

Rocky Mountain Health Plans

Regional Accountable Entity, RAE Region 1 & PRIME Managed Care Organization Closeout Annual Quality Report

CHP+ Managed Care Organization Annual Quality Report

**Submitted 9/30/2025 for
Fiscal Year 2024-2025**

PURPOSE:

The purpose of this report is to detail progress and effectiveness of each component identified in the Annual Quality Improvement Plan – Update. This report also includes: a description of the techniques used to improve performance, a description of qualitative and quantitative impact the techniques had on quality, the status, and results of Performance Improvement Projects (PIPs) conducted, and opportunities for improvement.

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A. EXECUTIVE SUMMARY

Rocky Mountain Health Plans (RMHP) has a long-standing history of supporting access to meaningful and innovative healthcare services through implementation and development of innovative quality improvement and quality assurance initiatives. In fiscal year (FY) 2024/2025, RMHP continued to promote best practices that support new and established programs to align departments and resources that create a dynamic approach to whole person care. RMHP's Quality Assurance and Quality Improvement Programs are designed to respond to the unique needs of Members, providers, and the communities we serve. Below is an executive summary of activities that occurred in FY 2024/2025.

Quality Assurance

Behavioral Health Medicaid Provider Manual: This section details ongoing maintenance of the Behavioral Health Medicaid Provider Manual. RMHP strives to review and update the manual twice a year. The next version review and republication is planned for second quarter of FY 2025-2026. The Behavioral Health Medicaid Provider Manual helps providers navigate and understand RMHP as the RAE and provides helpful provider resources and tools.

Behavioral Health Network Medical Record Audit: This section details information regarding the behavioral health medical record audit. RMHP continues to utilize the uniform audit tool and uses processes that align with other RAEs. Behavioral Health Quality Audits (BHQA) continue to adhere to all federal and state requirements, Health First Colorado documentation requirements, and best practice standards. The BHQA reinforces that all providers must maintain a comprehensive medical record for each Member served.

412 Managed Care Organization (MCO) Encounter Data Audit FY 2024/2025: This audit began in January 2025 during FY 2024/2025. RMHP submitted the results on March 13, 2025, and the requested over-read samples in April 2025. A final report was received on June 30, 2025.

411 Behavioral Health Encounter Data Audit FY 2024/2025: This audit began in January 2025 during FY 2024/2025. RMHP submitted the results March 13, 2025, and the requested over-read samples in April 2024. A final report was received on June 30, 2025.

Quality of Care Concerns: Physical health and behavioral health Quality of Care Concerns (QOC) are identified by internal sources, such as case managers and utilization review clinicians, or referrals from external partners. Concerns may also be identified as part of a Member grievance and flow into this process. Each QOC is logged and evaluated. Medical records are requested from the provider or facility. Once the records are received, a member of the QOC case review team evaluates the QOC and summarizes the findings for appropriate action and for tracking and trending. If substantiated as a QOC concern for escalated review, the medical director will review and determine the next step in the process up to and including if the issue should be reviewed by the Regional Peer Review Committee (RPRC). RMHP reports QOCs to licensing and regulatory agencies as required by contract and law. RMHP reports all escalated QOCs to the Department as close to real-time as possible and submits a monthly report of all closed QOCs.

Quality Improvement

- **Quality Improvement Department:** The Quality Improvement Department focuses on Member, practice and health plan quality improvement activities that improve performance on prioritized measures. A priority of the Quality Improvement Department is to influence intervention development across all clinical areas and lead the integrated quality improvement workgroups (IQWGs). The Quality Improvement Team sustained the ongoing support and education for the RAE provider network, including PRIME, and CHP+ practices. The Quality Improvement Team assists with the tiering and attestation process for RMHPs Primary Care Value Based Payment Model (VBPM) and facilitated the deployment of the practice assessment tool utilized to tier practices in the Department of Health Care Policy and Finance tiering model.
- **Performance Improvement Projects (PIP):** RMHP completed all PIP intervention testing which began in July 2023 and concluded in June 2025. Topics included: Screening for Health-Related Social Needs with approved Social Determinants of Health (SDOH) assessment tools (CHP+, PRIME and RAE populations); Diabetes A1c Poor Control (PRIME only); Well Child Visits (CHP+ only) and Monitoring Follow-Up Appointments after Hospitalization for Mental Illness (RAE only). Submission forms were accepted for all PIPs, intervention worksheets and updates on year 2 intervention activities are currently underway.
- **Other initiatives:** This section identifies other RMHP quality improvement initiatives which can be reviewed in the Calendar Year 2024 Quality Improvement Annual Report Impact Analysis, this report focuses on quality initiatives for calendar year 2024.
- **Data and Analytics:** This section details how RMHP has created data dashboards and analytic projects to monitor trends by geographic region, Member demographics and key program factors. The data and analytics are utilized to inform RMHP program staff and leadership on performance trends, patterns of care, utilization, and costs for RAE, PRIME and CHP+ Members. This information is also shared with network providers and is used to evaluate program performance and identify opportunities for improvement.

B. QUALITY PROGRAM ACTIVITIES

1. Quality Assurance Program Initiatives

Behavioral Health Medicaid Provider Manual

The purpose of the Behavioral Health Medicaid Provider Manual is to assist providers with regulatory compliance and provide resources for successful delivery of behavioral health care services to RMHP Members. The manual includes information about covered services, which services require prior authorization and short-term behavioral health services. The manual includes RMHP's behavioral health policies and procedures, such as coordination of care requirements, utilization management procedures, claims, billing information, quality assurance and compliance requirements for RMHP Members. The manual serves as a resource with important information for incoming and existing providers. RMHP strives to review and update this manual twice a year and as needed based on policy changes. RMHP will publish an updated manual in the next quarter.

MCO Encounter Data Quality Review 412 Audit FY 2024/2025

The purpose of this audit is to assess RMHP PRIME accuracy and oversight regarding physical health encounters. The review assessed final paid encounters with a date of service from July 1, 2023, through June 30, 2024, and paid dates between July 1, 2023, and September 30, 2024.

There are four equally divided encounter categories: inpatient services (103 claims), outpatient services (103 claims), professional services (103 claims) and Federally Qualified Health Centers (FQHC) (103 claims). In January 2024, RMHP received the list of 412 sample encounter lines from Health Services Advisory Group (HSAG) and began the medical record procurement process. The medical record procurement process was handled internally by RMHP employees and was initiated by mail, email, phone contact, and fax. Any subsequent requests for medical records were sent by email, fax, and phone contact. RMHP's success rate for procuring medical records for the 412 audit increased 5.3% from 89.6% in FY 2023/2024 to 94.9% in FY 2024/2025. The increase was attributed to record procurement policies and provider education.

RMHP created an audit tool by implementing logic outlined in HSAG's MCO encounter data quality review guidelines. RMHP updates the logic for the tool each year as needed by following the annual updates to the guidelines published by HSAG. The tool assists the auditor by configuring fields that are required depending on the information entered. The tool also helps with consistency across auditors, encounter categories and adherence to required fields. The 412-audit response file was submitted on time to HSAG March 13, 2025. Final results were received in June 2025.

412 MCO Encounter Data QUIP FY2024/2025

This quality improvement plan (QUIP) began in September 2024 and continued through March 13, 2025. The QUIP was based on results of the FY 2023/2024 412 MCO Encounter Data audit which concluded with a final report on June 30, 2025. Results from HSAG's Over-Read Report indicated the 80 over-read cases from all four encounter categories: HSAG initially disagreed with one case, resulting in 98.8% agreement at the case level and a 98.8% agreement at the element level with RMHP's auditors. RMHP disputed the finding as the medical record had been correctly amended in the audit period. HSAG agreed, and removed the disagreement, resulting in 100% agreement. All elements were above 90.0%, resulting in a high level of confidence that RMHP's PRIME encounter validation findings accurately reflect the data quality summarized in the encounter data validation (EDV) file. HSAG concluded that RMHP should continue ongoing efforts around education and coding accuracy.

