

## 1. Purpose/Mission Statement

Please describe your organization's overall purpose/mission statement. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

### Organization Mission:

Rocky Mountain Health Plans (RMHP) takes the initiative to improve the lives of Members and the health of communities by offering innovative health plans, providing excellence in service and staying true to our tradition of putting people first.

Our commitment to high quality, provider-directed care, with an emphasis on Member health is the heart of our success. This founding principle has served Members well and has guided us to high Member satisfaction and quality performance ratings.

We also adapt quickly to changing market conditions to meet the needs of today's health care consumers. We have succeeded by putting Members first and working toward the health of the communities we serve. It is our pledge to continue this tradition.

## 2. Yearly Objectives/Top Priorities

Please describe your quality objectives and top priorities for this fiscal year. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

The objective of the RMHP Quality Improvement (QI) program is to monitor, measure, and take effective actions on identified opportunities to improve the quality and safety of health care and services through the cycle of objective evaluation, intervention, and reevaluation. These activities are the summation of efforts by several departments including – Quality Improvement, Care Coordination, Utilization Management, Customer Service, Pharmacy, Provider Network Management, Clinical Quality Performance and Clinical Quality Program Teams – (formerly known as Practice Transformation), Community Integration, Claims Management, Information Technologies, and Professional Peer Review. Pertinent activities from the identified departments are reported and integrated into the QI Program.

### Quality Improvement Goals

- Improve the quality of all categories of health care, including physical health (PH), behavioral health (BH) and social determinants of health (SDoH) provided to the entire population of RMHP Members, which includes the Regional Accountable Entity (RAE), PRIME & Child Health Plan Plus (CHP+) membership.
- Promote clinical care and services that are delivered in a safe, timely, efficient, effective, equitable, and Member-centered manner.
- Respond to the needs and expectations of RMHP internal and external customers by evaluating clinical and service performance relative to meeting those needs and expectations.
- Encourage and engage in effective professional peer review.

- Support and facilitate health care entities in geographically distinct areas in coordinating the collection and utilization of QI information.
- Evaluate and improve the effectiveness of the QI Program by developing action plans based on measured outcomes.
- Report results of QI efforts.
- Ensure compliance with contractual, regulatory, and statutory requirements and accreditation standards.

#### Quality Objectives

- Collect and review information from Members about their experience of care. Develop and implement data-informed performance improvement activities to address areas of concern and opportunities for improvement.
- Review and respond to Member and provider quality of care (QOC) concerns through QOC processes and interdepartmental committee activities. Identify and evaluate related trends, as well as take corrective action if deemed appropriate.
- Monitor and improve Member access to care and continuity of care through interdepartmental committees, as well as Member Advisory Council (MAC) feedback and activities.
- Improve Member awareness, health literacy and engagement in their own health care.
- Identify, through multiple mechanisms, important areas of care, safety, and service to be monitored. Initiate and complete necessary quality assurance activities.
- Promote quality and safety of clinical care by reviewing identified adverse Member outcomes, identifying, and evaluating trends and taking corrective action if appropriate.
- Coordinate and facilitate the collection, review and submission of performance measures and QI data pertinent to services provided to RMHP Members by contracting entities.
- Facilitate the development, distribution, and implementation of clinical practice guidelines, and relaying the importance and benefits to RMHP membership.
- Use results of performance measurements to continually improve care delivered to the Member including Performance Improvement Projects (PIPs).
- Monitor the diversity, cultural and linguistic needs of Members and determine if improvements are required to better serve the needs of the Member while working to ensure health equity for all.
- Identify Members with complex health care needs, improve coordination of care (COC) and services for Members.
- Identify Members with special health care needs as defined by the Department of Health Care Policy and Financing (The Department) and develop mechanisms to assess the quality and appropriateness of care furnished to this population.
- Credential/re-credential of Practitioners in a timely manner.
- Monitor and improve practitioner adherence to standards for preventive, BH treatment and chronic illness care.
- Completion of regular quality audits of the Region 1 Behavioral Health Network. Develop performance improvement or corrective action plans as identified. Collaborate with the provider network to manage utilization.

- Collect and review data related to the over and under-utilization of health care services, including partnering with The Department in administering the Client Over-Utilization Program (COUP) (RAE Members) and the Drug Safety Program (DSP) for PRIME and CHP+ Members. This information is used for data-informed interventions with Members and providers.
- Monitor and improve practitioner adherence to standards for medical record documentation.
- Participate in external quality reviews.
- Continue to develop training opportunities and BH training programs based on results of performance measurements, audits, QI data and Member feedback.
- Report QI activity progress and findings to providers and others, including Members as deemed appropriate. Continue to advance the awareness of the QI program within the organizational structure and processes.

#### Top Priorities for Fiscal Year

- Continue to refine the quality assurance (QA) oversight program of the BH network.
- Engage Members and stakeholders in directing and informing performance and quality improvement of the Regional Accountable Entity (RAE), PRIME and CHP+ programs.
- Continue data-driven QI processes at both the practice and regional level.
- Meet or exceed benchmarks for Key Performance Indicators (KPIs), Performance Pool (PP), Behavioral Health Incentive Program (BHIPs) measures, PIPs, and CHP+ Performance and Operation Measures.
- Improve access to high-quality physical and behavioral health care.
- Continue to refine processes to evaluate and incorporate SDoH data into whole-person assessment and stratification with connection to resources.
- Continue to provide ongoing organizational focus on health equity by reducing health disparities throughout the Membership.
- Improve maternity-related care.
- Improve diabetes-related care.
- Improve childhood and adolescent immunizations and well-care.
- Improve Coordination of Care (COC) and services for Members with complex and special health care needs.

### **3. Quality Program Leadership**

Please list the individuals who are in your quality program. Please include their contact information.

Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

**Vice President of Clinical Programs, Todd Lessley,** [REDACTED]

The Vice President of Clinical Programs is responsible for the ongoing development and deployment of Practice Transformation, Care Coordination, Utilization Management, Quality Improvement, and other related initiatives.

## Quality Improvement Plan

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RAE: Region 1, RMHP PRIME & CHP+ MCO

Date: 09/30/2022



### **Director of Quality Improvement, Kim Herek,** [REDACTED]

The Quality Improvement Director oversees the clinical quality accreditation team, clinical quality performance team and clinical quality program team. The director is responsible for executing the daily functioning of the Quality Improvement department. The director oversees practice quality monitoring, adverse event review, regulatory compliance with quality standards and requirements, National Committee for Quality Assurance (NCQA) accreditation project management, as well as Health care Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Health care Providers & Systems (CAHPS) data collection and intervention development to improve performance measures. The director directs and coordinates all QI activities, ensures alignment with federal and state guidelines, and sets internal performance goals and objectives.

### **Vice President, Community Integration and Regional Accountable Entity Program Officer, Meg Taylor,** [REDACTED]

The RAE Program Officer is responsible and accountable for monitoring all phases of the RAE, PRIME and CHP+ contracts in accordance with the work plans or timelines determined by The Department. The Program Officer is responsible for ensuring the completion of all work in accordance with contract requirements including, but not limited to, ensuring the accuracy, timeliness, and completeness of all work. The Program Officer works closely with all individuals who are part of the quality leadership team.

### **Behavioral Health Medical Director and Interim Chief Clinical/Medical Officer (CCO/CMO), Wojciech Zolcik, MD,** [REDACTED]

The RAE Behavioral Health (BH) Medical Director position is responsible for providing oversight and direction of the UM program and performing QOC and peer reviews as necessary. This individual will interact directly with BH providers and other clinical professionals who consult on various processes and programs. The BH Medical Director is part of a leadership team that manages the development and implementation of evidence-based treatments and medical expense initiatives. Additionally, the BH Medical Director advises leadership on health care system improvement opportunities. The BH Medical Director is responsible for maintaining the clinical integrity of the program, including timely peer reviews, appeals and consultations with providers and other community-based clinicians. The BH Medical Director works collaboratively with the CCO, clinical team, and network/quality staff.

### **Utilization Management Director, Billie Bemis,** [REDACTED]

The Utilization Management Director is responsible for leading and developing the UM program and managing the medical review and authorization process. The director is responsible for overseeing the medical appropriateness and necessity of physical health and BH services provided to Members and works closely with the Care Management Director. The UM Director leads the oversight of prospective and concurrent reviews of services covered by the Capitated Behavioral Health Benefit (RAE), in addition to other utilization reviews for the PRIME and CHP+ Managed Care Organizations. The director is also responsible for analyzing and monitoring utilization trends, identifying problem areas and recommending action plans for resolution.

### **Care Management Director, Violet Willet,** [REDACTED]

Care Management Director is responsible for executing the daily functioning of the Care Coordination Program. The Director oversees all activities related to care coordination. The Care Management Director provides oversight of the development and implementation of quality improvement initiatives performed by the Care Coordination team and participates in interdepartmental quality improvement initiatives.

**Vice President, Network Strategy and Operations, Dale Renzi,** [REDACTED]

The Vice President of Network Strategy and Operations is responsible for executing the daily functioning of the Provider Network Management and Corporate Contract and Benefit Configuration and Credentialing Departments. The Vice President oversees all contractual and administrative activities related to provider networks and system set up for provider contracts and Member benefit plans. This includes provider contracting, provider relations, contract administration, and benefit and contract configuration. The Provider Network Management department works with the provider communities to create a robust provider network that meets and or exceeds the access needs of communities at reasonable rates. The Corporate Contract and Benefit Configuration Department is responsible for the system set up of all provider contracts, Member benefit plans and claims. The Vice President collaborates with the clinical and operational departments related to quality and access standards, as well as actively participates in several QI committees, including but not limited to: ownership of the Network Advisory Council and attending and reporting to the Quality Improvement Committee (QIC).

**Senior Director of Business Operations, Marci O’Gara,** [REDACTED]

The Senior Director of Business Operations is responsible for executing the daily functioning of Customer Service, Appeals and Grievances and Claims departments. The Senior Director of Business Operations oversees all aspects of the OneCall Center and evaluates the quality and effectiveness of the Customer Service department through routine monitoring of performance measures. The Senior Director of Business Operations oversees all aspects of claims processing including assuring compliance with all state and federal regulatory requirements and collaborates with multiple departments to evaluate the Members health plan experience. The Senior Director also actively participates in several QI committees by chairing the Member Experience Advisory Council (MEAC) and attending the QIC.

