



Quality Improvement Plan SFY20/21 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

1. Purpose/Mission Statement

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

Organization Mission:

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

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

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

2. Yearly Objectives/Top Priorities

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

The objective of the RMHP Quality Improvement (QI) program is to monitor, measure, and take effective actions on identified opportunities to improve the quality and safety of health care and services through the cycle of objective evaluation, intervention, and reevaluation. These activities are the summation of efforts by several departments including; QI, Care Coordination (CC) – including Utilization Management (UM) and Appeals - Pharmacy, Provider Network Management, Practice Transformation (PT), Community Integration (CI), Customer Service, Claims Management, Marketing and Communications, Information Technologies and Professional Peer Review. Pertinent activities from all of these processes are reported and integrated into the QI Program.

Quality Improvement Goals

- Improve the quality of all categories of health care, including physical health (PH), behavioral health (BH) and social determinants of health (SDoH) provided to the entire population of RMHP Members.
- Promote clinical care and services that are delivered in a safe, timely, efficient, effective, equitable, and Member-centered manner.
- Respond to the needs and expectations of RMHP internal and external customers by evaluating clinical and service performance relative to meeting those needs and expectations.
- Encourage and engage in effective professional peer review.
- Support and facilitate healthcare entities in geographically distinct areas in coordinating the collection and utilization of QI information.



Quality Improvement Plan SFY20/21 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

- Evaluate and improve the effectiveness of the QI Program by developing action plans based on measured outcomes.
- Report results of QI efforts.
- Ensure compliance with statutory requirements and accreditation standards.

Quality Objectives

- Collect and review information from Members about their experience of care. Develop and implement data-informed performance improvement activities to address areas of concern and opportunities for improvement.
- Review and respond to Member and provider quality of care (QOC) concerns through QOC processes and interdepartmental committee activities. Identify and evaluate related trends, as well as take corrective action if deemed appropriate.
- Monitor and improve Member access to care and continuity of care through interdepartmental committees, as well as Member Advisory Council (MAC) feedback and activities.
- Improve Member awareness, health literacy and engagement in their own health care.
- Identify, through multiple mechanisms, important areas of care, safety, and service to be monitored. Initiate and complete necessary activities.
- Promote quality and safety of clinical care by reviewing identified adverse Member outcomes, identifying and evaluating trends and taking corrective action if appropriate.
- Coordinate and facilitate the collection, review and submission of performance measures and QI data pertinent to services provided to RMHP Members by contracting entities.
- Facilitate the development, distribution, and implementation of clinical practice guidelines, regarding the importance and benefits to RMHP membership.
- Use results of performance measurements to continually improve care delivered to the Member including Performance Improvement Projects (PIPs).
- Monitor the diversity, cultural and linguistic needs of Members and determine if actions are required in order to serve the needs of the Member.
- Identify Members with complex healthcare needs, improve coordination of care (COC) and services for Members.
- Identify Members with special healthcare needs as defined by the Department of Health Care Policy and Financing (The Department) and develop mechanisms to assess the quality and appropriateness of care furnished to this population.
- Credentialing/Re-Credentialing of Practitioners.
- Monitor and improve practitioner adherence to standards for preventive, BH treatment and chronic illness care.
- Collaborate with the provider network to manage utilization.
- Collect and review data related to the over and under-utilization of health care services, including partnering with The Department in administering the Client Over-Utilization Program (COUP). This information is used for data-informed interventions with Members and providers.



Quality Improvement Plan SFY20/21 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

- Monitor and improve practitioner adherence to standards for medical record documentation.
- Participate in external quality reviews.
- Develop continuing medical education (CME) and BH training programs based on results of performance measurements, audits, QI data and Member feedback.
- Report QI activity progress and findings to providers and others, including Members as deemed appropriate. Advance the awareness of the QI program within the organizational structure and processes.

Top Priorities for Fiscal Year

- Refine the quality assurance (QA) oversight program of the BH network.
- Engage Members and stakeholders in directing and informing performance and quality improvement of the Regional Accountable Entity (RAE).
- Continue data-driven QI processes at both the practice and RAE level.
- Meet or exceed benchmarks for key performance indicators (KPIs), Behavioral Health Incentive Program (BHIPs) measures and PIPs.
- Improve access to high-quality physical and behavioral health care.
- Refine processes to evaluate and incorporate SDoH data into whole-person assessment and stratification with connection to resources.
- Improve maternity-related care.
- Improve diabetes-related care.
- Improve childhood and adolescent immunizations and well-care.
- Improve COC and services for Members with complex needs.

