

FISCAL YEAR 2015–2016 COLORADO PIP VALIDATION REPORT

Improving Transitions of Care for Individuals
Recently Discharged from a Corrections Facility

for
Rocky Mountain Health Plans

April 2016

for
Validation Year 2

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



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TABLE OF CONTENTS

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

CAHPS[®] refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with federal regulations and quality improvement standards. According to the BBA, the quality of health care delivered to Medicaid members in MCOs and PIHPs must be tracked, analyzed, and reported annually. The Colorado Department of Health Care Policy & Financing (the Department) has contractual requirements with each MCO and behavioral health organization (BHO) to conduct and submit performance improvement projects (PIPs) annually.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of system interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities to increase or sustain improvement.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the MCO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG's review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.
2. The outcomes of the PIPs. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP's outcomes determined whether the MCO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the MCO was successful in sustaining the improvement. The goal of HSAG's PIP validation is to ensure

that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the MCO's improvement strategies.

PIP Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For fiscal year (FY) 2015–2016, **Rocky Mountain Health Plans (RMHP)** continued its *Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility* PIP. The topic selected addressed CMS' requirements related to quality outcomes—specifically, the quality and access to, care and services.

PIP Summary

For this FY 2015–2016 validation cycle, the PIP received an overall validation score of 100 percent and a *Met* validation status. The focus of this PIP is to improve the transition of care by assisting members who have been paroled with accessing a primary care provider within 90 days of enrollment into RMHP Medicaid Prime. The PIP had one study question **RMHP** stated: “Do targeted interventions to improve transitions of care for individuals released from prison into parole increase the percentage of paroled members that have a visit with a primary care provider within 90 days of Medicaid Prime enrollment?” The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
<i>Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility</i>	The percentage of members paroled to Mesa County, DOC [Department of Corrections] Adult Parole-Grand Junction Office, and enrolled into RMHP Medicaid Prime during the measurement year and had a visit with a primary care provider within 90 days of enrollment into Prime.

Validation Overview

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

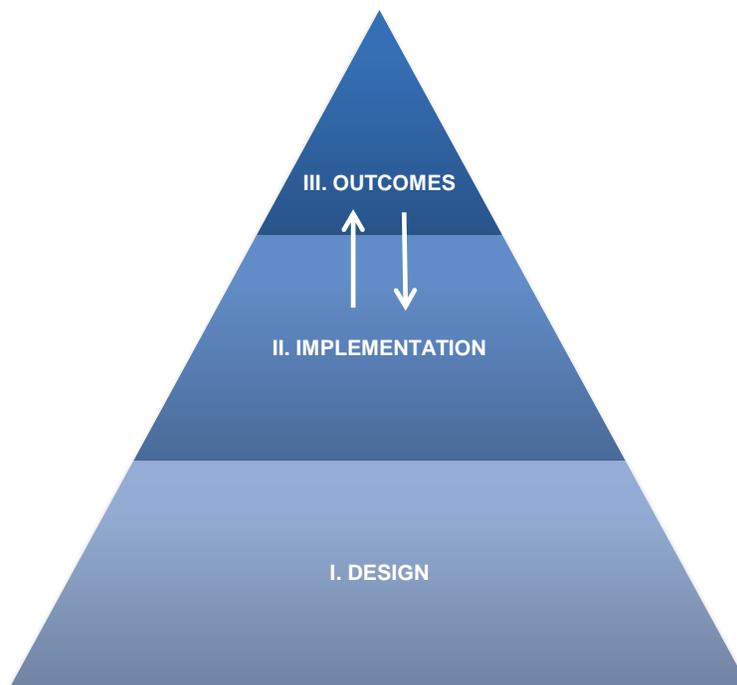
Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable

results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. An MCO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary.

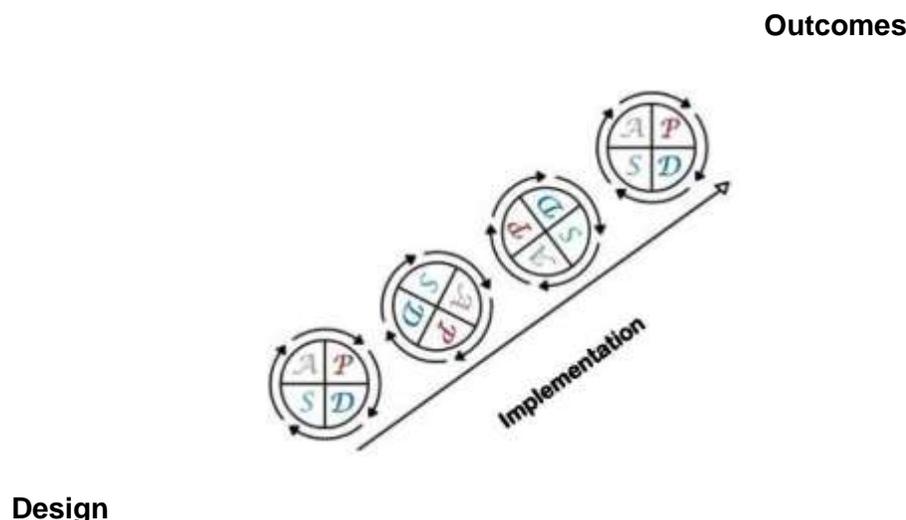
Figure 1–1—PIP Stages



Once **RMHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the MCOs analyze data,

identify barriers to performance, and develop interventions targeted to improve outcomes. The MCOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- ◆ **Plan**—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- ◆ **Do**—implement intervention; track and monitor the intervention; and record the data
- ◆ **Study**—analyze the data; compare results; and evaluate the intervention’s effectiveness
- ◆ **Act**—based on the evaluation results, standardize, modify, or discontinue the intervention

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The MCO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the MCO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the MCO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

for Rocky Mountain Health Plans

This year, the PIP validation process evaluated the technical methods of the PIP (i.e., the study design), as well as the implementation of quality improvement activities. Based on its technical review, HSAG determined the overall methodological validity of the PIP.

Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is an MCO’s update of a previously submitted PIP with modified/additional documentation.

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

Table 2–1—FY 2015–2016 Performance Improvement Project Validation Activity for Rocky Mountain Health Plans

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility</i>	Submission	38%	38%	<i>Not Met</i>
	Resubmission	100%	100%	<i>Met</i>
¹ Type of Review —Designates the PIP review as an annual submission, or resubmission. A resubmission means the MCO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall <i>Met</i> validation status. ² Percentage Score of Evaluation Elements <i>Met</i> —The percentage score is calculated by dividing the total elements <i>Met</i> (critical and non-critical) by the sum of the total elements of all categories (<i>Met</i> , <i>Partially Met</i> , and <i>Not Met</i>). ³ Percentage Score of Critical Elements <i>Met</i> —The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i> , <i>Partially Met</i> , and <i>Not Met</i> . ⁴ Overall Validation Status —Populated from the PIP Validation Tool and based on the percentage scores.				

Validation Findings

Table 2–2 displays the validation results for the **RMHP** PIP validated during FY 2015–2016. This table illustrates the MCO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as

Met, Partially Met, or Not Met. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the second validation year for the PIP, with the MCO completing Activities I through VIII.

**Table 2–2—Performance Improvement Project Validation Results
for Rocky Mountain Health Plans**

Stage	Activity		Percentage of Applicable Elements		
			<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>
Design	I.	Review the Selected Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Review the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Review the Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Review the Selected Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Review Sampling Methods (if sampling was used)	<i>Not Applicable</i>		
	VI.	Review the Data Collection Procedures	100% (2/2)	0% (0/2)	0% (0/2)
Design Total			100% (8/8)	0% (0/8)	0% (0/8)
Implementation	VII.	Review the Data Analysis and Interpretation of Results	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Assess the Improvement Strategies	100% (3/3)	0% (0/3)	0% (0/3)
Implementation Total			100% (6/6)	0% (0/6)	0% (0/6)
Outcomes	IX.	Assess for Real Improvement Achieved	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements <i>Met</i>			100% (14/14)	0% (0/14)	0% (0/14)

Overall, 100 percent of all applicable evaluation elements validated received a score of *Met*. For this year's submission, the Design and Implementation stages (Activities I through VIII) were validated.

Design

RMHP designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

Implementation

RMHP reported and interpreted its baseline data accurately. The MCO completed its initial causal/barrier analysis using the appropriate quality improvement tools. The MCO indicated that the two barriers identified were equal in their priority ranking; therefore, as **RMHP** implements interventions, it will target both of these barriers.

Outcomes

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

Analysis of Results

Table 2–3 displays baseline data for **RMHP**'s *Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility* PIP. **RMHP**'s goal is to increase the percentage of members who have been paroled and have a visit with a primary care provider within 90 days of enrollment into Medicaid Prime.

**Table 2–3—Performance Improvement Project Outcomes
for Rocky Mountain Health Plans**

Study Indicator	Baseline Period (7/1/2014–6/30/2015)	Remeasurement 1 (7/1/2015–6/30/2016)	Remeasurement 2 (7/1/2016–6/30/2017)	Sustained Improvement
The percentage of members paroled to Mesa County, DOC Adult Parole-Grand Junction Office, and enrolled into RMHP Medicaid Prime during the measurement year and had a visit with a primary care provider within 90 days of enrollment into Prime.	20.3%			

The baseline rate for members who have been paroled and had a visit with a primary care provider within 90 days of enrollment into Medicaid Prime was 20.3 percent. This rate is 14.7 percentage points below the first remeasurement goal of 35 percent.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. The MCO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to the MCO's overall success in improving PIP rates.

For the *Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility* PIP, **RMHP** identified two primary barriers to address: lack of a parolee's ability to identify a primary care medical provider (PCMP) with which to schedule a visit, and lack of education and awareness of the importance of regularly visiting a PCMP to manage chronic health conditions or to maintain health. To address these barriers, **RMHP** implemented the following interventions:

- ◆ Assigned a care coordinator to each parolee to assess for health needs and help coordinate primary care, schedule the initial appointment, and ensure the parolee attends the appointment.
- ◆ Assigned a care coordinator to each parolee to assess for health needs and provide education around the importance of having a medical home and self-management support.

Conclusions

RMHP developed a methodologically sound project and has set the foundation from which to move forward.

Recommendations

As the PIP progresses, HSAG recommends that **RMHP** do the following:

- ◆ Simplify how the study question is stated.
- ◆ Annually evaluate and document whether factors threaten the validity of the data reported and comparability of the data.
- ◆ Use and describe quality improvement tools such as a causal/barrier analysis, key driver diagram, process mapping, or failure modes and effects analysis at least annually to determine barriers, drivers, and/or weaknesses within processes which may inhibit the health plan from achieving the desired outcomes.
- ◆ Describe methods used to prioritize newly identified barriers.
- ◆ Develop active, innovative interventions that can directly impact the study indicator outcomes.
- ◆ Use quality improvement science techniques such as the Plan-Do-Study-Act (PDSA) model as part of the MCO's improvement strategies. Interventions can be tested on a small scale, evaluated, and then expanded to full implementation, if deemed successful.
- ◆ Develop a process or plan to evaluate the effectiveness of each implemented intervention.
- ◆ Use the PIP Completion Instructions to ensure that all requirements for each completed activity have been addressed.
- ◆ Seek technical assistance from HSAG as needed.