**Chief Compliance Officer/Executive Director for DSNP and Medicare, Alyssa Rose,**  
[REDACTED]

The Chief Compliance Officer (CCO) is responsible for regulatory and contractual compliance. This includes development of the Annual Compliance Plan, reviewing contractual changes and monitoring regulatory activity. The CCO works with all operational departments to make sure they have appropriate policies, procedures, and controls in place to successfully perform required tasks and duties. The CCO also has oversight of privacy related activities, fraud, waste and abuse and provider auditing. The CCO oversees the Director of Compliance, Quality Assurance and Medicare programs as well as working with other teams supporting compliance activities.

**Director of Compliance, Quality Assurance, and Medicare Programs (Program Monitoring & Audit),  
Melissa Keele,** [REDACTED]



The Program Monitoring and Audit Director is responsible for executing the daily functioning of the Program Monitoring & Audit department. The director oversees all activities related to internal financial, operational and compliance audits, fraud investigations and quality assurance processes of new provider contracts and Member plans. The Program Monitoring & Audit Director participates in collaborative efforts organization wide to improve processes that directly or indirectly impact RMHPs Members.

## Quality Improvement Plan SFY22/23 Update

Name: Rocky Mountain Health Plans  
 RAE: Region 1, RMHP PRIME & CHP + MCO  
 Date: 09/30/2022



Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

| <u>LOB</u>  | <u>Goal</u>  | <u>Fiscal Year (FY)</u> | <u>Fiscal Year Objectives</u>  | <u>Targeted Due Date</u>                   | <u>Status and Update</u>   |
|---|--|-------------------------|--|--|--|
| Collection and Submission of Performance Measurement Data |  |                         |  |  |  |
| RAE   | Regional Accountable Entity (RAE), Performance Improvement Project (PIP) #1: | 2018/2019<br>2019/2020  | Improve the rate of depression screenings in the primary care setting and follow-up with a BH provider following a positive screening. | 6/30/2020:<br>closed early due to COVID-19 | <b>Closed:</b> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Colorado Mountain Medical (CMM) conducted was a health texting campaign through: new software, Relatient, to engage Members and encourage an annual wellness visit (AWV), which will include depression screening. This PIP closed early with incomplete evaluation due to COVID-19 impact.                           |
| RAE   | RAE PIP #1:<br>Continued   | 2020/2021<br>2021/2022  | Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.   | 6/30/2022:                                 | <b>In progress:</b> RMHP completed Module 1 in December 2020, Module 2 in April 2021, and Module 3 in August 2021, all were accepted with no modifications. RMHP is currently in Module 4 – Evaluation phase with final reports due October 21, 2022.  |
| RAE   | RAE PIP #1:<br>Continued   | 2022/2023<br>2023/2024  | TBD  | 6/30/2024:                                 | <b>Planning:</b> RMHP is in the planning stage for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year.  |
| RAE   | RAE PIP #2:  | 2018/2019<br>2019/2020  | Improve well child visits (WCV) for children for Medicaid Members ages 15 -18 years old  | 6/30/2020:<br>closed early due to COVID-19 | <b>Closed:</b> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. A narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Mountain Family Health Center (MFHC) conducted was a text reminder campaign for Members that have not been seen in prior 12 months or attributed to a practice, but not seen. Goal was to increase engagement of Members to complete AWVs. This PIP closed early with incomplete evaluation due to COVID-19 impact. |



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|       |                                    |                        |  |  |   |
|-------|------------------------------------|------------------------|--|--|---|
| RAE   | RAE PIP#2:<br>Continued            | 2020/2021<br>2021/2022 | N/A  | N/A  | N/A (A secondary RAE BH PIP is not required for this period.)   |
| CHP   | Child Health Plan Plus (CHP+) PIP: | 2018/2019<br>2019/2020 | Improve WCV for children for Medicaid Members ages 15 -18 years old.   | 6/30/2020:<br>closed early due to COVID-19 | <b>Closed:</b> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. A narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that MFHC conducted was a text reminder campaign for Members that have not been seen in prior 12 months or attributed to practice, but not seen. Goal was to increase engagement of Members to complete AWWs. This PIP closed early with incomplete evaluation due to COVID-19 impact.  |
| CHP   | CHP+ PIP:<br>Continued             | 2020/2021<br>2021/2022 | Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.   | 6/30/2022:                                 | <b>In progress:</b> RMHP completed Module 1 in December 2020, Module 2 in April 2021, and Module 3 in August 2021, all were accepted with no modifications. RMHP is currently in Module 4 – Evaluation phase with final reports due October 21, 2022.   |
| CHP   | CHP+ PIP:<br>Continued             | 2022/2023<br>2023/2024 | TBD  | 6/30/2024:                                 | <b>Planning:</b> RMHP is in the planning stage for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year.   |
| PRIME | PRIME PIP:                         | 2018/2019<br>2019/2020 | Increase the percentage of adult Prime Members who receive effective pharmacotherapy for opioid use disorder (OUD) or alcohol use disorder (AUD) within 60 days of diagnosis of an OUD or AUD. | 6/30/2020:<br>closed early due to COVID-19 | <b>Closed:</b> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Foresight Family Practice (FFP) conducted was peer and family support engagement through a new referral structure and relationship with Mind Springs Health (MSH) to engage Members for a complete initiation of their medication assistance treatment (MAT) treatment within 60 days of diagnosis. This PIP closed early with incomplete evaluation due to COVID-19 impact. |



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|              |  |                        |  |            |   |
|--------------|--|------------------------|--|------------|---|
| PRIME        | PRIME PIP:<br>Continued                                    | 2020/2021<br>2021/2022 | Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.                   | 6/30/2022: | <b>In progress:</b> RMHP completed Module 1 in December 2020, Module 2 in April 2021, and Module 3 in August 2021, all were accepted with no modifications. RMHP is currently in Module 4 – Evaluation phase with final reports due October 21, 2022.   |
| PRIME        | PRIME PIP:<br>Continued                                    | 2022/2023<br>2023/2024 | TBD  | 6/30/2024: | <b>Planning:</b> RMHP is in the planning stage for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year. |
| RAE<br>PRIME | RAE Potentially Avoidable Complications (PAC) Project Plan | 2018/2019              | Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data. | 6/30/2019: | <b>Completed:</b> The PAC plan focused on PT and CC interventions for diabetes, depression/anxiety, and substance use disorder (SUD).   |
| RAE<br>PRIME | PAC: Continued   | 2019/2020              | Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data. | 6/30/2020: | <b>Completed:</b> The PAC plan continued the focus on PT and CC interventions for diabetes, depression/anxiety, and SUD.  |
| RAE<br>PRIME | PAC: Continued   | 2020/2021              | Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data. | 6/30/2021: | <b>Completed:</b> All milestone deliverables met with full points received. The PAC plan for FY 20/21 focused on PT and CC interventions. The 3 episodes of focus changed to SUD, diabetes, and Chronic Obstructive Pulmonary Disease (COPD).   |
| RAE<br>PRIME | PAC: Continued   | 2021/2022              | Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data. | 6/30/2022: | <b>Completed:</b> All milestone deliverables met with full points received. The PAC plan for FY21/22 focused on PT and CC interventions. The 3 episodes of focus for this project year were SUD, diabetes, and hypertension.  |
| RAE<br>PRIME | PAC: Continued   | 2022/2023              | N/A  | N/A        | N/A (PAC was discontinued as a KPI in FY22/23)  |

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|     |                                    |           |   |            |  |
|-----|------------------------------------|-----------|---|------------|--|
| RAE | Key Performance Indicators (KPIs): | 2018/2019 | Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC). | 6/30/2019: | <b>Completed:</b> RMHP met 3 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 4 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.   |
| RAE | KPI: Continued                     | 2019/2020 | Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC). | 6/30/2020: | <b>Completed:</b> RMHP met 5 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 5 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.   |
| RAE | KPI: Continued                     | 2020/2021 | Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC). | 6/30/2021: | <b>Completed:</b> RMHP continues to actively develop and support interventions for KPIs. RMHP met 5 of 8 KPIs for Q1 and Q2, 4 of 8 KPIs for Q3 and 6 of 8 KPIs for Q4.  |
| RAE | KPI: Continued                     | 2021/2022 | Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC). | 6/30/2022: | <b>In Progress:</b> Integrated Quality Workgroups (IQWg) were created and formally launched in January 2022. The IQWg's provide a venue to innovatively address and deliver accountability for intervention activities aimed at improving population health, addressing health equity, reducing health care costs, and improving Member and provider experience via the Quality Improvement Committee's prioritized measures grid. This will be accomplished by using the 10 Building Blocks of a High Performing Health Plan framework. The IQWG operations will contribute to achievement of Quality Improvement Program activities and requirements. The IQWGs report to the QI Director and RMHP Quality Improvement Committee (QIC) to provide operational oversight and accountability of prioritized quality improvement measures and overall performance. There are seven IQWGs: Maternity/Women's Health, Diabetes/Chronic Conditions, Preventive/Older Adults, Utilization, Behavioral |

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|     |                  |           |   |            |   |
|-----|------------------|-----------|---|------------|---|
|     |                  |           |   |            | Health/Substance Use Disorder, Member Experience, and Pediatrics. All KPI's, BHIP measures and Performance Pool measures are prioritized and assigned across the IQWg's. For FY21/22, RMHP met 6 of 8 KPIs for Q1 and for Q2. In Q3, RMHP met 5 of 8 KPIs. Q4 finalized calculations are unavailable at the time of writing this report.  |
| RAE | KPI: Continued   | 2022/2023 | Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC). | 6/30/2023: | <b>In progress:</b> Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the KPIs. Quarterly finalized calculations are not available at the time of writing this report.   |
| RAE | Performance Pool | 2022/2023 | Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC). | 6/30/2023: | <b>In progress:</b> Integrated Quality Workgroups (IQWg) were created and formally launched in January 2022. The IQWg's provide a venue to innovatively address and deliver accountability for intervention activities aimed at improving population health, addressing health equity, reducing health care costs, and improving Member and provider experience via the Quality Improvement Committee's prioritized measures grid. This will be accomplished by using the 10 Building Blocks of a High Performing Health Plan framework. The IQWG operations will contribute to achievement of Quality Improvement Program activities and requirements. The IQWgs report to the QI Director and RMHP Quality Improvement Committee (QIC) to provide operational oversight and accountability of prioritized quality improvement measures and overall performance. There are |

