



COMBINED QUALITY MANAGEMENT AND CARE MANAGEMENT WORK PLAN: FY16

Colorado Health Partnerships, LLC

GOAL #1: Integrate consumer and family member involvement with CAUMC/QISC efforts.

<i>Quality Improvement and Utilization Management Activities</i>		<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
1A.	OMFA will continue to collaborate with Quality to validate the value of peer services.	1A) QISC will work with OMFA to address how to identify the best practices when it comes to Peer Services utilization.	1A) OMFA will collaborate with the Quality Department to analyze the results of Peer Services study in order to better understand Peer Service Specialists and how to use Peer Service Specialists more effectively. This will be done through the evaluation of the completed survey. Actions will be determined based upon the results of the data. If warranted, the survey will be resubmitted between 6 months to a year from the date of completion in order to compare the results of the survey.	1A) When the final data becomes available in September of 2015 the results will be analyzed and evaluated by H. Grublack.
		2B) OMFA will plan the implementation of a new tool in order to access recovery outcomes.	2B) OMFA will work towards the implementation of a tool to be used to assess recovery outcomes.	2B) By December 2015 H. Grublak in conjunction with QISC/CAUMC will determine a new tool to be used in order to assess recovery outcomes.
1B.	The QISC/CAUMC Committee will evaluate data related to cultural competency measures.	1B) QISC will work with OMFA to assess and evaluate cultural competency measures.	1B) The question, "Do you feel your counselor is able to meet your cultural, religious and language needs?" will be taken from the Fact Finders survey and will be added to the Trending Report.	1B) By December 2015 a benchmark will be formulated for this question. The question will be reviewed by the Committee semi-annually.



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GOAL #2: Ensure clinical practice standards and contract requirements, as applicable, are met by providers.

<i>Quality Improvement and Utilization Management Activities</i>		<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
2A.	A representative sample of IPN providers will be consistently evaluated against CHP clinical standards, guidelines and contract requirements in the areas of treatment and discharge planning.	<p>Non- CMHC Providers:</p> <p>1) Continue to conduct quarterly IPN audits and conduct training annually.</p> <p>2) Use the audit tool in order to audit E&M and CPT codes.</p> <p>3) Continue to monitor the Top 5 diagnosis report.</p>	<p>1) On a scheduled quarterly basis random IPN audits will occur. These audits will review clinical services and claims related to services. In addition, training will also be provided to IPN providers.</p> <p>2) The Quality Department and the Compliance Department will analyze and assess the results of the audits.</p> <p>3) Quarterly or as needed the Top 5 diagnosis report will be presented to the QISC/CAUMC.</p>	<p>1) Training will be conducted on an annual basis. The training will be presented by R. Borders in May of 2065.</p> <p>2) The audit results will be monitored periodically by the QISC/CAUMC committee. The results will be tabulated annually in May/June 2016</p> <p>3) The Top 5 Diagnosis Report will continue to be monitored quarterly by the QISC/CAUMC committee. The report will monitor the change in the unit calculation for MH and SUD services.</p>
2B.	A representative sample of CMHC providers will be consistently evaluated against CHP clinical standards, guidelines and contract requirements.	<p>1) CHMC's will continue to focus on COC by adopting elements of the BHO's Coordination of Care audit tool and submit quarterly audit results.</p>	<p>1) MHC's will submit at a minimum 15 audit results (if 15 are available) per quarter. The aggregate results of the audit results will be trended for committee evaluation.</p>	<p>1) Audit results will continue to be provided to the BHO on a quarterly basis on the newly developed audit tool. At the time of the 2015 contract compliance audits, K. Fitzgerald will establish an inner-rater reliability audit to confirm the validity of the coordination of care documentation submitted by the CMHC's.</p>



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<p>2C.</p>	<p>Audits will be conducted on a regular ongoing basis. New audits will be scheduled and implemented and a schedule to be determined.</p>	<p>2) Regular provider audits will continue and new audits will be implemented</p>	<p>2) The following audits will be conducted:</p> <ul style="list-style-type: none"> • IPN Clinical Doc & Claim Audits • E & M Audits • CMHC Clin Doc/Enc Audits • SUD Audits • 411 Encounter/Claims Audit • IP Chart Audits • MHC Contract Compliance Audits • Integration Audits • Residential Treatment Audits • Partial Hospitalization Audits • Intensive Outpatient Audits 	<p>2) The audit results will be monitored periodically by the QISC/CAUMC committee. If needed interventions will be created to address areas of concern. Audit results will be shared periodically, with a schedule to be developed</p>
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GOAL # 3: Evaluate Clinical/Quality Compliance and Performance.

