

## **Rocky Mountain Health Plans**

### **Regional Accountable Entity, RAE Region 1**

#### **PRIME Managed Care Organization**

#### **CHP+ Managed Care Organization**

### **Annual Quality Report**

### **Fiscal Year 2021-2022**

**PURPOSE:**

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The purpose of this report is to detail progress and effectiveness of each component identified in the Annual Quality Improvement (QI) 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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## I. EXECUTIVE SUMMARY

Rocky Mountain Health Plans (RMHP), (RAE Region 1, PRIME Managed Care Organization (MCO) and Child Health Plan Plus (CHP+) MCO), has a long-standing history of providing meaningful and innovative healthcare for its members. RMHP continues this work by implementing and developing quality improvement and quality assurance initiatives. In fiscal year (FY) 2021/2022, RMHP continued the implementation of enhanced structures and concepts to continue to support established and new programs by realigning departments to create a more dynamic approach to whole person care. By continually evaluating and adapting to the needs of our Members, RMHP has made dynamic changes to both the Quality Assurance (QA) and Quality Improvement (QI) programs. Outlined below is high-level summary of these programs. A more detailed description is in the sections following the *Executive Summary*.

### Quality Assurance

- Behavioral Health (BH) Provider Manual for RAE 1
  - o This section details the development and ongoing updates of the BH Provider Manual. The BH Provider Manual has ongoing updates for each fiscal year (next version is planned for 2<sup>nd</sup> quarter FY22/23). RMHP strives to review and update the manual bi-annually. The BH Provider Manual serves to assist BH providers in navigating and understanding RMHP as the Regional Accountable Entity (RAE) and to provide resources/tools. RMHP has included a billing and coding section regarding the SUD benefit in the BH Provider Manual from the January 2021 SUD benefit expansion.
  
- BH Network Medical Record Audit
  - o This section details information regarding the BH medical record audit. In 2022, RMHP worked with the other RAEs to develop a uniform BH Audit Tool which we have implemented. This revised process took effect in Q1 of FY 2022/2023. The Behavioral Health Quality Audit (BHQA) process randomly audits the BH network as well as any targeted audits as needed. Quarterly follow-up meetings are organized with the audited provider and RMHP to discuss the audit findings. This provides RMHP and the providers the opportunity to discuss any discrepancies, extend an opportunity for the provider to send in additional documentation, work with the providers via a Standard Improvement Process/Plan (SIPP) (if they did not pass with a 90% or above) and to continually build stronger partnerships with the providers. The BHQA aides in monitoring potential fraud, waste, and abuse. Providers that are identified with potential billing or claim issues are subject to review of clinical records to verify proper billing practices by the Program Monitoring and Audit team.
  
- 412 Managed Care Organization (MCO) Encounter Data Audit
  - o This audit began in January 2022 during FY 2021/2022 and concluded with a final report on June 26, 2022. Results from Health Services Advisory Group's (HSAG) Over-Read Report indicated of the 80 over-read cases from all four encounter categories, HSAG had an 97.5% agreement at the case level and a 98.3% agreement at the element level with RMHP's auditors. This resulted 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 meet a score of at least 90%. RMHP has submitted the 412 QuIP with interventions around education and coding. Phase 1 was successfully accepted on August 24, 2022, and Phase 2 was successfully accepted on September 20, 2022. Phase 3 will conclude the QuIP with submission of evaluation and results due March 14, 2023.

- 411 Behavioral Health Encounter Data Audit
  - o The audit began in January 2022 and concluded with a final report on June 26, 2022. Results from HSAG's Over-Read Report indicated:
    - Inpatient Services EDV results of 100% for the 10 over-read cases for four of the six validated data elements. The remaining two validated data elements each had agreement rates of 90% and 80%.
    - Psychotherapy Services EDV results of 100% for the 10 over-read cases for three elements, 90% for six elements, and 80 % for one element.
    - Residential Services EDV results of 60% percent for all 10 elements of the 10 over-read cases.
  - o 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 on August 24, 2022, and Phase 2 was successfully accepted on September 20, 2022. Phase 3 will conclude the QuIP with submission of evaluation and results due March 14, 2023.
- Quality of Care Concerns (QOC)
  - o Physical health(PH) and behavioral health (BH) QOCs are received by RMHP either from internal identification or through referrals from external partners. Each QOC is logged and evaluated. Medical records are requested from the provider or facility. Once RMHP has procured the records, 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 quality of care 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 Medical Peer Review Committee (MPRC). 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 (QI) Department
  - o The QI department focuses on Member, practice and health plan quality improvement activities that improve health plan performance on high priority measures. One of the QI priorities is to influence intervention development across all clinical areas and lead quality improvement integrated workgroups. The QI team will continue to provide ongoing support and education for the RAE network, including PRIME, and CHP+ practices. The QI team assists with the tiered attestation process for RMHPs Primary Care Value Based Payment Model (VBPM).

- Performance Improvement Projects (PIPs)
  - RMHP has completed the current PIPs intervention testing which occurred from September 2021 through June 2022 for the mandated topic of Depression Screening and Follow-Up. Three organizations were involved for the RAE, PRIME and CHP+ populations. Modules 1, 2, and 3 have been submitted and module 4 is due in October 2022.
  
- Other initiatives
  - This section identifies other RMHP QI initiatives which can be reviewed in the *Calendar Year 2021 Quality Improvement Annual Report Impact Analysis* - this report focuses on quality initiatives for the calendar year 2021.
  
- 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 along with network providers on performance trends, patterns of care, utilization, and costs for RAE, PRIME and CHP+ Members. This information is used to evaluate program performance and identify opportunities for improvement.

## II. QUALITY PROGRAM ACTIVITIES

### A. **Quality Assurance Program Initiatives**

#### Behavioral Health RAE Provider Manual

The purpose of the Behavioral Health RAE Provider Manual is to assist providers in regulatory compliance and 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 BH services. The manual encompasses RMHP's BH policies and procedures (P&Ps), such as coordination of care (COC) requirements, utilization management (UM) procedures, claims billing information, quality assurance (QA) and compliance requirements for RMHP Members. The BH Provider Manual serves as a resource for incoming providers, as well as a resource for existing providers regarding information for RAE Region 1. Expanded SUD benefit information was added in January 2021. RMHP strives to review and update this manual bi-annually and as needed by changes in policy. RMHP will publish an updated manual in the next quarter.

#### FY 2020–2021 MCO Encounter Data Quality Review 412 Audit

The purpose of this audit is to assess RMHP/PRIME accuracy and oversight regarding physical health (PH) encounters. The review assessed payment encounters, which focused on date of payment beginning on October 1, 2020, through September 30, 2021.

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 2022, RMHP received the list of 412 sample encounter lines from HSAG and began the medical record procurement process. The medical record procurement process was handled internally by RMHP employees and was initiated by mail. Any subsequent requests for medical records were sent via mail, email, and phone contact. RMHP's process for procuring medical records for the 412 had an 85.7% success rate.

RMHP created an audit tool by implementing logic outlined in HSAGs 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 aides the auditor by configuring fields that are required depending on the information that is input into the tool. The tool helps with consistency across auditors, encounter categories and adherence to required fields.

The 412-audit response file was submitted on time to HSAG March 15, 2022. Final results were received on June 26, 2022.

#### FY 2020/2021 BH Data Quality Review 411 Audit

The purpose of this audit is to assess RMHP's accuracy on encounter data validation for paid BH claims. The audit focused on data from October 1, 2020, through September 30, 2021.

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. RMHPs process for procuring medical records for the 411 had a 90.3% success rate.

RMHP maintained a separate audit tool for the 411, which implemented logic outlined in HSAG's BH 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 aides the auditor by configuring fields that are required depending on the information that is input into the tool. The tool 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 15, 2022. Final results were received on June 26, 2022.

#### Quality Assurance - Behavioral Health Quality Audits

RMHP worked with the other RAEs in 2022 to develop a uniform Audit Tool. RMHP monitors audit processes through an internal tracker of all BHQA audits, which monitors procurement status, audit completion status, whether the medical record passed the audit and dates for the finding's meetings. During the quarterly meetings with providers, if issues are identified, the auditor works with the provider to find a resolution. If any provider does not receive at least a 90% score on the audit, a Standard Improvement Process/Plan (SIPP) is required. The SIPP will be completed in phases and developed as a collaboration between RMHP and the provider. The BHQA continues to adhere to all federal and state requirements, Health First Colorado documentation requirements, as well as standards of practice. The BHQA reinforces that all providers must maintain a comprehensive medical record for each Member served.

#### Quality of Care (QOC) Concerns (QOCC)

The RMHP Quality Assurance (QA) Case Review Team reviews quality of care (QOC) cases. Cases are referred by a variety of sources, including but not limited to RMHP Medical Directors, Care Management, Utilization Management, Member complaints, and through the Appeals and 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 particular case. All cases referred to the QA Case Review Team are entered in the Quality of Care Database (QA Database). Issues are tracked and trended to identify patterns that may affect the quality and safety of care provided to Members. Case data is reviewed at least semi-annually by RMHP's Medical Advisory Council (MAC), and trend data is reviewed at least semi-annually by RMHP Medical Directors. Confirmed QOC cases are reviewed by the Medical Director, assigned a level of concern, and sent back to the QA team with direction (e.g., closure, additional investigation, or referred to the MPRC).

Cases are assigned a level of concern as defined:

- No Issue: No quality of care issue identified.
- Minor: A minor departure from the standard of care with a low likelihood of a potential serious adverse outcome. Examples are surgical complication, wound infection, or unsubstantiated Member complaint.
- Moderate: A moderate departure from the standard of care with a moderate likelihood of a potential serious adverse outcome. Examples are readmission, follow-up procedure required.

- **Severe:** A serious departure from the standard of care with a high likelihood of a potential serious adverse outcome. Examples are 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 inaugural QOC audit performed by HSAG in the summer of 2022.

#### **B. Quality Improvement Program Initiatives**

The majority of the QI Plan goals for FY 2021/2022 are continuing into FY 2022/2023. Updates are provided within the *Annual Quality Improvement Plan* deliverable and in the QI Plan Matrix below, which have also been updated. Past goals have been *Completed*, *Discontinued* or *Retired* and current goals are *In progress*. New goals were added as applicable.



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

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

PRIME	PRIME PIP: Continued	2022/2023 2023/2024	TBD	6/30/2024:	<b>Planning:</b> RMHP is in the planning stage for establishing the new PIP. RMHP Quality Improvement staff working on PIP's have collaborated to provide feedback to HSAG and HCPF on recommendations for the new PIP. Recommendations are in alignment with high priority quality metrics and activities for the current and upcoming year.
RAE PRIME	RAE Potentially Avoidable Complications (PAC) Project Plan	2018/2019	Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data.	6/30/2019:	<b>Completed:</b> The PAC plan focused on PT and CC interventions for diabetes, depression/anxiety, and substance use disorder (SUD).
RAE PRIME	PAC: Continued	2019/2020	Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data.	6/30/2020:	<b>Completed:</b> The PAC plan continued the focus on PT and CC interventions for diabetes, depression/anxiety, and SUD.
RAE PRIME	PAC: Continued	2020/2021	Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data.	6/30/2021:	<b>Completed:</b> All milestone deliverables met with full points received. The PAC plan for FY 20/21 focused on PT and CC interventions. The 3 episodes of focus changed to SUD, diabetes, and Chronic Obstructive Pulmonary Disease (COPD).
RAE PRIME	PAC: Continued	2021/2022	Develop and implement a successful PAC project plan to decrease avoidable health care costs for 3 of the top 5 episodes of care using Prometheus data.	6/30/2022:	<b>Completed:</b> All milestone deliverables met with full points received. The PAC plan for FY21/22 focused on PT and CC interventions. The 3 episodes of focus for this project year were SUD, diabetes, and hypertension.
RAE PRIME	PAC: Continued	2022/2023	N/A	N/A	N/A (PAC was discontinued as a KPI in FY22/23)
RAE	Key Performance Indicators (KPIs):	2018/2019	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2019:	<b>Completed:</b> RMHP met 3 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 4 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.

