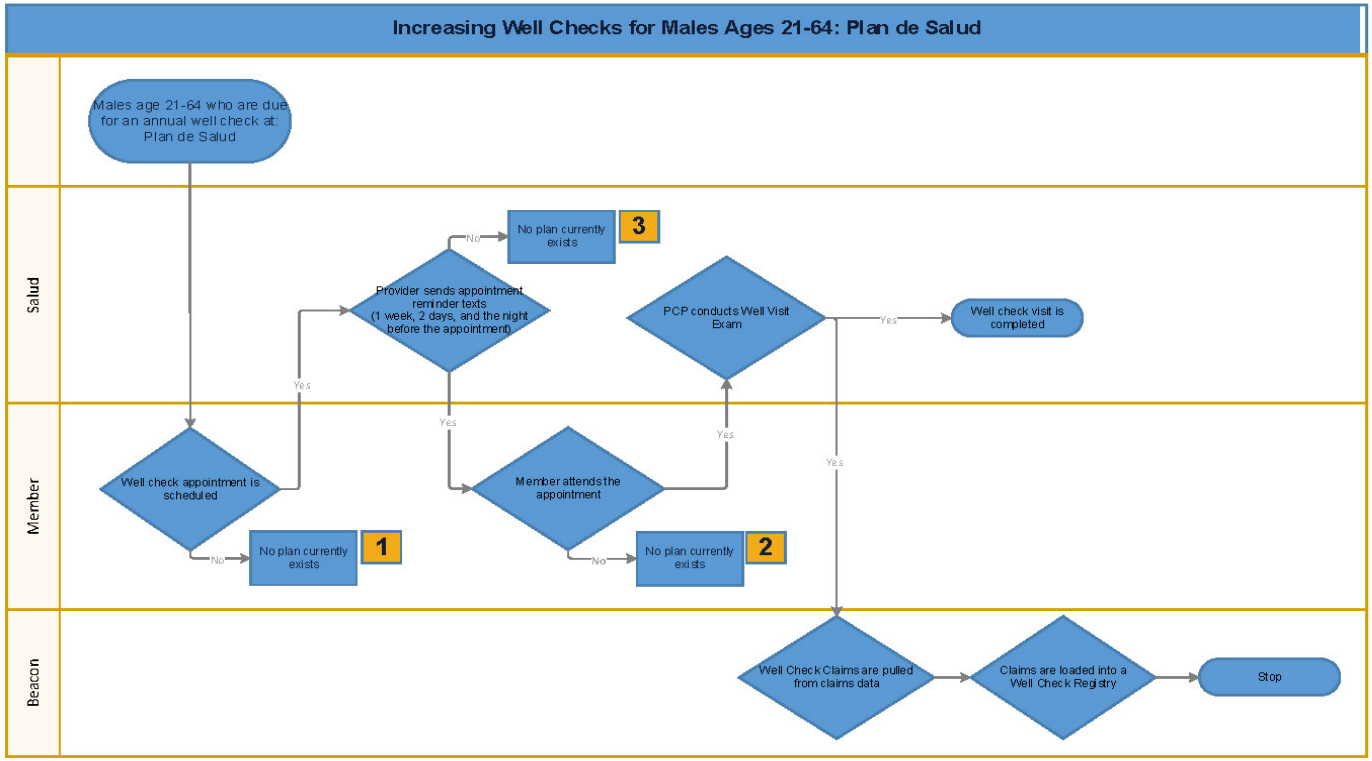

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Process Mapping

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:

Select members of the PIP team met with Don Gutstadt and Chelsea Morrison from Salud Family Health Centers to develop the process map above. First, the scope of Module 3 was reviewed. A conversation regarding the current process for staff and members needing a well check at Salud Family Health Centers followed and the cross functional flow chart to view the process from the provider, member, and Beacon process interaction was developed. The discussion began with identifying the need to reach out to male's ages 21 to 64 for well checks as they are less likely than other groups to schedule appointments on their own. The provider does not do any outreach at this time. The provider does send appointment reminders via text messages 1 week, 2 days, and the night before the appointment. However, the member phone number and contact information may be outdated. Members either attend, reschedule or miss their appointments. There is currently no outreach to reschedule appointments when members no show for their well check appointments. Upon completion of the well check the claim is submitted. Beacon Health Options takes the claim and places 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.