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|     |  |           |  |            |  |
|-----|--|-----------|--|------------|--|
|     |  |           |  |            | seven IQWGs: Maternity/Women’s Health, Diabetes/Chronic Conditions, Preventive/Older Adults, Utilization, Behavioral Health/Substance Use Disorder, Member Experience, and Pediatrics. All KPI's, BHIP measures and Performance Pool measures are prioritized and assigned across the IQWg's. Finalized performance calculations are not available at the time of writing this report. |
| RAE | Behavioral Health Incentive Program (BHIP) Measures: | 2018/2019 | Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC. | 6/30/2019: | <b>Completed:</b> Region 1 met targets for BHIP indicator’s 1, 4, & 5.   |
| RAE | BHIP: Continued                                      | 2019/2020 | Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC. | 6/30/2020: | <b>Completed:</b> Region 1 met targets for BHIP indicator's 3 & 4, to include the gateway metric for Ind. 4.   |
| RAE | BHIP: Continued                                      | 2020/2021 | Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC. | 6/30/2021: | <b>Completed:</b> RMHP continues to actively develop and support interventions for BHIPs. Region 1 met targets for BHIP indicator's 1, 3, & 5. Performance target was met for Ind. 4; however, the gateway metric was not met for Ind. 4.  |
| RAE | BHIP: Continued                                      | 2021/2022 | Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the  | 6/30/2022: | <b>In progress:</b> RMHP has implemented QI Workgroups across multiple measure domains. A BH Workgroup has started meeting and is specifically focused on BHIP measures. RMHP is also creating a dashboard to internally track BHIP measures. Finalized reporting is not available for metric performance at the time of writing this report.  |

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|               |                                       |           |  |            |  |
|---------------|---------------------------------------|-----------|--|------------|--|
|               |                                       |           | identified measures related to BH under the ACC.   |            |  |
| RAE           | BHIP: Continued                       | 2022/2023 | Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC. | 6/30/2023: | <b>In progress:</b> RMHP continues to develop, support, and maintain interventions that improve performance on BHIP metrics, through the BH/SUD IQWg and through working with CMHC/IPN partners in the region. Metric reporting is not available at the time of writing this report.   |
| CHP           | Performance and Operation Measurement | 2021/2022 | Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the identified measures related to physical health (PH).      | 6/30/2022: | <b>Completed:</b> RMHP has included CHP Core Measures in prioritization of quality metrics as directed by the RMHP Quality Improvement Committee (QIC).  |
| CHP           | Performance and Operation Measurement | 2022/2023 | Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the identified measures related to physical health (PH).      | 6/30/2023: | <b>In progress:</b> RMHP has included CHP Core Measures in prioritization of quality metrics as directed by the RMHP Quality Improvement Committee (QIC). There are currently 5 measures included in the Core Measure Set that RMHP will need to develop reporting processes on - all others have oversight and will be prioritized for measure interventions. |
| RAE PRIME CHP | RAE Population Health Plan            | 2018/2019 | Develop a population health reporting template that allows us to meaningfully assess RMHP programs.  | 6/30/2019: | <b>Retired:</b> Completed Q2 and Q3 report. Q4 report requirement was waived by The Department. The population health structure and guidance are updated in collaboration between The Department and the RAEs.   |
| RAE PRIME CHP | Population Management                 | 2019/2020 | N/A  | N/A        | <b>N/A</b>   |

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|               |   |           |   |            |  |
|---------------|---|-----------|---|------------|--|
|               | Strategic Plan (PMSP)   |           |   |            |  |
| RAE PRIME CHP | PMSP: Continued   | 2020/2021 | Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.         | 6/30/2021: | <b>Completed:</b> PMSP submitted August 2020, accepted with changes. Resubmission in September 2020, which was accepted.   |
| RAE PRIME CHP | PMSP: Continued   | 2021/2022 | Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.         | 6/30/2022: | <b>Completed:</b> PMSP submitted June 30th, 2021 and was accepted with no edits.   |
| RAE PRIME CHP | PMSP: Continued   | 2022/2023 | Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.         | 6/30/2023: | <b>In progress:</b> PMSP submitted on June 30th, 2022, acceptance 7/27/2022.   |
| RAE PRIME     | Accountable Health Communities Model (AHCM) Program Performance | 2018/2019 | Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance. | 6/30/2019: | <b>Completed:</b> Maintained quarterly reporting.  |
| RAE PRIME     | AHCM: Continued   | 2019/2020 | Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance. | 6/30/2020: | <b>Completed:</b> Maintained quarterly reporting.  |
| RAE PRIME     | AHCM: Continued   | 2020/2021 | Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance. | 6/30/2021: | <b>Completed:</b> Monitored Total Screeners and Total Number of Members Opted into CC by quarter-<br>Q1 – 806 opted into CC /navigation, 6128 Total screeners completed<br>Q2 – 603 opted into CC/navigation, 5669 Total screeners completed<br>Q3 – 567 opted into CC /navigation, 6457 Total screeners completed |

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|               |                                      |                        |   |            |   |
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|               |                                      |                        |   |            | Q4 – 685 opted into CC /navigation, 6704 Total screeners completed  |
| RAE PRIME     | AHCM: Continued                      | 2021/2022              | Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance. | 6/30/2022: | <b>Completed:</b> Monitored Total Screeners and Total Number of Members Opted into CC by quarter -<br>Q1 - 293 opted into CC/navigation, 5560 Totals screeners completed (2555) unique screens)<br>Q2 - 215 opted into CC/navigation, 5150 Total screeners completed (2232 unique screens)<br>Q3 - Q4 - AHCM contract ended in April 2022. Official screening discontinued as of 12/31/21. Final reports submitted for the AHCM program in June 2022. Current navigation referrals from SDOH screenings are requested by clinical staff who believe the member would benefit from further navigation services. This is compared to previous navigation referrals in the AHC model that, unless the member opted out, were referred automatically when eligible. |
| RAE PRIME     | AHCM: Continued                      | 2022/2023              | Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance. | N/A        | <b>Completed/Discontinued:</b> The AHCM contract concluded in Q4 of FY2021/2022 (screening discontinued at the end of Q2).  |
| RAE PRIME CHP | SDOH (Social Determinants of Health) | 2022/2023              | Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance. | 6/30/2023: | <b>In progress:</b> RMHP continues to support SDOH screening and referral to social resources in partnership with clinical partners. Organizational priorities include initiatives to address food insecurity, transportation, and housing needs in the region.   |
| RAE PRIME CHP | Population Assessment:               | 2017/2018<br>2018/2019 | Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.    | 6/30/2019: | <b>Completed:</b> 2017 and 2018 assessments are complete.   |



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|                     |  |           |  |            |   |
|---------------------|--|-----------|--|------------|---|
| RAE<br>PRIME<br>CHP | Population<br>Assessment:<br>Continued | 2019/2020 | Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs. | 6/30/2020: | <b>Completed:</b> Assessments were completed in Spring 2020.  |
| RAE<br>PRIME<br>CHP | Population<br>Assessment:<br>Continued | 2020/2021 | Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs. | 6/30/2021: | <b>Completed:</b> Assessments were completed in Spring 2021.  |
| RAE<br>PRIME<br>CHP | Population<br>Assessment:<br>Continued | 2021/2022 | Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs. | 6/30/2022: | <p><b>Completed:</b> Population Health Assessment was completed. Key elements include the expansion of BH provider network, specifically integrated behavioral health. Another strength was screening for social determinants of health (SDoH). Opportunities for RMHP are to continue to address racial/ethnic disparities, especially in the Native American population and Latino/Hispanic population. RMHP funded practices that are serving the Native American population. Two of the PCMP practices in the four corners area will be paid at the Tier 1 level instead of the Tier 4 level. Additionally, RMHP care management has a process to connect Spanish-speaking Members to Spanish-speaking care coordinators.</p> <p>Opportunities also exist in improving health outcomes for cardiovascular diseases, diabetes, depression, and anxiety in this population. Additionally, receiving preventative care was another identified opportunity. Interventions to support these most common conditions were discussed and deployed using the Integrated Quality Workgroups (IQWgs). Interventions that were included to support these population needs were a blood pressure competency program for PCMPs, educational webinars and materials to PCMPs on these conditions, and Member incentives.</p> |

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|---------------|--|------------------------|---|------------|---|
| RAE PRIME CHP | Population Assessment: Continued                                 | 2022/2023              | Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.  | 6/30/2023: | <b>In progress:</b> Data collection is occurring utilizing RMHP's population health flags and tables. Analysis will occur in Spring 2023.   |
| RAE PRIME     | Rocky Mountain Health Plans Quality Improvement Program (RQUIP): | 2018/2019              | Improve BH access to Members with SUD related utilization. Increase number of Members connected to a PCMP. Address Members SDoH. Improve COC to address Members with needs across the domains of health care. | 6/30/2019: | <b>Completed/Discontinued:</b> This program was sunset in June 2019.  |
| RAE PRIME CHP | Clinical Practice Guidelines (CPG):                              | 2018/2019<br>2019/2020 | Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.  | 6/30/2020: | <b>Completed:</b> The RMHP PT Team updated all of the eCQM Toolkits and white papers with the most recent eCQM updates/clinical guidelines. These were disseminated ad hoc during practice meetings, in monthly newsletters, and referenced in value based contracting (VBC) office hours.  |
| RAE PRIME CHP | CPG: Continued   | 2020/2021              | Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.  | 6/30/2021: | <b>Completed:</b> RMHP is currently updating all eCQM Toolkits and white papers with current clinical guidelines aligned with the clinical guidelines on RMHP.org, USPSTF, and other professional organizations like American Heart Association (AMA). Materials will be disseminated to practices in monthly newsletters, VBC office hours, and on an ad hoc basis during practice meetings. |
| RAE PRIME CHP | CPG: Continued   | 2021/2022              | Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.  | 6/30/2022: | <b>Completed:</b> All eCQM toolkits were updated and are in alignment with the CPG's that are posted to the RMHP website.   |
| RAE PRIME CHP | CPG: Continued   | 2022/2023              | Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.  | 6/30/2023: | <b>In progress:</b> RMHP will evaluate updates to CPG's to align with evidence based professional organizations. 2023 RMHP CPG's will be reviewed, updated, and approved in December 2022 and published to the website in January 2023. CPG's will be disseminated during practice/provider meetings, in monthly  |