RAE	KPI: Continued	2019/2020	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2020:	<b>Completed:</b> RMHP met 5 of 8 KPIs for Q1, 5 of 8 KPIs for Q2, 5 of 8 KPIs for Q3, and 5 of 8 KPIs for Q4.
RAE	KPI: Continued	2020/2021	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2021:	<b>Completed:</b> RMHP continues to actively develop and support interventions for KPIs. RMHP met 5 of 8 KPIs for Q1 and Q2, 4 of 8 KPIs for Q3 and 6 of 8 KPIs for Q4.
RAE	KPI: Continued	2021/2022	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2022:	<b>In Progress:</b> Integrated Quality Workgroups (IQWg) were created and formally launched in January 2022. The IQWg's provide a venue to innovatively address and deliver accountability for intervention activities aimed at improving population health, addressing health equity, reducing health care costs, and improving Member and provider experience via the Quality Improvement Committee's prioritized measures grid. This will be accomplished by using the 10 Building Blocks of a High Performing Health Plan framework. The IQWG operations will contribute to achievement of Quality Improvement Program activities and requirements. The IQWgs report to the QI Director and RMHP Quality Improvement Committee (QIC) to provide operational oversight and accountability of prioritized quality improvement measures and overall performance. There are seven IQWGs: Maternity/Women's Health, Diabetes/Chronic Conditions, Preventive/Older Adults, Utilization, Behavioral Health/Substance Use Disorder, Member Experience, and Pediatrics. All KPI's, BHIP measures and Performance Pool measures are prioritized and assigned across the IQWg's. For FY21/22, RMHP met 6 of 8 KPIs for Q1 and for Q2. In Q3, RMHP met 5 of 8 KPIs. Q4 finalized calculations are unavailable at the time of writing this report.

RAE	KPI: Continued	2022/2023	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2023:	<b>In progress:</b> Through the work of the IQWgs, RMHP continues to actively develop, support, and maintain interventions for the KPIs. Quarterly finalized calculations are not available at the time of writing this report.
RAE	Performance Pool	2022/2023	Support practices in intervention development to improve health outcomes in the identified measures related to physical health (PH) under the Accountable Care Collaborative (ACC).	6/30/2023:	<b>In progress:</b> Integrated Quality Workgroups (IQWg) were created and formally launched in January 2022. The IQWg's provide a venue to innovatively address and deliver accountability for intervention activities aimed at improving population health, addressing health equity, reducing health care costs, and improving Member and provider experience via the Quality Improvement Committee's prioritized measures grid. This will be accomplished by using the 10 Building Blocks of a High Performing Health Plan framework. The IQWG operations will contribute to achievement of Quality Improvement Program activities and requirements. The IQWgs report to the QI Director and RMHP Quality Improvement Committee (QIC) to provide operational oversight and accountability of prioritized quality improvement measures and overall performance. There are seven IQWGs: Maternity/Women's Health, Diabetes/Chronic Conditions, Preventive/Older Adults, Utilization, Behavioral Health/Substance Use Disorder, Member Experience, and Pediatrics. All KPI's, BHIP measures and Performance Pool measures are prioritized and assigned across the IQWg's. Finalized performance calculations are not available at the time of writing this report.
RAE	Behavioral Health Incentive Program (BHIP) Measures:	2018/2019	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	6/30/2019:	<b>Completed:</b> Region 1 met targets for BHIP indicator's 1, 4, & 5.

RAE	BHIP: Continued	2019/2020	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	6/30/2020:	<b>Completed:</b> Region 1 met targets for BHIP indicator's 3 & 4, to include the gateway metric for Ind. 4.
RAE	BHIP: Continued	2020/2021	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	6/30/2021:	<b>Completed:</b> RMHP continues to actively develop and support interventions for BHIPs. Region 1 met targets for BHIP indicator's 1, 3, & 5. Performance target was met for Ind. 4; however, the gateway metric was not met for Ind. 4.
RAE	BHIP: Continued	2021/2022	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	6/30/2022:	<b>In progress:</b> RMHP has implemented QI Workgroups across multiple measure domains. A BH Workgroup has started meeting and is specifically focused on BHIP measures. RMHP is also creating a dashboard to internally track BHIP measures. Finalized reporting is not available for metric performance at the time of writing this report.
RAE	BHIP: Continued	2022/2023	Support Community Mental Health Centers (CMHCs) and other behavioral health providers in intervention development to improve health outcomes in the identified measures related to BH under the ACC.	6/30/2023:	<b>In progress:</b> RMHP continues to develop, support, and maintain interventions that improve performance on BHIP metrics, through the BH/SUD IQWg and through working with CMHC/IPN partners in the region. Metric reporting is not available at the time of writing this report.
CHP	Performance and Operation Measurement	2021/2022	Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the identified measures related to physical health (PH).	6/30/2022:	<b>Completed:</b> RMHP has included CHP Core Measures in prioritization of quality metrics as directed by the RMHP Quality Improvement Committee (QIC).

CHP	Performance and Operation Measurement	2022/2023	Develop and implement organization strategy to support members and practices in intervention development to improve health outcomes in the identified measures related to physical health (PH).	6/30/2023:	<b>In progress:</b> RMHP has included CHP Core Measures in prioritization of quality metrics as directed by the RMHP Quality Improvement Committee (QIC). There are currently 5 measures included in the Core Measure Set that RMHP will need to develop reporting processes on - all others have oversight and will be prioritized for measure interventions.
RAE PRIME CHP	RAE Population Health Plan	2018/2019	Develop a population health reporting template that allows us to meaningfully assess RMHP programs.	6/30/2019:	<b>Retired:</b> Completed Q2 and Q3 report. Q4 report requirement was waived by The Department. The population health structure and guidance are updated in collaboration between The Department and the RAEs.
RAE PRIME CHP	Population Management Strategic Plan (PMSP)	2019/2020	N/A	N/A	<b>N/A</b>
RAE PRIME CHP	PMSP: Continued	2020/2021	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	6/30/2021:	<b>Completed:</b> PMSP submitted August 2020, accepted with changes. Resubmission in September 2020, which was accepted.
RAE PRIME CHP	PMSP: Continued	2021/2022	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	6/30/2022:	<b>Completed:</b> PMSP submitted June 30th, 2021 and was accepted with no edits.
RAE PRIME CHP	PMSP: Continued	2022/2023	Develop a PMSP that allows RMHP evaluate and monitor population health strategies to improve health outcomes for Members.	6/30/2023:	<b>In progress:</b> PMSP submitted on June 30th, 2022, acceptance 7/27/2022.
RAE PRIME	Accountable Health Communities Model (AHCM) Program Performance	2018/2019	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2019:	<b>Completed:</b> Maintained quarterly reporting.
RAE PRIME	AHCM: Continued	2019/2020	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2020:	<b>Completed:</b> Maintained quarterly reporting.

RAE PRIME	AHCM: Continued	2020/2021	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2021:	<b>Completed:</b> Monitored Total Screeners and Total Number of Members Opted into CC by quarter- Q1 – 806 opted into CC /navigation, 6128 Total screeners completed Q2 – 603 opted into CC/navigation, 5669 Total screeners completed Q3 – 567 opted into CC /navigation, 6457 Total screeners completed Q4 – 685 opted into CC /navigation, 6704 Total screeners completed
RAE PRIME	AHCM: Continued	2021/2022	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2022:	<b>Completed:</b> Monitored Total Screeners and Total Number of Members Opted into CC by quarter - Q1 - 293 opted into CC/navigation, 5560 Totals screeners completed (2555) unique screens) Q2 - 215 opted into CC/navigation, 5150 Total screeners completed (2232 unique screens) Q3 - Q4 - AHCM contract ended in April 2022. Official screening discontinued as of 12/31/21. Final reports submitted for the AHCM program in June 2022. Current navigation referrals from SDOH screenings are requested by clinical staff who believe the member would benefit from further navigation services. This is compared to previous navigation referrals in the AHC model that, unless the member opted out, were referred automatically when eligible.
RAE PRIME	AHCM: Continued	2022/2023	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	N/A	<b>Completed/Discontinued:</b> The AHCM contract concluded in Q4 of FY2021/2022 (screening discontinued at the end of Q2).
RAE PRIME CHP	SDOH (Social Determinants of Health)	2022/2023	Evaluate screening volume, connection to navigation and other relevant program metrics to assess program outcomes and compliance.	6/30/2023:	<b>In progress:</b> RMHP continues to support SDoH screening and referral to social resources in partnership with clinical partners. Organizational priorities include initiatives to address food insecurity, transportation, and housing needs in the region.
RAE PRIME CHP	Population Assessment:	2017/2018 2018/2019	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2019:	<b>Completed:</b> 2017 and 2018 assessments are complete.



RAE PRIME CHP	Population Assessment: Continued	2019/2020	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2020:	<b>Completed:</b> Assessments were completed in Spring 2020.
RAE PRIME CHP	Population Assessment: Continued	2020/2021	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2021:	<b>Completed:</b> Assessments were completed in Spring 2021.
RAE PRIME CHP	Population Assessment: Continued	2021/2022	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2022:	<p><b>Completed:</b> Population Health Assessment was completed. Key elements include the expansion of BH provider network, specifically integrated behavioral health. Another strength was screening for social determinants of health (SDoH). Opportunities for RMHP are to continue to address racial/ethnic disparities, especially in the Native American population and Latino/Hispanic population. RMHP funded practices that are serving the Native American population. Two of the PCMP practices in the four corners area will be paid at the Tier 1 level instead of the Tier 4 level. Additionally, RMHP care management has a process to connect Spanish-speaking Members to Spanish-speaking care coordinators.</p> <p>Opportunities also exist in improving health outcomes for cardiovascular diseases, diabetes, depression, and anxiety in this population. Additionally, receiving preventative care was another identified opportunity. Interventions to support these most common conditions were discussed and deployed using the Integrated Quality Workgroups (IQWGs). Interventions that were included to support these population needs were a blood pressure competency program for PCMPs, educational webinars and materials to PCMPs on these conditions, and Member incentives.</p>
RAE PRIME CHP	Population Assessment: Continued	2022/2023	Conduct a system-wide population assessment of the needs of our population and the resources allocated to address those needs.	6/30/2023:	<b>In progress:</b> Data collection is occurring utilizing RMHP's population health flags and tables. Analysis will occur in Spring 2023.