APPENDIX A. PIP-SPECIFIC VALIDATION TOOL for Rocky Mountain Health Plans

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



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

DEMOGRAPHIC INFORMATION

Plan Name: Rocky Mountain Health Plans

Project Leader Name: Jenny Nate

Title: Senior Community Strategies Leader

Telephone Number: (720) 934-4293

E-mail Address: jenny.nate@rmhp.org

Name of Project/Study: Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility

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

- Clinical Nonclinical
 Collaborative HEDIS

Date of Project: 7/1/2014 to 6/30/2015

Type of Delivery System: MCO

Submission Date: 1/15/2016

Section to be completed by HSAG

9/25/2014	Year 1 Validation	9/15/2014	Annual Submission
11/18/2014	Year 1 Validation	11/10/2014	Resubmission
11/11/2015	Year 2 Validation	11/6/2015	Annual Submission
1/22/2016	Year 2 Validation	1/15/2016	Resubmission

- X Pre-Baseline
X Baseline

Year 1 validated through Activity: VI
 Year 2 validated through Activity: VIII



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
I. Select the Study Topic: The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State. The study topic:		
C* 1. Is selected following collection and analysis of data. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan did not have historical data last year. However, for this year's submission, the baseline data should have been provided in Activity I as plan-specific data to support the selection of the study topic and to demonstrate that this PIP is a collaborative effort with Rocky Mountain Health Plan (RMHP). Additionally, the health plan appeared to have changed the focus of the PIP to the member entering parole rather than correction facilities release without an explanation. Re-review January 2016: In the resubmission, the health plan provided an update on the revised focus of the PIP and data that supported the selection of the PIP. Based on the revised documentation, the score for this evaluation element has been changed to <i>Met</i> .
2. Has the potential to affect member health, functional status, or satisfaction. The score for this element will be Met or Not Met.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The PIP has the potential to affect member health, functional status, or satisfaction.

Results for Activity I

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
II. Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question:			
C*	1. States the problem to be studied in simple terms and is in the recommended X/Y format. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The study question was clearly stated and in the recommended X/Y format; however, it did not align with the study indicator. The question focuses on a primary care physician visit within 90 days of entering parole, and the indicator is measuring a PCP visit within 90 days of the date of enrollment into the RMHP Medicaid Prime. HSAG remains unclear as to the actual intent of the project.</p> <p>Re-review January 2016: In the resubmission, the health plan revised the study question based on the updated/revised focus of the PIP. The revised study question is now aligned with the focus of the PIP and study indicator. The score for this evaluation element has been changed to <i>Met</i> with a <i>Point of Clarification</i>.</p> <p>Point of Clarification: It appears that when the health plan revised the study question, it left extra words in the question. HSAG recommends simplifying the question to read, "Do targeted interventions increase the percentage of individuals released into parole who have a visit with a primary care provider within 90 days of MCO enrollment?"</p>

Results for Activity II

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
III. Define the Study Population: The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs. The study population:		
C* 1. Is accurately and completely defined and captures all members to whom the study question(s) applies. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan accurately and completely defined the study population, providing correct codes for the denominator, when applicable. Re-review January 2016: In the resubmission, the health plan updated the study population definition and removed codes related to a PCP visit being completed. The <i>Point of Clarification</i> was removed.

Results for Activity III

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

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 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
IV. Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):		
C* 1. Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The study indicator remains poorly defined and does not align with the revised study question. HSAG recommended calendar years for the measurement periods. It is unclear as to why the health plan selected the date ranges provided. HSAG remains unclear as to the intent of the PIP. Are the members to have a visit within 90 days of entering parole as stated in the question or from the date of enrollment into RMHP Medicaid Prime, as stated in the indicator?</p> <p>Re-review January 2016: In the resubmission, the health plan revised the study indicator documentation and measurement periods as recommended. The study indicator is well-defined and aligns with the focus of the PIP. The score for this evaluation element has changed to <i>Met</i>.</p>
2. Include the basis on which the indicator(s) was adopted, if internally developed.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>The intent of the project remains unclear, and the health plan did not update the reason for using the date of enrollment to define the study indicator. Therefore this evaluation element is no longer <i>Met</i>. The health plan needs to make these corrections.</p> <p>Re-review January 2016: In the resubmission, the health plan revised the study indicator. The basis on which the indicator was developed was included and aligned with the intent of the project. The score of this evaluation element has been changed to <i>Met</i>.</p>

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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EVALUATION ELEMENTS					SCORING					COMMENTS				
Performance Improvement Project/Health Care Study Evaluation														
Results for Activity IV														
# of Total Evaluation Elements					# of Critical Elements									
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable					
2	2	0	0	0	1	1	0	0	0					

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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EVALUATION ELEMENTS		SCORING		COMMENTS		
Performance Improvement Project/Health Care Study Evaluation						
V.	Use Sound Sampling Techniques: (If sampling is not used, each evaluation element is scored NA.) If sampling is used to select members in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:					
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	2. Include the title of the applicable study indicator(s).	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	3. Identify the population size.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	4. Identify the sample size.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	5. Specify the margin of error and confidence level.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	6. Describe in detail the methods used to select the sample.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	7. Allow for the generalization of results to the study population.	<input type="checkbox"/> Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Not Met	<input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.

Results for Activity V

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
7	0	0	0	7	2	0	0	0	2

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



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EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VI. Reliably Collect Data: Data collection must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:		
1. Clearly defined sources of data and data elements to be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan included the data elements used to identify a PCP visit; however, documented them in Activity III. These codes belong in Activity VI. Please remove the codes from Activity III and place them in Activity VI.
C* 2. Clearly defined and systematic process for collecting data that includes how baseline and remeasurement data will be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	This year's submission does not clearly state the focus of the PIP; therefore, HSAG could not determine if the data collection process outlined is accurate. As stated in previous activities' comments, it remains unclear whether the PCP visit is to occur within 90 days of the member entering parole or from enrolling in the MCO. Re-review January 2016: In the resubmission, the health plan revised its documentation related to the updated intent of the project. The data collection process is systematic and appropriate to capture the required data elements. The score for this evaluation element has been changed to <i>Met</i> .
C* 3. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan did not use manual data collection.