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|                           |  |           |   |            |  |
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|                           |  |           |   |            | newsletters, and referenced in Clinical Quality Improvement (CQI) Newsrooms.   |
| Member Experience of Care |  |           |   |            |  |
| RAE                       | Behavioral Health Focus Groups:              | 2018/2019 | Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services. | 6/30/2019: | <b>Completed:</b> Focus groups completed, Executive Summary and Detailed Reports were completed and shared with stakeholders, such as Department of Health Services (DHS), The Department and in community meetings. Findings/themes were shared, and each community shared how they would like to receive updates and share feedback with RMHP on an ongoing basis.     |
| RAE                       | Behavioral Health Focus Groups:<br>Continued | 2019/2020 | Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services. | 6/30/2020: | <b>Completed:</b> Continued offering disability competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly provider attributes surveys, which includes questions about completion of culturally competent and disability competent care trainings, has generated interest. |
| RAE                       | Behavioral Health Focus Groups:<br>Continued | 2020/2021 | Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services. | 6/30/2021: | <b>Completed:</b> RMHP conducted focus groups with family members of children and adults with intellectual or developmental disabilities in July 2021. Two sessions were held for family members of children and two sessions were held for family members of adults. CCDC will develop a report with the findings and recommendations to RMHP.                          |

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|               |   |           |   |            |  |
|---------------|---|-----------|---|------------|--|
| RAE           | Behavioral Health Focus Groups: Continued               | 2021/2022 | Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.   | 6/30/2022: | <b>In progress:</b> RMHP has partnered with The Oliver Group to offer providers an intensive training course on <i>Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities</i> . The course focuses on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis. Providers can choose from a monthly course with one training session per month over a six-month period, or an intensive course with five sessions offered the course of one week in October 2022. The monthly course launched in June 2022 and runs through November 2022. Providers who successfully complete the course are eligible for enhanced rates in their contracts for outpatient services and a certificate of completion for completing the course and exams. RMHP offered \$3,000 reimbursement for course completion to the first fifty provider registrants. The training has garnered significant interest, with over one hundred provider registrations. |
| RAE           | Behavioral Health Focus Groups: Continued               | 2022/2023 | Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.   | 6/30/2023: | In progress: RMHP is in the planning stages to facilitate Member and provider focus groups.  |
| RAE PRIME CHP | Culturally Competent Care Provider Trainings:           | 2019/2020 | Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities. | 6/30/2020: | <b>Completed:</b> Continued offering disability competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly Provider Attributes surveys, which includes questions about completion of culturally competent and disability competent care trainings, has generated interest.   |
| RAE PRIME CHP | Culturally Competent Care Provider Trainings: Continued | 2020/2021 | Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities. | 6/30/2021: | <b>Completed:</b> Fall 2020 - RMHP offered training for providers titled Basics of Affirming Care for LGBTQ, Transgender and Non-Binary Communities. In February 2021 RMHP offered trainings such as; "Health Equity and Disability: Integrating from the Top Down" and "Interacting with Individuals Who Are Deaf, Deaf/Blind or Hard of Hearing." In March 2021 RMHP offered a   |

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|                     |   |           |   |            | training on “Native American Cultural Awareness.” In April 2021 RMHP offered a training titled “Undoing Implicit Bias.”  |
| RAE<br>PRIME<br>CHP | Culturally<br>Competent Care<br>Provider<br>Trainings:<br>Continued | 2021/2022 | Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities. | 6/30/2022: | <b>Completed:</b> Fall 2021 – RMHP conducted a survey of the PCMP network in June 2021 to determine what topics are of most interest and the results included; trainings on legal requirements, writing a letter for patients with disabilities and further education for SSI/SSDI/Private Disability. These trainings were scheduled to take place in August 2021.  |
| RAE<br>PRIME<br>CHP | Culturally<br>Competent Care<br>Provider<br>Trainings:<br>Continued | 2022/2023 | Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities. | 6/30/2023: | <b>In progress:</b> RMHP has partnered with The Oliver Group to offer providers an intensive training course on <i>Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities</i> . The course focuses on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis. Providers can choose from a monthly course with one training session per month over a six-month period, or an intensive course with five sessions offered the course of one week in October 2022. The monthly course launched in June 2022 and runs through November 2022. Providers who successfully complete the course are eligible for enhanced rates in their contracts for outpatient services and a certificate of completion for completing the course and exams. RMHP offered \$3,000 reimbursement for course completion to the first fifty provider registrants. The training has garnered significant interest, with over one hundred provider registrations. |

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|                     |  |           |   |            |  |
|---------------------|--|-----------|---|------------|--|
| RAE<br>PRIME<br>CHP | Provider<br>Attributes Survey<br>Program:              | 2019/2020 | Collect in-depth information about the PC, BH, and Specialty Care provider network and use the information to provide useful, up-to-date, person centered information about the network to Members and promote Member choice. | 6/30/2020: | <b>Completed:</b> Continued distributing surveys to all PC providers, specialists, and BH providers in RMHPs network on a quarterly basis. Information collected is used to populate our provider directories, provide up-to-date information to Members who contact us via our One Call Center, and enable our care coordinators to connect Members with appropriate care. Added questions about the pandemic and telehealth services offered in response to COVID-19.  |
| RAE<br>PRIME<br>CHP | Provider<br>Attributes Survey<br>Program:<br>Continued | 2020/2021 | Collect in-depth information about the PC, BH, and Specialty Care provider network and use the information to provide useful, up-to-date, person centered information about the network to Members and promote Member choice. | 6/30/2021: | <b>Completed:</b> RMHP continues to distribute surveys to primary care, specialty care and behavioral health providers to collect important demographic information that is displayed in our provider directories for Members. The quarterly cadence of the surveys helps RMHP keep a close pulse on how the provider network is adapting to COVID-19, including the effects of COVID-19 on their practice (i.e., practice closure, loss of staff, etc.) and whether the practice offers services via telemedicine.  |
| RAE<br>PRIME<br>CHP | Provider<br>Attributes Survey<br>Program:<br>Continued | 2021/2022 | Collect in-depth information about the PC, BH, and Specialty Care provider network and use the information to provide useful, up-to-date, person centered information about the network to Members and promote Member choice. | 6/30/2022: | <b>Completed:</b> RMHP continues to collect Provider Attributes survey data from our provider network on a quarterly basis. During the reporting period, RMHP offered providers the ability to complete the surveys within the RMHP Provider Portal for an improved user experience. In addition to the new online option, providers can continue to submit the forms via email, fax, or mail. RMHP continues to use the data collected from the surveys to update our provider directories and ensure that members have accurate and helpful information when searching for a provider. |
| RAE<br>PRIME<br>CHP | Provider<br>Attributes Survey<br>Program:<br>Continued | 2022/2023 | Collect in-depth information about the PC, BH, and Specialty Care provider network and use the information to provide useful, up-to-date, person centered information about the network to Members and promote Member choice. | 6/30/2023: | <b>In progress:</b> RMHPs will be meeting internally to discuss refinement/enhancements to the surveys, including the addition of a question regarding chronic pain/Medication Assisted Treatment (MAT).   |

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| Under and Over Utilization of Services |   |           |  |            |  |
|--|---|-----------|--|------------|--|
| RAE<br>PRIME<br>CHP                    | Gaps in Care<br>Reporting:              | 2018/2019 | Decrease service gap closures by:<br>Reporting to PC practices the need<br>of services to Members related to<br>diabetes care and breast cancer<br>screening. Sending incentives and<br>educational materials to Members<br>with gaps in care related to diabetes<br>care, breast cancer screening,<br>cervical cancer screening and<br>adolescent WCVs. | 6/30/2019: | <b>Completed:</b> Annual reports were delivered to providers to inform gaps in care and PT processes. Gaps in Care Report was sent to practices October 2018. Member incentives for gaps in care were sent between July 2018 - June 2019.  |
| RAE<br>PRIME<br>CHP                    | Gaps in Care<br>Reporting:<br>Continued | 2019/2020 | Decrease service gap closures by:<br>Reporting to PC practices the need<br>of services to Members related to<br>diabetes care and breast cancer<br>screening. Sending incentives and<br>educational materials to Members<br>with gaps in care related to diabetes<br>care, breast cancer screening,<br>cervical cancer screening and<br>adolescent WCVs. | 6/30/2020: | <b>Completed:</b> Annual reports delivered to providers to inform gaps in care and PT processes were sent to practices October 2019. Member incentives for gaps in care are sent annually from July 2019 through June 2020. All non-COVID Member and provider communications were placed on pause per the direction of UnitedHealthcare (UHC) in March 2020. |