After the process map was completed the group identified the three areas to address areas where opportunities for improvement existed: 1) Well check appointment is scheduled, 2) Member attends the appointment, 3) Provider sends appointment reminder texts. The rationale behind the selection of each of the subprocesses stems from the direct experience of the staff and providers at Salud Family Health Centers. We identified the largest area of improvement was the well check appointment being scheduled as members are often not aware they are due for a well check. This was followed closely by the member attending the appointment as

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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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many do not understand the need for a well check appointment and have other social determinants of health related issues that compete for their attention. The last subprocess identified was text message appointment reminders as the member contact information is often out of date and prohibits the reminders from being received by the members.

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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. Well check appointment is scheduled	Member may not be aware that they need an annual well check.	Member has poor health literacy	Member does not schedule the well check appointment
	Member forgets to schedule the appointment	Member has conflicting priorities	Member does not schedule the well check appointment
	Member does not want an annual well check	Member is anxious about possible unforeseen illnesses or other conditions that a well check would reveal	Member does not schedule the well check appointment

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	Member does not keep track of their appointment history	Provider does not currently have a Well Check Registry that can be used to identify Members in need of a Well Check	Member does not schedule the well check appointment
	Member does not understand their benefits package	Poor health literacy, no internet access to find information on benefit package or not understanding the associated cost.	Member does not receive an annual well check
2. Member attends the appointment	Appointment times do not fit into members schedule	Member needs extended hours for appointments	Member does not receive an annual well check
	Transportation issues keep member attending appointment	Member is unaware of transportation options	Member does not receive an annual well check
	Member does not value the appointment	Poor health literacy	Member does not receive an annual well check

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3. The night before the appointment the Provider will complete text message appointment reminder to member	Member does not receive a well check reminder text message	Member contact information is not updated when they are at the provider's office, land line only, technical issues with the service provider, automatic stops/opted out of text messaging 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 want an annual well check
2	Member may not be aware that they need an annual well check.
3	Member does not value the appointment
4	Member does not understand their benefits package
5	Member does not receive a well check reminder text message
6	Member forgets to schedule the appointment
7	Member does not keep track of their appointment history
8	Appointment times do not fit into members schedule
9	Transportation issues keep member attending appointment

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:
Highest priority was given to issues related to health literacy, knowledge of needing an appointment, and understanding of benefits package as they were seen as easiest interventions to implement with Care Coordinators making outreach calls to members on the Well Check Registry. Updating member contact information and follow up with rescheduling no show appointments and assistance with appointment scheduling followed. The lowest priority was given to appointment times and transportation issues as they would require more resources to address.

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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 want an annual well check	Beacon will pull well check claims and create a monthly well check registry that can be shared with the provider (Salud) for purposes of reaching out to members to schedule well check appointments. In order to actively engage members, Care Coordinators from Salud can make contact and address the importance of a well check with the member. Care coordinators will receive a well check registry list that shows which members attributed to Salud have not had a well check and those who are coming due for a well check. This list will then be used to outreach to members to make them aware of the importance of a well check and help them to schedule the appointment. Care coordinators from Slaud will educate the member on the importance of a well check. In doing so, they will establish value to the well check appointments with the member and assist the member in scheduling an appointment. They will 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 Salud could make contact and address the importance of a well check and the importance of knowing what the results will bring. Care Coordinators will track their contacts on a spreadsheet and the provider will track appointments scheduled and attended on a spreadsheet that will be compared to have real time data. Spreadsheets will be returned and reconciled monthly to determine the impact of the intervention.