The results required a Quality Improvement Plan (QUIP) for all elements that did not achieve a score of at least 90%. RMHP has submitted the 412 QUIP with interventions around education and coding. Phase 1 was successfully accepted in August 2023, and Phase 2 was successfully accepted in September 2023. Phase 3 was submitted March 13, 2024, and RMHP received the HSAG/HCPF's QUIP response in June 2025. The QUIP was completed with improvements in all categories.

Behavioral Health Data Quality Review 411 Audit FY 2024/2025

The purpose of this audit is to assess RMHP's accuracy on encounter data validation for paid behavioral health claims. The review assessed final paid encounters with a date of service from July 1, 2023, through June 30, 2024, and paid dates between July 1, 2023, and September 30, 2024.

RMHP's processes and procedures are the same for the 411 and 412. The main differences are that the 411 has three equally divided encounter categories; inpatient services (137 claims), psychotherapy services (137 claims) and residential services (137 claims). Timelines and due dates align with the same timeframes as the 412. RMHP's success rate for procuring medical records for the 411 audit increased 0.5% from 96.3% in FY 2023/24 to 96.8% in FY 2024/2025.

RMHP maintained a separate audit tool for the 411 that implemented logic outlined in HSAG's behavioral health encounter data quality review guidelines. RMHP updates the logic for the tool each year by following the annual updates to the guidelines published by HSAG. The tool assists the auditor by configuring fields that are required depending on the information that is entered into the tool. The tool also helps with consistency across auditors, encounter categories and adherence with required fields.

The 411-audit response file was submitted on time to HSAG on March 13, 2024. Final results were received in June 2025.

411 Behavioral Health Encounter Data Audit QUIP FY2023/24

This QUIP began in September 2023 and continued through March 13, 2025. The QUIP was based on the results of the FY 2023/2024 411 Behavioral Health Encounter Data audit which concluded with a final report in June 2024. Results from HSAG's Over-Read Report indicated:

- Inpatient Services EDV results of 93.8% for the 10 over-read cases.
- Psychotherapy Services EDV results of 67.5% for the 10 over-read cases. The difference in agreement was due to the use of modifiers for certain codes, which RMHP disputed.
- Residential Services EDV results of 83.8% for the 10 over-read cases,

The results required a QUIP on all elements that did not meet a score of at least 90%. RMHP has submitted the 411 QUIP with interventions around education and coding. Phase 1 was successfully accepted in August 2024, and phase 2 was successfully accepted in September 2024. Phase 3 was submitted March 13, 2025, and RMHP received the HSAG/HCPF's QUIP response in June 2025. This QUIP is completed. RMHP received feedback regarding the non-response of partner providers in the QUIP process and will implement changes to the provider selection and record procurement processes.

Quality Assurance - Behavioral Health Quality Audits

RMHP continues to use the uniform audit tool developed across RAEs, which helped align our audit processes with other RAEs. RMHP tracks audit activities using an internal system that records procurement status, completion status of audits, outcomes of medical record reviews, and any required follow-up actions. Medical records are audited through charts and/or live reviews and if issues are identified the auditor will offer suggestions for improvement. If any provider does not receive at least an 80% score on the audit, a quality improvement plan is required. A corrective action plan is utilized if

there are frank quality of care issues, safety issues or billing issues. RMHP schedules an audit exit meeting to review the audit tools and discuss areas for improvement. Education and support are provided to aid in their improvement while they work towards their re-audit. The BH Quality Assurance Team (BHQA) continues to adhere to all federal and state requirements, Health First Colorado documentation requirements, and standards of practice. The BHQA reinforces that all providers must maintain a comprehensive medical record for each Member served.

Quality of Care Concerns

The Quality-of-Care Team reviews all QOC cases. Cases are referred by a variety of sources, including internal (such as care management and utilization management), Member complaints, through the grievance process, and any referrals from external partners. RMHP has robust policies and procedures for all parts of the QOC process regardless of the origin or outcome of the case. All cases referred to the QOC Team are entered in the QOC Database. Issues are tracked and trended to identify patterns that may affect the quality and safety of care provided to Members. Trend data is reviewed at least semi-annually by RMHP's Medical Advisory Council (MAC), and by RMHP medical directors. Confirmed QOC cases are assigned a level of concern, reviewed by a medical director and sent back to the QOC team with direction (e.g., closure, additional investigation, mandated corrective action, or referred to the RPRC).

Cases are assigned a level of concern as defined below:

- **No Issue (0)**: No quality-of-care issue identified.
- **Minor (1)**: A minor departure from the standard of care with a low likelihood of a potential serious adverse outcome (e.g., minor medication errors, minor surgical complications, or limited wound infections).
- **Moderate (2)**: A moderate departure from the standard of care with a moderate likelihood of a potential serious adverse outcome (e.g., readmission and follow-up procedure required).
- **Severe (3)**: A serious departure from the standard of care with a high likelihood of a potential serious adverse outcome (e.g., events leading to death, retained foreign body from surgery, clinical or procedural errors).

QOC Case Review data is currently tracked on a calendar year reporting period. RMHP submits a report of all closed QOC cases to the Department monthly and participated in the QOC audit for CHP+ performed by HSAG in the spring of 2025. No specific findings were identified, however, HSAG provided a thorough assessment and recommendations for improvement opportunities.

2. Quality Improvement Program Initiatives

Updates are provided within the Annual Quality Improvement Plan deliverable and in the Quality Improvement Plan Matrix below for SFY 2024/2025. Most goals have been Completed, Discontinued or Retired while some are continuing. There are some Quality Improvement Plan goals and initiatives from FY 2024/2025 that are transitioning beyond ACC 2.0 and will be continued into FY 2025/2026 as they support the overall goals and strategies of ACC 3.0.

i. Annual Quality Improvement Plan Update

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

<u>LOB</u>	<u>Goal</u>	<u>Fiscal Year (FY)</u>	<u>Fiscal Year Objectives</u>	<u>Targeted Due Date</u>	<u>Status and Update</u>
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**Please see the Excel Spreadsheet (*R1&RM-Closeout & CHP-QualityImprovePlnGrid_FY24-25 into 25-26*), included within the submission packet, for this QI Plan update grid.

ii. RMHP Quality Improvement Department Initiatives as related to RAE, CHP+, and PRIME

Information provided by RMHPs Quality Improvement Department reflects activities in calendar year 2024. Further details of the RMHP Quality Improvement Department initiatives can be found in the CY 2024 Quality Improvement Annual Evaluation/Impact Analysis, which is available upon request.

Overall Quality Improvement Accomplishments in 2024

- The Quality Improvement Committee (QIC) structure was reviewed to ensure program needs are being met which aim to evaluate the quality, safety and effectiveness of services provided to Members. In response, the Delegation Oversight Committee (DOC) was established to assist in oversight of any delegated activities.
- The revision of the Integrated Quality Workgroups (IQWg) in 2023 proved to be beneficial. Since the inception of the IQWgs, performance on KPI's has increased with sustained performance.
- The Population Health Management Workgroup met throughout 2024 for review of relevant program structure, documents, activities, and data with a focus on revision and streamlining of PHM documents and processes. This included alignment of RAE and PRIME population management strategic plans with NCQA accreditation strategies and activities.
- RMHP achieved the following Star ratings for NCQA Health Plan Ratings in 2024: Medicaid (PRIME and CHP+) 3.5 and Medicare 3.5.
- RMHP received a 3 Star Rating from Centers for Medicare and Medicaid Services (CMS) for Dual Eligible Special Needs (DSNP) and Medicare Advantage (MA) plans (CMS Contract #H2582).
- The Clinical Quality Improvement Program Team deployed a strategy to engage with medical practices for the improvement of Key Performance Indicators (KPI), 44.64% of practices that engaged demonstrated improvements in KPI outcomes.
- RMHP scored higher on the Medicaid Mental Health Parity Audit than all other RAEs and MCOs and is the only Colorado Medicaid plan with a score of 100% audited elements.
- RMHP met 4 of 4 PRIME Medical Loss Ratio (MLR) measures in calendar year 2024.
- RMHP continued to demonstrate improvement in Healthcare Effectiveness Data Information Set (HEDIS) performance across multiple measures but particularly so with PRIME. All lines of business showed HEDIS results that met or exceeded the NCQA 90th percentile based on the Measurement Year 2024 benchmarks.
- RMHP continued to demonstrate improvement of select Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results.
- RMHP performed the internal quality audit to assess and evaluate the ongoing quality of care for Members with special health care needs and used that information to identify potential gaps in provider knowledge and documentation best practices.