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|                              |  |                  |  |                   |   |
|------------------------------|--|------------------|--|-------------------|---|
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Gaps in Care<br/>Reporting:<br/>Continued</p> | <p>2020/2021</p> | <p>Decrease service gap closures by:<br/>Reporting to PC practices the need of services to Members related to diabetes care and breast cancer screening. Sending incentives and educational materials to Members with gaps in care related to diabetes care, breast cancer screening, cervical cancer screening and adolescent WCVs.</p> | <p>6/30/2021:</p> | <p><b>Completed:</b><br/>         CHP+ and Prime:<br/>         Annual wellness incentives for Members 3-17 years of age sent monthly per birthday than changed to annually in July 2021. Adolescent immunizations to CHP+ and PRIME Members 12 years of age with gaps sent in August 2021. Childhood immunizations and postpartum care incentives sent monthly. Cervical cancer, breast cancer, diabetes, A1C, diabetes retinal eye exam, controlling high blood pressure sent in Fall of 2021.</p> <p>CHP+, RAE, and Prime:<br/>         Women's health Member educational email sent June 2021. Monthly Pfizer IVR and mailing for 1 year old well visit for RAE, CHP+, and Prime. Monthly Pfizer IVR and mailing for RAE, CHP+, and Prime children who missed an immunization between 6-18 months of age. Monthly Pfizer mailing for RAE, CHP+, and Prime adolescents who missed an immunization between 16-18 years of age.</p> |
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|------------------------------|--|------------------|--|-------------------|--|
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Gaps in Care Reporting: Continued</p> | <p>2021/2022</p> | <p>Decrease service gap closures by: Reporting to PC practices the need of services to Members related to diabetes care and breast cancer screening. Sending incentives and educational materials to Members with gaps in care related to diabetes care, breast cancer screening, cervical cancer screening and adolescent WCVs.</p> | <p>6/30/2022:</p> | <p><b>Completed:</b><br/> <u>PRIME and CHP+:</u></p> <ul style="list-style-type: none"> <li>· Annual wellness incentives for Members 3-17 years of age sent annually in June 2022.</li> <li>· Monthly childhood immunization incentive sent at 16 mo.</li> <li>· Diabetes management incentive sent to all Members with a diagnosis of diabetes in July 2022.</li> <li>· Diabetes A1C and eye exam incentives sent in October 2021.</li> <li>· Monthly educational mailing sent to families of newborns at 30 days after birth.</li> <li>· Monthly educational mailing on annual wellness sent at 12 mo. of age.</li> <li>· Monthly postpartum incentive mailed between 37-38 weeks gestation or early delivery.</li> </ul> <p><u>PRIME and RAE:</u></p> <ul style="list-style-type: none"> <li>· Eliza diabetes phone outreach in November 2021 to Members identified with a diabetes gap for A1C, nephropathy, and/or eye exam in 2021.</li> <li>· Sent gap reports to healthcare providers in October 2021 identified as having RMHP Members with a breast cancer screening and/or A1C gap.</li> </ul> <p><u>PRIME:</u></p> <ul style="list-style-type: none"> <li>· Member educational email on cervical cancer screening and breast cancer screening with option for RMHP follow-up assistance sent in October 2021.</li> </ul> <p><u>RAE:</u></p> <ul style="list-style-type: none"> <li>· Member educational email on breast cancer screening with option for RMHP follow-up assistance sent in October 2021.</li> </ul> <p><u>CHP+, RAE, and PRIME:</u></p> <ul style="list-style-type: none"> <li>· Member educational email sent November 2021 to the parents/guardians of Members 9-13 years of age on the importance of receiving and completing HPV vaccine series.</li> <li>· Flu Member educational email sent February 2022.</li> <li>· Controlling high blood pressure Member educational email sent</li> </ul> |
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|  |  |  |  |  | <p>August 2021.</p> <ul style="list-style-type: none"><li>· Monthly Pfizer IVR and mailing for 1 year old well visit.</li><li>· Monthly Pfizer IVR and mailing for children who missed an immunization between 6-18 months of age.</li><li>· Sent gap reports to health care providers in October 2021 identified as having RMHP Members with a breast cancer screening and/or A1C gap.</li></ul> |
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|------------------------------|--|------------------|--|-------------------|---|
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Gaps in Care Reporting: Continued</p> | <p>2022/2023</p> | <p>Decrease service gap closures by: Reporting to PC practices the need of services to Members related to diabetes care and breast cancer screening. Sending incentives and educational materials to Members with gaps in care related to diabetes care, breast cancer screening, cervical cancer screening and adolescent WCVs.</p> | <p>6/30/2023:</p> | <p><b><i>In Progress:</i></b><br/> <u>PRIME and CHP+:</u><br/>                 · Monthly childhood immunization incentive sent at 16 mo.<br/>                 · Diabetes gap based incentives (A1C, KED, and eye exam) planning to send in October 2022.<br/>                 · Monthly educational mailing sent to families of newborns at 30 days after birth.<br/>                 · Monthly educational mailing on annual wellness sent at 12 mo. of age.<br/>                 · Monthly postpartum incentive mailed between 37-38 weeks gestation or early delivery.<br/> <u>PRIME and RAE:</u><br/>                 · Eliza diabetes phone outreach deployed in August 2022 to Members identified with a diabetes gap for A1C, KED and/or eye exam in 2022.<br/>                 · Send gap reports to healthcare providers in October 2022 identified as having RMHP Members with a breast cancer screening and/or A1C gap.<br/> <u>PRIME:</u><br/>                 · Breast cancer screening incentive sent August 2022.<br/>                 · Cervical cancer screening incentive sent September 2022.<br/> <u>CHP+, RAE, and PRIME:</u><br/>                 · Medication adherence Member educational email sent August 2022.<br/>                 · Controlling blood pressure Member educational email sent July 2022.<br/>                 · HPV vaccination Member educational email sent July 2022.<br/>                 · Monthly Pfizer IVR and mailing for 1 year old well visit.<br/>                 · Monthly Pfizer IVR and mailing for children who missed an immunization between 6-18 months of age.</p> |
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| RAE | Client Over-Utilization Program (COUP):           | 2019/2020 | Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members. | 6/30/2020: | <b>Completed:</b> RMHP worked with █ members in the COUP program to manage unnecessary emergency department utilization and high-risk prescription medications. RMHP received the COUP list each quarter and RMHP’s clinical pharmacist reviewed the Member information to determine appropriateness for this program. |
| RAE | Client Over-Utilization Program (COUP): Continued | 2020/2021 | Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the   | 6/30/2021: | <b>Completed:</b> RMHP continues to receive lists of Members from The Department and reviews for selection for the COUP program. RMHP reviews Members who have been in the program for 12 months and advises The Department on whether or not the Members should remain enrolled in the program.                       |

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|     |   |           |   |            |   |
|-----|---|-----------|---|------------|---|
|     |   |           | program and the required referral process for enrolled Members.   |            |   |
| RAE | Client Over-Utilization Program (COUP): Continued | 2021/2022 | Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members. | 6/30/2022: | <b>Completed:</b> RMHP continues to receive quarterly lists of Members from The Department and reviews for selection for the COUP program. The Members identified as high ED utilizers are distributed to the ICC teams to perform outreach. The intention of connecting with the Member is to encourage alignment with a PCMP and explain the appropriate use of the ED. Those Members with high RX and high RX/ED are assigned an internal RMHP CC for review of pharmacy claims and ED visits. These Members are reviewed by our RMHPS Pharmacist and Medical Director to determine the level of intervention needed. Outreach also occurs for these Members for PCMP alignment, education on ED usage in addition to any pharmacist/MD recommendations such as lock in to specific providers and pharmacy. RMHP also reviews Members who have been in the program for 12 months and advises The Department on whether or not the Members should remain enrolled in the program. In Fiscal Year 2021/2022, RMHP worked with approximately █ Members in the COUP program. |

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|-----|---|-----------|---|------------|---|
| RAE | Client Over-Utilization Program (COUP): Continued | 2022/2023 | Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members. | 6/30/2023: | <b><i>In progress:</i></b> RMHP will continue program coordination according to requirements and Member status. |
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## Quality Improvement Plan SFY22/23 Update

Name: Rocky Mountain Health Plans  
 RAE: Region 1, RMHP PRIME & CHP + MCO  
 Date: 09/30/2022



|              |                              |           |   |            |   |
|--------------|------------------------------|-----------|---|------------|---|
| PRIME<br>CHP | Drug Safety<br>Program (DSP) | 2020/2021 | <p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (&gt; 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> | 6/30/2021: | <p><b>Completed:</b> RMHP continues to review Members for potential inclusion into DSP. RMHP takes referrals from several sources including - pharmacies, providers, care and case managers, customer service, and more. RMHP enrolls Members that meet criteria to receive additional oversight of controlled substance paid claims. In addition, both those Members enrolled in DSP and those referred get case management.</p> |
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 RAE: Region 1, RMHP PRIME & CHP + MCO  
 Date: 09/30/2022



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|----------------------|----------------------------------|------------------|--|-------------------|---|
| <p>PRIME<br/>CHP</p> | <p>Drug Safety Program (DSP)</p> | <p>2021/2022</p> | <p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (&gt; 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> <p>RMHP will review the Drug Safety Program on an annual basis. In</p> | <p>6/30/2022:</p> | <p><b>Completed:</b> RMHP continues to review Members for potential inclusion into DSP. RMHP takes referrals from several sources including - pharmacies, providers, care and case managers, customer service, and more. RMHP enrolls Members that meet criteria to receive additional oversight of controlled substance paid claims. In addition, both those Members enrolled in DSP and those referred get case management.</p> <p>RMHP Care Management interventions are based on the acuity of the member. For higher acuity members, interventions include intensive care coordinating from an RN who supports recovery efforts, attend healthcare appointments, provides resources about harm reduction and safe use of medications as well as assists with care coordination between providers. Members are assessed for gaps in care and social determinants of health. Members are provided education and support to address identified needs. RMHP Care Management staff assist members with ongoing needs between medical and behavioral. All members in the MAT program are restricted to one pharmacy and/or one prescriber for prescriptions of methadone, buprenorphine, and naltrexone through their pharmacy benefit. This is to decrease risk for abuse and/or concurrent use of medications used to treat opioid dependence and opioids.</p> |
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RAE: Region 1, RMHP PRIME & CHP + MCO  
Date: 09/30/2022