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Table 5—Intervention Determination Table	
Failure Modes	**Interventions**
Member may not be aware that they need an annual well check.	The use of the Well Pass texting campaign is an option that can be used to inform the member about their need for an annual well check. Care coordinators can follow up with members who have received the text messages in order to assist with providing the member information regarding included but not limited to: the members benefit package, the need for a well check, the importance of a well check and what to expect at the well check appointment. Additionally, information could include the difference between acute visits and well check visits, emphasize the need for an annual well check in maintaining health, and the impact on preventing complications when issues are identified early. Claims data and provider data can be used to determine if members contacted by the well pass system completed an appointment. Care Coordinators will track their contacts on a spreadsheet and the provider will track appointments scheduled and attended on a spreadsheet that will be compared to have real time data. Spreadsheets will be returned and reconciled monthly to determine the impact of the intervention.
Member does not value the appointment	The rationale for this intervention could stem from the fact that the member does not value the importance of a well check and does not prioritize attending the well check appointment. In order to actively engage members, Care Coordinators from Salud could make contact and address the importance of a well check with the member and help the Member to reschedule the appointment. Claims data can be used to see if members contacted by care coordinators completed an appointment. Care Coordinators will track their contacts on a spreadsheet and the provider will track appointments scheduled and attended on a spreadsheet that will be compared to have real time data. Spreadsheets will be returned and reconciled monthly to determine the impact of the intervention.

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Managed Care Organization (MCO) Information	
MCO Name:	Northeast Health Partners
PIP Title:	Increasing mental healthcare services after a positive depression screening
Contact Name:	Jeremy White
Contact Title:	Quality Manager
E-mail Address:	Jeremy.White@beaconhealthoptions.com
Telephone Number:	719-226-7794
Submission Date:	December 19, 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	
03/11/2019 to 12/19/2019	
Team Members Involved	**Role/Responsibilities**
Jeremy White	PIP Lead
Erica Arnold-Miller	PIP Lead/Executive Sponsor
Melissa Schuchman	Data Analysis for PIP
Alyssa Rose	AVP Operations
Christine Andersen	Service Integration Consultant
Kat Fitzgerald	Internal PIP Consultant
Andrea Scott	Internal PIP: Data and Reporting
Dr. Steve Coen	Internal PIP Consultant: Clinical
Lynne Bakalyan	Director of Member Services
Jen Hale-Coulson	Director of Clinical Care Coordination
Kari Snelson	External Partner: RAE Consultant

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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	
Mandi Strickland	External Partner: RAE Consultant
Catherine Morrisey	External Partner: RAE Consultant
Tamara McCoy	External Partner: PIP Consultant
Cindy McDade	External Partner: PIP Consultant
Mark Wallace	External Partner: Medical Director
Spencer Green	External Partner: PIP Consultant

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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	
03/11/2019 to 12/19/2019	
Team Members Involved	**Role/Responsibilities**
Jeremy White	PIP Lead
Erica Arnold-Miller	PIP Lead/Executive Sponsor
Melissa Schuchman	Data Analysis for PIP
Christine Andersen	Service Integration Consultant
Kat Fitzgerald	Internal PIP Consultant
Andrea Scott	Internal PIP: Data and Reporting
Dr. Steve Coen	Internal PIP Consultant: Clinical
Kari Snelson	External Partner: RAE Consultant
Mandi Strickland	External Partner: RAE Consultant
Catherine Morrisey	External Partner: RAE Consultant
Tamara McCoy	External Partner: PIP Consultant
Cindy McDade	External Partner: PIP Consultant

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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	
Mark Wallace	External Partner: Medical Director
Spencer Green	External Partner: PIP Consultant