- RMHP performed an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) internal quality audit to assess compliance for Members receiving EPSDT services and used that information to identify potential gaps in provider knowledge and documentation best practices.
- RMHP continued to send Member email outreach in 2024. Educational emails to Medicaid RAE, PRIME, and CHP+ Members included information on annual wellness visits, controlling blood pressure, medication adherence, women's health screenings, flu, and the Human Papillomavirus Virus vaccine (HPV).
- The RMHP Health Equity Accreditation Team, designated by the RMHP Core Leadership Team, continued to drive RMHP's goals and priorities for health equity.
- ABIDE (Ambassadors for Belonging, Inclusion, Diversity and Equity) advisory council continued efforts to design employee programs and offer strategic insight to promote a culture of equity, diversity, inclusion, and belonging.
- RMHP established a Spanish-language Member Advisory Council (MAC) to ensure the perspectives of Members who speak Spanish are understood and included in the overall health equity strategy. Insights from this MAC are used to inform clinical and operational activities related to access, care coordination and other programs. The MAC includes seven active members, and they met four times (quarterly) during the reporting period.
- The CQI Team successfully deployed a PCMP tiering transition plan to prepare and move providers from ACC 2.0 to ACC 3.0 seamlessly and with less administrative burden.
- RMHP was able to successfully provide 10 scholarships to primary care providers for the fellowship in psychiatry program which aims to address behavioral healthcare access in rural areas of Colorado. An additional 6 scholarships are being provided in calendar year 2025.
- RMHP engaged with multiple vendors to perform Member outreach and support condition management programs.
- Scene Health is offered to RAE, PRIME and CHP+ Members to provide comprehensive medication management support for asthma, hypertension, COPD and CVD (statins).
- Food is Medicine is a program that was launched in collaboration with a vendor which offers Members with a chronic condition that is improved by healthy nutrition with a \$20 gift card, that is limited to purchasing healthy foods, upon completion of a nutrition plan with a nutrition specialist. The card is reloaded monthly for 12 months, and the Member is eligible to reenroll for another 12 months if the provider approves and a new nutrition plan is created.
- Let's Get Checked was engaged to provide at home test kits to RAE, PRIME and CHP+ Members for Diabetes (A1c and uACR testing) and Colorectal Cancer Screening (iFOBT).
- RMHP engaged a vendor to standardize Member Incentives for RAE, PRIME and CHP+ Members at \$25.00 per gap closed for a subset of preventative and wellness visits.
- WellHop was offered to all RMHP Medicaid and CHP+ maternity Members to provide education and support during pregnancy.
- Pfizer performs outreach to RAE, PRIME and CHP+ Members identified with gaps in wellness visits and/or immunizations with mailings and interactive voice response (IVR) calls for appointment reminders.
- TTEC performs IVR calls to RAE, PRIME and CHP+ Members to assist with appointment scheduling for anyone with an identified gap for childhood immunizations, well child visits, annual dental visits (RAE only) and Flu vaccinations.

- EmpowerHealth is a vendor that conducts targeted outreach to maternity and diabetic RAE, PRIME and CHP+ Members which focuses on scheduling prenatal and postpartum care visits or assists in addressing diabetic care gaps such as blood pressure, eye exam or A1c testing.
- SimpliFed was offered to Members for virtual evidence-based feeding support in English and Spanish for breastfeeding and baby feeding services (breast, bottle, or both).
- The eConsults initiative, also known as Colorado Specialty CareConnect (CSCC), was expanded to include more practices engaged on the platform with more specialists participating. Its goal is to improve access to care, reduce fragmentation of care, and enhance collaboration in the community.

Quality Improvement Opportunities for 2025

- Strive for a synergistic approach to quality improvement, population health, and health equity activities across programs.
- Educate and promote providers participating in the APM for a successful transition from ACC 2.0 to ACC 3.0.
- RMHP will aim to engage PCMPs across the RAE in the quality program to ensure meaningful impact on quality measures in ACC 3.0.
- Continue to evaluate and revise the IQWg structure to optimize performance improvement for QIC prioritized measures.
- Sustain NCQA Health Equity Accreditation with a continued focus on reducing health disparities, improve health equity, and improve culturally and linguistically appropriate services (CLAS) for RMHP Members.
- Sustain NCQA Health Plan Accreditation with successful submission in fall of 2025.
- Sexual orientation and gender identity (SOGI) data is unknown in greater than 90% of the population, for all lines of business. More accurate data will help assessment process and support interventions. RMHP begin tracking SOGI data in 2023 and will continue to prioritize innovative ways to improve availability of SOGI data.
- Educate and promote the RMHP Language Line Services for increased utilization to meet Member communication needs.
- Shift from providing information on how to obtain written material in the Members preferred language to directly providing written material in the Members preferred language. For example, send material to Members in Spanish when identified that Spanish is the primary language.
- RMHP will continue to provide culturally informed care education to providers and staff to ensure Hispanic/Latino, Spanish-speaking and Native American Members understand treatment plans and receive culturally relevant care throughout the region.
- Depression is a prevalent inpatient diagnosis. RMHP will continue to prioritize and invest resources for the integration of behavioral health services. Additionally, RMHP will work on an expansion of value-based programs for behavioral health providers.
- Continue focus on improving access to high quality physical and behavioral health services.
- Continue to focus on Member education and outreach to close Member gaps in care.
- Continue to expand Member Outreach campaigns for all LOBs.
- Expand the use of Member communication through virtual platforms.
- Ensure access to care in rural areas, especially among the Medicaid population.
- Continue focus and activities to improve services for Members with complex and special healthcare needs.

- Continue development of focused strategies and interventions to improve select HEDIS measurements.
- Improve quality performance data and strategy to achieve a 4 Star Rating.
- Continue focus and activities to further improve CAHPS, Net Promoter Scores (NPS), and other Member experience indicators.
- Continue to promote advanced primary care strategies and best practices across the network via value-based payment programs.

iii. Quality Improvement (including Practice Transformation) Program Initiatives

The RMHP Quality Improvement team partners closely with primary and specialty care practices and hospitals in Region 1. In FY 2024/2025, 27 unique practices participated with RMHP in the following practice transformation programs:

- House Bill 22-1302, Health Care Practice Transformation Act
- Colorado Department of Public Health and Environment, Diabetes Cardiovascular Disease Plus Program (CDPHE DCVD+ Program)
- Diabetes Management Program
- Unnecessary Emergency Department Utilization Program
- Foundations
- PCMH

During SFY 2024/2025, RMHP supported 198 unique RAE practices and 26 unique hospitals in RAE Region 1.