RAE PRIME	Rocky Mountain Health Plans Quality Improvement Program (RQUIP):	2018/2019	Improve BH access to Members with SUD related utilization. Increase number of Members connected to a PCMP. Address Members SDoH. Improve COC to address Members with needs across the domains of health care.	6/30/2019:	<b>Completed/Discontinued:</b> This program was sunset in June 2019.
RAE PRIME CHP	Clinical Practice Guidelines (CPG):	2018/2019 2019/2020	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2020:	<b>Completed:</b> The RMHP PT Team updated all of the eCQM Toolkits and white papers with the most recent eCQM updates/clinical guidelines. These were disseminated ad hoc during practice meetings, in monthly newsletters, and referenced in value based contracting (VBC) office hours.
RAE PRIME CHP	CPG: Continued	2020/2021	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2021:	<b>Completed:</b> RMHP is currently updating all eCQM Toolkits and white papers with current clinical guidelines aligned with the clinical guidelines on RMHP.org, USPSTF, and other professional organizations like American Heart Association (AMA). Materials will be disseminated to practices in monthly newsletters, VBC office hours, and on an ad hoc basis during practice meetings.
RAE PRIME CHP	CPG: Continued	2021/2022	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2022:	<b>Completed:</b> All eCQM toolkits were updated and are in alignment with the CPG's that are posted to the RMHP website.
RAE PRIME CHP	CPG: Continued	2022/2023	Facilitate the development, distribution, and implementation of clinical practice guidelines regarding the importance and benefits to RMHP membership.	6/30/2023:	<b>In progress:</b> RMHP will evaluate updates to CPG's to align with evidence based professional organizations. 2023 RMHP CPG's will be reviewed, updated, and approved in December 2022 and published to the website in January 2023. CPG's will be disseminated during practice/provider meetings, in monthly newsletters, and referenced in Clinical Quality Improvement (CQI) Newsrooms.
<b>Member Experience of Care</b>					
RAE	Behavioral Health Focus Groups:	2018/2019	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2019:	<b>Completed:</b> Focus groups completed, Executive Summary and Detailed Reports were completed and shared with stakeholders, such as Department of Health Services (DHS), The Department and in community meetings. Findings/themes were shared, and each community shared how they would like to receive updates and share feedback with RMHP on an ongoing basis.

RAE	Behavioral Health Focus Groups: Continued	2019/2020	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2020:	<b>Completed:</b> Continued offering disability competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly provider attributes surveys, which includes questions about completion of culturally competent and disability competent care trainings, has generated interest.
RAE	Behavioral Health Focus Groups: Continued	2020/2021	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2021:	<b>Completed:</b> RMHP conducted focus groups with family members of children and adults with intellectual or developmental disabilities in July 2021. Two sessions were held for family members of children and two sessions were held for family members of adults. CCDC will develop a report with the findings and recommendations to RMHP.
RAE	Behavioral Health Focus Groups: Continued	2021/2022	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2022:	<b>In progress:</b> RMHP has partnered with The Oliver Group to offer providers an intensive training course on <i>Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities</i> . The course focuses on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis. Providers can choose from a monthly course with one training session per month over a six-month period, or an intensive course with five sessions offered the course of one week in October 2022. The monthly course launched in June 2022 and runs through November 2022. Providers who successfully complete the course are eligible for enhanced rates in their contracts for outpatient services and a certificate of completion for completing the course and exams. RMHP offered \$3,000 reimbursement for course completion to the first fifty provider registrants. The training has garnered significant interest, with over one hundred provider registrations.
RAE	Behavioral Health Focus Groups: Continued	2022/2023	Facilitate Member and provider focus groups throughout Region 1 regarding BH services. Identify gaps in care and quality of services.	6/30/2023:	In progress: RMHP is in the planning stages to facilitate Member and provider focus groups.

RAE PRIME CHP	Culturally Competent Care Provider Trainings:	2019/2020	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2020:	<b>Completed:</b> Continued offering disability competent care trainings, facilitated by the Colorado Cross- Disability Coalition (CCDC), to our RAE provider network. The distribution of our quarterly Provider Attributes surveys, which includes questions about completion of culturally competent and disability competent care trainings, has generated interest.
RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2020/2021	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2021:	<b>Completed:</b> Fall 2020 - RMHP offered training for providers titled Basics of Affirming Care for LGBTQ, Transgender and Non-Binary Communities. In February 2021 RMHP offered trainings such as; “Health Equity and Disability: Integrating from the Top Down” and “Interacting with Individuals Who Are Deaf, Deaf/Blind or Hard of Hearing.” In March 2021 RMHP offered a training on “Native American Cultural Awareness.” In April 2021 RMHP offered a training titled “Undoing Implicit Bias.”
RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2021/2022	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2022:	<b>Completed:</b> Fall 2021 – RMHP conducted a survey of the PCMP network in June 2021 to determine what topics are of most interest and the results included; trainings on legal requirements, writing a letter for patients with disabilities and further education for SSI/SSDI/Private Disability. These trainings were scheduled to take place in August 2021.
RAE PRIME CHP	Culturally Competent Care Provider Trainings: Continued	2022/2023	Offer disability competent care trainings to our RAE provider network, to enhance the experience of care for Members with disabilities.	6/30/2023:	<b>In progress:</b> RMHP has partnered with The Oliver Group to offer providers an intensive training course on <i>Providing Mental Health Treatment to Persons with Intellectual and Developmental Disabilities</i> . The course focuses on intellectual developmental disabilities as it relates to co-occurring mental illness, anxiety, attention deficit hyperactivity disorder (ADHD), depression, psychosis, and trauma-informed diagnosis. Providers can choose from a monthly course with one training session per month over a six-month period, or an intensive course with five sessions offered the course of one week in October 2022. The monthly course launched in June 2022 and runs through November 2022. Providers who successfully complete the course are eligible for enhanced rates in their contracts for outpatient services and a certificate of completion for completing the course and exams. RMHP offered \$3,000 reimbursement for course completion to the first fifty provider registrants. The training has garnered

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

RAE PRIME CHP	Gaps in Care Reporting:	2018/2019	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.	6/30/2019:	<b>Completed:</b> Annual reports were delivered to providers to inform gaps in care and PT processes. Gaps in Care Report was sent to practices October 2018. Member incentives for gaps in care were sent between July 2018 - June 2019.
RAE PRIME CHP	Gaps in Care Reporting: Continued	2019/2020	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.	6/30/2020:	<b>Completed:</b> Annual reports delivered to providers to inform gaps in care and PT processes were sent to practices October 2019. Member incentives for gaps in care are sent annually from July 2019 through June 2020. All non-COVID Member and provider communications were placed on pause per the direction of UnitedHealthcare (UHC) in March 2020.
RAE PRIME CHP	Gaps in Care Reporting: Continued	2020/2021	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.	6/30/2021:	<b>Completed:</b> CHP+ and Prime: Annual wellness incentives for Members 3-17 years of age sent monthly per birthday than changed to annually in July 2021. Adolescent immunizations to CHP+ and PRIME Members 12 years of age with gaps sent in August 2021. Childhood immunizations and postpartum care incentives sent monthly. Cervical cancer, breast cancer, diabetes, A1C, diabetes retinal eye exam, controlling high blood pressure sent in Fall of 2021.  CHP+, RAE, and Prime: Women's health Member educational email sent June 2021. Monthly Pfizer IVR and mailing for 1 year old well visit for RAE, CHP+, and Prime. Monthly Pfizer IVR and mailing for RAE, CHP+, and Prime children who missed an immunization between 6-18 months of age. Monthly Pfizer mailing for RAE, CHP+, and Prime adolescents who missed an immunization between 16-18 years of age.

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

RAE	Client Over-Utilization Program (COUP): Continued	2021/2022	Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members.	6/30/2022:	<b>Completed:</b> RMHP continues to receive quarterly lists of Members from The Department and reviews for selection for the COUP program. The Members identified as high ED utilizers are distributed to the ICC teams to perform outreach. The intention of connecting with the Member is to encourage alignment with a PCMP and explain the appropriate use of the ED. Those Members with high RX and high RX/ED are assigned an internal RMHP CC for review of pharmacy claims and ED visits. These Members are reviewed by our RMHPS Pharmacist and Medical Director to determine the level of intervention needed. Outreach also occurs for these Members for PCMP alignment, education on ED usage in addition to any pharmacist/MD recommendations such as lock in to specific providers and pharmacy. RMHP also reviews Members who have been in the program for 12 months and advises The Department on whether or not the Members should remain enrolled in the program. In Fiscal Year 2021/2022, RMHP worked with approximately 15 Members in the COUP program.
RAE	Client Over-Utilization Program (COUP): Continued	2022/2023	Partner with The Department in administering the Client Over-Utilization Program (COUP). Use the quarterly COUP data files provided by The Department to identify RAE 1 Members who might benefit from care coordination that includes specific on connection to safe and effective care and prescription access. . On an annual basis, determine if a Member’s lock-in restriction should be rescinded or maintained after their initial 12 months of COUP enrollment is complete. Provide education to providers about the purpose of the program and the required referral process for enrolled Members.	6/30/2023:	<b>In progress:</b> RMHP will continue program coordination according to requirements and Member status.

PRIME CHP	Drug Safety Program (DSP)	2020/2021	<p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (&gt; 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p>	6/30/2021:	<p><b>Completed:</b> RMHP continues to review Members for potential inclusion into DSP. RMHP takes referrals from several sources including - pharmacies, providers, care and case managers, customer service, and more. RMHP enrolls Members that meet criteria to receive additional oversight of controlled substance paid claims. In addition, both those Members enrolled in DSP and those referred get case management.</p>
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<p>PRIME CHP</p>	<p>Drug Safety Program (DSP)</p>	<p>2021/2022</p>	<p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (&gt; 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> <p>RMHP will review the Drug Safety Program on an annual basis. In addition, the Utilization Management Committee (UMC) will review the coordination of care report that tracks Members with</p>	<p>6/30/2022:</p>	<p><b>Completed:</b> RMHP continues to review Members for potential inclusion into DSP. RMHP takes referrals from several sources including - pharmacies, providers, care and case managers, customer service, and more. RMHP enrolls Members that meet criteria to receive additional oversight of controlled substance paid claims. In addition, both those Members enrolled in DSP and those referred get case management.</p> <p>RMHP Care Management interventions are based on the acuity of the member. For higher acuity members, interventions include intensive care coordinating from an RN who supports recovery efforts, attend healthcare appointments, provides resources about harm reduction and safe use of medications as well as assists with care coordination between providers. Members are assessed for gaps in care and social determinants of health. Members are provided education and support to address identified needs. RMHP Care Management staff assist members with ongoing needs between medical and behavioral. All members in the MAT program are restricted to one pharmacy and/or one prescriber for prescriptions of methadone, buprenorphine, and naltrexone through their pharmacy benefit. This is to decrease risk for abuse and/or concurrent use of medications used to treat opioid dependence and opioids.</p>
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			<p>multiple prescribers for narcotics annually. The information contained within the report will be used as an indicator for measuring the effectiveness of the RMHP Drug Safety Program.</p>		
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<p>PRIME CHP</p>	<p>Drug Safety Program (DSP)</p>	<p>2022/2023</p>	<p>Identify Members having poor controlled substance management may be enrolled in case management and, further, may be placed into a Drug Safety Program that aims to restrict the member to the agreed upon prescriber(s) and one pharmacy to ensure appropriate and safe use. These member restrictions seek to encourage members to use the designated prescriber(s) and pharmacy for controlled substance medications by denying coverage for the pharmaceutical otherwise. Members who may be appropriate for the Drug Safety Program are identified via communication with RMHP customer service, RMHP case managers, network physicians, and pharmacies. Members are also identified via retrospective claims analyses utilizing software designed to identify members using any combination of the following: more than 3 pharmacies, more than 3 narcotic prescribers, long term use (&gt; 6 months) of more than 2 controlled substances, and frequent emergency department or urgent care visits.</p> <p>RMHP will review the Drug Safety Program on an annual basis. In addition, the Utilization Management Committee (UMC) will review the coordination of care report that tracks Members with</p>	<p>6/30/2023:</p>	<p><b><i>In progress:</i></b> Goal - Increase the Members per 1000 in Medication Assisted Treatment (MAT) by 50% each year.</p>
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			<p>multiple prescribers for narcotics annually. The information contained within the report will be used as an indicator for measuring the effectiveness of the RMHP Drug Safety Program.</p>		
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RAE PRIME CHP	Members with special health care needs (SHCN):	2019/2020	SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.	6/30/2020:	<b>Completed:</b> Focus on all special health care needs.
RAE PRIME CHP	Members with special health care needs (SHCN): Continued	2020/2021	SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.	6/30/2021:	<b>Completed:</b> Continued focus on all special health care needs with expansion to Members identified as complex.
RAE PRIME CHP	Members with special health care needs (SHCN): Continued	2021/2022	SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.	6/30/2022:	<p><b>In progress:</b> RMHP revised the children and youth SHCN audit process/template in consultation with a local pediatrician Dr. Katie Price and have aligned it with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs: Domain Overviews. Audits began in September 2021 and 193 practices were audited. The audits were completed on CHP+ and PRIME Members, 0-20 years of age. CHP+ was added in 2020 in order to increase audit sample size. <b>Update:</b> Overall audits showed an increase in unclothed exams being performed in 2021 compared to 2020 across CHP+ (73% vs. 45%) PRIME (67% vs 38%) RAE (58%)</p> <p>In 2022, ages 0-2 will be filtered in to increase sample size. We will also be increasing the sample size to 50 members in each sample size in each LOB to improve our analysis.</p>