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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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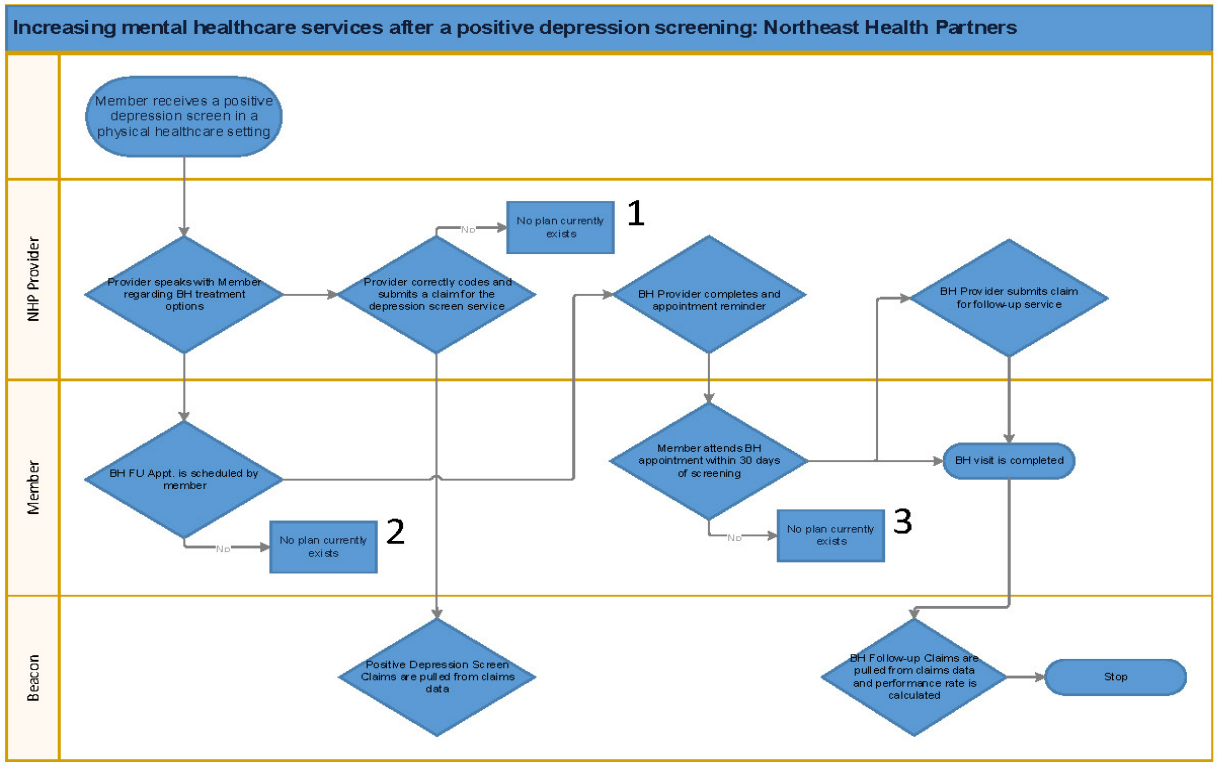

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Process Mapping

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 sub-processes:

For module three, a swimlane process maps was created to address the process flow at the member, provider, and MCO level. All processes begin with a member receiving a positive depression screen in a primary care setting and end with a member receiving a behavioral health follow-up appointment within 30-days of the positive depression screen.

The PIP Task Group met on March 8th, 2019 and then again on December 16th, 2019 to address the process flow of what occurs for a member and a provider in-between the positive depression screen and the follow up mental health care appointment. The group saw that the highest priority in this map was the provider needs to submit a claim for the completed depression screen with the correct billing codes so it is counted in the denominator. Without this, no true capturing of performance can occur because there is not a comprehensive understanding of how frequently screens are occurring and what barriers might exist for members and providers who are participating in that process. Conversations with several providers revealed that many providers do not submit claims for depression screens at all, leading us to believe that this should be the first intervention point in the PIP efforts. This is what the group considered to be a key driver of the process map.

The second mode selected was that the member schedules a mental health appointment. The group saw this as a vital mode due to the fact that if the member does not schedule an appointment, their positive depression screen results cannot be addressed in

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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.

clinically appropriate ways.. There are many hypotheses surrounding why a member may not schedule an appointment, including perceived stigma surrounding mental health and depression and poor communication between a provider and member about the health impact of untreated depression. Ultimately these hypotheses can be further explored at different intervention points following the implementation of consistent and accurate coding of depression screens at the provider level.

Finally, the third 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. It is unclear how no-show or cancelled appointments impact this measure at this time due to the underreporting of depression screens happening at the time of billing. However, anecdotal feedback from providers and the PIP Task Group suggested that members may not find the follow-up necessary (due to perceived stigma and/or communication on its importance from the provider), or be able to prioritize it (due to social determinants like needing to find child care, take time off work, or transportation). As the intervention effort to increase coding and billing and coding of depression screens occurs, the denominator is expected to increase, thus creating a more robust intervention that also targets the measure's numerator (time follow-up). If a member does not attend the appointment, there is no way that the PIP goal can be met.