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|--|--|--|---|--|--|
|  |  |  | <p>addition, the Utilization Management Committee (UMC) will review the coordination of care report that tracks Members with multiple prescribers for narcotics annually. The information contained within the report will be used as an indicator for measuring the effectiveness of the RMHP Drug Safety Program.</p> |  |  |
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 RAE: Region 1, RMHP PRIME & CHP + MCO  
 Date: 09/30/2022



|                      |                                  |                  |  |                   |   |
|----------------------|----------------------------------|------------------|--|-------------------|---|
| <p>PRIME<br/>CHP</p> | <p>Drug Safety Program (DSP)</p> | <p>2022/2023</p> | <p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (&gt; 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> <p>RMHP will review the Drug Safety Program on an annual basis. In</p> | <p>6/30/2023:</p> | <p><b><i>In progress:</i></b> Goal - Increase the Members per 1000 in Medication Assisted Treatment (MAT) by 50% each year.</p> |
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|--|--|--|---|--|--|
|  |  |  | <p>addition, the Utilization Management Committee (UMC) will review the coordination of care report that tracks Members with multiple prescribers for narcotics annually. The information contained within the report will be used as an indicator for measuring the effectiveness of the RMHP Drug Safety Program.</p> |  |  |
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|---------------------|---|-----------|--|------------|--|
| RAE<br>PRIME<br>CHP | Members with special health care needs (SHCN):              | 2019/2020 | SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs. | 6/30/2020: | <b>Completed:</b> Focus on all special health care needs.  |
| RAE<br>PRIME<br>CHP | Members with special health care needs (SHCN):<br>Continued | 2020/2021 | SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs. | 6/30/2021: | <b>Completed:</b> Continued focus on all special health care needs with expansion to Members identified as complex.  |
| RAE<br>PRIME<br>CHP | Members with special health care needs (SHCN):<br>Continued | 2021/2022 | SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs. | 6/30/2022: | <b>In progress:</b> RMHP revised the children and youth SHCN audit process/template in consultation with a local pediatrician Dr. Katie Price and have aligned it with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs: Domain Overviews. Audits began in September 2021 and 193 practices were audited. The audits were completed on CHP+ and PRIME Members, 0-20 years of age. CHP+ was added in 2020 in order to increase audit sample size. <b>Update:</b> Overall audits showed an increase in unclothed exams being performed in 2021 compared to 2020 across CHP+ (73% vs. 45%) PRIME (67% vs 38%) RAE (58%)<br><br>In 2022, ages 0-2 will be filtered in to increase sample size. We will also be increasing the sample size to 50 members in each sample size in each LOB to improve our analysis. |

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|                          |   |           |   |            |   |
|--------------------------|---|-----------|---|------------|---|
| RAE<br>PRIME<br>CHP      | Members with special health care needs (SHCN): Continued    | 2022/2023 | <p>SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.</p> <p>For CHP, Mechanisms to review and revise reassessment of functional need for Members with special health care needs, at least every 12 months, or when the Member's circumstances or needs change significantly, or at the request of the Member. Mechanisms to allow Members with special health care needs to directly access a specialist as appropriate for the Member's condition and identified needs.</p> | 6/30/2023: | <p><b>In progress:</b> RMHP revised the children and youth SHCN audit process/template in consultation with a local pediatrician Dr. Katie Price and have aligned it with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs. The audit tool is used to better assess the quality of care that RMHP Members with SHCN receive. Additionally, RMHP has updated a process flow for CHP members who have been identified as recipients for the Early Intervention Services (EIS) trust and eligible for those services. A care coordinator will be alerted in order for the coordinator to outreach to the CCB (Community Centered Board) to provide any additional supports to these members as many of them are considered members with special health care needs.</p> |
| Quality of Care Concerns |   |           |   |            |   |
| RAE                      | Behavioral Health Quality Assurance (QA) Program:           | 2019/2020 | Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.  | 6/30/2020: | <b>Completed:</b> Behavioral Health Provider Manual updated and distributed to BH network annually.   |
| RAE                      | Behavioral Health Quality Assurance (QA) Program: Continued | 2020/2021 | Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.  | 6/30/2021: | <b>Completed:</b> Behavioral Health Provider Manual updated and distributed to BH network annually. Last update was January 2021.   |

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|                     |   |           |  |            |  |
|---------------------|---|-----------|--|------------|--|
| RAE                 | Behavioral Health Quality Assurance (QA) Program: Continued | 2021/2022 | Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.   | 6/30/2022: | <b>Completed:</b> Behavioral Health Provider Manual is in process of update and distribution to BH network for FY21/22. Next update will be distributed in Q3 of FY21/22.  |
| RAE                 | Behavioral Health Quality Assurance (QA) Program: Continued | 2022/2023 | Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.   | 6/30/2023: | <b>In progress:</b> Behavioral Health Provider Manual: BH manual has been assigned to new PNM employee for review and updates. Will be updated and distributed for next quarter. QA team is reporting all closed QOCs to the Department on a monthly basis. The team is also meeting monthly with Mind Springs, Axis, and the Center for Mental Health (now part of Axis) to review QOC cases. |
| RAE<br>PRIME<br>CHP | Quality of Care (QOC) Concerns Program:                     | 2018/2019 | Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).       | 6/30/2019: | <b>Completed:</b> Policies & Procedures were being developed.  |
| RAE<br>PRIME<br>CHP | Quality of Care (QOC) Concerns Program: Continued           | 2019/2020 | Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).       | 6/30/2020: | <b>Completed:</b> Regular review of QOC concerns reported and investigated as appropriate. Policies & Procedures (P&Ps) have been developed and implemented.   |
| RAE<br>PRIME<br>CHP | Quality of Care (QOC) Concerns Program: Continued           | 2020/2021 | Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).       | 6/30/2021: | <b>Completed:</b> Regular review of QOC concerns reported and investigated as appropriate.   |
| RAE<br>PRIME<br>CHP | Quality of Care (QOC) Concerns Program: Continued           | 2021/2022 | Develop and maintain a QOC Concern Reporting and Review Program related to PH (for PRIME & CHP Members) and BH care (for all RAE Members). | 6/30/2022: | <b>In progress:</b> Regular review of QOC concerns reported and investigated as appropriate. Reporting all closed QOCs to the Department on a monthly basis. Completion of the HSAG QOC Audit Review during this FY.   |



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|                                |   |           |  |            |   |
|--------------------------------|---|-----------|--|------------|---|
| RAE<br>PRIME<br>CHP            | Quality of Care (QOC) Concerns Program:<br>Continued  | 2022/2023 | Develop and maintain a QOC Concern Reporting and Review Program related to PH (for PRIME & CHP Members) and BH care (for all RAE Members). | 6/30/2023: | <b>In progress:</b> Regular review of QOC concerns reported and investigated as appropriate. Reporting all closed QOCs to the Department on a monthly basis.  |
| RAE                            | Behavioral Health Quality Audits (BHQA):              | 2020/2021 | Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.     | 6/30/2021: | <b>Completed:</b> Revised BHQA process was implemented in January 2021. All CMHCs are audited every quarter and the IPN network is randomly audited quarterly. Quarterly result meetings are held with all providers to provide a venue for discussion of results and implement any new strategies. If a provider does not score at least 90% or above a Standard Improvement Process/Plan (SIPP) will be required on the element that did not meet the standard. |
| RAE                            | Behavioral Health Quality Audits (BHQA):<br>Continued | 2021/2022 | Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.     | 6/30/2022: | <b>In progress:</b> All CMHCs are audited every quarter and the IPN network is randomly audited quarterly. Quarterly result meetings are held with all providers to provide a venue for discussion of results and implement any new strategies. If a provider does not score at least 90% or above a Standard Improvement Process/Plan (SIPP) will be required on the element that did not meet the standard.   |
| RAE                            | Behavioral Health Quality Audits (BHQA):<br>Continued | 2022/2023 | Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.     | 6/30/2023: | <b>In progress/Ongoing:</b> RMHP will continue to conduct both routine quarterly audits as well as focused audits as needed. We have adopted the use of universal audit tool developed with HCPF for all routine outpatient auditing and are training providers on this new tool. For providers who do not pass audit we will continue to provide education and corrective action as warranted.   |
| <b>External Quality Review</b> |   |           |  |            |   |
| RAE<br>PRIME<br>CHP            | Health Services Advisory Group (HSAG):                | 2018/2019 | Annual Onsite Review for RAE and PRIME.  | 6/30/2019: | <b>Completed:</b> Annual compliance audit and site review completed by HSAG on 2/1/2019. RAE-Prime final report received on 4/18/2019, CHP+ final report received on 4/5/2019, RAE-Prime CAP accepted on 6/7/2019 and responses submitted by 9/7/2019; with CHP+ CAP accepted on 5/29/2019 and responses  |

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|   |   |           |   |            |  |
|---|---|-----------|---|------------|--|
|   |   |           |   |            | submitted on 8/29/2019. CAP submissions final acceptance received on 10/7/2019 for RAE-Prime and 9/16/2019 for CHP+.   |
| RAE<br>PRIME<br>CHP                             | Health Services<br>Advisory Group<br>(HSAG):<br>Continued | 2019/2020 | Annual Onsite Review for RAE and PRIME.         | 6/30/2020: | <b>Completed:</b> Annual compliance audit and site review completed by HSAG between March 3, 2020 - March 5, 2020. RAE-Prime & CHP+ final reports received on 5/7/2020, RAE-Prime CAP and CHP+ CAP accepted on 6/23/2020 and submitted on 9/23/2020. RAE-Prime and CHP+ CAP submissions were accepted.   |
| RAE<br>PRIME<br>CHP                             | Health Services<br>Advisory Group<br>(HSAG):<br>Continued | 2020/2021 | Annual Onsite/Virtual Review for RAE and PRIME. | 6/30/2021: | <b>Completed:</b> Final reports received 6/3/21 for RAE/Prime and 5/19/21 for CHP. There were only 4 items included in the required CAP (including 1 CHP CAP item that was removed). HSAG agreed to a Combination CAP for all 3 LOBs. Initial CAP submitted on 6/30/21 and received approval on 7/29/21. CAP evidence submission due 10/27/21. All CAPs were completed with submissions accepted.  |
| RAE<br>PRIME<br>CHP                             | Health Services<br>Advisory Group<br>(HSAG):<br>Continued | 2021/2022 | Annual Onsite/Virtual Review for RAE and PRIME. | 6/30/2022: | <b>In progress:</b> Final reports received 5/10/22. There were 2 items included in the required CAP. HSAG agreed to a combination CAP for RAE & PRIME (no CAP was identified for CHP+). Initial CAP submission on 6/6/22 and received approval with additional recommendations on 6/14/22. CAP evidence submission due 9/14/22 and was submitted on time. CAP partial approval and resubmission request received 9/23/22. Resubmission due 10/24/22. |
| RAE<br>PRIME<br>CHP                             | Health Services<br>Advisory Group<br>(HSAG):<br>Continued | 2022/2023 | Annual Onsite/Virtual Review for RAE and PRIME. | 6/30/2023: | <b>In progress:</b> Beginning the planning phase of the new audit year.  |
| Advisory Committees and Learning Collaboratives |   |           |   |            |  |

