COLORADO
Department of Health Care Policy & Financing

Colorado Accountable Care Collaborative

Fiscal Year 2017–2018 PIP Validation Report

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

for

Rocky Mountain Health Plans (Region 1)

April 2018

For Validation Year 4

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

HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgements and Copyrights

1. Background

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

The Colorado Department of Health Care Policy & Financing (the Department) introduced the Accountable Care Collaborative (ACC) Program in spring 2011 as a central part of its plan for Medicaid reform. The ACC Program was designed to improve the client and family experience, improve access to care, and transform incentives and the health care delivery process to a system that rewards accountability for health outcomes. Central goals for the program are (1) improvement in health outcomes through a coordinated, client-centered system of care, and (2) cost control by reducing avoidable, duplicative, variable, and inappropriate use of health care resources. A key component of the ACC Program was the selection of a Regional Care Collaborative Organization (RCCO) for each of seven regions within the State. The RCCOs provide medical management for medically and behaviorally complex clients; care coordination among providers; and provider support such as assistance with care coordination, referrals, clinical performance, and practice improvement and redesign.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.330(d), including:

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

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.[1-1]

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html. Accessed on: Jul 18, 2017.

HSAG evaluates the following components of the quality improvement process:

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

PIP Rationale

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

For fiscal year (FY) 2017–2018, **Rocky Mountain Health Plans** (**RMHP**) continued its ***Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility*** PIP. The topic selected addressed CMS' requirements related to quality outcomes—specifically, the quality and access to, care and services.

PIP Summary

For this FY 2017–2018 validation cycle, the PIP received an overall validation score of 90 percent and a *Not Met* validation status. The focus of this PIP is to improve the transition of care by assisting members who have been paroled with accessing a primary care provider within 90 days of enrollment into Region 1 RCCO. The PIP had one study question **RMHP** stated: "Do targeted interventions to improve transitions of care for individuals released from prison into parole increase the percentage of paroled members that have a visit with a primary care provider within 90 days of enrollment?" The following table describes the study indicator for this PIP.

Table 1–1—Study Indicator

PIP Topic	Study Indicator
Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility	The percentage of RCCO 1 members paroled to La Plata County Department of Corrections (DOC) parole office, Parole-Durango office, or Community Corrections and enrolled into RCCO Region 1 during the measurement year and had a visit with a primary care provider within 90 days of enrollment into RCCO Region 1.

Validation Overview

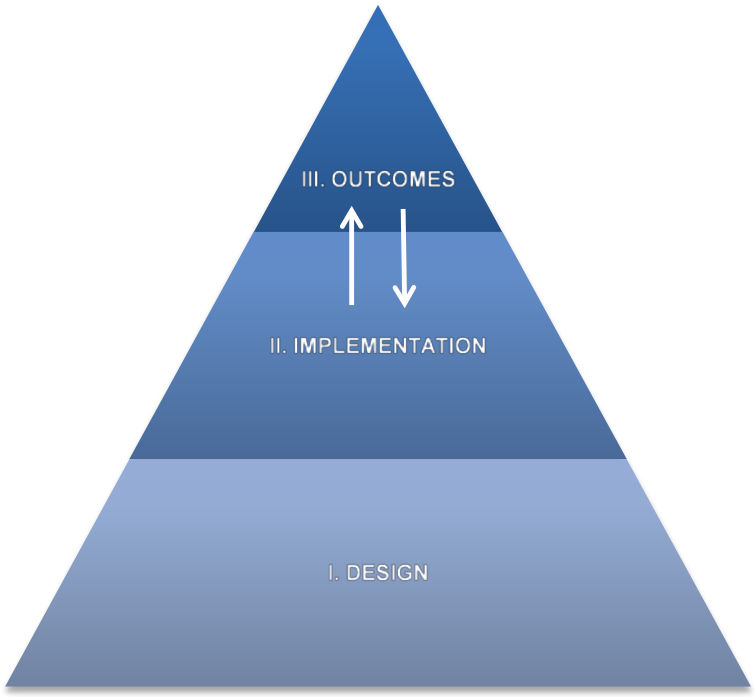
HSAG obtained the information needed to conduct the PIP validation from **RMHP**'s PIP Summary Form. This form provided detailed information about the RCCO's PIP related to the activities completed and HSAG evaluated for the FY 2017–2018 validation cycle.

Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. A RCCO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

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

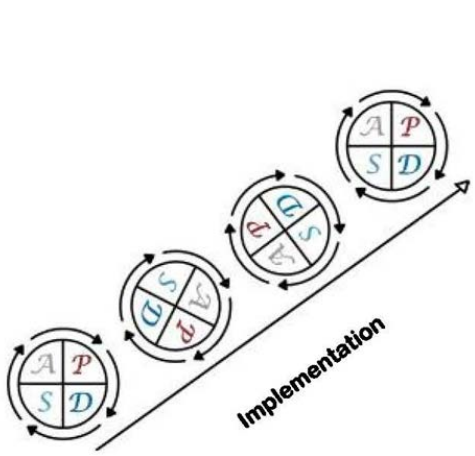
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the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

Figure 1–1—PIP Stages



Once **RMHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the RCCOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The RCCOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- **P**lan—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- **D**o—implement intervention; track and monitor the intervention; and record the data
- **S**tudy—analyze the data; compare results; and evaluate the intervention's effectiveness
- **A**ct—based on the evaluation results, standardize, modify, or discontinue the intervention

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

2. Findings

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

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

RCCOs have the opportunity to resubmit the PIP after HSAG's initial validation to address any deficiencies identified. The PIP received a *Met* score for 90 percent of the applicable evaluation elements and received a *Not Met* overall validation status when originally submitted. Because the *Not Met* validation status was solely related to study indicator outcomes, a resubmission was not required.

Table 2–1—FY 2017–2018 Performance Improvement Project Validation for Rocky Mountain Health Plans—Region 1

Name of Project	Type of Annual Review[1]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Overall Validation Status[4]
Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility	Submission	90%	82%	*Not Met*

[1] **Type of Review**—Designates the PIP review as an annual submission, or resubmission. A resubmission means the RCCO was required to resubmit the PIP with updated documentation because it did not meet HSAG's validation criteria to receive an overall *Met* validation status.

[2] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4] **Overall Validation Status—**Populated from the PIP Validation Tool and based on the percentage scores.

Validation Findings

Table 2–2 displays the validation results for the **RMHP** PIP validated during FY 2017–2018. This table illustrates the RCCO's overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage of applicable evaluation

elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the fourth validation year for the PIP with HSAG validating Activities I through IX.

Table 2–2—Performance Improvement Project Validation Results for Rocky Mountain Health Plans—Region 1

Stage	Activity		Percentage of Applicable Elements		
			Met	*Partially Met*	*Not Met*
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Valid Sampling Techniques (if sampling was used)	*Not Applicable*	*Not Applicable*	*Not Applicable*
	VI.	Accurate/Complete Data Collection	100% (2/2)	0% (0/2)	0% (0/2)
Design Total			**100% (8/8)**	**0% (0/8)**	**0% (0/8)**
Implementation	VII.	Sufficient Data Analysis and Interpretation	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Appropriate Improvement Strategies	100% (6/6)	0% (0/6)	0% (0/6)
Implementation Total			**100% (9/9)**	**0% (0/9)**	**0% (0/9)**
Outcomes	IX.	Real Improvement Achieved	33% (1/3)	0% (0/3)	67% (2/3)
	X.	Sustained Improvement Achieved	*Not Assessed*	*Not Assessed*	*Not Assessed*
Outcomes Total			**33% (1/3)**	**0% (0/3)**	**67% (2/3)**
Percentage Score of Applicable Evaluation Elements *Met*			**90% (18/20)**	**0% (0/20)**	**10% (2/20)**

Overall, 90 percent of all applicable evaluation elements validated received a score of *Met*.

Design

RMHP designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process. The health plan performed well in this stage of the PIP as evidenced by the 100 percent of evaluation elements *Met*.

Implementation

RMHP reported and interpreted its second remeasurement data accurately. The RCCO completed a causal/barrier analysis using appropriate quality improvement tools and reprioritized its barriers which led to the implementation of both new and continued interventions. The RCCO also performed well in this stage of the PIP as evidenced by the 100 percent of evaluation elements *Met*.

Outcomes

For Remeasurement 2, the study indicator rate demonstrated a non-statistically significant decline when compared to the baseline. **RMHP** reported that, due to a statewide Medicaid enrollment policy change and enrollment data integrity issues following a change in the statewide Medicaid information system vendor, 80 members who received the interventions and had a primary care visit following release from prison had to be excluded from the Remeasurement 2 rate. The RCCO noted that had these members been included in the Remeasurement 2 rate, **RMHP** would have exceeded its goal and achieved statistically significant improvement.

Analysis of Results

Table 2–3 displays Remeasurement 2 data for **RMHP**'s ***Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility*** PIP. **RMHP**'s goal is to increase the percentage of paroled members who have a visit with a primary care provider within 90 days of enrollment into Region 1 RCCO.