3. Quality Program Leadership

Please list the individuals who are in your quality program. Please include their contact information. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

Vice President of Clinical Programs, Todd Lessley, Todd.Lessley@rmhp.org

The Vice President of Clinical Programs is responsible for the ongoing development and deployment of Practice Transformation, Care Coordination, Utilization Management, Quality Improvement initiatives and other related initiatives. The director oversees staff of the Practice Transformation team and the Clinical Outcomes Analysis team. The Clinical Program Development and Evaluation Director is responsible for directing the Clinical Outcome Analysis team for the purpose of clinical program evaluation, ongoing monitoring, ongoing improvement, as well as collaboration with all necessary departments and external entities for the effective development, implementation, and integration of initiatives.



Quality Improvement Plan SFY20/21 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

Quality Improvement Director, Maura Cameron, Maura.Cameron@rmhp.org

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

Vice President, Community Integration and Regional Accountable Entity Program Officer, Meg Taylor, Meg.Taylor@rmhp.org

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

Behavioral Health Compliance & Quality Assurance Analyst, Steven Robinson, Steven.Robinson@rmhp.org

The Behavioral Health Compliance and Quality Assurance Analyst is responsible for the development, delivery and oversight of the compliance and quality of services of the RAE Capitated BH Benefit. This includes oversight of corrective action plans (CAPs) and monitoring network provider quality, outcomes and access. The Compliance and Quality Assurance Analyst works closely with the RAE Program Officer, the Quality Improvement Director and the Utilization Management Director to evaluate utilization and outcome trends and implement performance improvement initiatives.

Quality Improvement Analyst, Marjorie Champenoy, Marjorie.Champenoy@rmhp.org

The Quality Improvement Analyst is responsible for oversight and improvement of the Key Performance Indicators (KPIs) for physical health, KPI Performance Pool (PP) metrics, Behavioral Health Incentive Program (BHIP) measures, and primary care Alternative Payment Model (APM) program metrics. The Quality Improvement Analyst leads population health strategy and program implementation. The Quality Improvement Analyst is responsible for any other quality improvement activities associated with the RAE/Prime contract including the 411 BH validation audit.

Chief Clinical Officer (Interim), Thomas Cheek, MD, Thomas.Cheek@rmhp.org

The Regional Accountable Entity (RAE) Chief Clinical Officer (CCO) is responsible for defining the overall clinical vision for the organization and provides clinical direction to network management, QI, UM and credentialing divisions. The CCO provides medical oversight, expertise and leadership to ensure the delivery of coordinated and cost-effective services, which support RMHPs Members. Additionally, the CCO participates in strategy development, the design and implementation of innovative clinical programs and interventions with the Health Neighborhood and community.

Behavioral Health Medical Director, Stephen Bishop, MD, Stephen.Bishop@rmhp.org



Quality Improvement Plan SFY20/21 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

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

Care Coordination Director, Sandy Dowd, Sandy.Dowd@rmhp.org

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

Regional Accountable Entity Utilization Management Director, Tiffany Kikta, Tiffany.Kikta@rmhp.org

The Regional Accountable Entity Utilization Management Director is responsible for leading and developing the RAE UM program and managing the medical review and authorization process. The director is responsible for overseeing the medical appropriateness and necessity of BH services provided to Members and works closely with the Care Coordination director who leads the oversight of prospective and concurrent reviews of services covered by the Capitated Behavioral Health Benefit and Prime Managed Care Organization. The director is also responsible for analyzing and monitoring utilization trends, identifying problem areas and recommending action plans for resolution.