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|                     |   |           |   |            |  |
|---------------------|---|-----------|---|------------|--|
| RAE<br>PRIME<br>CHP | Member<br>Advisory Councils<br>(MACs):              | 2019/2020 | Current objectives for the MACs include:<br>Implement Member engagement metrics. Place Members on accountable communities' committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review. | 6/30/2020: | <b>Completed:</b> The Larimer County MAC meets every other month and the Western Slope MAC meets on a quarterly basis. [REDACTED] MAC Members serve as voting Members on the Regional RAE Performance Improvement Advisory Committee (PIAC). RMHP welcomed several new Members to the MACs over the past year who continue to actively participate and make valuable contributions. Members continue to inform and drive the meeting agendas. Members receive information and share feedback with a variety of guest speakers including; The Department leadership, Members of the state legislature and the Joint Budget Committee, and local health care policy leaders. |
| RAE<br>PRIME<br>CHP | Member<br>Advisory Councils<br>(MACs):<br>Continued | 2020/2021 | Current objectives for the MACs include:<br>Implement Member engagement metrics. Place Members on accountable communities' committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review. | 6/30/2021: | <b>Completed:</b> The RMHP Member Advisory Councils (MACs) have active involvement with higher-level program and policy work and act as the eyes and ears for RMHP regarding the Member perspective. MAC meetings included the following topics: follow-up on Long COVID discussion and action items the council would like to work on, CHP+ Dental Home update, provider billing for services covered by Health First Colorado, legislative panel, and behavioral health access.  |
| RAE<br>PRIME<br>CHP | Member<br>Advisory Councils<br>(MACs):<br>Continued | 2021/2022 | Current objectives for the MACs include:<br>Implement Member engagement metrics. Place Members on accountable communities' committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review. | 6/30/2022: | <b>In progress:</b> Quarterly meetings have been scheduled and will continue to be held virtually. In Fiscal Year 2021/2022, the MACs continued to meet regularly and discussed the following topics: Provider Access, Dental Updates, Mental Health, Crisis Services, State PIAC and Regional PIAC reports, Medicaid Buy-in Program for Working Adults with Disabilities, Pain Management, New Larimer County Behavioral Health Facility, Medicaid Prior Authorization Request (PAR) and Therapy Benefits, Health First Colorado Member Billing Policy, Medicaid American Rescue Plan Act (ARPA) Funding, and RMHP's New Spanish Speaking Member Advisory Council.        |

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|               |  |           |   |            |   |
|---------------|--|-----------|---|------------|---|
| RAE PRIME CHP | Member Advisory Councils (MACs): Continued | 2022/2023 | Current objectives for the MACs include:<br>Implement Member engagement metrics. Place Members on accountable communities' committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.             | 6/30/2023: | <b>In progress:</b> Priorities identified by the Larimer County MAC for Fiscal Year 2022/2023 include making recommendations on improvements to the Health First Colorado pain management and physical therapy benefit. Priorities identified by the Western Colorado MAC for Fiscal Year 2022/2023 include promoting / building out additional advocacy resources for Members, such as the formation of a dedicated Advocacy team.   |
| RAE PRIME CHP | Deaf Advocacy Groups:                      | 2019/2020 | Current objectives for the Bridging Communications groups include:<br>Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved. | 6/30/2020: | <b>Completed:</b> Larimer County and Western Slope Bridging Communications groups typically meet every two months to discuss and address issues that the deaf community faces. The groups have provided trainings to health care providers about the deaf culture and the needs of the deaf community when accessing health care and have been instrumental in advocating for the continued funding of the Rural Interpreting Services Project (RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer.  |
| RAE PRIME CHP | Deaf Advocacy Groups: Continued            | 2020/2021 | Current objectives for the Bridging Communications groups include:<br>Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved. | 6/30/2021: | <b>Completed:</b> Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss, and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In the Fall of 2021, the educational video project was completed for health care providers by addressing challenges with COVID-19 and American Sign Language (ASL) interpreter restrictions. RMHP will distribute the videos to our provider network. |

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|------------------------------|--|------------------|---|-------------------|--|
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Deaf Advocacy<br/>Groups:<br/>Continued</p> | <p>2021/2022</p> | <p>Current objectives for the Bridging Communications groups include: Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved.</p> | <p>6/30/2022:</p> | <p><b>Completed:</b> Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss, and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In March 2022, the Larimer County group hosted a community town hall meeting to connect with the community and gain a better understanding of community members' needs and solicit ideas to improve communication access in a variety of health care situations.</p>                            |
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Deaf Advocacy<br/>Groups:<br/>Continued</p> | <p>2022/2023</p> | <p>Current objectives for the Bridging Communications groups include: Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved.</p> | <p>6/30/2023:</p> | <p><b>In progress:</b> Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss, and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In September 2022, RMHP supported the regional Deaf meeting in Grand Junction featuring education about state-wide resources for the Deaf. In October 2022, RMHP sponsored several Deaf individuals to attend the Heathier Together Summit where the keynote speaker was a Deaf Comedian.</p> |

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|                              |   |                  |   |                   |   |
|------------------------------|---|------------------|---|-------------------|---|
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Program Improvement Advisory Committee (PIAC):</p>               | <p>2019/2020</p> | <p>Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.</p> | <p>6/30/2020:</p> | <p><b>Completed:</b> The Regional PIAC meets quarterly. In February-March 2020, RMHP conducted a survey of PIAC members to help establish PIAC priority areas of focus for the coming year. The following topics were identified as the top priorities:</p> <ul style="list-style-type: none"> <li>- Care Coordination</li> <li>- Social determinants of health</li> <li>- Access and availability</li> <li>- Medicaid attribution and enrollment</li> </ul> <p>Based on survey feedback, RMHP implemented several changes beginning with the May 2020 meeting including a condensed timeframe for the meetings (from four to three hours), and a transition to providing standing updates in written format instead of verbally during meetings to reserve more time for interactive discussions on new topics. A Care Coordination Task Force was formed in June 2020 to share learnings and recommendations to the PIAC.</p> |
| <p>RAE<br/>PRIME<br/>CHP</p> | <p>Program Improvement Advisory Committee (PIAC):<br/>Continued</p> | <p>2020/2021</p> | <p>Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.</p> | <p>6/30/2021:</p> | <p><b>Completed:</b> The Regional PIAC continues to meet on a quarterly basis with an average of 75-100 attendees. Voting members meet on a quarterly basis to advise RMHP on the goals and priorities for the committee. Based on voting member feedback, RMHP is working to reduce the number of topics discussed at each meeting and to incorporate more time and structure - i.e., polls and breakout rooms - for interactive discussion among participants.</p>  |

## Quality Improvement Plan SFY22/23 Update

Name: Rocky Mountain Health Plans  
 RAE: Region 1, RMHP PRIME & CHP + MCO  
 Date: 09/30/2022



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|---------------|--|-----------|--|------------|--|
| RAE PRIME CHP | Program Improvement Advisory Committee (PIAC): Continued | 2021/2022 | Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE. | 6/30/2022: | <b>Completed:</b> Regional PIAC meetings have been scheduled for this Fiscal Year. In Fiscal Year 2021/2022, the Regional PIAC continued to meet on a quarterly basis to discuss topics of interest and importance to RAE Region 1 stakeholders. During the reporting period, the committee discussed the following topics: RMHP's approach to health equity; the Department's Health Equity Plan, Performance measurement updates, RMHP's community reinvestment program; RMHP Prime expansion, Hospital Transformation Program, and Member Advisory Council updates. In June 2022, RMHP implemented a compensation structure for Health First Colorado Members who serve as PIAC voting members to tangibly demonstrate that each Member's time, energy, and lived experience is valued. |
| RAE PRIME CHP | Program Improvement Advisory Committee (PIAC): Continued | 2022/2023 | Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE. | 6/30/2023: | <b>In progress:</b> RMHP has focused on solidifying the role of PIAC voting members as an area of improvement, and recently filled several vacant PIAC voting member seats with new members. Voting members meet in between the public meetings to discuss strategy and planning.  |
| RAE PRIME CHP | Value Based Contracting (VBC) Office Hours:              | 2019/2020 | Improve network performance through ongoing provider education and learning collaboration.   | 6/30/2020: | <b>Completed:</b> Each month, RMHPs PT team facilitates a Value-Based Contracting (VBC) Office Hours webinar for the provider network to learn about relevant topics and ask questions. Each month the series includes updates on the following three initiatives: RAE, Prime and CPC+. Examples of topics covered at the RAE focused webinars include; attribution, short-term BH services in the PC setting, a demonstration of the CareNow telehealth platform, KPIs, and the Alternative Payment Model (APM).  |