	<i>Quality Improvement and Utilization Management Activities</i>	<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
<p>3A.</p>	<p>To support the clinical quality improvement process, the QISC, or its designee, will review, evaluate, and/or monitor applicable standards and policies.</p> <p>1.) URAC Core 3 (c)</p>	<p>1) Review Policies and Procedures</p> <p>2) Monitor compliance with URAC standards</p> <p>3) Evaluate patient safety (adverse incident review and annual suicide report)</p> <p>4) Complete training on URAC standards, and other training, as required</p>	<p>1)The QISC/CAUMC committee will review new or updated policies and procedures</p> <p>2) Compliance standards for URAC will be monitored.</p> <p>3) Annually the patient safety (adverse incident review and annual suicide report) will be generated and analyzed for trends.</p> <p>4) Training will occur as needed. Topics to be addressed will be determined at time of training. The responsibility for the training lies at the service center level.</p>	<p>1)At least annually, QISC will: Review policies and procedures on an ongoing as needed basis.</p> <p>2) Annually, scheduled for, July 2016 compliance with URAC standards will be reviewed.</p> <p>3) These reports will be reviewed at QISC/CAUMC September 2016</p> <p>4) Training dates will be determined as required.</p>



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3B.	Review and update CHP Level of Care Guidelines.	1) Complete review of CHP Level of Care Guidelines and make updates as needed	1) All CHP Level of Care Guidelines are reviewed annually and brought to QISC/CAUMC.	1) Throughout the year during QISC/CAUMC committee meetings, S. Coen will present updated CHP LOC guidelines.
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GOAL #4: Assure Care Management Department Compliance with Established UM Standards.

	<i>Quality Improvement and Utilization Management Activities</i>	<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
4A.	1) Ensure consistent application of Clinical LOC guidelines by Care Managers as well as Clinical and Medical leadership. URAC HUM 1 (c) 5A-5G	1) All Clinical and Medical staff will achieve a passing score (80% or higher) according to VO corporate analysis on the Inter-rater Reliability Test	1) Clinical Director will oversee and ensure that all Clinical and Medical staff take the test.	1) Ongoing as needed
4B.	1) Calls are processed efficiently.	1) Corporate standards for speed of answer (under 30 seconds) and abandonment rate (under 3 percent) are achieved	1) Clinical Director will oversee and report on ASA and abandonment rates.	1) Annual report
4C.	1) Authorizations are made in a timely sequence.	1) Audits of call screens reflect compliance at 95% with timelines for initial and concurrent authorizations	1) Clinical Director will continue to monitor timelines for initial and concurrent authorizations to meet standards.	1) Ongoing as needed
4D.	1) Callers with urgent and emergent needs receive timely services.	1) Monthly audits reveal compliance with procedure on urgent and emergent calls	1) Clinical Director will continue to monitor callers with urgent and emergent needs to ensure that they are receiving timely services.	Ongoing as needed
4E.	1) CHP Clinical Policies and Procedures reflect current Corporate and contract standards.	1) CHP Clinical Policies and Procedures are reviewed/revised annually	1) Clinical Director and S. Coen will ensure that CHP Clinical Policies and Procedures are reviewed and then presented at QISC/CAUMC	1) Ongoing as needed



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	<p>1) Monitor overall BHO performance measures quarterly (swf file)</p> <p>URAC Core 21 (c, d & e)</p>	<p>through the use of the .swf file on a quarterly basis.</p> <p>2) Identify performance barriers and initiate corrective actions as needed based on performance results</p>	<p>use of the .swf file; initiate barrier analysis or Cap as necessary.</p> <p>2) The QISC/CAUMC committee will review performance barriers and initiate corrective actions as needed based on performance results</p>	<p>2) Ongoing, presented quarterly at QISC/CAUMC</p>
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GOAL #6: Continue current Performance/Quality Improvement Projects.

	<i>Quality Improvement and Utilization Management Activities</i>	<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
<p>6A.</p>	<p>Continue to monitor the current Quality Improvement Projects</p> <p>URAC Core 20 (h)</p>	<p>1) QISC will monitor the Quality Improvement Projects (QIP) for improvement.</p> <p>2.) QISC and the PIP Task group will continue to monitor progress Quality Improvement Projects (QIP) for improvement.</p>	<p>1) The Committee implemented a new Quality Improvement Project. QISC/ CAUMC, and the PIP task group will monitor progress, address barriers and develop interventions as needed.</p> <p>2.) In order to meet URAC requirements, QISC/ CAUMC and the PIP task group will continue to monitor improvement, identify any barriers, and develop interventions as needed.</p>	<p>1) Beginning August 1, 2015 the PIP task group and the QISC/CAUMC committee will monitor the QIP related to the reduction of the 7 day ambulatory follow up rate. Interventions will be identified and implemented as needed.</p> <p>2.) Beginning August 1, 2015 the PIP task group and the QISC/CAUMC committee will continue to monitor and evaluate the QIP related to diabetes testing for members currently prescribed atypical antipsychotics medication. Interventions will be identified and implemented as needed.</p>