Ongoing Education & Support for RAE, PRIME & CHP+ Practices

In FY 2024/2025, RMHP's Quality Improvement Team hosted a variety of virtual training and learning collaborative events to support practice care teams and enhance their learning on a variety of topics:

- Cultural Competency: Effective Strategies for Primary Care Practices working with People with Disabilities
 - April 17, 2025 – Disability Competency and Sensitivity training (17 attended)
 - March 5, 2025 – EPSDT Webinar (12 attended)
- RMHP Behavioral Health Skills Webinars
 - March 18, 2025 – Labor and Sex Trafficking in Colorado: A Training for Healthcare and Behavioral Health Professionals (51 attended)
 - April 15, 2025 – Working with Older Adults in Integrated Care (42 attended)
 - May 20, 2025 – BHASO/RAE What BH Providers Should Know in 2025 (65 attended)
- KPI Interactive Learning Sessions
 - August 15, 2024 – Prenatal and Postpartum Care (40 attended)
 - September 19, 2024 – Depression Screen and Follow-up Plan (62 attended)
 - October 17, 2024 – Oral Evaluation, Dental Services (48 attended)
 - November 21, 2024 – Emergency Department Visits (56 attended)
 - January 16, 2025 – Well-Child Visits in the First 30 Months (55 attended)
 - February 20, 2025 – Child and Adolescent Well Care Visit (53 attended)
- Care Management Trainings Webinars
 - September 25, 2024 – Approaching Health Equity in Care Management for LGBTQIA2S+ Populations (57 attended)
 - October 2, 2024 – Chronic Care Management Overview and Program (55 attended)

- October 9, 2024 – Managing Difficult Patient Interactions: De-Escalation Tools (56 attended)
- October 16, 2024 – COPD Management with CCM Implementation and Best Practices (52 attended)
- October 23, 2025 – Access to Health Care; Barriers, Breakthroughs & Beliefs (46 attended)
- October 30, 2024 – Habits for Well-being: A Mindful Approach to Self-Care & Resilience (43 attended)
- Rookie Roadmap: A Simple Guide to RMHP's Value-Based Programs (held monthly)
 - September 10, 2024 (17 attended)
 - November 12, 2024 (22 attended)
 - November 12, 2024 (19 attended)
 - January 14, 2025 (10 attended)
 - March 11, 2025 (9 attended)
- CQI Newsroom was held on the 4th Thursday of every month with a variety of topics. 187 people were registered for this and on average 60 people attended each session. Topics included, but were not limited to:
 - ACC 3.0 Overview
 - Optum education
 - HCPF Coding updates
 - Violet overview
 - HCPF Prescriber Tool
 - Babyscripts
 - Educational offerings
 - EPSDT training
 - eConsults
 - Trauma Informed Care resources and training
 - Childhood Lead Poisoning Prevention
 - Annual HEA Language Requirements
 - ECHO education opportunities
 - SDOH Programs and resources
 - CoCM Information
 - IBH resources
 - Navigating Integrated Care Benefits

In FY 2024/2025 program year, there were approximately 2500 attendees who participated in ongoing educational events offered throughout the year.

In early 2024, RMHP transitioned to the UnitedHealthcare Network News platform. Providers and practices can subscribe to the bi-weekly newsletter to stay up-to-date on important changes and updates from RMHP. Network News provides key updates from RMHP including: clinical education, coding education, pharmacy updates, medical policy updates, advance notifications/prior authorizations, etc. In addition we email practices monthly with the CQI Newsroom follow up that contains resources, learning opportunities, updates, contacts, and other pertinent information.

Quality Initiatives & Support for RAE

The Quality Improvement Team assists with the Tiering Attestation process, electronic clinical quality measure (eCQM) collection and evaluation, assessment development, hosting informational webinars and Primary Care Medical Provider (PCMP) education. In FY 2024/2025, the Quality Improvement Team continued with a hybrid version of the annual attestation process for practices as part of the RAE tiering program in anticipation of ACC 3.0. This hybrid version of the attestation process was intended to be less administratively burdensome for practices and align with ACC 3.0 goals and strategies. The RMHP Value-Based Contracting Review Committee (VBCRC) voted to close-out the RMHP version of the attestation tool and adopt the Department's practice assessment tool to fully migrate into the ACC 3.0 tiering model rather than request that practices complete two separate assessments. The breakdown of the RAE Tier distribution is shown below (data as of 6/30/25). *Note: The Tier distribution below includes the expanded counties in RAE Region 1 for ACC 3.0 because of the decision to adopt the Departments assessment tool over our own in FY 2024/2025 and opt for this hybrid attestation process.

RAE Tier	Practice Count	Practice Percentage
Tier 1	37	16.89%
Tier 2	14	6.39%
Tier 3	163	74.42%
N/A	5	2.28%
Total	219	100.00%

Additional support for RAE Region 1 (inclusive of PRIME/CHP+) practices has been provided by the RMHP Quality Improvement Team on several KPIs and performance metrics. Below are examples of activities the CQI team completed during FY 2024/2025:

- **Prenatal Engagement:**
 - RMHP continues to deploy the *WellHop for Mom and Baby* Program. This program is an online support group for Members who are pregnant and postpartum. Members are placed in a support group with other WellHop clients who have similar delivery dates.
 - RMHP continues to contract with Simplified, is a virtual baby-feeding support platform. Licensed lactation consultants aim to engage during pregnancy and postpartum to support moms and families with feeding their babies.
 - RMHP supports a doula pilot with Salud Family Health. This pilot was renewed for FY 2024/2025 and is aimed at evaluating the effectiveness of integrated doula services to improve prenatal, labor and delivery, and postpartum care.
 - Hosted a KPI Interactive Learning Session on August 15, 2024 on Prenatal and Postpartum Care. During this session we reviewed the measure, we had a practice share their best practices and successful workflows and left time at the end for Q&A.
- **ED Utilization:**
 - Reducing unnecessary ED utilization can be challenging. RMHP created a program to provide individualized, focused, data-driven rapid cycle quality improvement intervention work around reducing ED utilization, based on the practices' unique situations.
 - Primary care practices with high attribution and historically poor performance on ED utilization metrics were invited to participate in this project. Participating practices will convene a multi-disciplinary team to engage in focused quality improvement workgroup

meetings with their assigned Clinical Program Manager at least once a month for one year. Practices will receive monetary incentives for demonstrating satisfactory participation in the project and/or upon reaching a 3% reduction in their ED Utilization rates.

- Hosted a KPI Interactive Learning Session on November 21, 2024 on Emergency Department Visits. During this session we reviewed the measure, we had a practice share their best practices and successful workflows and left time at the end for Q&A.

Quality Initiatives & Support for PRIME & CHP+

The Quality Improvement Team supports PRIME and CHP+ in these areas, as identified:

- **Care Delivery Support:** Practices that need workflows, resources, etc. can connect with RMHPs Quality Improvement Team for support and coaching.
- **Understanding Attribution:** PRIME and CHP+ rely heavily on the RMHP attribution process. Practices receive monthly attribution reports with Member-level detail along with financial information. Clinical Program Managers help practices understand these reports and how they can utilize the reports in their practice to support CM processes.
- **RMHP value-based contracting programs:** These programs reward high-quality, high-value care, and reimburse through a payment structure designed to achieve better care, more efficient spending, and healthier communities. To be considered an advanced primary care practice, the practice must provide the infrastructure and demonstrate outcomes that support value-based payment contracts.
- **Advanced Alternative Payment Model (APM) for CHP+:** The RMHP Advanced APM is an expansion of the CPC+ Program that includes CHP+ enrollees. Payment structure includes quality incentives and global payments.
- **PRIME MLR Targets:** RMHPs Quality Improvement Team manages the majority of MLR PRIME communication and works with practices participating in the reinvestment program. Support focuses on quarterly eCQM reporting of the SUD, depression and diabetes A1c measure. MLR Targets are shown below.
- For SFY 2024/2025, MLR performance is still in progress due to a 6-month lag on measurement period start date for some MLR measures. For SFY 2023/2024 RMHP achieved the following MLR targets:

Measure	Target	Rate	Status
Initiation & Engagement SUD: Part A (eCQM)	55.69%	57.13%	MET
Initiation & Engagement SUD: Part B (eCQM)	12%	17.58%	MET
Depression Screening & Follow Up (eCQM)	67.84%	68.18%	MET
Diabetes A1c Poor Control (HEDIS)	29.45%	24.2%	MET
PPC: Timeliness of Prenatal Care (HEDIS)	93.70%	95.6%	MET
PPC: Postpartum Care (HEDIS)	84.83%	89.94%	MET

- **Shared Savings:** There are 64 PRIME contracted practices, which represent approximately 14,079 Members. Of those practices, 43.75% met the criteria for receiving PRIME Reinvestment from the region.
- **Aligning required eCQMs:** Quality improvement programs are aligning eCQMs with MLR metrics, which supports continuous quality improvement to achieve the targets.