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VI. Reliably Collect Data: Data collection must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:			
4.	An estimated degree of administrative data completeness. Met = 80 - 100 percent Partially Met = 50 - 79 percent Not Met = <50 percent or not provided	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	This year's submission did not include the health plans process in determining the reported estimated degree of administrative data completeness percentage; therefore, the evaluation element is no longer <i>Met</i> . The health plan needs to describe the process used to determine completeness of claims/encounter data following the allowable claims lag. Re-review January 2016: Based on the updated documentation in the resubmission, the score for this evaluation element has been changed to <i>Not Applicable</i> .

Results for Activity VI

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
4	2	0	0	2	2	1	0	0	1

* "C" in this column denotes a critical evaluation element.

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*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VII. Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:		
C* 1. Include accurate, clear, consistent, and easily understood information in the data table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan presented baseline results in a clear, accurate, and easily understood format.
2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plans interpretation of the baseline results was incomplete. The narrative interpretation should include the baseline rate and not just the numerator and denominator.
3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	<p>It appeared that the health plan identified a factor that may threaten the validity of the baseline data; however, it did not point this out as a factor. The health plan documented that several individuals on the parole list were assigned to the MCO before their parole entry dates, which indicates that they were assigned to the MCO while incarcerated and that Medicaid should have been cancelled upon this incarceration.</p> <p>Re-review January 2016: Based on the updated documentation in the resubmitted PIP, the score for this evaluation element has changed to <i>Met with a Point of Clarification</i>. The health plan indicated there were no factors that threatened the validity of the data reported.</p> <p>Point of Clarification: The health plan needs to evaluate and document whether any factors threaten the validity or comparability of the data annually.</p>

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS					SCORING					COMMENTS				
Performance Improvement Project/Health Care Study Evaluation														
Results for Activity VII														
# of Total Evaluation Elements					# of Critical Elements									
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable					
3	3	0	0	0	1	1	0	0	0					

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
C* 1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan completed a causal/barrier analysis and identified barriers by interviewing subject matter experts.
2. Barriers that are identified and prioritized based on results of data analysis and/or other quality improvement processes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan documented barriers assigned a priority ranking; however, the process used to assign this priority ranking was not discussed. Re-review January 2016: The health plan needs to evaluate and document whether any factors threaten the validity or comparability of the data annually.
C* 3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The third and fourth barriers listed and their corresponding interventions appeared to be outside the focus of the PIP. HSAG recommends a technical assistance call. Re-review January 2016: In the resubmission, the health plan revised its documentation related to interventions. The intervention set to be implemented in January 2016 was linked to the identified barrier and has the potential to impact study indicator outcomes. The score for this evaluation element has been changed to <i>Met</i> .

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS	SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation		
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:		
4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan did not provide dates for the interventions listed in the table; therefore, HSAG could not determine whether or not there was sufficient time to impact indicator outcomes. Re-review January 2016: Based on the revised PIP and documentation in Activity VIII, the score for this evaluation element has been changed to <i>Not Applicable</i> for this annual validation period. The health plan plans to implement its intervention in January 2016.
C* 5. Evaluation of individual interventions for effectiveness.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The PIP has not progressed to the point of evaluating the effectiveness of each intervention. It should be noted that each intervention implemented or tested needs to have a robust real-time method to evaluate its effectiveness. This information will be required in the next annual submission.
6. Interventions continued, revised, or discontinued based on evaluation results.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The PIP has not progressed to the point of evaluating the effectiveness of each intervention.

Results for Activity VIII									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
6	3	0	0	3	3	2	0	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IX.	Assess for Real Improvement: Real improvement or meaningful change in performance is evaluated based on study indicator(s) results.		
	1. The remeasurement methodology is the same as the baseline methodology.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	2. The documented improvement meets the State- or health plan-specific goal.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	3. There is statistically significant improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.

Results for Activity IX									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
 for Rocky Mountain Health Plans**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
X.	Assess for Sustained Improvement: Sustained improvement is demonstrated through repeated measurements over comparable time periods.		
C*	1. Repeated measurements over comparable time periods demonstrate sustained improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. Sustained improvement cannot be assessed until the study indicator has achieved statistically significant improvement over baseline and sustained the improvement for a subsequent measurement period.

Results for Activity X									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
for Rocky Mountain Health Plans*

Table A-1—FY 15-16 PIP Validation Report Scores:

**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
for Rocky Mountain Health Plans**

Review Activity		Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA
I.	Select the Study Topic	2	2	0	0	0	1	1	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0
III.	Define the Study Population	1	1	0	0	0	1	1	0	0	0
IV.	Select the Study Indicator(s)	2	2	0	0	0	1	1	0	0	0
V.	Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2
VI.	Reliably Collect Data	4	2	0	0	2	2	1	0	0	1
VII.	Analyze Data and Interpret Study Results	3	3	0	0	0	1	1	0	0	0
VIII.	Improvement Strategies (interventions for improvement as a result of analysis)	6	3	0	0	3	3	2	0	0	1
IX.	Assess for Real Improvement	3		Not Assessed			2	Not Assessed			
X.	Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed			
Totals for All Activities		30	14	0	0	12	15	8	0	0	4

Table A-2—FY 15-16 PIP Validation Report Overall Scores:

**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
for Rocky Mountain Health Plans**

Percentage Score of Evaluation Elements Met*	100%
Percentage Score of Critical Elements Met**	100%
Validation Status***	Met

- * The percentage score is calculated by dividing the total Met by the sum of the total Met, Partially Met, and Not Met.
- ** The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.
- *** Met equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility
for Rocky Mountain Health Plans**

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results based on CMS Validating protocols. HSAG also assessed whether the State should have confidence in the reported PIP findings.