Vice President, Network Strategy and Operations, Dale Renzi, Dale.Renzi@rmhp.org

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

Senior Director of Business Operations, Marci O’Gara, Marci.O’Gara@rmhp.org

The Senior Director of Business Operations is responsible for executing the daily functioning of Customer Service, Appeals and Grievances and Claims departments. The Senior Director of Business



Quality Improvement Plan SFY20/21 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

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

Internal Audit Director, Jerry Spomer, Jerry.Spomer@rmhp.org

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



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

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

Goal	Fiscal Year Objectives	Targeted Due Date	Update
Collection and Submission of Performance Measurement Data			
Regional Accountable Entity (RAE), Performance Improvement Project (PIP)	<p><i>Fiscal year (FY) 2018-2019/2019-2020:</i> Improve the rate of depression screenings in the primary care setting and follow-up with a BH provider following a positive screening.</p> <p><i>FY 2020-2021/2021-2022:</i> Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/20, closed out early due to COVID-19.</p> <p><i>FY 2020/2021-2021/2022:</i> 6/30/22</p>	<p><i>FY 2018/2019-2019/2020 – Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Colorado Mountain Medical (CMM) conducted was a health texting campaign through: new software, <i>Relatient</i>, to engage Members and encourage an annual wellness visit (AWV), which will include depression screening. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p> <p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP is in the planning stage for establishing the new PIP. Module 1 is due December, 2020.</p>
RAE PIP	<p><i>FY 2018/2019-2019/2020:</i> Improve well child visits (WCV) for children for Medicaid Members ages 15 -18 years old.</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/2020, closed early due to COVID-19.</p>	<p><i>FY 2018/2019-2019/2020 - Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. A narrowed</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

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		<p><i>FY 2020/2021-2021/2022:</i> A secondary RAE BH PIP is not required for this period.</p>	<p>intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Mountain Family Health Center (MFHC) conducted was a text reminder campaign for Members that have not been seen in prior 12 months or attributed to a practice, but not seen. Goal was to increase engagement of Members to complete AWVs. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p>
<p>Child Health Plan Plus (CHP+) PIP</p>	<p><i>FY 2018/2019-2019/2020:</i> Improve WCV for children for Medicaid Members ages 15 -18 years old.</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/2020, ended early due to COVID-19.</p>	<p><i>FY 2018/2019-2019/2020 - Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. A narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that MFHC conducted was a text reminder campaign for Members that have not been seen in prior 12 months or attributed to practice, but not seen. Goal was to increase engagement of Members to complete AWVs. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

	<p><i>FY 2020/2021-2021/2022:</i> Improve the rate of depression screenings in a primary care setting and follow-up with a BH provider following a positive screening.</p>	<p><i>FY 2020/2021-2021/2022:</i> 6/30/2022</p>	<p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP is in the planning stage for establishing the new PIP. Module 1 is due December 2020.</p>
Prime PIP	<p><i>FY 2018/2019-2019/2020:</i> Increase the percentage of adult Prime Members who receive effective pharmacotherapy for opioid use disorder (OUD) or alcohol use disorder (AUD) within 60 days of diagnosis of an OUD or AUD.</p> <p><i>FY 2020/2021-2021/2022:</i> Improve the rate of depression screenings in a PC setting and follow-up with a BH provider following a positive screening.</p>	<p><i>FY 2018/2019-2019/2020:</i> 6/30/2020, ended early due to COVID-19.</p> <p><i>FY 2020/2021-2021/2022:</i> 6/30/2022</p>	<p><i>FY 2018/2019-2019/2020 - Closed:</i> The practice successfully moved through Modules 1, 2, & 3 of the Rapid Cycle PIP process. Narrowed intervention was identified for the focus of FY 2019/2020 (Module 4 – Intervention testing). The intervention that Foresight Family Practice (FFP) conducted was peer and family support engagement through a new referral structure and relationship with Mind Springs Health (MSH) to engage Members for a complete initiation of their medication assistance treatment (MAT) treatment within 60 days of diagnosis. This PIP closed early with incomplete evaluation due to COVID-19 impact.</p> <p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP is in the planning stage for setting up the new PIP. Module 1 is due December 2020.</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