- **eConsult Initiative:** RMHP's Clinical Quality Improvement Team has developed a strategy for an eConsult initiative between primary care and specialty providers. CSCC will advance the traditional curbside consult by creating a structured framework and reimbursement mechanism for both the PCMP and the Specialty Provider. RMHP is collaborating with Quality Health Network (QHN) to serve as the single sign on (SSO) connection to the CSCC eConsult platform. The CSCC Platform went live on April 26, 2022. There was significant growth during SFY 24/25 for the eConsult platform. 135 eConsults were ordered during SFY 2024/2025. 189 providers participated in the CSCC program and were trained and eligible to order eConsults with 24 specialties. Of those providers, 31 ordered at least one eConsult and 13 ordered three or more eConsults during SFY 2024/2025.
- **ePrescriber Tool:** RMHP has collaborated with The Department to expand access to and utilization of real-time benefit inquiry module.

Future Opportunities for RAE, PRIME & CHP+ Quality Improvement Support

- The RMHP Quality Improvement Team will continue to support RAE, PRIME and CHP+ programs and associated KPIs or performance metrics as we transition to ACC 3.0. IQWg workgroups meet regularly to design, develop, and then deploy provider interventions at the practice level. Then, targeted outreach to PCMPs occurs and the intervention is deployed. One example of this is the ED Reduction Project as described above.

iv. Performance Improvement Projects (PIP), Status and any Results

The PIPs are Rapid Cycle Projects that last approximately 24 months and are facilitated by HSAG. RMHP's PIPs included:

Increase screening rates for SDOH in the total RAE, PRIME and CHP+ patient populations: The improvement of SDOH screening rates was a mandated PIP topic. RMHP defined the performance indicator as screening rates for unique members, which produced more precise results (versus reporting an overall count of SDOH screeners); this allowed for an analysis of screening patterns to inform future interventions to improve screening rates. This indicator (and overall PIP strategy) was specific to SDOH screeners completed in the clinical setting at in-network provider facilities and is separate from RMHP's care management strategy to improve SDOH screening rates.

Diabetes HbA1c Poor Control for PRIME Members with Managed Care Encounters: The CMS Core Measure – Diabetes HbA1c Poor Control – NQF 0059 was selected because it is a nationally recognized measure which assesses the overall quality of care for beneficiaries, monitors performance, and improves the quality of health care provided to Members with a diagnosis of Diabetes. By selecting this nationally recognized measure, it improves RMHP's ability to benchmark, conduct analysis, implement interventions, and monitor performance over time.

Well Child Visits for RMHP CHP+ Members: The CMS Core Measure – WCV-CH was selected because it is a nationally recognized measure which assesses the overall quality of care for beneficiaries, monitors performance, and improves the quality of health care provided to CHP+ Members. By selecting this nationally recognized measure, it improves RMHP's ability to benchmark, conduct analysis, implement interventions, and monitor performance over time.

Follow Up after Hospitalization for Mental Illness for RAE Members: The CMS Core Measure FUH AD – NQF 0576 was selected because it is a nationally recognized measure that assesses the overall national

quality of care for beneficiaries, monitors performance, and improves the quality of health care provided to RAE Members with a recent hospitalization. By selecting this nationally recognized measure, it improves RMHP's ability to benchmark, conduct analysis, implement interventions, and monitor performance over time.

Project interventions are described below:

Increase screening rates for SDOH in the total RAE, PRIME and CHP+ patient populations:

- **Payment to providers for completing SDOH Screenings:** There is not a specific code for screening for SDOH linked to reimbursement, like there is with depression screenings. Some providers use Z codes to capture information about their patients' SDOH status, but those are not linked to reimbursement. RMHP is utilizing encounter data from our data management partners, rather than setting up a new code, to track screeners eligible for reimbursement and then paying providers annually for all completed screenings.

Diabetes A1c Poor Control for PRIME Members with Managed Care Encounters:

- **Let's Get Checked – In Home A1c Testing:** The program aims to improve access to A1c testing for Members facing Social Determinants of Health (SDoH) barriers such as transportation, time off work, and childcare. Information is provided in multiple languages, with additional language support available through Customer Service. The process involves identifying eligible Members, collaborating with the UnitedHealthcare team to approve marketing materials and testing kits, and distributing the kits to those Members. UnitedHealthcare and RMHP monitor kit returns, and A1c results are sent directly to each Member's attributed primary care provider.
- **Diabetes A1c Member Rewards:** The program is designed to enhance Member understanding of the importance of annual A1c testing and to motivate them to establish care with a primary care provider. Incentive and educational materials are available in multiple languages, with additional language support offered through Customer Service. The program involves identifying eligible Members and collaborating with the UnitedHealthcare Member Rewards team to ensure marketing materials are appropriate. UnitedHealthcare then distributes incentive and educational information to those Members, while both UnitedHealthcare and RMHP monitor progress throughout the initiative.

Well Child Visits for RMHP CHP+ Members:

- **Live Agent Member Calls:** This initiative supports Members in accessing care by helping them establish and schedule well-child visits (WCVs) with a primary care provider. Live agents are equipped to connect with Member Services for language support beyond English. The program begins by identifying eligible Members and collaborating with the UnitedHealthcare live agent team to ensure call scripts are appropriate for RMHP CHP Members. The live agent team then conducts outreach calls and shares weekly data with RMHP, which monitors the progress of the intervention.
- **WCV Member Rewards:** The program is designed to promote Member understanding of the importance of well-child visits and to encourage them to receive these visits and establish care with a primary care provider. Incentive and educational materials are provided in multiple languages, with additional language support available through Customer Service. The program involves identifying eligible Members and collaborating with the UnitedHealthcare Member Rewards team to ensure marketing materials are appropriate. UnitedHealthcare then distributes incentive and educational information, while both UnitedHealthcare and RMHP monitor the program's progress.

Follow Up after Hospitalization for Mental Illness for RAE Members:

- Behavioral Health Incentive Program: RMHP continues an annual incentive program to support behavioral health providers in improving access to timely follow-up visits after hospitalization for mental illness, rewarding practices financially for visits completed within seven days. Initially, quarterly performance reports revealed billing discrepancies, especially in integrated care settings, prompting providers to reassess documentation workflows. To facilitate more timely improvements, RMHP now distributes monthly performance data, allowing providers to course correct more effectively. Providers also have the opportunity to meet monthly with their provider peers working toward the same goals and can request individualized workflow and troubleshooting support from RMHP. These monthly calls have helped identify that some clinically appropriate services—such as outreach and care coordination activities—are being provided to Members but these would fall outside parameters in defined measure specifications. RMHP encourages providers to continue delivering high-quality care while working toward alignment with the defined metrics.