***Met** = Confidence/high confidence in reported PIP results

****Partially Met** = Low confidence in reported PIP results

*****Not Met** = Reported PIP results not credible

Summary of Aggregate Validation Findings

* **Met**

** **Partially Met**

*** **Not Met**

Summary statement on the validation findings:

Activities I through VIII were assessed for this PIP Validation Report. Based on the validation of this PIP, HSAG's assessment determined high confidence in the results.

APPENDIX B. PIP-SPECIFIC SUMMARY FORM
for Rocky Mountain Health Plans

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



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans*

DEMOGRAPHIC INFORMATION

Plan Name: **Rocky Mountain Health Plans**

Project Leader Name: Jenny Nate Title: Senior Community Strategies Leader

Telephone Number: 720-934-4293 E-mail Address: Jenny.nate@rmhp.org

Name of Project: Improving transitions of care for individuals released from prison into parole

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

- Clinical Nonclinical
 Collaborative HEDIS

Type of Delivery System: **(MCO)**

Submission Date: 1/18/16

Section to be completed by HSAG

_____ Year 1 Validation _____ Initial Submission
 X Year 2 Validation 11/6/15 Initial Submission
 _____ Year 3 Validation _____ Initial Submission

X Baseline Assessment _____ Remeasurement 1
 _____ Remeasurement 2 _____ Remeasurement 3

Year 1 validated through Activity VI
 Year 2 validated through Activity VIII
 Year 3 validated through Activity _____

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

Study Topic:

Originally, the study topic was identified as “Improving transitions of care for individuals recently discharged from a corrections facility.” Since that initial submission, RMHP has learned that individuals being released from prison typically enter one of three post-release tracks:

Full Release: An individual is released with no follow-up or continued monitoring by DOC.

Release to Community Corrections: An individual is released into the State’s Community Corrections programs, which are a wide variety of residential and non-residential programs and services provided by counties, often geared toward offenders with substance abuse problems, mental illness, or additional rehabilitation needs.

Release to Parole: An individual is released into the community on parole, which means they are monitored by a parole officer for a period of time post-release.

For the purpose of this project, we made the decision to only focus on the parole population for reasons highlighted below:

1. It would be very difficult for care coordinators to track down those released from prison to full release to engage in helping these individuals find primary care, and ensure they attend PCP visits.
2. Individuals in community corrections programs are often receiving intensive treatment for other issues, and attempts to get them connected to primary care through a care coordinator may be too overwhelming at the time.
3. Most individuals in community corrections are not eligible for Medicaid due to their residential status, while individuals who are paroled do not have the same eligibility barriers.
4. Parole officers can play an important role in assisting parolees to enroll in Medicaid, and assist with educating parolees on the importance of having a relationship with a primary care partner and managing their own health, as well as monitoring their situation for any potential acute health care needs.

Due to the decision made by RMHP to focus specifically on individuals released from a corrections facility into parole, the decision was made to revise the study topic as well as the title of the PIP, “Improving transitions of care for individuals released from prison into parole.”

This study is being conducted in alignment between two separate lines of business: RMHP’s RCCO program and RMHP’s Medicaid Prime program. The Prime program is an initiative within the RCCO region across six counties: Mesa, Montrose, Gunnison, Garfield, Pitkin, and Rio Blanco in which RMHP has been granted permission by HCPF and the CO State Legislature to test an innovative payment reform model for adult Medicaid FFS recipients across these counties. Within this program, RMHP is responsible for payment of claims, therefore the program is



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

categorized as an MCO. These projects focus on two separate lines of business, in two separate geographic regions, using claims data from two different sources, and two separate care coordination teams (although both are supervised by RMHP Care Management Department). However, the same RMHP staff is utilized to complete both PIPs. This study is being submitted on behalf of the RMHP Medicaid Prime line of business.

Provide health plan-specific data:

Initial data for this study topic has been obtained through the DOC Adult Parole Division-Grand Junction Office, as well as RMHP Medicaid Prime enrollment and claims data. Data from the parole office in Grand Junction identified all individuals released on parole status within Mesa County and their parole start date during the measurement year. (It should be noted that parole start date and prison release date are always the same date within the DOC system). RMHP Medicaid claims data is then used to identify a visit with a primary care provider within 90 days following enrollment into RMHP Medicaid Prime. It should be noted that enrollment into Medicaid is not synonymous or synchronous with enrollment into Prime. Typically, it takes the state 60-90 days to enroll a new Medicaid client into RMHP Medicaid Prime. RMHP has no access to any claims or enrollment data for members prior to their enrollment into Prime.

According to the baseline analysis for this project, only 15 of 74, or 20.3% of parolees received primary care visits in the baseline measurement year within 90 days of Prime enrollment.

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

The study will improve member health by connecting members who have been recently paroled from a state correctional facility to appropriate and needed primary care services as well as improving continuity of care by ensuring that the member has access to a primary care medical home.



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The Study Question(s) should:

- ◆ Be structured in the recommended X/Y format: “Does doing X result in Y?”
- ◆ State the problem in clear and simple terms.
- ◆ Be answerable based on the data collection methodology and study indicator(s) provided.

Study Question(s):

Do targeted interventions to improve transitions of care for individuals released from prison into parole increase the percentage of paroled members that have a visit with a primary care provider within 90 days of Medicaid Prime enrollment?

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity III: Define the Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs.

The study population definition should:

- ◆ Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- ◆ Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- ◆ Clearly define the inclusion, exclusion, and diagnosis criteria.
- ◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify members, if applicable.
- ◆ Capture all members to whom the study question(s) applies.
- ◆ Include how race/ethnicity will be identified, if applicable.