<p>RAE Potentially Avoidable Complications (PAC) Project Plan</p>	<p>Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data.</p>	<p><i>FY 2018/2019: Fall 2019</i></p> <p><i>FY 2019/2020: Fall 2020</i></p> <p><i>FY 2020/2021: Fall 2021</i></p>	<p><i>FY 2018/2019 – Completed:</i> The PAC plan focused on PT and CC interventions for diabetes, depression/anxiety, and substance use disorder (SUD).</p> <p><i>FY 2019/2020 – Completed:</i> The PAC plan continued the focus on PT and CC interventions for diabetes, depression/anxiety, and SUD.</p> <p><i>FY 2020/2021 – In progress:</i> The PAC plan focus continues with PT and CC interventions, however the 3 episodes of focus changed to SUD, diabetes and Chronic Obstructive Pulmonary Disease (COPD). Final plan approval is expected early October 2020.</p>
<p>Key Performance Indicators (KPIs)</p>	<p>Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).</p>	<p>Quarterly:</p> <p><i>FY 2018/2019: Fall/Winter 2019</i></p> <p><i>FY 2019/2020: Fall/Winter 2020</i></p>	<p><i>FY 2018/2019 – Completed:</i> RMHP met 3 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 4 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.</p> <p><i>FY 2019/2020 – Completed:</i> RMHP met 5 of 8 KPIs for Q1, 5 of 8 KPIs for Q2. Q3 and Q4 results are not finalized.</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

		<i>FY 2020/2021: Fall/Winter 2021</i>	<i>FY 2021/2022 – In progress: RMHP continues to actively develop and support interventions for KPIs.</i>
Behavioral Health Incentive Program (BHIP) Measures	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	<p>Annual: <i>FY 2018/2019: Winter 2019</i></p> <p><i>FY 2019/2020: Winter 2020</i></p> <p><i>FY 2020/2021: Winter 2021</i></p>	<p><i>FY 2018/2019 – Completed: Region 1 met targets for BHIP indicator’s 1, 4, & 5.</i></p> <p><i>FY 2019/2020 – Completed: Annual performance rates are not finalized for BHIP Indicator’s.</i></p> <p><i>FY 2020/2021 – In progress: RMHP continues to actively develop and support interventions for BHIPs.</i></p>
RAE Population Health Plan	Develop a population health reporting template that allows us to meaningfully assess RMHP programs.	<p>Quarterly: <i>FY 2018/2019</i></p>	<i>FY 2018/2019 - Retired: Completed Q2 and Q3 report. Q4 report requirement was waived by The Department. The population health structure and guidance are updated in collaboration between The Department and the RAEs.</i>
Population Management Strategic Plan (PMSP)	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	<p>Annual: <i>FY 2019/2020</i></p>	<i>FY 2020/2021 – In progress: PMSP submitted August 2020, accepted with changes. Resubmission in September 2020. Ongoing monitoring and maintenance for strategies and milestones.</i>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

<p>Accountable Health Communities Model (AHCM) Program Performance</p>	<p>Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.</p>	<p>Quarterly: <i>FY 2018/2019</i></p>	<p><i>FY 2018/2019 - In progress:</i> Up to date on quarterly reporting.</p>
<p>Population Assessment</p>	<p>Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.</p>	<p>Annual: <i>FY 2017/2018</i> <i>FY 2019/2020</i> <i>FY 2020/2021</i></p>	<p><i>FY 2017/2018 – Completed:</i> 2017 and 2018 assessments are complete. <i>FY 2019/2020 – Completed:</i> Assessments will be completed in Spring 2020. <i>FY 2020/2021 – In process:</i> Assessments will be completed in Spring 2021.</p>
<p>Rocky Mountain Health Plans Quality Improvement Program (RQUIP)</p>	<p>Improve BH access to Members with SUD related utilization. Increase number of Members connected to a PCMP. Address Members SDoH. Improve COC to address Members with needs across the domains of healthcare.</p>	<p><i>FY 2018/2019</i></p>	<p><i>FY 2018/2019 - Completed/Discontinued:</i> This program was sunset in June 2019.</p>
<p>Clinical Practice Guidelines (CPG)</p>	<p>Facilitate the development, distribution and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.</p>	<p><i>FY 2018/2019-2019/2020: 6/30/2020</i></p>	<p><i>FY 2018/2019-2019/2020 – Completed:</i> The RMHP PT Team updated all of the eCQM Toolkits and white papers with the most recent eCQM updates/clinical guidelines. These were disseminated ad hoc during practice meetings, in monthly</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