3. Analytics and Data

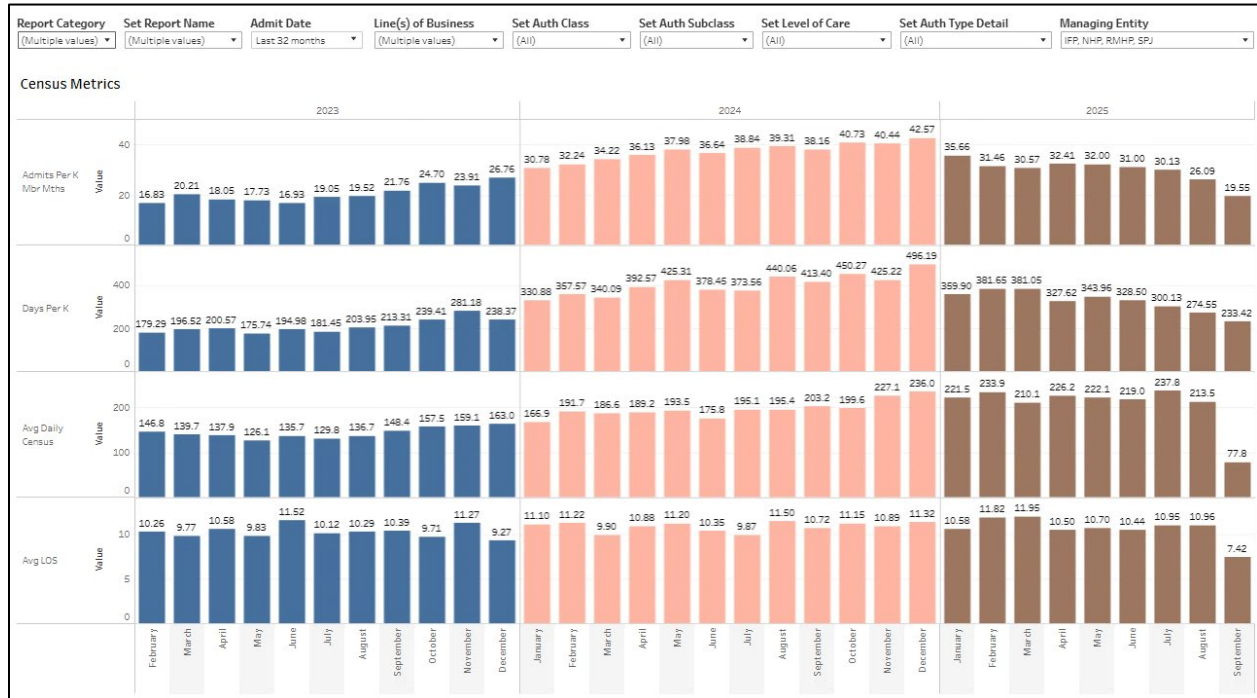
RMHP has created data dashboards and analytic projects to monitor trends in patterns of care, utilization, and costs for RAE and PRIME Members. The dashboards and analytic projects below display trends by geographic region, Member demographics, and key program factors. RMHP program staff and leadership evaluate performance and areas for improvement.

Key Performance Indicators (KPI) and Behavioral Health Incentive Program (BHIP) Dashboards and Analytics:

KPI and BHIP dashboards show performance using Truven statewide data and analytics contractor (SDAC), plus RMHP paid claims and encounter data. Performance is monitored monthly in a Member-level database that allows the dashboard to display performance at the practice level or rolled up by PCMP tier, PCMP practice type and practice characteristics (such as if a practice has co-located behavioral health, behavioral health catchment and county). Below is a snapshot of the Practice Comparison tab on the dashboard.

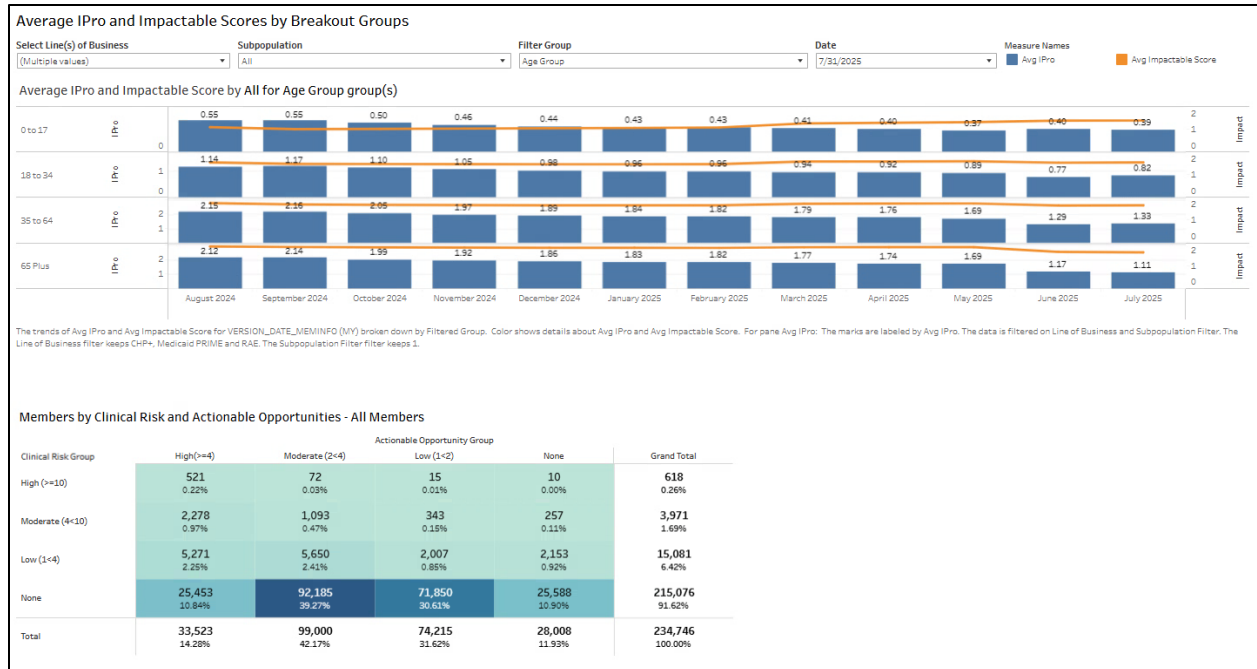
Select KPI >>> Dental Visit KPI												Avg. Eligible Members (YTD)	YTD	Jul - 24	Aug - 24
Select County for Comparison >>> Mesa															
1% Improvement Target												209,096	51.4%	51.4%	51.4%
5% Improvement Target												209,096	52.2%	52.2%	52.2%
RAE Performance												209,096	48.9%	48.3%	48.4%
Mesa County Performance												47,039	39.0%	37.2%	37.2%
Practice		County	Payment Tier	Reids	Internal Med	Family Med	FQHC	Integrated BH	Co-located BH	Integrated Pharmacy	Integrated Dental	Avg. Members	YTD	Jul - 24	Aug - 24
A Kidz Clinic		Delta	3	Y	N	N	N	Y	N	N	Y	2,173	53.1%	51.8%	53.0%
Animas Physician Network		La Plata	4	N	N	Y	N	N	N	N	N				
Associates In Family Medicine		Larimer	3	N	N	Y	N	Y	N	N	N	5,194	62.8%	62.2%	62.0%
Axis Health – Archuleta, Cortez, La Plata		La Plata	1	N	N	N	Y	Y	N	N	Y	2,801	40.8%	38.1%	38.6%
Axis Health – Dove Creek		Dolores	2	N	N	N	Y	Y	N	N	Y				
Banner Health Clinic		Larimer	4	Y	N	Y	N	Y	N	N	N	7,036	57.2%	58.0%	58.7%
Basin Clinic		Montrose	4	N	N	Y	N	N	N	N	N	599	28.9%		
Castle Valley Childrens Clinic		Garfield	2	Y	N	N	N	N	N	N	N	2,249	65.0%	64.2%	62.9%
Cedar Point Health		Montrose	4	N	N	Y	N	Y	N	N	N	1,467	41.5%	41.9%	41.7%

The Acute Behavioral Health Utilization dashboard utilizes RMHPs utilization management and claims data to display trends in behavioral health utilization (including for the new SUD benefit) by month, geographic region and level of care. This reporting tool has been used to evaluate opportunities for improving the utilization management process and inform RMHP's network strategies. The graphs below are from the inpatient (IP) utilization dashboard.