RAE PRIME CHP	Members with special health care needs (SHCN): Continued	2022/2023	<p>SHCN has been defined by The Department and mechanisms are developed to assess the quality and appropriateness of care provided to this population. Within our complex stratification of Members, RMHP has a category of SHCN for children and adults which informs outreach and care planning occurs.</p> <p>For CHP, Mechanisms to review and revise reassessment of functional need for Members with special health care needs, at least every 12 months, or when the Member's circumstances or needs change significantly, or at the request of the Member. Mechanisms to allow Members with special health care needs to directly access a specialist as appropriate for the Member's condition and identified needs.</p>	6/30/2023:	<p><b>In progress:</b> RMHP revised the children and youth SHCN audit process/template in consultation with a local pediatrician Dr. Katie Price and have aligned it with the National Standards for Systems of Care for Children and Youth with Special Health Care Needs. The audit tool is used to better assess the quality of care that RMHP Members with SHCN receive. Additionally, RMHP has updated a process flow for CHP members who have been identified as recipients for the Early Intervention Services (EIS) trust and eligible for those services. A care coordinator will be alerted in order for the coordinator to outreach to the CCB (Community Centered Board) to provide any additional supports to these members as many of them are considered members with special health care needs.</p>
<b>Quality of Care Concerns</b>					
RAE	Behavioral Health Quality Assurance (QA) Program:	2019/2020	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2020:	<b>Completed:</b> Behavioral Health Provider Manual updated and distributed to BH network annually.
RAE	Behavioral Health Quality Assurance (QA) Program: Continued	2020/2021	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2021:	<b>Completed:</b> Behavioral Health Provider Manual updated and distributed to BH network annually. Last update was January 2021.
RAE	Behavioral Health Quality Assurance (QA)	2021/2022	Create and maintain QA processes to ensure QOC concerns are addressed and inform the BH network.	6/30/2022:	<b>Completed:</b> Behavioral Health Provider Manual is in process of update and distribution to BH network for FY21/22. Next update will be distributed in Q3 of FY21/22.

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

RAE	Behavioral Health Quality Audits (BHQA):	2020/2021	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	6/30/2021:	<b>Completed:</b> Revised BHQA process was implemented in January 2021. All CMHCs are audited every quarter and the IPN network is randomly audited quarterly. Quarterly result meetings are held with all providers to provide a venue for discussion of results and implement any new strategies. If a provider does not score at least 90% or above a Standard Improvement Process/Plan (SIPP) will be required on the element that did not meet the standard.
RAE	Behavioral Health Quality Audits (BHQA): Continued	2021/2022	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	6/30/2022:	<b>In progress:</b> All CMHCs are audited every quarter and the IPN network is randomly audited quarterly. Quarterly result meetings are held with all providers to provide a venue for discussion of results and implement any new strategies. If a provider does not score at least 90% or above a Standard Improvement Process/Plan (SIPP) will be required on the element that did not meet the standard.
RAE	Behavioral Health Quality Audits (BHQA): Continued	2022/2023	Develop and maintain policy/procedures and quarterly report monitoring for ongoing Behavioral Health audits for RAE and Prime Members.	6/30/2023:	<b>In progress/Ongoing:</b> RMHP will continue to conduct both routine quarterly audits as well as focused audits as needed. We have adopted the use of universal audit tool developed with HCPF for all routine outpatient auditing and are training providers on this new tool. For providers who do not pass audit we will continue to provide education and corrective action as warranted.
<b>External Quality Review</b>					
RAE PRIME CHP	Health Services Advisory Group (HSAG):	2018/2019	Annual Onsite Review for RAE and PRIME.	6/30/2019:	<b>Completed:</b> Annual compliance audit and site review completed by HSAG on 2/1/2019. RAE-Prime final report received on 4/18/2019, CHP+ final report received on 4/5/2019, RAE-Prime CAP accepted on 6/7/2019 and responses submitted by 9/7/2019; with CHP+ CAP accepted on 5/29/2019 and responses submitted on 8/29/2019. CAP submissions final acceptance received on 10/7/2019 for RAE-Prime and 9/16/2019 for CHP+.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2019/2020	Annual Onsite Review for RAE and PRIME.	6/30/2020:	<b>Completed:</b> Annual compliance audit and site review completed by HSAG between March 3, 2020 - March 5, 2020. RAE-Prime & CHP+ final reports received on 5/7/2020, RAE-Prime CAP and CHP+ CAP accepted on 6/23/2020 and submitted on 9/23/2020. RAE-Prime and CHP+ CAP submissions were accepted.

RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2020/2021	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2021:	<b>Completed:</b> Final reports received 6/3/21 for RAE/Prime and 5/19/21 for CHP. There were only 4 items included in the required CAP (including 1 CHP CAP item that was removed). HSAG agreed to a Combination CAP for all 3 LOBs. Initial CAP submitted on 6/30/21 and received approval on 7/29/21. CAP evidence submission due 10/27/21. All CAPs were completed with submissions accepted.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2021/2022	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2022:	<b>In progress:</b> Final reports received 5/10/22. There were 2 items included in the required CAP. HSAG agreed to a combination CAP for RAE & PRIME (no CAP was identified for CHP+). Initial CAP submission on 6/6/22 and received approval with additional recommendations on 6/14/22. CAP evidence submission due 9/14/22 and was submitted on time. CAP partial approval and resubmission request received 9/23/22. Resubmission due 10/24/22.
RAE PRIME CHP	Health Services Advisory Group (HSAG): Continued	2022/2023	Annual Onsite/Virtual Review for RAE and PRIME.	6/30/2023:	<b>In progress:</b> Beginning the planning phase of the new audit year.
<b>Advisory Committees and Learning Collaboratives</b>					
RAE PRIME CHP	Member Advisory Councils (MACs):	2019/2020	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.	6/30/2020:	<b>Completed:</b> 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 a variety of guest speakers including; The Department leadership, Members of the state legislature and the Joint Budget Committee, and local health care policy leaders.

RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2020/2021	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.	6/30/2021:	<b>Completed:</b> The RMHP Member Advisory Councils (MACs) have active involvement with higher-level program and policy work and act as the eyes and ears for RMHP regarding the Member perspective. MAC meetings included the following topics: follow-up on Long COVID discussion and action items the council would like to work on, CHP+ Dental Home update, provider billing for services covered by Health First Colorado, legislative panel, and behavioral health access.
RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2021/2022	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.	6/30/2022:	<b>In progress:</b> Quarterly meetings have been scheduled and will continue to be held virtually. In Fiscal Year 2021/2022, the MACs continued to meet regularly and discussed the following topics: Provider Access, Dental Updates, Mental Health, Crisis Services, State PIAC and Regional PIAC reports, Medicaid Buy-in Program for Working Adults with Disabilities, Pain Management, New Larimer County Behavioral Health Facility, Medicaid Prior Authorization Request (PAR) and Therapy Benefits, Health First Colorado Member Billing Policy, Medicaid American Rescue Plan Act (ARPA) Funding, and RMHP's New Spanish Speaking Member Advisory Council.
RAE PRIME CHP	Member Advisory Councils (MACs): Continued	2022/2023	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.	6/30/2023:	<b>In progress:</b> Priorities identified by the Larimer County MAC for Fiscal Year 2022/2023 include making recommendations on improvements to the Health First Colorado pain management and physical therapy benefit. Priorities identified by the Western Colorado MAC for Fiscal Year 2022/2023 include promoting / building out additional advocacy resources for Members, such as the formation of a dedicated Advocacy team.

RAE PRIME CHP	Deaf Advocacy Groups:	2019/2020	Current objectives for the Bridging Communications groups include: Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved.	6/30/2020:	<b>Completed:</b> Larimer County and Western Slope Bridging Communications groups typically meet every two months to discuss and address issues that the deaf community faces. The groups have provided trainings to health care providers about the deaf culture and the needs of the deaf community when accessing health care and have been instrumental in advocating for the continued funding of the Rural Interpreting Services Project (RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer.
RAE PRIME CHP	Deaf Advocacy Groups: Continued	2020/2021	Current objectives for the Bridging Communications groups include: Produce and distribute provider videos on deaf culture (Larimer County). Facilitate a second deaf access conference on the Western Slope. Continue outreach to other deaf individuals about ways to get involved.	6/30/2021:	<b>Completed:</b> Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss, and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In the Fall of 2021, the educational video project was completed for health care providers by addressing challenges with COVID-19 and American Sign Language (ASL) interpreter restrictions. RMHP will distribute the videos to our provider network.
RAE PRIME CHP	Deaf Advocacy Groups: Continued	2021/2022	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.	6/30/2022:	<b>Completed:</b> Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss, and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In March 2022, the Larimer County group hosted a community town hall meeting to connect with the community and gain a better understanding of community members' needs and solicit ideas to improve communication access in a variety of health care situations.

RAE PRIME CHP	Deaf Advocacy Groups: Continued	2022/2023	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.	6/30/2023:	<b>In progress:</b> Deaf advocacy groups, called Bridging Communications, meet regularly in Larimer County and Mesa County to discuss, and address issues that the Deaf community faces. The groups have been instrumental in advocating for the continued and now permanent funding of the Rural Auxiliary Services (RAS) program (formerly known as the Rural Interpreting Services Project or RISP) that provides American Sign Language (ASL)/English interpreting services for rural Coloradans at no cost to the provider or the deaf consumer. In September 2022, RMHP supported the regional Deaf meeting in Grand Junction featuring education about state-wide resources for the Deaf. In October 2022, RMHP sponsored several Deaf individuals to attend the Heathier Together Summit where the keynote speaker was a Deaf Comedian.
RAE PRIME CHP	Program Improvement Advisory Committee (PIAC):	2019/2020	Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2020:	<b>Completed:</b> The Regional PIAC meets quarterly. In February-March 2020, RMHP conducted a survey of PIAC members to help establish PIAC priority areas of focus for the coming year. The following topics were identified as the top priorities: - Care Coordination - Social determinants of health - Access and availability - Medicaid attribution and enrollment 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.



RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2020/2021	Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2021:	<b>Completed:</b> The Regional PIAC continues to meet on a quarterly basis with an average of 75-100 attendees. Voting members meet on a quarterly basis to advise RMHP on the goals and priorities for the committee. Based on voting member feedback, RMHP is working to reduce the number of topics discussed at each meeting and to incorporate more time and structure - i.e., polls and breakout rooms - for interactive discussion among participants.
RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2021/2022	Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2022:	<b>Completed:</b> Regional PIAC meetings have been scheduled for this Fiscal Year. In Fiscal Year 2021/2022, the Regional PIAC continued to meet on a quarterly basis to discuss topics of interest and importance to RAE Region 1 stakeholders. During the reporting period, the committee discussed the following topics: RMHP's approach to health equity; the Department's Health Equity Plan, Performance measurement updates, RMHP's community reinvestment program; RMHP Prime expansion, Hospital Transformation Program, and Member Advisory Council updates. In June 2022, RMHP implemented a compensation structure for Health First Colorado Members who serve as PIAC voting members to tangibly demonstrate that each Member's time, energy, and lived experience is valued.
RAE PRIME CHP	Program Improvement Advisory Committee (PIAC): Continued	2022/2023	Provide a structured environment for diverse community involvement and a place where Members, family Members or caregivers can provide feedback in a safe environment, in order to improve the services that we provide as the RAE. Strengthen relationships across Region 1. Share information and feedback. Collaboratively develop solutions to critical health issues. Prioritize work as the RAE.	6/30/2023:	<b>In progress:</b> RMHP has focused on solidifying the role of PIAC voting members as an area of improvement, and recently filled several vacant PIAC voting member seats with new members. Voting members meet in between the public meetings to discuss strategy and planning.

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

Quality and Compliance Monitoring					
RAE PRIME CHP	Network Adequacy Validation Audit	2019/2020	Network Adequacy Validation Audit (NAV) - Prime, CHP+ and RAE.	12/31/2019:	<b>Completed:</b> Information delivered to The Department and HSAG in December 2019.
RAE PRIME CHP	Information Systems Review	2018/2019	Information Systems (IS) Review (Formerly BHRR— Behavioral Health Record Review): RAE questionnaire response due 2/16/2019.	2/16/2019:	<b>Completed:</b> Submitted
PRIME	RMHP PRIME 412 Audit:	2019/2020	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2020:	<b>Completed:</b> HSAG and The Department developed and finalized encounter data, quality and reviewing guidelines. RMHP received generated 412 sample list and guidelines in January 2020. Records were procured and the audit was conducted and completed January-March 2020. Final report received in July 2020.
PRIME	RMHP PRIME 412 Audit: Continued	2020/2021	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2021:	<b>Completed:</b> Sample records for audit are expected to be received 1/6/2021. Received sample over-read list from HSAG. Audit was conducted and HSAG had an 83.8% agreement at the case level and a 94.8% agreement at the element level with RMHPs auditors. RMHP is continuing to develop the audit tool to better align with HSAG and the audit process. RMHP is revising a process for all auditors to follow internally to provide more continuity when auditing.
PRIME	RMHP PRIME 412 Audit: Continued	2021/2022	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2022:	<b>Completed:</b> RMHP's Program Monitoring & Audit (PM&A) department took over the oversight of the 412 Annual MCO Encounter Data Quality Review for FY21-22. This included development of the Encounter Date Validation (EDV) tool, medical record request process, 412 coding review, EDV submission, over-read sample submission, and development/submission of the Encounter Data Quality Report. RMHP completed all submissions to HSAG and received the final report on 6/26/2022. PM&A is overseeing the QuIP process.
PRIME	RMHP PRIME 412 Audit: Continued	2022/2023	412 Audit of Prime encounter data. Goal is to assure quality and alignment with medical records.	6/30/2023:	<b>In progress:</b> The 412 Annual MCO Encounter Data Quality Review for FY22-23 will be administered by UHC audit staff. RMHP's Program Monitoring & Audit Director will act as a resource.

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

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

RAE PRIME CHP	Credentialing/Re-credentialing of practitioners: Continued	2021/2022	RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list.	6/30/2022:	<b>Completed:</b> Monthly monitoring continues with timely credentialing reviews.
RAE PRIME CHP	Credentialing/Re-credentialing of practitioners: Continued	2022/2023	RMHP applies NCQA standards for credentialing and re-credentialing providers. After initial credentialing, a provider must re-credential every 3 years. In addition, RMHP conducts monthly monitoring to ensure licensing is still in effect and providers are not under sanctions, debarred or on the CMS preclusion list.	6/30/2023:	<b>In progress:</b> Monthly monitoring continues with timely credentialing reviews.
RAE	Clinical Assurance Quality Improvement (CAQI) Committee:	2018/2019	Collaborate with providers and community partners to develop systemic improvements to health care delivery.	6/30/2019:	<b>Completed:</b> Monthly meetings to establish and implement the scope of the committee.
RAE	Clinical Assurance Quality Improvement (CAQI) Committee: Continued	2019/2020	Collaborate with providers and community partners to develop systemic improvements to health care delivery.	6/30/2020:	<b>Completed:</b> Monthly meetings to inform providers and partners about performance and Member needs as well as collaborate on delivery improvement.
RAE	Clinical Assurance Quality Improvement (CAQI)	2020/2021	Collaborate with providers and community partners to develop systemic improvements to health care delivery.	6/30/2021:	<b>Completed/Discontinued:</b> The CAQI committee was disbanded in November 2020.

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

ii. **RMHP QI Department Initiatives as related to the RAE, CHP+, and PRIME**

Information provided by RMHPs QI department reflects activities in calendar year (CY) 2021. Further detail of the RMHP QI department initiatives can be found in the *CY 2021 Quality Improvement Annual Report Impact Analysis*, which is available upon request.

Overall Quality Improvement Accomplishments in 2021

- Efforts were made to reorganize Quality Improvement Program goals and objectives that will go into effect in 2022.
- The Corporate Quality Improvement Committee (QIC) structure was reorganized to meet program needs.
- The Intervention Committee (IVC) structure and membership was reassessed, and changes made to improve quality interventions and measurement outcomes. The IVC dissolved in June of 2021 and replaced with QIC Measures subgroups (Intervention Quality Workgroups or IQWgs).
- The ongoing impact of the COVID-19 pandemic continued throughout 2021 and was recognized in almost every component of the Quality Improvement Program. RMHP was able to sustain QI program goals and objectives through multiple COVID interventions and Member outreach programs.
- Member outreach and coordination of vaccination programs was performed to assist Members in obtaining COVID vaccines. A focus was placed on assisting the culturally diverse membership.
- Ongoing efforts continued for expansion of telehealth services to improve access to care following the COVID pandemic.
- RMHP engaged in numerous activities to reduce health disparities in 2021 and will pursue a National Center for Quality Assurance (NCQA) Health Equity Accreditation (HEA) in 2022.
- 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 belonging.
- On January 1, 2021, RMHP launched a Medicare Advantage product to serve beneficiaries residing in the western region of the state of Colorado.
- The Single Entry Point (SEP) team for Conejos and Costilla counties within the San Luis Valley on-boarded as RMHP employees on July 1<sup>st</sup> with a new agreement for Long-Term Supports and Services (LTSS) on July 1<sup>st</sup>, 2021.
- The Population Health Management Program and Committee continued their efforts to provide support to the RMHP membership.
- RMHP engaged a vendor to perform Member outreach to support disease management gaps in care for Members with diabetes.
- WellHop was offered to all RMHP Medicaid maternity Members to provide education and support during pregnancy.
- RMHP continued to demonstrate improvement in Healthcare Effectiveness Data Information Set (HEDIS) performance across multiple measures and multiple business lines. All business lines showed HEDIS results that met or exceeded the NCQA 90<sup>th</sup> percentile based on the Measurement Year (MY) 2021 benchmarks.
- RMHP continued to demonstrate improvement of select Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results.



- RMHP performed an internal quality audit to assess and evaluate the ongoing quality of care for Members with Special Health Care Needs (SHCN).
- RMHP performed an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) internal quality audit for the purpose of quality assessment for Members receiving EPSDT services.

#### Quality Improvement Opportunities for 2022

- Review QI program goals and objectives in 2022 to align with RMHP organizational structure and priorities.
- Expansion and increased practitioner participation of Behavioral and Physical Coordination Committee (BPCC).
- Continue to evaluate and revise the Quality Workgroup structure to optimize performance improvement for QIC prioritized measures.
- Launch delegation oversight committee to expand organizational oversight of delegation activities.
- Pursue an NCQA Health Equity Accreditation in 2022 to reduce health disparity, improve health equity and improve culturally and linguistically appropriate services (CLAS) for RMHP Members.
- Develop a Pediatric COVID-19 vaccine strategy as new vaccines are developed and become available for pediatric Members.
- Partner with local community organizations, provider practices, and health departments to address continued and new challenges due to the ongoing COVID-19 Pandemic.
- Address ongoing and newly identified Member needs related to the COVID-19 pandemic (i.e., COVID vaccinations, wellness visits, timely immunizations, and preventative screenings).
- Continue to focus on Social Determinants of Health (SDoH) gaps to assist Members in meeting physical and behavioral healthcare needs.
- Continue focus on improving access to high quality physical and behavioral health services.
- Continue focus on Member education and outreach in an effort to close Member gaps in care.
- Expand the use of Member communication through virtual platforms.
- Ensure access to care in rural areas, especially among the Medicaid & CHP+ population.
- Continue interventions to improve childhood and adolescent immunization and well care visits, maternity care, diabetes care, and efforts to reduce unnecessary Emergency Department utilization.
- Continue focus and activities to improve services for Members with complex needs.
- Continue development of focus strategies and interventions to improve select HEDIS measurements.
- Continue ongoing efforts to improve Key Performance Indicators (KPI), Behavioral Health Incentive Program (BHIP), Performance Improvement Projects (PIP), CHP+ Performance metrics and Medicare Stars Ratings.
- Continue focus and activities to further improve CAHPS, Net Promoter Scores (NPS), and other Member experience indicators.
- Promote organizational focus on Health Equity. Include identification of Member disparities and expand data parameters to assess membership needs.

### iii. **Quality Improvement (including Practice Transformation) Program Initiatives**

The Quality Improvement (QI) team/department at RMHP partners with primary and specialty care practices and hospitals in Region 1 on the Western Slope. In the program and FY2021/2022, QI worked with 128 unique practices in practice transformation programs and 201 practices in support of the RAE. QI also worked with 26 hospitals in RAE Region 1.

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

RMHP's QI team hosted a variety of virtual trainings and learning collaborative events in FY 2021/2022 to support care teams and enhance their learning on a variety of topics:

- September 17, 2021: 8<sup>th</sup> Annual Care Management Training
- October 29, 2021: Professional Skills Training
- November 4, 2021: Communication of Patient Complexity in Value Based Payment Models
- December 13, 2021: EPSDT Benefits Training
- February 1 and February 3, 2022: Preventive Pediatric Care: Well Child Visits
- February 8, 2022: Behavioral Health Coding
- March 9, 2022: EPSDT Benefits Training
- March 30 and June 29, 2022: RAE Region 1 Behavioral Health Office Hours
- April 8, 2022: Behavioral Health Skills Training
- June 21, 2022: Psychologically Informed Pain Management
- Monthly Clinical Quality Improvement Newsroom (formerly known as Value Based Contracting Office Hours) which included clinical topics, contracting updates, KPIs, services offered by RMHP like WellHop and CirrusMD for RMHP.

Agenda topics for these trainings and learning collaboratives included care management (CM), integrated behavioral health (IBH), data to drive improvement, patient and family engagement, health equity and coding. In FY 2021/2022 program year, there were approximately 1500 attendees, greater than a 90% approval rating across all events.

RMHP also sends a monthly newsletter, *Provider Insider Plus*, to providers and practices. Topics include contracting updates, clinical education, upcoming education opportunities, linking important articles from the HCPF Provider Bulletin's and more. There are over 3500 subscribers and average monthly open rate is nearly 25%.

#### Quality Initiatives & Support for RAE

The QI 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 2021/2022, the QI team deployed a new annual attestation process for practices as part of our RAE tiering. This new annual attestation process is intended to be less administratively burdensome for practices. The new annual attestation process supports the success of key performance indicators (KPIs) and other performance metrics such as CAHPS. This process has allowed the QI team to identify gaps among practices to better inform future transformation interventions and educational offerings. The breakdown of the RAE Tier distribution is shown below and demonstrates the nuances between attestation and verification.