Study Population: All criminal justice involved members paroled to DOC Adult Parole Division-Grand Junction Office, being paroled to Mesa County, and enrolled into RMHP Medicaid Prime during the measurement year. Although the Grand Junction Office supervises parolees throughout several counties in Western Colorado, and RMHP Medicaid Prime covers six counties, the decision was made to only include Mesa County parolees for this project due to the unique expertise possessed by our Mesa County care coordinators to serve this specific population, proximity of Mesa County parolees to the parole office, and availability of PCPs serving the Medicaid population in Mesa County.

Enrollment requirements (if applicable): Member must be enrolled into RMHP Medicaid Prime during the measurement year and continuously enrolled in Prime for at least 90 days post initial enrollment to be included in the denominator.

Member age criteria (if applicable): Not applicable

Inclusions-Summarized:

1. All individuals paroled to Mesa County, DOC Adult Parole Division-Grand Junction office.
2. All parolees enrolled in RMHP Medicaid Prime during measurement year.
3. Parolees who are enrolled in Prime continuously for 90 days.

Exclusions: Upon full analysis of the baseline data, several revisions to the proposed exclusions in the initial submission for this PIP were required. Originally proposed exclusions included members who are hospitalized or incarcerated within the 90-day period following their Prime enrollment date. Although RMHP is still able to exclude those who are hospitalized within 90 days through claims data, we have found that we are unable to obtain data from DOC to determine which offenders are re-incarcerated within 90 days following Prime enrollment. Therefore, we are instead excluding all parolees with more than one parole date reported for the baseline or intervention year in order to prevent those who are re-incarcerated within 90 days from being counted in the analysis.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity III: Define the Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding members with special health care needs.

The study population definition should:

- ◆ Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- ◆ Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- ◆ Clearly define the inclusion, exclusion, and diagnosis criteria.
- ◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify members, if applicable.
- ◆ Capture all members to whom the study question(s) applies.
- ◆ Include how race/ethnicity will be identified, if applicable.

In the initial submission, we proposed to exclude all members who are not continuously enrolled for 90 days after initial Prime enrollment. This exclusion will continue to apply.

Over the course of the baseline analysis for this project, we have identified the need for additional exclusions. It was discovered that several parolees from the DOC's baseline year list were recorded in the Prime enrollment data as having a Prime enrollment date previous to their parole date. Any individuals with a Prime enrollment date earlier than parole date are now excluded. Also excluded are parolees who are not found in the Prime enrollment data during the measurement year after parole date, as well as any PCP visits with dates that precede Prime enrollment.

Exclusions-Summarized:

1. Parolees who are hospitalized within 90 days of Prime enrollment date.
2. All parolees with more than one parolee date identified during measurement year.
3. All parolees not found in Prime enrollment data during the measurement year after parole date.
3. All Prime enrollees who are not continuously enrolled in Prime for 90 days.
4. All parolees with a Prime enrollment start date that precedes parole date.
5. All PCMP visits for parolees with a data that precede Prime enrollment date.

Diagnostic criteria: N/A

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Study Indicator 1: Percentage of enrollees who are paroled to Mesa County, DOC Adult Parole-Grand Junction office, enrolled into RMHP Medicaid Prime during measurement year and have a primary care visit within 90 days of enrollment into Prime.

Rationale: In 2014, the Department initiated a commitment to start building relationships with the state, county and local correctional institutions in order to support the health care needs of individual who are involved with the criminal justice system.

The effort to improve outcomes is initially focused on individuals who have been recently released from prison into the parole system. One reason to focus on the prison-release population first is because evidence suggests there is a high hospitalization rate for this group. One study found that "about 1 in 70 former inmates are hospitalized for an acute condition within 7 days of release, and 1 in 12 by 90 days, a rate much higher than in the general population."¹ Additional studies conclude that in the first several months after release from incarceration, individuals are also at much higher risk for emergency room visits and even death.²³⁴⁵

¹ Wang EA, Wang Y, Krumholz HM. A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. JAMA Intern Med. 2013; 173(17):1621–1628.

² Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. Release from prison—a high risk of death for former inmates. N Engl J Med. 2007; 356(2):157–165.

³ Spaulding AC, Seals RM, McCallum VA, Perez SD, Brzozowski AK, Steenland NK. Prisoner survival inside and outside of the institution: implications for health-care planning. Am J Epidemiol. 2011; 173(5):479–487.



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans*

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

	The reason to focus specifically on recently paroled individuals is because the relationship with a parole officer enhances the RMHP care coordinator’s ability to locate and develop a relationship with those individuals once they’ve been released.
Numerator: (no numeric value)	Total number of eligible members meeting denominator criteria and who had a visit with a primary care provider (PCP) within 90 days of the date of enrollment into RMHP Medicaid Prime. Below are all codes used to identify a PCP visit: Codes to Identify Office Visits: CPT: 99201-99205, 99211-99215, 99241-99245 Codes to Identify Preventive Medicine:

⁴ Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Ann Intern Med.* 2013; 159(9):592–600. [PubMed: 24189594]

⁵ Frank JW, Andrews CM, Green TC, Samuels AM, Trinh TT, Friedmann PD. Emergency department utilization among recently released prisoners: a retrospective cohort study. *BMC Emerg Med.* 2013; 13(1):16. [PubMed: 24188513]



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans*

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

	<p>CPT: 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429</p> <p>HCPCS: G0344, G0402, G0438, G0439</p> <p>CPT E/M Codes: 99217-99220, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99324-99328 99334-99337, 99304-99310 99315 99316 99318</p> <p>ICD-9-CM Codes: V70.0 V70.3 V70.5 V70.6 V70.8 V70.9</p>
Denominator: (no numeric value)	Total of number of eligible members paroled to Mesa County, assigned to DOC Adult Parole Grand Junction office, during the measurement year and enrolled in RMHP Medicaid Prime during measurement year and enrolled continuously for 90 days.
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	07/1/14 – 06/30/15. Measurement period dates have been revised to use SFY per recommendation of HSAG. Using the SFY measurement periods allows the health plan to report baseline results for the 2015-2016 PIP validation cycle while also accommodating delays involved in partnering with DOC, obtaining data, and implementing interventions.
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	07/1/15 – 06/30/16