Impact Pro and Utilization:

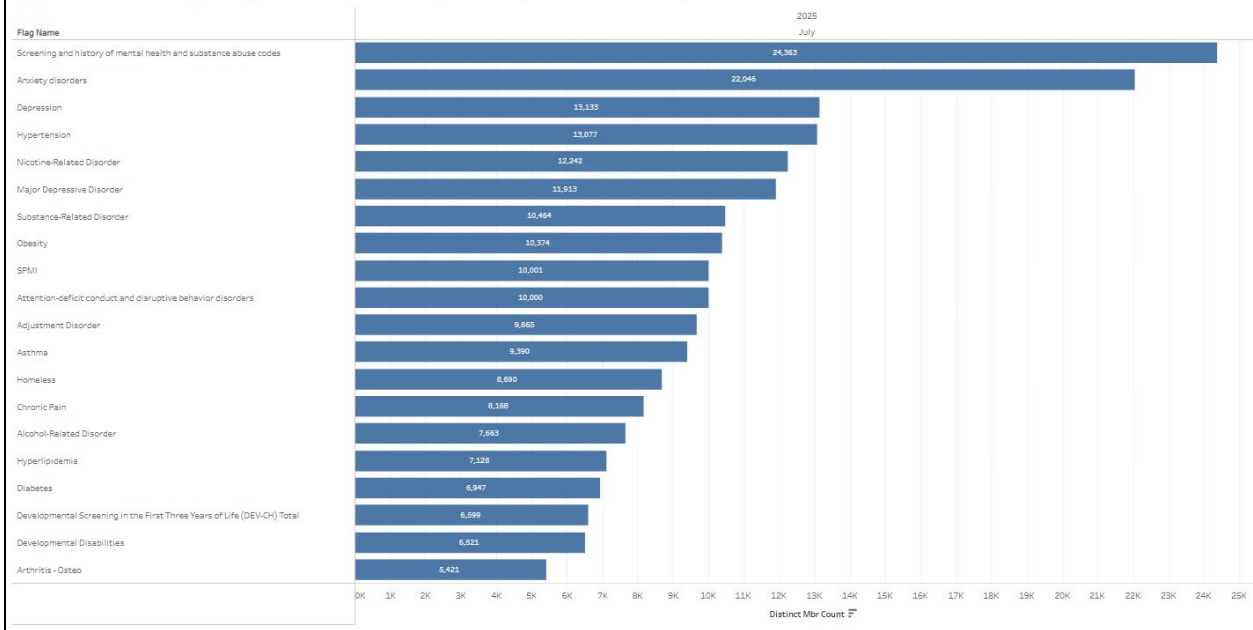
Impact Pro (IPro) is a predictive analytics platform that forecasts future utilization (total cost, behavioral health costs, ED visits, and inpatient visits). IPro uses 1130 Member level markers of risk (based on diagnosis, Rx, and procedure codes). RMHP uses IPro as a risk adjustment factor to inform provider payments, population segmentation, care coordination and program evaluation. The screenshots below shows average IPro and impactable IPro scores by age, and Member counts by clinical risk and actionable opportunity levels.



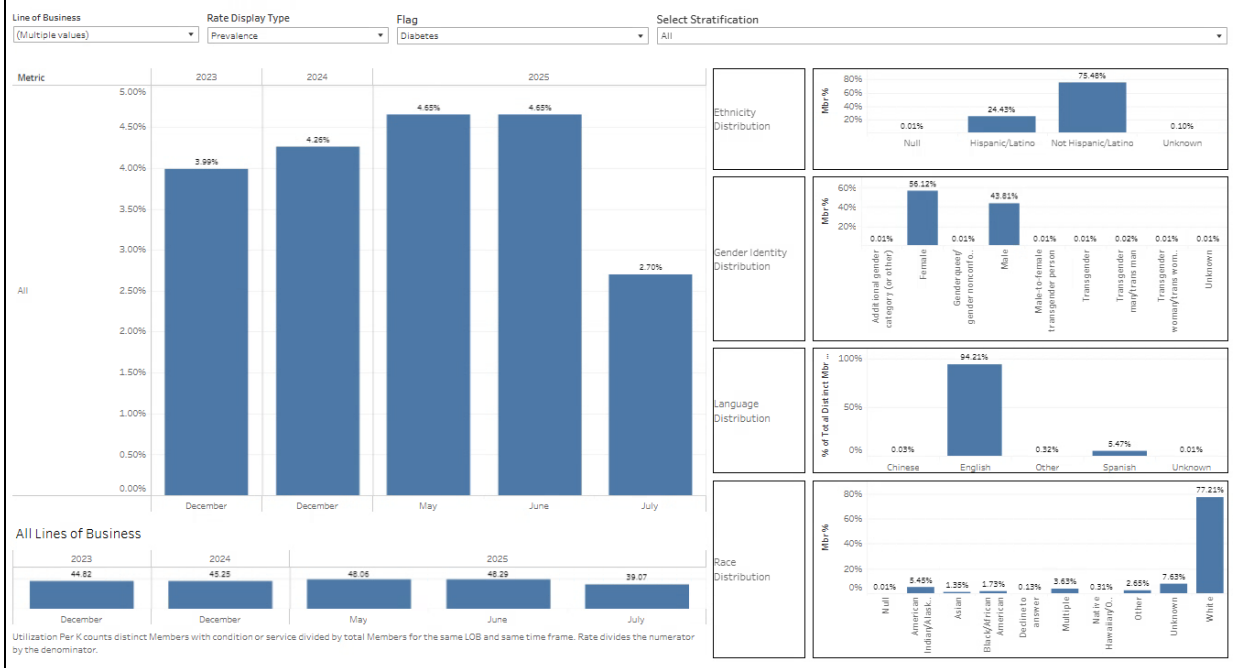
Population Health

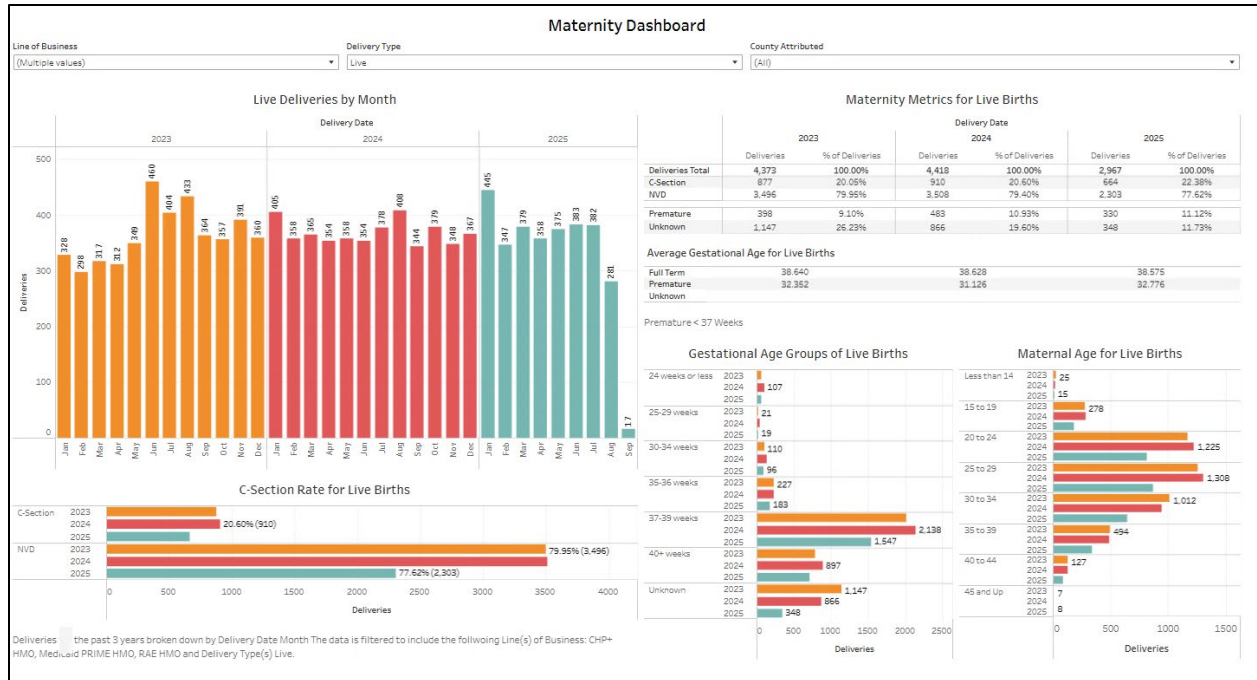
Population Health metrics are calculated from multiple data sources including Truven statewide data and analytics contractor (SDAC), roster files, RMHP paid claims and encounter data, HL7 CCD files from the Health Information Exchange, Colorado Immunization Information System (CIIS), lab results, care management assessments, and HEDIS performance measures. These metrics are available at the Member-level and can be aggregated across multiple dimensions including but not limited to demographics, health equity, Integrated Community Care Team (ICCT), CMHC or PCMP. Multiple quality and care coordination programs are supported by these metrics to identify trends, gaps in care, health disparities and other opportunities. Recent programs that leverage population health metrics include prenatal and postpartum support, diabetes management, ED utilization and SDoH interventions. The screenshots below show the top 20 conditions (population health flags) by Member count for the past year, Diabetes prevalence for the past year, and a Maternity Dashboard.