		<p><i>FY 2020/2021-2021/2022: 6/30/2022</i></p>	<p>newsletters, and referenced in value based contracting (VBC) office hours.</p> <p><i>FY 2020/2021-2021/2022 – In progress:</i> RMHP is currently updating all eCQM Toolkits and white papers with current clinical guidelines aligned with the clinical guidelines on RMHP.org, USPSTF, and other professional organizations like American Heart Association (AMA). Materials will be disseminated to practices in monthly newsletters, VBC office hours, and on an ad hoc basis during practice meetings.</p>
Member Experience of Care			
Behavioral Health Focus Groups	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	<p><i>FY 2018/2019</i></p> <p><i>FY 2019/2020</i></p>	<p><i>FY 2018/2019 - Completed:</i> Focus groups completed, Executive Summary and Detailed Reports were completed and shared with stakeholders; such as Department of Health Services (DHS), The Department and in community meetings. Findings/themes were shared and each community shared how they would like to receive updates and share feedback with RMHP on an ongoing basis.</p> <p><i>FY 2019/2020 - In progress:</i> Continued offering disability</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

			competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly provider attributes surveys, which includes questions about completion of culturally competent and disability competent care trainings, has generated interest.
Culturally Competent Care Provider Trainings	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	<i>FY 2019/2020 - Ongoing</i>	<i>FY 2019/2020 - In progress:</i> Continued offering disability competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly Provider Attributes surveys, which includes questions about completion of culturally competent and disability competent care trainings, has generated interest.
Provider Attributes Survey Program	Collect in-depth information about the PC, BH, and Specialty Care provider network and use the information to provide useful, up-to-date, person centered information about the network to Members and promote Member choice.	Quarterly: <i>FY 2019/2020 - Ongoing</i>	<i>FY 2019/2020 - In progress:</i> Continued distributing surveys to all PC providers, specialists, and BH providers in RMHPs network on a quarterly basis. Information collected is used to populate our provider directories, provide up-to-date information to Members who contact us via our <i>One Call Center</i> , and enable our care coordinators to connect Members



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

			with appropriate care. Added questions about the pandemic and telehealth services offered in response to COVID-19.
Under and Over Utilization of Services			
Gaps in Care Reporting	Decrease service gap closures by: Reporting to PC practices the need of services to Members related to diabetes care and breast cancer screening. Sending incentives and educational materials to Members with gaps in care related to diabetes care, breast cancer screening, cervical cancer screening and adolescent WCVs.	<p><i>FY 2018/2019</i></p> <p><i>FY 2019/2020 - Ongoing</i></p>	<p><i>FY 2018/2019 – Completed:</i> Annual reports were delivered to providers to inform gaps in care and PT processes. Gaps in Care Report was sent to practices October 2018. Member incentives for gaps in care were sent between July 2018 - June 2019.</p> <p><i>FY 2019/2020 - In progress:</i> Annual reports delivered to providers to inform gaps in care and PT processes were sent to practices October 2019. Member incentives for gaps in care are sent annually from July 2019 through June 2020. All non-COVID Member and provider communications were placed on pause per the direction of United Healthcare (UHC) in March 2020.</p>
Client Over-Utilization Program (COUP)	Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who	<i>FY 2019/2020</i>	<i>FY 2019/2020 – Completed:</i> RMHP worked with 9 members in the COUP program to manage unnecessary emergency department utilization and high risk prescription medications. RMHP received the



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

	<p>might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members.</p>	<p><i>FY 2020/2021 - Ongoing</i></p>	<p>COUP list each quarter and RMHP’s clinical pharmacist reviewed the Member information to determine appropriateness for this program.</p> <p><i>FY 2020/2021 – In progress:</i> RMHP continues to receive lists of Members from The Department and reviews for selection for the COUP program. RMHP also reviews Members who have been in the program for 12 months and advises The Department on whether or not the Members should remain enrolled in the program.</p>
<p>Members with special health care needs (SHCN)</p>	<p>SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.</p>	<p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p>	<p><i>FY 2019/2020 – Completed:</i> Focus on all special health care needs.</p> <p><i>FY 2020/2021 – In progress:</i> Continued focus on all special health care needs with expansion to Members identified as complex.</p>
<p>Quality of Care Concerns</p>			
<p>Behavioral Health Quality Assurance (QA) Program</p>	<p>Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.</p>	<p><i>FY 2019/2020 - Ongoing</i></p>	<p><i>FY 2019/2020 - In progress:</i> Behavioral Health Provider Manual updated and distributed to BH network annually. Last update was</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