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans*

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The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Remeasurement 1 Period Goal	35% of the identified population will have a primary care encounter within 90 days of Prime enrollment.
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	07/1/16 – 06/30/17
Remeasurement 2 Period Goal	50% of the identified population will have a primary care encounter within 90 days of Prime enrollment.
State-Designated Goal or Benchmark	n/a
Source of Benchmark	We referred to a study published in the American Journal of Public Health, Am J Public Health. 2012 September; authored by Wang et al. and retrieved via this link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482056/ , The study applied one of two interventions to individuals recently released from a corrections facility to encourage initiating care with a primary care provider. The intervention was to enroll the individual into a Primary Care Transitions clinic or use a community health worker model for outreach. The study showed that both interventions were able to engage these individuals at a rate of between 37.7% and 47.1%, respectively. These numbers influenced our goals for this PIP.

**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans**

Activity V: Use Sound Sampling Techniques. If sampling is to be used to select members of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis. Representative sampling techniques should be used to ensure generalizable information.

The description of the sampling methods should:

- ◆ Include components identified in the table below.
- ◆ Be updated annually for each measurement period and for each study indicator.
- ◆ Include a detailed narrative description of the methods used to select the sample; ensure sampling techniques support generalizable results.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
07/1/14 – 06/30/15 – Baseline period	Percentage of enrollees who are paroled to Mesa County, DOC Adult Parole-Grand Junction office, enrolled into RMHP Medicaid Prime during measurement year and have a primary care visit within 90 days of enrollment into Prime.	All, as described in Activity 3	No sample used	

Describe in detail the methods used to select the sample: Not applicable. No sample used.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans**

Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

Data Sources (Select all that apply)

Hybrid—Both medical/treatment records (manual data collection) and administrative data collection processes are used

<input type="checkbox"/> Medical/Treatment Record Abstraction Record Type <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/> Other <hr/> Other Requirements <input type="checkbox"/> Data collection tool attached <input type="checkbox"/> Other Data <hr/> No Sampling used	<input checked="" type="checkbox"/> Administrative Data Data Source <input checked="" type="checkbox"/> Programmed pull from claims/encounters <input type="checkbox"/> Complaint/appeal <input type="checkbox"/> Pharmacy data <input type="checkbox"/> Telephone service data/call center data <input type="checkbox"/> Appointment/access data <input type="checkbox"/> Delegated entity/vendor data _____ <input type="checkbox"/> Other _____ Other Requirements <input checked="" type="checkbox"/> Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes) _____ <input type="checkbox"/> Data completeness assessment attached	<input type="checkbox"/> Survey Data Fielding Method <input type="checkbox"/> Personal interview <input type="checkbox"/> Mail <input type="checkbox"/> Phone with CATI script <input type="checkbox"/> Phone with IVR <input type="checkbox"/> Internet <input type="checkbox"/> Other <hr/> Other Requirements <input type="checkbox"/> Number of waves _____ <input type="checkbox"/> Response rate _____ <input type="checkbox"/> Incentives used _____
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Appendix B: **State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
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Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

Coding verification process attached

Estimated percentage of administrative data completeness: 95%

Describe the process used to determine data completeness: RMHP is using RMHP Medicaid Prime claims data for this PIP. The claims data used is final status (not pending or original adjustment) claims with dates of service in the measurement year.

RMHP will run a claims lag report and complete the four following tasks:

1. Validate the claims lags report
2. Analyze trends on the report
3. Compare results to historical data
4. Act on any identified issues or barriers



Appendix B: **State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans**

Activity VI: Determine the Data Collection Cycle.	Determine the Data Analysis Cycle.
<p><input checked="" type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Twice a year</p> <p><input type="checkbox"/> Once a season</p> <p><input type="checkbox"/> Once a quarter</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> Once a day</p> <p><input type="checkbox"/> Continuous</p> <p><input type="checkbox"/> Other (list and describe):</p> <hr/> <hr/> <hr/>	<p><input checked="" type="checkbox"/> Once a year</p> <p><input type="checkbox"/> Once a season</p> <p><input type="checkbox"/> Once a quarter</p> <p><input type="checkbox"/> Once a month</p> <p><input type="checkbox"/> Continuous</p> <p><input type="checkbox"/> Other (list and describe):</p> <hr/> <hr/> <hr/> <hr/> <hr/>

Describe the data collection process:

The data collection process includes the following steps:

1. Obtain a list of all of the individuals paroled to DOC Adult Parole-Grand Junction, specific to those paroled to Mesa County office during the measurement year with their parole start date
2. Compare the list of paroled individuals and their parole start date, to RMHP Medicaid Prime enrollment data. Enrollment data source for Prime is through RMHP Medicaid Prime enrollment reports from the State.
3. To obtain denominator, apply all inclusions and exclusions as listed in Activity III.
4. To obtain the numerator, the analyst applies the codes for eligible visits as specified in Activity IV. Data source is RMHP Medicaid Prime claims data.



Appendix B: **State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans**

Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 1 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
07/01/2014-06/30/2015	Baseline	15	74	20.3%	35%	
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting p values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

According to the baseline analysis, only 15 parolees of 74, or 20.3% of parolees in this study received primary care visits during the baseline measurement period.

Describe the data analysis process and provide an interpretation of the results for each measurement period.