Top 20 Conditions for July 2025 by Distinct Member Count by CHP+ HMO, Medicaid PRIME HMO, RAE HMO



Diabetes Prevalence by Line of Business

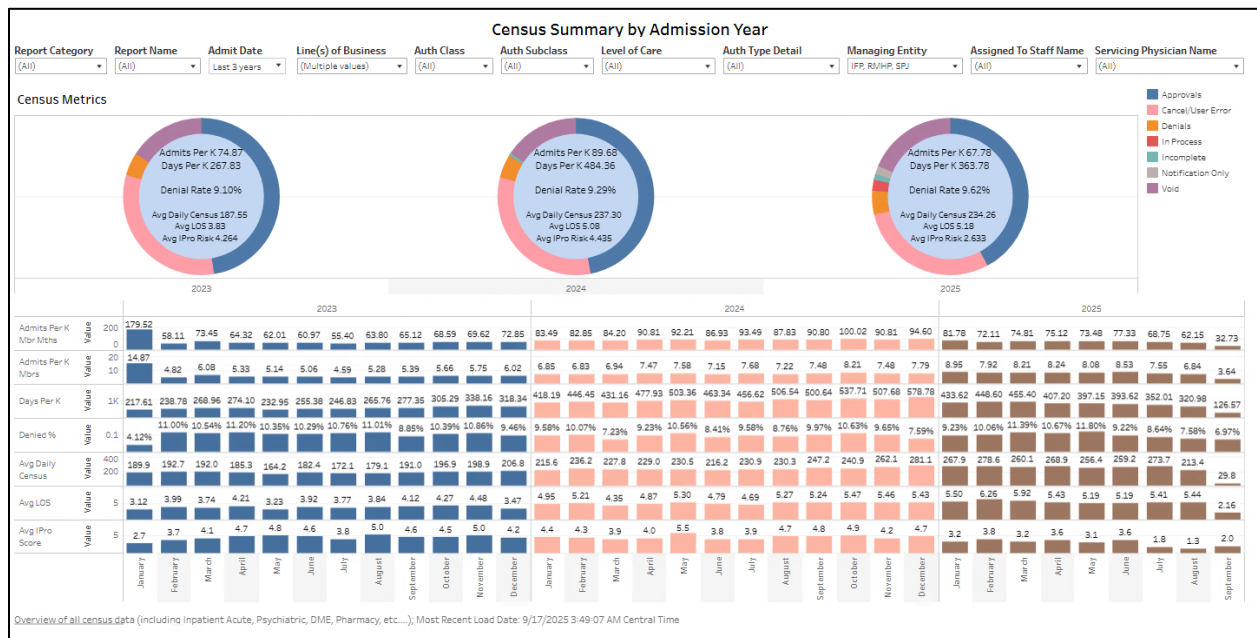


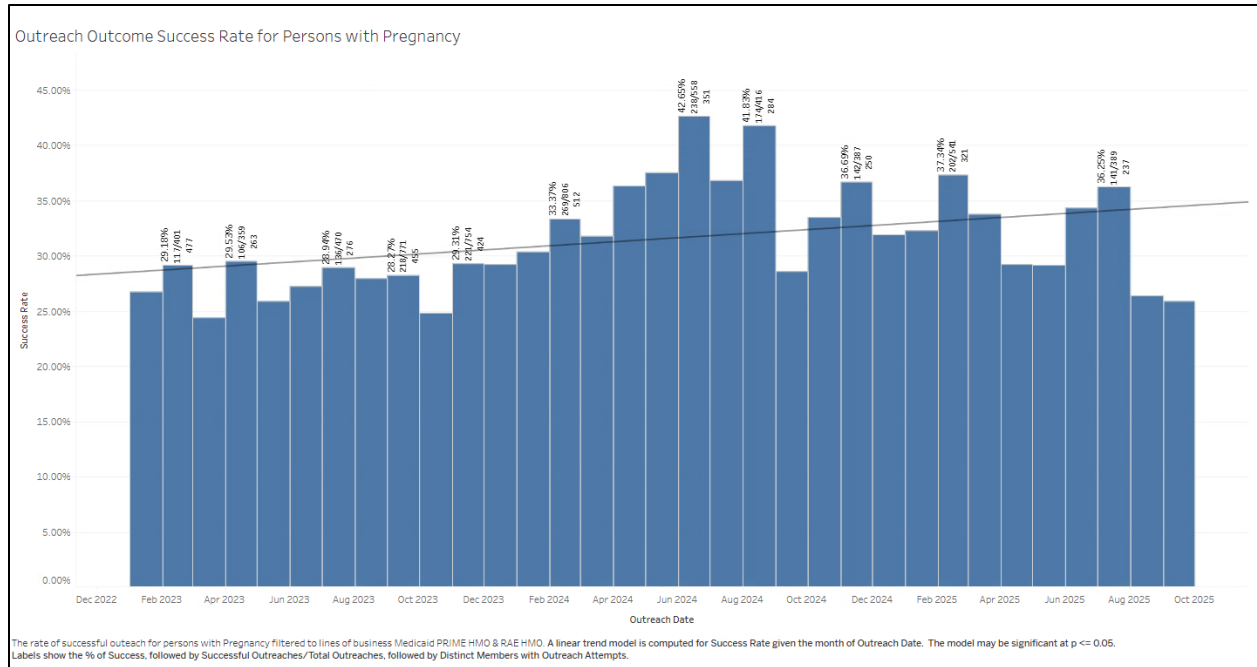


Clinical Dashboards

Clinical data is tracked and trended through pre-authorizations, care management, screenings, and HL7 ADT feeds. This data is closely monitored and feeds into program participation and quality metrics such as high utilizer identification, social determinant of health needs, and determining appropriate levels of care. Data is available at the member-level and can be aggregated at varying levels of demographics, health equity categories, CCT, CMHC, PCMP and more.

The screenshots below show one of the Census Dashboards for acute physical health and the Outreach Outcome Success Rate for Persons with Pregnancy.





C. Conclusion:

RMHP has consistently achieved quality program objectives within RAE, PRIME and CHP+ programs through dedicated quality improvement and quality assurance activities. Updates for program initiatives and their progress described in this report reflect RMHP's dedication to improving performance on measurable outcomes along with enhancements to processes and program evaluation. RMHP continues to evaluate and enhance its quality structure based on RMHP's quality improvement strategy and priorities of the Department.