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<p>6B.</p>	<p>Continue to monitor the current Performance Improvement Projects.</p>	<p>1.) QISC and the PIP Task group will continue to monitor the Performance Improvement Project (PIP)</p>	<p>1) In order to meet State and contract requirements the established Performance Improvement Project will continue. QISC/ CAUMC, and the PIP task group will continue to monitor and address barriers and develop interventions as needed.</p>	<p>1) Beginning August 1, 2015 the PIP task group along with the QISC/CAUMC committee will continue to monitor the PIP related to the subject of transitions of care for the criminal justice population. Interventions will be identified and implemented when the baseline data analysis is completed.</p>
<p>URAC Core 20 (g)</p>				

GOAL 7 #: Monitor and evaluate provider and BHO performance in the delivery of SUD services.

	<i>Quality Improvement and Utilization Management Activities</i>	<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
<p>7A.</p>	<p>1) Continue to conduct regular SUD audits for the Independent Provider Network</p>	<p>1) Continue to monitor identify areas for improvement for the SUD benefit.</p>	<p>1) Continue with the established standard for the documentation audits and the monitoring for the Independent Provider Network</p>	<p>1) Continue to monitor performance throughout the year by conducting SUD audits and medical necessity audits. Semi-annually the results of the audits will be presented to the QISC/CAUMC committee.</p>



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	2) Providers will continue to be monitored for documentation improvement	2) Provide training surrounding Medicaid documentation standards to the IPN	2) Training surrounding Medicaid documentation standards for SUD services will be provided to the IPN upon completion of SUD audits.	2) Medicaid documentation standards training for SUD services will be made available to the IPN through a variety of means. Quarterly, a round table conference call will be conducted for providers to voice questions regarding the training.
7B.	QISC/CAUMC or another work group will explore options to implement substance use disorder performance measures and monitor BHO performance. URAC Core 21 (c, d &e)	Implement a report for UM reporting standards for SUD services.	The SUD engagement measure will be added after the methodology has been decided upon. SUD engagement will be added to the .swf file	Once Performance Measure 7 has been finalized the SUD engagement measure will be added to the .swf file. The dashboard will be monitored quarterly.

GOAL #8: QISC/CAUMC will evaluate the FY 2016 work plan progress and review Quality/Utilization Management Program Plans.

<i>Quality Improvement and Utilization Management Activities</i>		<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
8A.	QISC/CAUMC will: 1) Conduct an annual review of work plan goals, 2) Conduct annual review, update and approval of Program Description, and 3) QISC and CAUMC will complete an annual evaluation.	1) Complete at minimum a mid-year review, revisions as identified and end-of year review 2) Review and update QM/UM Program Description, and submit to Board for approval 3) Evaluate and document progress and attainment of work	1) At the QISC/CAUMC committee meeting the committee will conduct a review of the work plan goals. The goals will be reviewed in order to assess mid-year progress. 2) Annually, the QM/UM Program Description will be reviewed and approved by the QISC/CAUMC committee. It will then be submitted to the Board for approval and then to HCPF. 3) Annually, the program Annual Evaluation and Work Plan will be reviewed by the QISC/CAUMC committee.	1) QISC/CAUMC will evaluate progress of attainment of the Work Plan throughout the year through the utilization of the CHP project calendar. 2) The documents are due to HCPF in September 2016. A month before the document due date the QISC/CAUMC committee will review and give approval to the documents August 2016. 3) The documents are due to HCPF in September 2016. A month before the document due date the QISC/CAUMC



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	URAC Core 19 (c) URAC Core 20 (f, h & i)	plan goals, and overall QM/UM program effectiveness		committee will review and give approval to the documents August 2016.
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GOAL 9 #: QISC/CAUMC will continue efforts to incorporate initiatives of the integration program into committee efforts.

<i>Quality Improvement and Utilization Management Activities</i>		<i>Target</i>	<i>Plan</i>	<i>Timetable</i>
9A.	Support initiatives of the integration program through QISC/CAUMC efforts	Support measurement of the progress of the integration department.	Work with the Integration department to continue monitoring through audits or reports.	As integration efforts continue to expand across the region, continue to identify areas for monitoring if the Integration program by March 2016
9B.	The QISC/CAUMC committee will monitor the survey results associated with the new Fact Finders question.	Monitor the question for Fact Finders that focuses on member feedback on integration	The QISC/CAUMC committee will review the new question for the Fact Finders survey which focuses on member feedback on integration efforts on the trending report.	The question will be added to the trending report and will be reviewed semi-annually.