			November 2019 and distributed December 2019. Next update will be in November/December 2020. BH Network Chart Audits in process.
Quality of Care (QOC) Concerns Program	Develop and maintain a QOC Concern Reporting and Review Program related to PH (for Prime Members) and BH care (for all RAE Members).	<p><i>FY 2018/2019</i></p> <p><i>FY 2019/2020 - Ongoing</i></p>	<p><i>FY 2018/2019 – Completed:</i> Policies & Procedures were being developed.</p> <p><i>FY 2019/2020 - In progress:</i> Regular QOC concerns reported and investigated. Policies & Procedures (P&Ps) have been developed and implemented.</p>
External Quality Review			
Health Services Advisory Group (HSAG)	Annual Onsite Review for RAE and Prime.	<p>Annual: <i>FY 2018/2019 - 1/29/2019, Onsite review March 2019 and accompanying activities</i></p> <p><i>FY 2019/2020 - 2/3/2020, Onsite review March 2020</i></p>	<p><i>FY 2018/2019 - Completed:</i> Annual compliance audit and site review completed by HSAG on 2/1/2019. RAE-Prime final report received on 4/18/2019, CHP+ final report received on 4/5/2019, RAE-Prime CAP accepted on 6/7/2019 and responses submitted by 9/7/2019; with CHP+ CAP accepted on 5/29/2019 and responses submitted on 8/29/2019. CAP submissions final acceptance received on 10/7/2019 for RAE-Prime and 9/16/2019 for CHP+.</p> <p><i>FY 2019/2020 - In progress:</i> Annual compliance audit and site review completed by HSAG between March</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

		<p>and accompanying activities</p> <p><i>FY 2020/2021 - February 2021, Onsite review March 2021 and accompanying activities</i></p>	<p>3, 2020 - March 5, 2020. RAE-Prime & CHP+ final reports received on 5/7/2020, RAE-Prime CAP and CHP+ CAP accepted on 6/23/2020 and submitted on 9/23/2020. RAE-Prime and CHP+ CAP submission final acceptance is TBD.</p> <p><i>FY 2020/2021 - Pending: Annual compliance and site review is proposed for March 16, 2021 through March 18, 2021, with desk request and documentation submission tentatively due in February 2021.</i></p>
Advisory Committees and Learning Collaboratives			
<p>Member Advisory Councils (MACs)</p>	<p>Current objectives for the MACs include: Implement Member engagement metrics. Place Members on accountable communities committees. Continue local outreach events and Member outreach activities. Implement an enhanced process for Member material testing and review.</p>	<p>Quarterly/Every 2 months: <i>FY 2019/2020</i></p>	<p><i>FY 2019/2020 - In progress: The Larimer County MAC meets every other month and the Western Slope MAC meets on a quarterly basis. Three MAC Members serve as voting Members on the Regional RAE Performance Improvement Advisory Committee (PIAC). RMHP welcomed several new Members to the MACs over the past year who continue to actively participate and make valuable contributions. Members continue to inform and drive the meeting agendas. Members receive information and share feedback with</i></p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

			a variety of guest speakers including; The Department leadership, Members of the state legislature and the Joint Budget Committee, and local healthcare policy leaders.
Deaf Advocacy Groups	Current objectives for the Bridging Communications groups include: Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved.	Every 2 months: <i>FY 2019/2020</i>	<i>FY 2019/2020 - In progress:</i> Larimer County and Western Slope Bridging Communications groups typically meet every two months to discuss and address issues that the deaf community faces. The groups have provided trainings to health care providers about the deaf culture and the needs of the deaf community when accessing healthcare and have been instrumental in advocating for the continued funding of the Rural Interpreting Services Project (RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer.
Program Improvement Advisory Committee (PIAC)	Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE.	Quarterly: <i>FY 2019/2020</i>	<i>FY 2019/2020 - In progress:</i> The Regional PIAC meets quarterly. In February-March 2020, RMHP conducted a survey of PIAC members to help establish PIAC priority areas of focus for the coming year. The