Baseline Measurement:

Data Analysis Process

To determine the baseline statistics, DOC provided a list of all parolees who were paroled to Mesa County, and assigned to the Grand Junction Parole Office during the baseline measurement year. That list was then cross-referenced with Prime enrollment data using name and date of birth. For those that could be found in the enrollment data, their Medicaid Prime ID number was captured and recorded. Medicaid Prime ID numbers were then used with the parole start date to identify whether the parolee was enrolled with Prime following the parole date. The denominator of our baseline result is those with enrolled in the Prime following release on parole. Then, we looked for primary care utilization in Medicaid claims data during the 90 day target range following Prime enrollment, searching for the codes listed in Activity IV. The numerator is the count of people with utilization identified. We only counted each person once, in both instances of the numerator and denominator, as those with more than one release date in the original file were excluded.

Interpretation of results

In Mesa County, only 15 of 74 parolees enrolled in Prime during the measurement year received a primary care visit within 90 days of enrollment, at a rate of 20.3%. As anticipated, the rate was found to be much lower than rates where a care coordination intervention is implemented. This indicates to our team that active intervention by our care coordinators is necessary in order to assist parolees with getting into primary care.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting p values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

Throughout the data analysis process, no factors were identified that may threaten the validity of the findings for each measurement period. Also, no factors have been identified that may threaten the validity of the comparability of the measurement period.

Baseline to Remeasurement 1:

Baseline to Remeasurement 2:

Baseline to Remeasurement 3:

Baseline to Final Remeasurement:



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Please describe the process used to identify barriers and develop corresponding interventions. Include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers, such as data mining, fishbone diagram, process-level data, etc. Describe the process used to prioritize the barriers and designate high-priority barriers. Lastly, describe the process used to evaluate the effectiveness of each intervention. The documentation should be dated to identify when steps in the ongoing quality improvement process were visited/revisited.

A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools:

Team

Jenny Nate, RMHP-RCCO Lead and Project Manager

Carol Ann Hendrikse-RCCO Clinical Manager

Liesl Chapola- State of CO Dept of Corrections, Community Parole Manager, Region III Parole, Craig, Durango, Grand Junction, Montrose, Rifle

Melanie Maddocks-Lief Associates, Lead Data Analyst

Process/Steps

To answer the initial question on whether individuals newly released from prison have greater challenges to access health care, and primary care in general, the RMHP team first conducted an extensive literature review of peer-reviewed studies that concluded that those released from prison often have greater health care issues than the general public, and also have more barriers to accessing care. In order to identify exactly what those barriers are, RMHP staff then conducted interviews with various professionals who work with individuals who work in the criminal justice system. These individuals included, the warden for Rifle and Delta Correctional Facilities as well as members of the medical staff. The director of community corrections for Larimer County was also interviewed to learn more about specific health care access challenges for individuals within that system. Staff also interviewed probation officers who work in RMHP Medicaid Prime region to better understand the needs of their specific population, and



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving transitions of care for individuals released from prison into parole for Rocky Mountain Health Plans

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- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

also interviewed the community parole manager for Region III of the CO Dept of Corrections, which covers 21 of RCCO 1's 22 counties.

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

Results gathered from the baseline analysis clearly support the initial hypothesis that individuals released from prison into parole have a low rate of primary care visits.

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

The annual evaluation of this PIP will include a measure of number of parolees who receive a primary care visit within 90 days of Prime enrollment, after all exclusions are applied.



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans*

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This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
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Barriers/Interventions Table:

Use the table below to list barriers, corresponding intervention descriptions, intervention type, target population, and implementation date. For each intervention, select if the intervention was (1) new, continued, or revised, and (2) member, provider, or system. Update the table as interventions are added, discontinued, or revised.

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Member, Provider, or System Intervention	Priority Ranking	Barrier	Intervention That Addresses the Barrier Listed in the Previous Column
	New	Member Intervention	1	Parolees lacking the ability to identify a Medicaid PCMP to schedule a primary care visit.	Assigning a care coordinator to each parolee to assess for health needs and help coordinate primary care, schedule initial appointment, ensure parolee gets to appointment.
	New	Member Intervention	1	Parolees lacking the education/awareness of the importance of visiting a PCP on a regular basis to either manage chronic conditions or maintain health.	Assigning a care coordinator to each parolee to assess for health needs and provide education around the importance of having a medical home and self-management support.
	Click to select status	Click to select status			



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans*

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This activity will include the following:

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- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

	Click to select status	Click to select status			
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It was determined by the team that each barrier identified above has an equal priority ranking, because each barrier potentially leads to the same outcome of a parolee not receiving a primary care visit, and each potential barrier needs to be addressed with equal importance and emphasis by the care coordinator. It was also determined by the team that the potential likelihood of each barrier being present is equal.

Interventions related to each barrier above are planned for implementation in January of 2016. Early steps toward implementation of intervention have included the following:

July-August 2015: Meetings and discussions between RMHP and Department of Corrections Parole Director to identify data needs to conduct baseline analysis, processes between RMHP and parole offices to identify new parolees each month.

August 2015: Development of an internal process within the RMHP to track new parolees for enrollment into Prime.

August 2015: A data request was submitted by RMHP to DOC to gather names, parole dates, and other identifying information for all Mesa County parolees for baseline measurement year.

October 2015: Data request approved by DOC and list of parolees for baseline measurement year was provided to RMHP.

November 2015: A cross-training was facilitated between RMHP care coordinators and DOC parole officers in preparation for working together on the project.

January 2016: First monthly list submitted to RMHP by DOC identifying all new parolees to Mesa County for January 2016 requiring interventions provided by care coordination. Care coordinators to begin tracking parolees for RMHP enrollment. Once parolees are enrolled to Prime, interventions will begin.

Report the evaluation results for each intervention and describe the steps taken based on the evaluation results. Was each intervention



Appendix B: **State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving transitions of care for individuals released from prison into parole
for Rocky Mountain Health Plans**

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This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

successful? How were successful interventions continued or implemented on a larger scale? How were less-successful interventions revised or discontinued?

Evaluation results for each Intervention: Not applicable at this time.

Next steps for each intervention based on evaluation results: Not applicable at this time.