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| RAE<br>PRIME<br>CHP                      | Value Based Contracting (VBC) Office Hours: Continued | 2020/2021 | Improve network performance through ongoing provider education and learning collaboration. | 6/30/2021:  | <b>Completed:</b> Each month, RMHPs CQI (formerly known as Practice Transformation – PT) team facilitates a Value-Based Contracting (VBC) Office Hours webinar for the provider network to learn about relevant topics and ask questions. Each month the series includes updates on the following three initiatives: RAE, Prime and CPC+. This webinar series will continue to be offered in the next FY.  |
| RAE<br>PRIME<br>CHP                      | Clinical Quality Improvement Newsroom: Continued      | 2021/2022 | Improve network performance through ongoing provider education and learning collaboration. | 6/30/2022:  | <b>Completed:</b> RMHP's Clinical Quality Improvement team continues to host this monthly webinar for providers, called the Clinical Quality Improvement Newsroom (formerly titled Value Based Contracting Office Hours). Topics that were covered during the reporting period include: colorectal cancer screening best practices, breast cancer screening best practices for gap closure, eCQM reporting, COVID-19 vaccination incentive program, HCPF Alternative Payment Model (APM), patient gap lists, Year 8 Prime metrics, attestation process for value-based contracting, Comprehensive Primary Care Plus (CPC+) model closeout, physical and mental wellness health outcomes survey results, and upcoming educational offerings and events. |
| RAE<br>PRIME<br>CHP                      | Clinical Quality Improvement Newsroom: Continued      | 2022/2023 | Improve network performance through ongoing provider education and learning collaboration. | 6/30/2023:  | <b>In progress:</b> RMHP's Clinical Quality Improvement team continues to host this monthly webinar for providers, called the Clinical Quality Improvement Newsroom. Topics that have been covered during the reporting period thus far include: review of well-visits for kids, introduction of SimliFed (virtual baby feeding support), review of the Colorado Specialty Care Connect-eConsults, immunizations for adolescents, updates to billing the Medicaid HO Modifier, FOBT Kits, patient outreach for diabetes care gaps, and upcoming educational offerings and events.  |
| <b>Quality and Compliance Monitoring</b> |   |           |  |             |  |
| RAE<br>PRIME<br>CHP                      | Network Adequacy Validation Audit                     | 2019/2020 | Network Adequacy Validation Audit (NAV) - Prime, CHP+ and RAE.                             | 12/31/2019: | <b>Completed:</b> Information delivered to The Department and HSAG in December 2019.   |



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|---------------------|---------------------------------|-----------|---|------------|---|
| RAE<br>PRIME<br>CHP | Information Systems Review      | 2018/2019 | Information Systems (IS) Review (Formerly BHRR— Behavioral Health Record Review): RAE questionnaire response due 2/16/2019. | 2/16/2019: | <b>Completed:</b> Submitted   |
| PRIME               | RMHP PRIME 412 Audit:           | 2019/2020 | 412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.                            | 6/30/2020: | <b>Completed:</b> HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received generated 412 sample list and guidelines in January 2020. Records were procured and the audit was conducted and completed January-March 2020. Final report received in July 2020.   |
| PRIME               | RMHP PRIME 412 Audit: Continued | 2020/2021 | 412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.                            | 6/30/2021: | <b>Completed:</b> Sample records for audit are expected to be received 1/6/2021. Received sample over-read list from HSAG. Audit was conducted and HSAG had an 83.8% agreement at the case level and a 94.8% agreement at the element level with RMHPs auditors. RMHP is continuing to develop the audit tool to better align with HSAG and the audit process. RMHP is revising a process for all auditors to follow internally to provide more continuity when auditing.   |
| PRIME               | RMHP PRIME 412 Audit: Continued | 2021/2022 | 412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.                            | 6/30/2022: | <b>Completed:</b> RMHP's Program Monitoring & Audit (PM&A) department took over the oversight of the 412 Annual MCO Encounter Data Quality Review for FY21-22. This included development of the Encounter Date Validation (EDV) tool, medical record request process, 412 coding review, EDV submission, over-read sample submission, and development/submission of the Encounter Data Quality Report. RMHP completed all submissions to HSAG and received the final report on 6/26/2022. PM&A is overseeing the QIP process. |
| PRIME               | RMHP PRIME 412 Audit: Continued | 2022/2023 | 412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.                            | 6/30/2023: | <b>In progress:</b> The 412 Annual MCO Encounter Data Quality Review for FY22-23 will be administered by UHC audit staff. RMHP's Program Monitoring & Audit Director will act as a resource.  |

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|-------|---|-----------|--|-------------|--|
| RAE   | RMHP RAE 411 Audit:                     | 2019/2020 | 411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records. | 6/30/2020:  | <b>Completed:</b> HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received generated RAE specific 411 encounter sample list and guidelines in January 2020. BH records were procured, and the audit was conducted and completed in January-March 2020. Final report received in July 2020.  |
| RAE   | RMHP RAE 411 Audit: Continued           | 2020/2021 | 411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records. | 6/30/2021:  | <b>Completed:</b> Sample records for audit are expected to be received 1/6/2021. Received sample over-read list from HSAG. Audit was conducted and HSAG had a 94.1% agreement at the case level with RMHP auditors. RMHP self-reported service coding accuracy results of 74% across 3 encounter categories and elements.  |
| RAE   | RMHP RAE 411 Audit: Continued           | 2021/2022 | 411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records. | 6/30/2022:  | <b>Completed:</b> RMHP's Program Monitoring & Audit (PM&A) department took over the oversight of the 411 Annual RAE BH Encounter Data Quality Review for FY21-22. This included development of the Encounter Date Validation (EDV) tool, medical record request process, coordination of the 411 coding review with the Quality Assurance staff, EDV submission, over-read sample submission, and development/submission of the Encounter Data Quality Report. RMHP completed all submissions to HSAG and received the final report on 6/26/2022. PM&A is overseeing the QuIP process. |
| RAE   | RMHP RAE 411 Audit: Continued           | 2022/2023 | 411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records. | 6/30/2023:  | <b>In progress:</b> The 411 Annual RAE BH Encounter Data Quality Review for FY22-23 will be administered by Optum Behavioral Health audit staff. RMHP's Program Monitoring & Audit Director will act as a resource.  |
| PRIME | 412 Quality Improvement Plan:           | 2019/2020 | 412 Quality Improvement Plan (QuIP) Audit for Prime.   | 03/31/2022: | <b>Completed:</b> All phases were successfully completed.  |
| PRIME | 412 Quality Improvement Plan: Continued | 2020/2021 | 412 Quality Improvement Plan (QuIP) Audit for Prime.   | 03/31/2021: | <b>Completed:</b> All phases were successfully completed.  |

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|                     |  |           |   |             |   |
|---------------------|--|-----------|---|-------------|---|
| PRIME               | 412 Quality Improvement Plan: Continued                    | 2021/2022 | 412 Quality Improvement Plan (QuIP) Audit for Prime.  | 03/31/2022: | <b>Completed:</b> All phases were successfully completed.   |
| PRIME               | 412 Quality Improvement Plan: Continued                    | 2022/2023 | 412 Quality Improvement Plan (QuIP) Audit for Prime.  | 03/31/2023: | <b>In progress:</b> Phase 1 and Phase 2 were both accepted. HSAG identified any element not receiving over 90% or above as an element for the health plan to address within the QuIP. |
| RAE                 | 411 Quality Improvement Plan:                              | 2020/2021 | 411 Quality Improvement Plan (QuIP) Audit for RAE BH.   | 03/31/2021: | <b>Completed:</b> All phases were successfully completed.   |
| RAE                 | 411 Quality Improvement Plan: Continued                    | 2021/2022 | 411 Quality Improvement Plan (QuIP) Audit for RAE BH.   | 03/31/2022: | <b>Completed:</b> All phases were successfully completed.   |
| RAE                 | 411 Quality Improvement Plan: Continued                    | 2022/2023 | 411 Quality Improvement Plan (QuIP) Audit for RAE BH.   | 03/31/2023: | <b>In progress:</b> Phase 1 and Phase 2 were both accepted. HSAG identified any element not receiving over 90% or above as an element for the health plan to address within the QuIP. |
| RAE<br>PRIME<br>CHP | Credentialing/Re-credentialing of practitioners:           | 2019/2020 | RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list. | 6/30/2020:  | <b>Completed:</b> New credentialing and tracking mechanism was developed and implemented.   |
| RAE<br>PRIME<br>CHP | Credentialing/Re-credentialing of practitioners: Continued | 2020/2021 | RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not  | 6/30/2021:  | <b>Completed:</b> Monthly monitoring continues with timely credentialing reviews.   |

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|---------------|---|-----------|---|------------|---|
|               |   |           | under sanctions, debarred or on the CMS preclusion list.  |            |   |
| RAE PRIME CHP | Credentialing/Re-credentialing of practitioners:<br>Continued | 2021/2022 | RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list. | 6/30/2022: | <b>Completed:</b> Monthly monitoring continues with timely credentialing reviews.         |
| RAE PRIME CHP | Credentialing/Re-credentialing of practitioners:<br>Continued | 2022/2023 | RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list. | 6/30/2023: | <b>In progress:</b> Monthly monitoring continues with timely credentialing reviews.       |
| RAE           | Clinical Assurance Quality Improvement (CAQI) Committee:      | 2018/2019 | Collaborate with providers and community partners to develop systemic improvements to health care delivery.   | 6/30/2019: | <b>Completed:</b> Monthly meetings to establish and implement the scope of the committee. |

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|-----|--|-----------|---|------------|--|
| RAE | Clinical Assurance Quality Improvement (CAQI) Committee: Continued | 2019/2020 | Collaborate with providers and community partners to develop systemic improvements to health care delivery.   | 6/30/2020: | <b>Completed:</b> Monthly meetings to inform providers and partners about performance and Member needs as well as collaborate on delivery improvement.   |
| RAE | Clinical Assurance Quality Improvement (CAQI) Committee: Continued | 2020/2021 | Collaborate with providers and community partners to develop systemic improvements to health care delivery.   | 6/30/2021: | <b>Completed/Discontinued:</b> The CAQI committee was disbanded in November 2020.  |
| RAE | CMHC BHIP Collaborative:   | 2021/2022 | Collaborate with providers and community partners to develop systemic improvements to health care delivery as related to the performance incentive programs and outcomes impacts. | 6/30/2022: | <b>Completed:</b> As of June 2021, the CMHC BHIP Collaborative was created with the CMHCs to specifically focus and work on BHIP metrics and performance. To date, this has been a beneficial and collaborative meeting with the CMHCs.  |
| RAE | CMHC BHIP Collaborative: Continued                                 | 2022/2023 | Collaborate with providers and community partners to develop systemic improvements to health care delivery as related to the performance incentive programs and outcomes impacts. | 6/30/2023: | <b>In progress:</b> The CMHC BHIP Collaborative met regularly. Discussions occurred to inform interventions in improving behavioral health performance metrics through implementation of innovative interventions . Timely data continues to be a barrier in this forum, however, RMHP has developed a BHIP dashboard that provides preliminary data on a monthly basis to help inform action. FY2022/2023 allowed opportunity for updates to the provider contracts and restructured financial incentives of the Region 1 BH Network. With Value-based contracting, RMHP strives to continue improvement of the BHIP performance in this fiscal year. |