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

	<p>Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.</p>		<p>following topics were identified as the top priorities:</p> <ul style="list-style-type: none"> - Care Coordination - Social determinants of health - Access and availability - Medicaid attribution and enrollment <p>Based on survey feedback, RMHP implemented several changes beginning with the May 2020 meeting including a condensed timeframe for the meetings (from four to three hours), and a transition to providing standing updates in written format instead of verbally during meetings to reserve more time for interactive discussions on new topics. A Care Coordination Task Force was formed in June 2020 to share learnings and recommendations to the PIAC.</p>
<p>Value Based Contracting (VBC) Office Hours</p>	<p>Improve network performance through ongoing provider education and learning collaboration.</p>	<p>Monthly: <i>FY 2019/2020</i></p>	<p><i>FY 2019/2020 - In progress:</i> Each month, RMHPs PT team facilitates a Value-Based Contracting (VBC) Office Hours webinar for the provider network to learn about relevant topics and ask questions. Each month the series includes updates on the following three initiatives: RAE, Prime and CPC+. Examples of topics covered at the RAE focused webinars include; attribution, short-term BH</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

			services in the PC setting, a demonstration of the CareNow telehealth platform, KPIs, and the Alternative Payment Model (APM).
Quality and Compliance Monitoring			
Network Adequacy Validation Audit	Network Adequacy Validation Audit (NAV) - Prime, CHP+ and RAE.	<i>December 2019</i>	<i>Completed:</i> Information delivered to The Department and HSAG in December 2019.
Information Systems Review	Information Systems (IS) Review (Formerly BHRR— Behavioral Health Record Review): RAE questionnaire response due 2/16/2019.	<i>February 2019</i>	<i>Completed:</i> Submitted.
RMHP Prime 412 Audit	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	<i>FY 2019/2020 - March 2020</i> <i>FY 2020/2021 – March 2021</i>	<i>FY 2019/2020 - Completed:</i> HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received generated 412 sample list and guidelines in January 2020. Records were procured and the audit was conducted and completed January-March 2020. Final report received in July 2020. <i>FY 2020/2021 – In process:</i> Sample records for audit are expected to be received 1/6/2021.
RMHP RAE 411 Audit	411 Audit of RAE behavioral health encounter data. Goal is to assure quality and alignment with medical records.	<i>FY 2019/2020 - March 2020</i>	<i>FY 2019/2020 - Completed:</i> HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

		<i>FY 2020/2021 – March 2021</i>	<p>generated RAE specific 411 encounter sample list and guidelines in January 2020. BH records were procured and the audit was conducted and completed in January-March 2020. Final report received in July 2020.</p> <p><i>FY 2020/2021 – In process:</i> Sample records for audit are expected to be received 1/6/2021.</p>
412 Quality Improvement Plan	412 Quality Improvement Plan (QUIP) Audit for Prime.	<p><i>FY 2019/2020 - March 2020</i></p> <p><i>FY 2020/2021 - March 2020</i></p>	<p><i>FY 2019/2020 – Completed:</i> All phases have been completed.</p> <p><i>FY 2020/2021 – In process:</i> Phase 1 and 2 are completed, phase 3 is due in October 2020 if necessary.</p>
411 Quality Improvement Plan	411 Quality Improvement Plan (QUIP) Audit for RAE BH.	<i>FY 2020/2021 - March 2020</i>	<i>FY 2020/2021 – In process:</i> Phase 1 and 2 are completed, phase 3 is due in October 2020 if necessary.
Credentialing/Re-credentialing of practitioners	RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list.	<p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021</i></p>	<p><i>FY 2019/2020 – Completed:</i> New credentialing and tracking mechanism was developed and implemented.</p> <p><i>FY 2020/2021 – In process:</i> Monthly monitoring continues with timely credentialing reviews.</p>



Quality Improvement Plan SFY19/20 Update

Name: Rocky Mountain Health Plans

RAE: Region 1

Date: 09/30/2020

<p>Clinical Assurance Quality Improvement (CAQI) Committee</p>	<p>Collaborate with providers and community partners to develop systemic improvements to health care delivery.</p>	<p><i>FY 2018/2019</i></p> <p><i>FY 2019/2020</i></p> <p><i>FY 2020/2021 – Ongoing</i></p>	<p><i>FY 2018/2019 – Completed:</i> Monthly meetings to establish and implement the scope of the committee.</p> <p><i>FY 2019/2020 – Completed:</i> Monthly meetings to inform providers and partners about performance and Member needs as well as collaborate on delivery improvement.</p> <p><i>FY 2020/2021 – In process:</i> Continuation of monthly meetings that include expanded scope of the committee for clinical quality improvement purposes.</p>