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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.

Note from the health plan: Because the intervention efforts will be a plan-wide approach, the FMEA table combines the identified risks and barriers of the member, provider, and MCO.

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. PCP codes the positive depression screen accurately on the claim	Positive depression screen is not coded accurately on the claim	PCP does not code the positive depression screen on the claim	Depression screening does not show up on paid claims report; thus, reminder to follow-up with MH is not generated.
		PCP office does not bill for depression screens	Depression screening does not show up on paid claims report; thus, reminder to follow-up with MH is not generated.

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	Depression Screen combined with other services	PCPs will not separate out the code and combine with E&M codes	Depression screening does not show up on paid claims report; thus, reminder to follow-up with MH is not generated.
2. Member schedules BH appointment	Member has poor literacy and does not comprehend the materials provided.	Educational Issues	Member does not schedule MH care follow up appointment
	Member is experiencing depression and the depression is impacting motivation	Symptoms impact functioning	Member does not schedule MH care follow up appointment
	Member is diagnosed with other comorbid conditions and they see that depression is not as important to seek treatment for as the others.	Competing health priorities	Member does not schedule MH care follow up appointment
	Member forgets to schedule the appointment	Member has other priorities and forgets to schedule the appointment	Member does not schedule 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 may not know how to research a provider.	Member does not schedule MH care follow up

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3. Member attends BH appointment	Member does not have transportation to the appointment	Member cannot access transportation services	Member does not attend MH care follow up appointment
	Member forgets appointment	Member does not receive an appointment reminder.	Member does not attend MH care follow up.
	Work conflict/family emergency/ no child care	Member is no longer available to attend the appointment, often at last minute.	Member does not attend MH care follow up.
	Inconvenient appointment time	Appointment times do not fit into members' 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 believe in MH services	Cultural values may impede seeking MH services, Negative view of MH treatment or negative past experiences.	Member does not attend MH care follow up appointment
	Member gets lost	Member either gets lost on way to appointment or forgets where to go.	Member does not attend MH care follow up 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	Positive depression screen is not coded accurately on the claim
2	Depression Screen combined with other services
3	Member is diagnosed with other comorbid conditions and depression is not seen as critical to treating.
4	Member forgets to schedule the appointment
5	Member does not believe in MH services
6	Member forgets to schedule the appointment
7	Member decides that attending the appointment is not worth while
8	Member forgets appointment
9	Member does not know how to schedule the appointment
10	Member does not have transportation to the appointment
11	Inconvenient appointment time
12	Work conflict/family emergency/ no child care
13	Member is experiencing depression and the depression is impacting motivation
14	Member has poor literacy and does not comprehend the materials provided.

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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	
15	Member gets lost

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:

The RPN method was not used to determine the priority ranking for the failure modes for this PIP. As the PIP Task Group (members listed in tables one and two) felt it best to address the priority ranking based upon their own professional expertise. The rationale for the selection of the failure modes included the use of the process flow map to identify the top areas of focus. The PIP Task Group met to discuss where the highest priorities existed. Each failure mode was weighed in terms of priority. Through in depth conversations, the group established a foundational rationale to support each of their decisions. For failures modes one and two, coding is the most crucial element in order to determine true gaps in follow-up services. The third failure mode, member is diagnosed with comorbid conditions, the PIP Task Group felt that managing multiple diagnoses could prove challenging for many members, creating barriers to intentional depression management. However, there was also discussion around better care coordination at the provider level, allowing for potential intervention work to target complex care individuals and ensuring that a positive depression screen is not an afterthought to other medical management efforts. Each failure mode was seen as important; however, the group determined that many of the modes overlapped and in turn selected the most relevant and encompassing failure modes where interventions could be clearly outlined, applied and implemented.