RAE Tier	Practice Count	Practice Percentage
Tier 1	63	31.34%
Tier 2	19	9.45%
Tier 3	46	22.89%
Tier 4	73	36.32%
Total	201	

Additionally, RMHP QI Department supports the Hospital Transformation Program (HTP) program. RMHP has implemented an integrated support model to best support hospitals participating in HTP. Both the Quality Improvement (QI) and Care Management (CM) Departments have been meeting with hospitals across Region 1 to discuss the four prioritized measures where an element of notification to the RAE is required. This calendar year began with a collaborative four-part webinar series to review each measure, share resources, and discuss data elements in which RMHP would like to receive from the hospital to ensure care coordination occurs appropriately and is not duplicated. RMHP will continue to meet with hospitals to work on mutually agreed upon plans and to discuss how we can, together, best meet the needs of our Members who are discharged from the hospital. Additionally, both departments, QI and CM, have been meeting with the local Health Information Exchanges (HIEs) in the region to discuss transfer of data, workflows, processes, and how to support hospitals in their journey. More recently several hospitals were invited to present and engage with key stakeholders at the RMHP regional Program Improvement Advisory Committee (PIAC) to assist them in meeting the deliverables of their Community and Health Neighborhood Engagement (CHNE) Process.

Additional support for RAE Region 1 (to include PRIME/CHP+) practices has been provided by the RMHP QI team on a number of KPIs and performance metrics. In summary, but not limited to, the team completed the following during FY2021/2022:

- Prenatal Engagement:
  - RMHP has deployed a multi-faceted marketing strategy to inform Members and providers of *WellHop for Moms and Babies* Program. This program is an online support group for pregnant Members and postpartum Members. Members are placed in a support group with other WellHop clients who have similar delivery dates. This type of group prenatal care model is supported by the American College of Obstetrics and Gynecology (ACOG) and the American College of Nurse Midwives (ACNM). It has been shown to lower preterm birth rates and time in the Neonatal Intensive Care Unit (NICU). This model also helps improve prenatal knowledge. This model also enables women to feel more prepared for labor and delivery and more satisfied with their care.
  - Additionally, RMHP contracted with Simplified, a virtual baby-feeding support platform, towards the end of SFY 2021/2022. Licensed lactation consultants aim to engage during pregnancy and postpartum to support moms and families with feeding their babies.
  - RMHP also supports Salud Family Health Centers in a Doula Pilot. This pilot is aimed at evaluating the effectiveness of a doula within the practice to improve prenatal, labor and delivery, and postpartum care.
- ED Utilization:
  - RMHP recognizes that there are challenges pertaining to Emergency Department (ED) utilization reduction and those challenges can vary by practice, geographic location, patient population, practice size and available resources, etc. This intervention is

- structured to provide individualized, focused, data-driven rapid cycle QI 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 will be invited to participate in this project. Participating practices will convene a multi-disciplinary team to engage in focused QI 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 (evaluating the RAE KPI or PRIME Medical Loss Ratio (MLR) Quality metrics).
  - Well-Child Visits (WCV) and Well-Child Checks (W30) Interventions:
    - In the Pediatric Integrated Quality Workgroup (IQWg), several interventions were deployed to support these performance metrics. In November 2021, RMHP sent out well-child gaps list reports to all Tier 1-3 practices in RAE Region 1. Additionally, a webinar by Dr. Katie Price, *Preventative Pediatric Care: Optimizing Well Visits in Family Practice*, was presented to PCMPs in February 2022. There were over 50 views of this webinar.
  - Potentially Avoidable Complications (PAC) Interventions:
    - The RMHP QI team created and deployed a blood pressure competency program for practices as a PAC intervention. Thus far, the 3-part video series has 152 combined views.
  - Integration of KPI Performance in RAE Value-Based Contract Tiering Structure:
    - As of January 1, 2022, RAE Tier 1-3 PCMPs were introduced to a new element of their RAE Tier requirements. Each practice will now receive credit for their RAE tier by KPI performance benchmarks that align with the RAE targets. RMHP QI Team supports PCMPs to meet the KPI targets by individual PCMP coaching, delivering educational content in newsletters and webinars, and assisting with accessing and understanding the Colorado Data Analytics Portal (CDAP).
    - As a part of the RMHP communication strategy for RAE, KPIs were consistently addressed in the Clinical Quality Improvement Newsroom webinars and *Provider Insider Plus* newsletters.

#### Quality Initiatives & Support for PRIME & CHP+

The QI team supports PRIME and CHP+ in these areas, as identified:

- **Care Delivery Support:** Practices that need workflows, resources, etc. have the ability to connect with RMHPs QI 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 APM for CHP+:** The RMHP Advanced Alternative Payment Model is an expansion of the CPC+ Program that includes CHP+ enrollees. There are two tracks that practices may be eligible for. Payment structure includes quality incentives and global

payments. There are currently 7 Track 1 practice sites and 10 Track 2 practice sites participating.

- **Medical Loss Ratio (MLR) Targets:** RMHPs QI team manages the majority of MLR PRIME communication and work with practices participating in the shared savings program. Support focuses on quarterly eCQM reporting of the SUD measure. The MLR Targets are shown below.
  - For SFY 2121/2022, MLR performance is still in progress due to a 6-month lag on measurement period start date for some MLR measures. For SFY 2020/2021 RMHP achieved the following MLR targets:
    - SUD eCQM CMS 137: Initiation and Engagement of Alcohol and Other Drug Dependence
      - Target = 15.18% and 25 practices reporting
      - RMHP Performance: 28.23% and 39 practices reporting
    - Reduction of ED Utilization:
      - Target = 747.99 PKPY
      - RMHP Performance = 615.89 PKPY
    - Housing and Health Initiative
      - Target = TBD (baseline to be calculated by HCPF in July 2022)
      - RMHP Performance = TBD (15% improvement from calculated baseline)
    - SDoH Screening Metric Semi-Annual Report was submitted and accepted by HCPF
  - **Shared Savings:** There are 63 PRIME contracted practices, which represents approximately 17,700 Members. Of those practices, 42.86% met the criteria for receiving Shared Savings from the region.
- **Aligning required eCQMs:** QI programs are aligning eCQMs with MLR metrics, which supports continuous QI 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. The initiative, called Colorado Specialty CareConnect (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 Colorado Specialty Care Connect's eConsult platform. The CSCC Platform went live on 4/26/22. Several trainings have occurred with pilot practices since go-live and currently there are 36 providers in the CSCC pilot eligible to order consults with 11 different specialties.

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

- The RMHP QI team will continue to support RAE, PRIME & CHP+ programs and the KPIs or performance metrics associated via various strategies. These integrated quality workgroups meet regularly to design, develop, and then deploy provider interventions at the practice level. Then, targeted outreach to PCMPs occur and the intervention is deployed. One example of this is the ED Reduction Project as described above.

#### ***iv. Performance Improvement Projects (PIPs), Status and any Results***

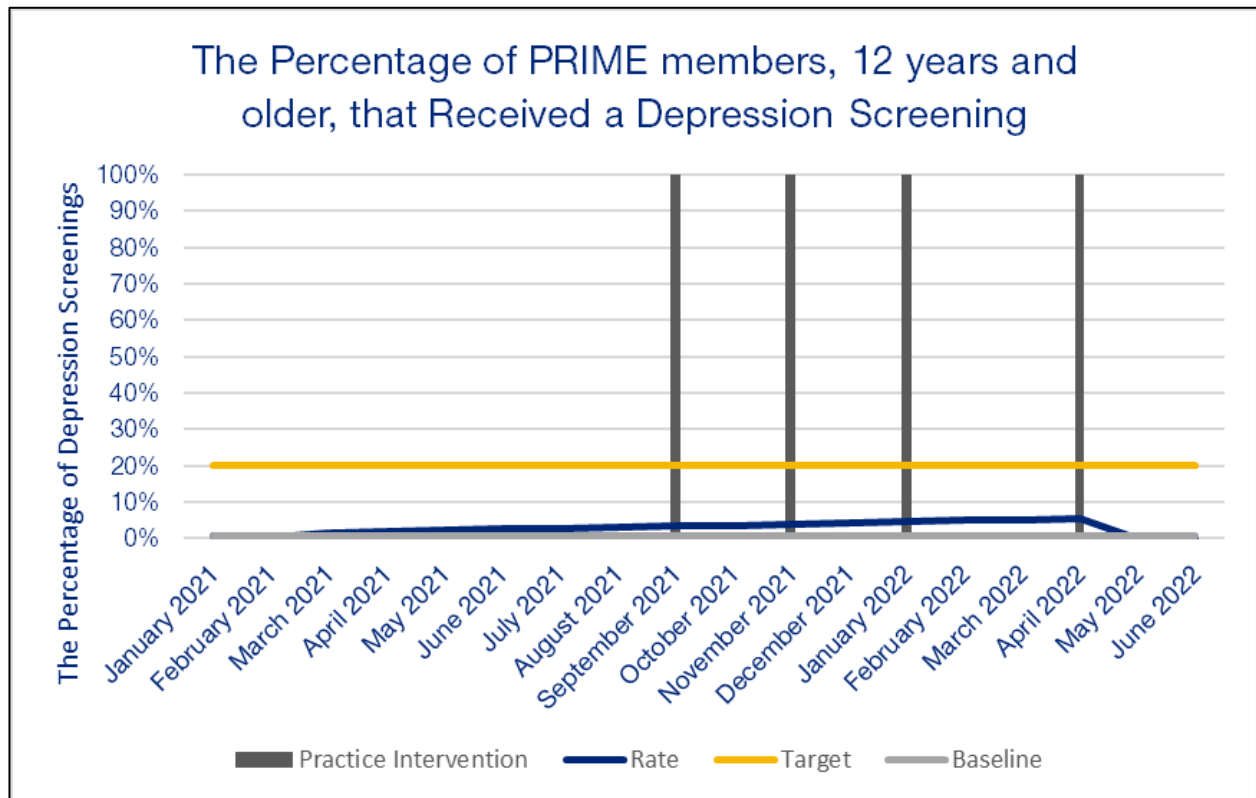
RMHP began the 2<sup>nd</sup> round (FY 2020/2021-2021/2022) of 3 PIPs in July 2020 at 3 practices in Region 1. HSAG directed Rapid Cycle PIP methodology to be used. This process uses QI methodologies such as SMART Aims, driver diagrams, process mappings, failure mode effects analysis (FMEA), data analysis and