Table 2–3—Performance Improvement Project Outcomes for Rocky Mountain Health Plans—Region 1

PIP Study Indicator	Baseline Period (7/1/2014–6/30/2015)	Remeasurement 1 (7/1/2015–6/30/2016)	Remeasurement 2 (7/1/2016–6/30/2017)	Sustained Improvement
The percentage of members paroled to Mesa County, DOC Adult Parole-Grand Junction Office, and enrolled into RCCO Region 1 during the measurement year and had a visit with a primary care provider within 90 days of enrollment into RCCO Region 1.	25.0%	12.9%	0.0%	*Not Assessed*

The baseline rate for paroled members who had a visit with a primary care provider within 90 days of enrollment into **RMHP** Region 1 RCCO was 25.0 percent. This rate is 10 percentage points below the first remeasurement goal of 35.0 percent.

For Remeasurement 1, the rate was 12.9 percent which was a non-statistically significant decline when compared to the baseline. The first remeasurement performance was 22.1 percentage points below the goal of 35.0 percent.

For Remeasurement 2, the rate fell to 0.0 percent. This decline over baseline was not statistically significant as evidenced by the *p* value of 0.0690. The health plan indicated it revised its goal to 15 percent based on newer published research on continuity of care for individuals released from incarceration, as well as current issues with data collection and enrollment timing. **RMHP** indicated that there were factors that may have impacted the study indicator performance and reliability of the data reported. These factors include:

- The Department moving to a new Medicaid Management Information System (MMIS) vendor starting in March 2017. This change was approximately nine months into the data collection period for Remeasurement 2. Most of the issues that may have impacted the PIP were related to enrollment anomalies that took place between March 1, 2017, through June 30, 2017. Following the change in vendor, the Department identified issues of inaccurate eligibility data for some members.
- Change in Medicaid enrollment policy so that eligibility for incarcerated individuals was suspended instead of terminated. Due to this policy change, **RMHP** identified that some members either remained eligible while incarcerated or became eligible during incarceration. This had an impact on the data collection process and data reporting because the study indicator methodology required a primary care visit within 90 days of enrollment into **RMHP**, using the enrollment into RCCO Region 1 as the anchor date. The member may have spent the 90 days from initial enrollment still

incarcerated and, therefore, would not have counted in the numerator or denominator even though the intervention took place.

Barriers/Interventions

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

For the ***Improving Transitions of Care for Individuals Recently Discharged from a Corrections Facility*** PIP, **RMHP** identified the following barriers to address:

- Parolees having an urgent/emergent medical or behavioral health need and lacking the ability to navigate the system independently.
- Parolees' inability to identify a primary care medical provider (PCMP) with which to schedule a visit.
- Parolees' lack of reliable forms of communication—either no communication or limited telephonic communication.
- Lack of education and awareness of the importance of regularly visiting a PCMP to manage chronic health conditions or to maintain health.

To address these barriers, **RMHP** implemented the following interventions:

- The parole office or parole office behavioral health specialist contacts the RCCO when parolees have an identified urgent need. The RCCO assigns a care coordinator to immediately assess needs and help coordinate care and services.
- The parole officer or parole office behavioral health specialist contacts the RCCO with the parolee present and provides a warm hand-off referral to the care coordinator.
- Assigned a care coordinator to each parolee to assess for health needs and help coordinate primary care, schedule the initial appointment, and ensure the parolee attends the appointment.
- Developed a health literacy module for the required parole orientation after release from prison.

Beginning in January 2017, **RMHP** began participating in various re-entry programs within and outside of Region 1 to ensure that, if members are released to parole from Region 1, they are equipped with basic health literacy knowledge and Health First Colorado (HFC) information (Colorado's Medicaid program). In July 2017, **RMHP** created and continues to build a documentation system for tracking intervention provided to inmates released from the Department of Corrections into La Plata County. This system enables seamless communication across geographic areas to support continuity of care across Region 1.

3. Conclusions and Recommendations

Conclusions

RMHP designed a methodologically sound project and performed well in the design and implementation stages. **RMHP** accurately reported and summarized the study indicator results and used appropriate quality improvement methods and processes to identify, prioritize, and reprioritize barriers. The interventions implemented were logically linked to the barriers and had a positive impact on the number of members who had a primary care visit following the release from prison. This conclusion is based on the additional analysis conducted by **RMHP**, where members were not excluded because of the statewide policy and information changes, which impacted the eligible population for the PIP. The actual number of members receiving coordination of care and navigation to primary care was significantly larger than what could be reported for the study indicator results. The additional analysis performed by **RMHP** supported the health plan's conclusion that quality improvement efforts and interventions were successful despite the decline illustrated in the PIP.

Recommendations

HSAG recommends the following:

- **RMHP** should continue to evaluate the effectiveness of each individual intervention and make changes, as necessary.
- **RMHP** should develop a plan to sustain the improvement achieved through the PIP process.