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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
Positive depression screen is not coded accurately on the claim.	1:1 discussion with the providers about the roadblocks they experience that keep them from submitting claims for positive depression screens. Review claims to see how many (positive and negative) are submitted. Education for the provider on how to code a depression screen on the claim and then in turn bill the service provided. Provider town halls could be a venue for the education. Chart audits conducted to confirm if the screen took place and if the screen was billed as well as if the depression screen was discussed with the member.
Depression Screen combined with other services	Provider provides other services (for example, well visit or other preventive service) and does not itemize out a depression screen. In this instance, providers will need education around the purpose of itemizing out a depression screen and an implementation timeline for ensuring practitioners and billing staff are aware of the changes.
Member is diagnosed with other comorbid conditions and depression is not seen as critical to treating.	Member education that depression symptoms can have an effect on other conditions. This particular intervention would be crafted with a selected provider to ensure the resources are usable and relevant to their clinical teams and member demographics. Examples could include a rack (4x6 card) card that gives member information on integrated care, comorbid conditions and the importance of seeking mental health treatment.
Member forgets to schedule the appointment	Provider completes a follow up call to remind member to schedule their BH follow-up appointment.

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Table 5—Intervention Determination Table	
Failure Modes	**Interventions**
Member does not believe in MH services	Work to understand how providers currently navigate topics of medical stigma with members; as needed, assist the provider in new language and resources to provide members who receive a positive depression screen that will start the conversation on the importance of MH treatment. Provider will review documentation with member in case there is a literacy issue. Provider education on the importance of MH follow up in terms of clinical data and how it affects the performance of the RAE.

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).	☒ Yes ☐ 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.	☒ Yes ☐ No	
3. The health plan included a description of the process and rationale used for the selection of subprocesses in the FMEA table.	☒ Yes ☐ 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.	☒ Yes ☐ No	

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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
5. The health plan described the failure mode priority ranking process. If the RPN method was used, the health plan provided the numeric calculations.	☒ Yes ☐ No	The health plan prioritized the failure modes based on the easiest interventions to implement. The health plan should rank failure modes based on their impact to the SMART Aim measure rather than those that would be the easiest to address or those requiring additional resources. **Re-review August 2019**: As a general comment, in the resubmission, the health plan had not updated the failure mode ranking process. This evaluation criterion was inadvertently marked as "Achieved" in the initial review. Moving forward, the health plan must ensure that the failure modes are ranked based on their impact on the SMART Aim measure.
6. The interventions listed in the Intervention Determination table were appropriate based on the ranked failure modes.	☒ Yes ☐ No	The second intervention does not address the associated failure mode. How will educating the staff on correct coding impact member awareness of annual well-check visits? In addition, the health plan must further describe what education will be provided to the member and how? Additionally, as a general comment, the third intervention appears to be the same as the first intervention. **Re-review August 2019:** In the resubmission, the health plan updated the Interventions Determination table. The documented interventions appear appropriate based on the ranked failure modes. The criterion was achieved.

Intervention Determination (Module 3)

☒ Pass

Date: August 27, 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).	☒ Yes ☐ 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.	☒ Yes ☐ No	
3. The MCO included a description of the process and rationale used for the selection of subprocesses in the FMEA table.	☒ Yes ☐ 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.	☒ Yes ☐ No	**General Comment**: Within the narrative on page 7, the MCO describes barriers to the second subprocess that do not align with the FMEA table. The second subprocess notes "perceived stigma surrounding mental health and depression and poor communication between a provider and member about the health impact of untreated depression", which do not align with the documented failure modes, causes, and effects. If the MCO hypothesizes that the above barriers

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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
		may be preventing members from scheduling a follow-up appointment, they should also be documented in the FMEA table.
5. The MCO described the failure mode priority ranking process. If the RPN method was used, the MCO provided the numeric calculations.	☒ Yes ☐ No	**General Comment:** One failure mode, "Member forgets to schedule appointment", is documented and prioritized twice as priority ranking 4 and 6.
6. The interventions listed in the Intervention Determination table were appropriate based on the ranked failure modes.	☒ Yes ☐ No	

Intervention Determination (Module 3)

☒ Pass

Date: January 8, 2020