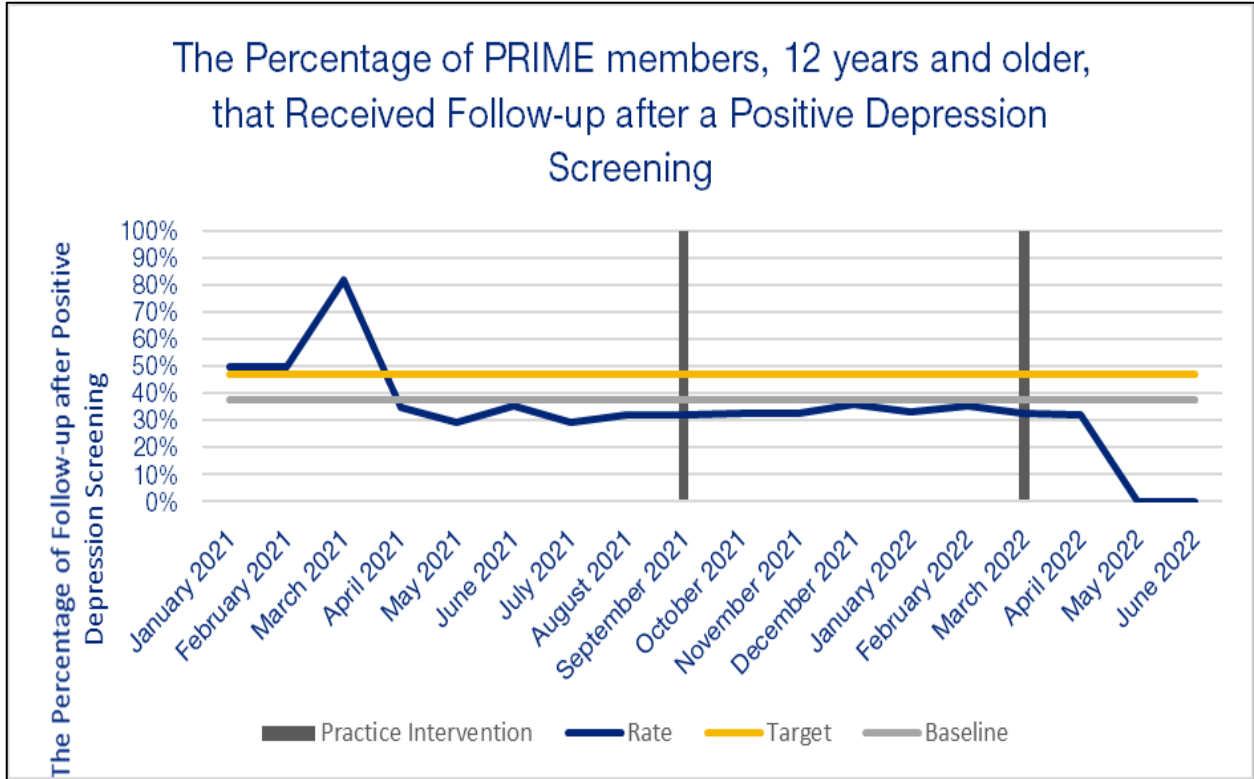
PDSAs (Plan-Do-Study-Act) to carry out the PIPs. The Rapid Cycle PIPs span 18 months. HSAG updated the PIP process 18-month Rapid Cycle PIP process: This updated process has slight changes and is streamlined to use 4 modules instead of 5 modules. The focused topic for the current round of PIPs across all 3 LOBs will be: *Improving the rate of depression screening in a primary care setting and follow-up with a behavioral health provider following a positive screen.* RMHP is focusing on this topic with the following practices to conduct the PIPs:

- Mountain Family Health Centers (MFHC) – RAE, PRIME and CHP+ Populations
- St. Mary’s Family Medicine (SMFM) – RAE and PRIME Populations
- Pediatric Partners of the Southwest (PPSW) – CHP+ Population

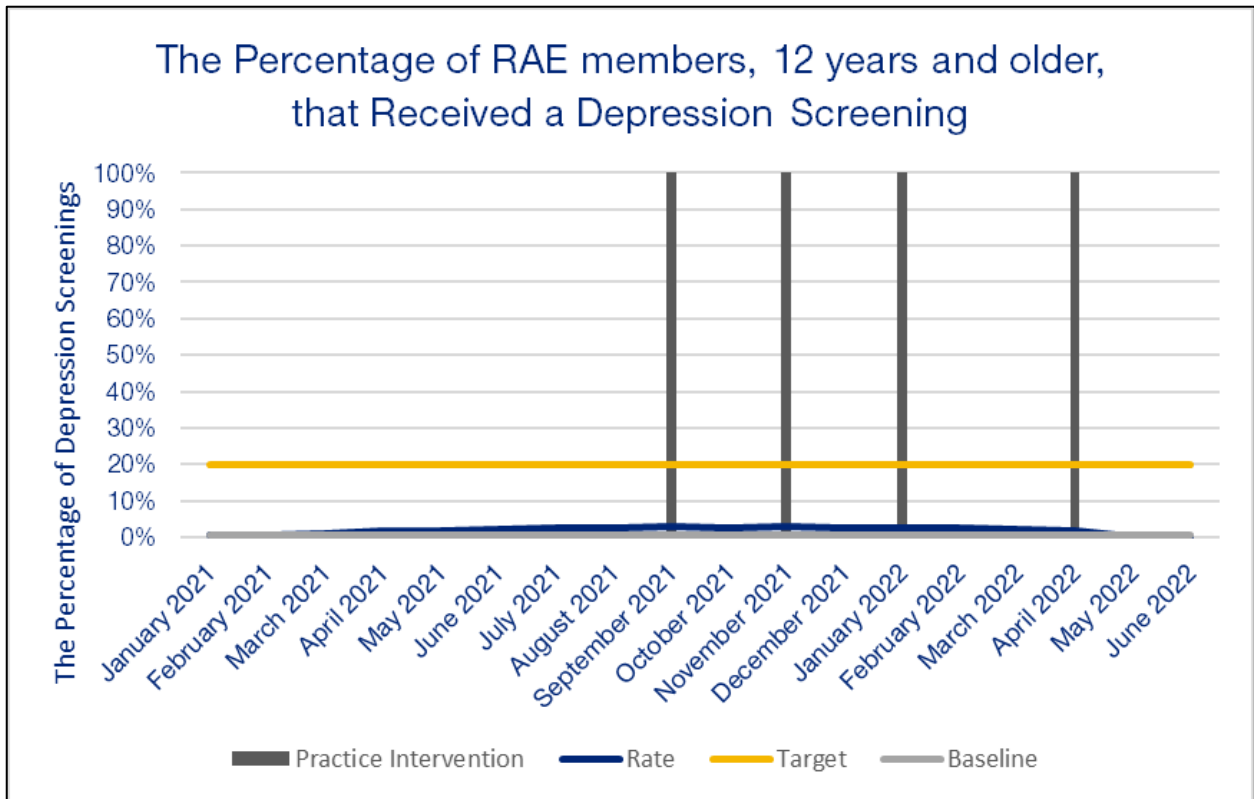
RMHP is finalizing Module 4 within the current PIP projects. All practices completed Modules 1,2, & 3 of the Rapid Cycle PIPs and completed intervention testing for depression screening and follow-up with a behavioral health provider following a positive depression screen. The PIP interventions for testing were approved in September 2021. Each practice completed at least 1 cycle of testing that was captured in the Module 3 PDSA worksheets for both components of the PIP. Clinical and/or programmatic improvements were achieved during intervention testing. Most notably, practices who participated in the PIP project developed and tested workflows and processes to support the accurate coding for depression screening, both positive (G8431) and (G8510). Intervention testing concluded in June of 2022. RMHP is currently finalizing Module 4 submission which is due in October 2022. The baselines, SMART AIM goals and the claims-based performance rating for each PIP are identified in the following graphs. These rates are monitored monthly to inform the practices of the impact needed for success and to evaluate trend lines for each PIP. Intervention testing timing is also noted. Data for claims-based performance for each PIP has been collected through April 2022.

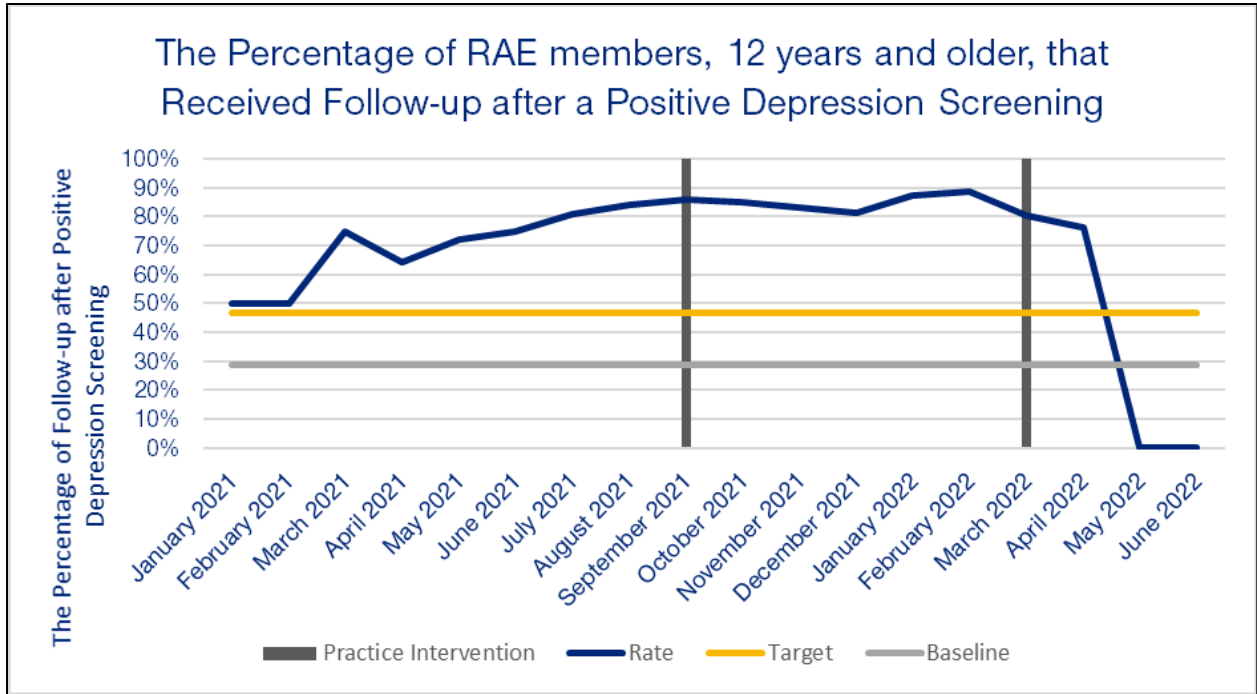
PRIME:



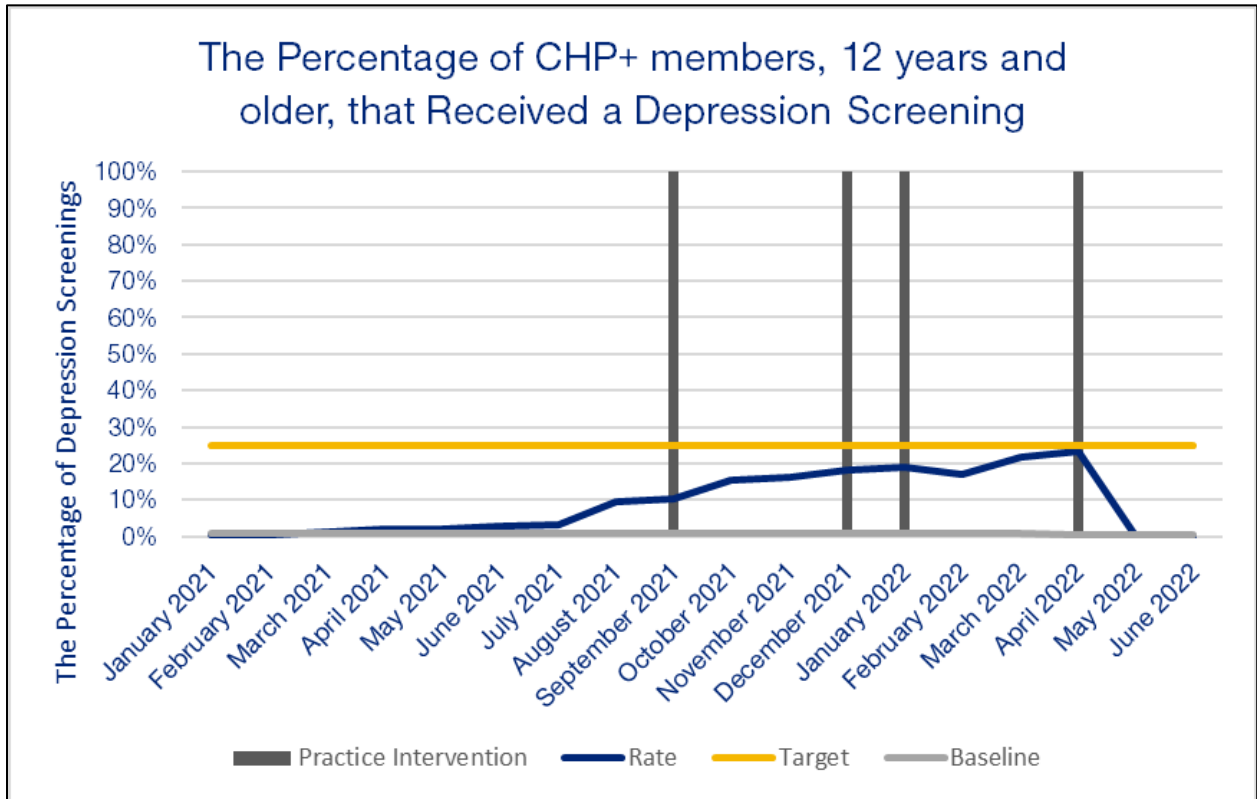


RAE:

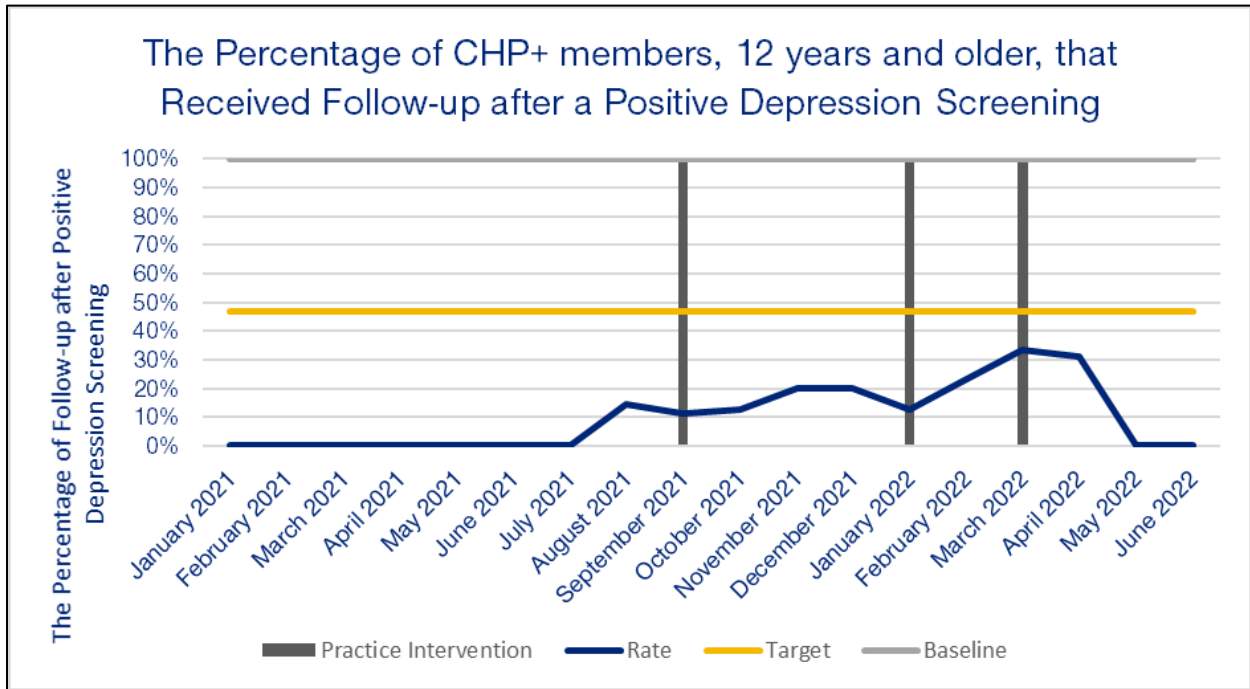




CHP:







*\*\*The follow up after a positive depression screen baseline was 0/0, therefore no baseline measurement was able to be calculated and is not indicated on the run chart.*

**v. Analytics and Data**

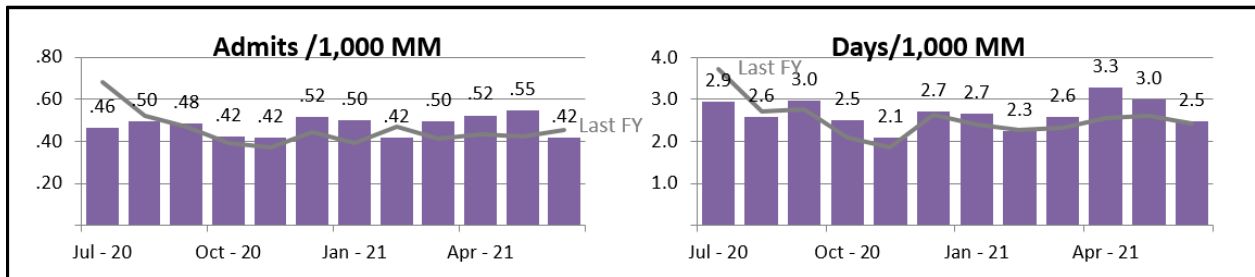
RMHP has created data dashboards and analytic projects to monitor trends in patterns of care, utilization, and costs for RAE and PRIME Members. The dashboards and analytic projects below display trends by geographic region, Member demographics, and key program factors. RMHP uses program staff and leadership to evaluate program 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 BH, BH catchment and county). Below is a snapshot of the Practice Comparison tab of the dashboard.

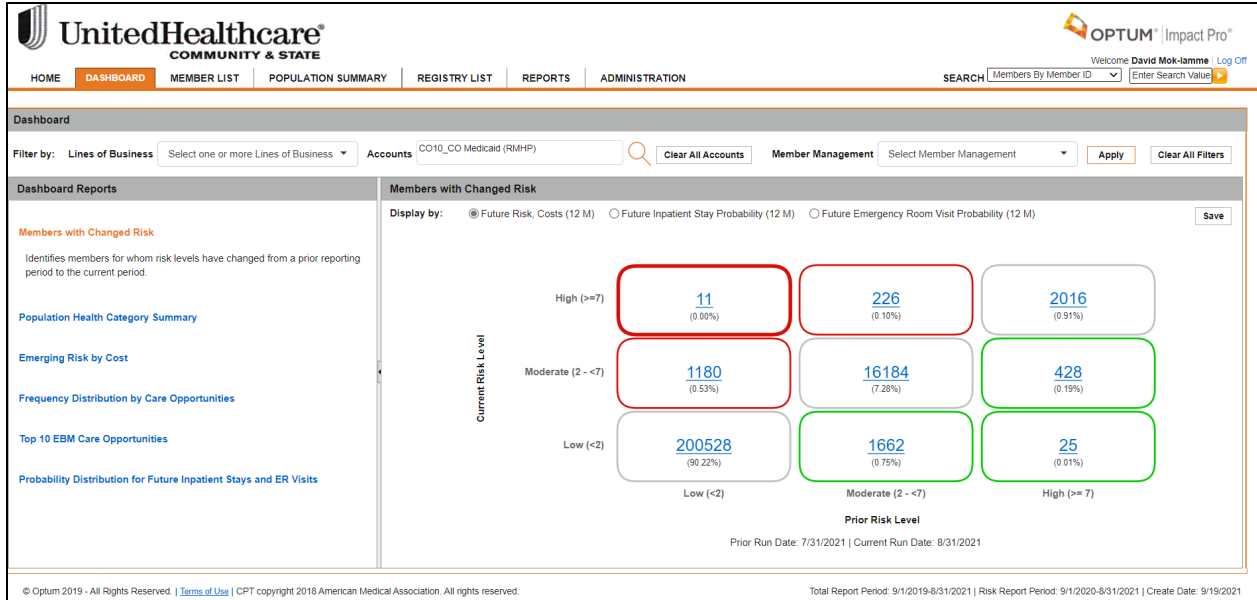
Select KPI >>> <b>Dental Visit KPI</b>																	
Practice	County	Payment Tier											Avg. Members	YTD	Jul - 20	Aug - 20	Sep - 20
A Kidz Clinic	Delta	3	Y	N	N	N	Y	N	N	Y	815	40.0%	44.0%	41.3%	39.3%		
Associates In Family Medicine	Larimer	3	N	N	Y	N	Y	N	N	N	4,930	39.3%	39.9%	39.5%	38.8%		
Axis Health – Archuleta, Cortez, La Plata	Montezuma	1	N	N	N	Y	Y	N	N	Y	6,667	27.0%	28.2%	28.0%	28.1%		
Axis Health – Dove Creek	Dolores	2	N	N	N	Y	N	N	N	Y	696	32.5%	37.2%	35.0%	33.1%		
Banner Health Clinic	Larimer	4	Y	N	Y	N	Y	N	N	N	6,893	39.3%	40.0%	39.6%	39.4%		
Basin Clinic	Montrose	4	N	N	Y	N	N	N	N	N	250	41.7%	34.8%	36.9%	40.6%		
Castle Valley Childrens Clinic	Garfield	2	Y	N	N	N	N	N	N	N	969	48.8%	45.9%	46.4%	45.6%		
Cedar Point Health	Montrose	4	N	N	Y	N	Y	N	N	N	519	38.0%	37.7%	36.6%	37.6%		
Dcmh	Delta	3	N	Y	Y	N	Y	N	N	N	1,903	28.3%	28.1%	28.0%	28.1%		
Delta Health And Wellness Center	Delta	4	N	N	Y	N	N	N	N	N	385	28.7%	29.1%	28.9%	28.5%		
Dino-Peds	Mesa	2	Y	N	N	N	N	N	N	N	1,763	51.5%	53.4%	51.9%	51.6%		
Dr. Lu Family Medicine	Mesa	2	N	N	Y	N	N	N	N	N	699	32.2%	30.1%	30.7%	32.3%		
Ebert Family Clinic	Summit	3	Y	N	Y	N	N	N	N	N	710	48.9%	48.8%	48.6%	48.1%		
Family Medicine Center	Larimer	1	N	N	Y	N	Y	N	N	N	9,893	36.5%	39.8%	38.7%	37.7%		
Foresight Family Physicians	Mesa	1	N	N	Y	N	Y	N	N	N	243	48.2%	47.9%	44.0%	43.2%		
Fort Collins Youth Clinic	Larimer	3	Y	N	N	N	N	N	N	N	1,987	47.9%	49.7%	49.0%	47.8%		

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



**Impact Pro (iPro) and Utilization:**

Impact Pro is a proprietary predictive model that forecasts future utilization (total cost, BH costs, ED visits, and inpatient visits) using 1,130 Member level markers of risk (based on diagnosis, Rx, and procedure codes). RMHP has adopted IPro as risk adjustment factor for provider payment, care coordination, and program evaluation use cases. The screen shot below summarizes changing risk levels for RAE, PRIME and CHP+ Members.



**Conclusion:**

Through dedicated quality improvement and quality assurance activities, RMHP has successfully achieved the Quality Program objectives year over year since the implementation of the RAE program. Progress described in this report reflects RMHP’s dedication to improving performance on measurable outcomes along with enhancements to processes and program evaluation. Opportunities for improvement are continually evaluated and implemented as identified. RMHP continues to evaluate and enhance the Quality structure to accommodate necessary focus in priorities, per Department direction and RMHP strategic planning.