COLORADO HEALTH PARTNERSHIPS

COMBINED QUALITY MANAGEMENT AND CARE MANAGEMENT WORK PLAN: FY15

Colorado Health Partnerships, LLC

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

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
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.	1A) When the final data becomes available the results will be analyzed and evaluated by K. Brune and H. Grublack. Responses will be used to generate a report for the next year.
		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 access recovery outcomes.	2B) By May 2015 H. Grublak and K. Brune in conjunction with QISC/CAUMC will determine a new tool to be used in order to access recovery outcomes.
1B.	The QISC/CAUMC Committee will evaluate data related to cultural competency measures.	1B) QISC will work with OMFA to access 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 added to the Trending Report.	1B) The question form the Fact Finders report will be added to the Trending report by J. Cannon and will be evaluated by the Committee and reviewed at least annually.

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

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
2A.	A representative sample of IPN providers will be consistently evaluated against CHP clinical	Non- CMHC Providers: 1) Continue to conduct quarterly IPN audits and conduct training	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	1) Training will be conducted on an annual basis. The training will be presented by R. Borders in May of 2015.

	standards, guidelines and contract requirements in the areas of treatment and discharge planning.	annually. 2) Use the audit tool in order to audit E&M and CPT codes. 3) Continue to monitor the use of the diagnosis of Mood Disorder NOS through the Top 5 diagnosis report.	will also be provided to IPN providers. 2) The Quality Department and the Compliance Department will analyze and assess the results of the audits. 3) Quarterly or as needed the Top 5 diagnosis report will be presented to the QISC/CAUMC.	 2) The audit results will be monitored periodically by the QISC/CAUMC committee. The results will be tabulated annually in May/June 2015. 3) The Top 5 Diagnosis Report will continue to be monitored quarterly by the QISC/CAUMC committee.
2B.	A representative sample of CMHC providers will be consistently evaluated against CHP clinical standards, guidelines and contract requirements.	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.	1) MHC's will submit at a minimum 15 audit results per quarter. The aggregate results of the audit results will be trended for committee evaluation.	1) Audit results will continue to be provided to the BHO on a quarterly basis. J Cannon will establish an inner-rater reliability audit to confirm the validity of the coordination of care documentation submitted by the CMHC's.
2C.	Audits will be conducted on a regular ongoing basis. New audits will be scheduled and implemented and a schedule to be determined.	2) Regular provider audits will continue and new audits will be implemented	2) The following audits will be conducted: • IPN Clinical Doc & Claim Audits • E & M Audits • CMHC Clin Doc/Enc Audits • Provider Credentialing Audits • SUD Audits • 411 Encounter/Claims Audit • IP Chart Audits • MHC Contract Compliance Audits • Integration Audits	2) The audit results will be monitored periodically by the QISC/CAUMC committee. If needed interventions will be created to address areas of concern

GOAL #3: Systematically analyze and evaluate outcomes data.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
3A.	QISC will explore options to improve outcomes through education and outreach to members as well as outreach to PCP's who provide services to members with high cost/high risk diagnosis.	1) QISC will explore options to improve outcomes through education and outreach of members with chronic conditions, as well as outreach to PCP's.	1) The QISC committee will continue to explore how to create an impact upon coordination of care by working with providers and member's with chronic conditions providing education. The use of the high cost/high risk diagnosis list can be used in conjunction with this project.	Members of the QISC/ CAUMC committee will continue to receive the high cost/ high risk diagnosis report for the next year.

GOAL # 4: Evaluate Clinical/Quality Compliance and Performance.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
4A.	To support the clinical quality improvement process, the QISC, or its designee, will review, evaluate, and/or monitor applicable standards and policies.	1) Review Policies and Procedures	1)The QISC/CAUMC committee will review new or updated policies and procedures	1)At least annually, QISC will: Review policies and procedures on an ongoing as needed basis.
		2) Monitor compliance with URAC standards	2) Compliance standards for URAC will be monitored.	2) Annually, scheduled for, July 2015 compliance with URAC standards will be reviewed.
		3) Evaluate patient safety (adverse incident review and annual suicide report)	3) Annually the patient safety (adverse incident review and annual suicide report) will be generated and analyzed for trends.	3) These reports will be reviewed at QISC/CAUMC September 2015
		4) Complete training on URAC standards, and other training, as required	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.	4) Training dates will be determined as required.
✓	1.) **URAC Core 3 (c)**			
4B.	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 #5: Assure Care Management Department Compliance with Established UM Standards.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
5A.	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) A. Adams will oversee and ensure that all Clinical and Medical staff take the test.	1) Ongoing as needed
5B.	1) Calls are processed efficiently.	1) Corporate standards for speed of answer (under 30 seconds) and abandonment rate(under 3 percent) are achieved	1) A. Adams will oversee and report on ASA and abandonment rates.	1) Quarterly report
5C.	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) A. Adams will continue to monitor timelines for initial and concurrent authorizations to meet standards.	1) Ongoing as needed
5D.	1) Callers with urgent and emergent needs receive timely services.	1) Monthly audits reveal compliance with procedure on urgent and emergent calls	1) A. Adams will continue to monitor callers with urgent and emergent needs to ensure that they are receiving timely services.	Ongoing as needed
5E.	1) CHP Clinical Policies and Procedures reflect current Corporate and contract standards.	1) CHP Clinical Policies and Procedures are reviewed/revised annually	1) A. Adams and S. Coen will ensure that CHP Clinical Policies and Procedures are reviewed and then presented at QICS/CAUMC	1) Ongoing as needed
5F.	1) Clinical training plan is complete as defined in the program description.	1) Orientation for new staff and annual training is completed	1) New staff will be oriented and complete annual training on an annual basis.	1) A. Adams Ongoing as needed

		2) Documentation of at least annual training is retained in HR files of all Care Mangers	2) Training will be tracked and maintained.	2) Ongoing as needed
5G.	Compliance with URAC standards is maintained.	1) Established monitoring is done and corrective actions are implemented as needed	1) When needed and if applicable monitoring will be done and corrective actions will be implemented	1) A. Adams Quarterly or as needed

GOAL #6: Incorporate data based performance targets into the QISC/CAUMC Committee

Quality Improvement and Utilization Management Activities		***Target***	***Plan***	***Timetable***
6A.	Implement data based performance targets and monitor the implemented change.	1) Continue to monitor the overall 5 BHO targets in the .swf file Performance Measure report.	1) QISC/CAUMC will continue to monitor overall 5 BHO targets as presented in the performance measure report. Targets will be established for measures which relate to the overall 5 BHO weighted average. Performance will be based upon the criteria of falling below, meeting or exceeding the 5 BHO average. Interventions will be established for those not meeting the average. The standard measures will continue to be reviewed with the new targets added in; however, access to care: initial, routine and emergent will be added to the report as well as to implement and monitor performance in the new engagement measure received from HCPF.	1) The Performance Measure swf file will continue to be reviewed in the QISC/CAUMC committee quarterly. As needed interventions will be discussed if targets are not met for two quarters in a row.
✓	**URAC Core 21 (c, d, e & f)** **URAC Core 20 (h)**			

GOAL #7: Implement new Performance/Quality Improvement Projects.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
7A.	Develop a new Quality Improvement Project	1) QISC will develop a new Quality Improvement Project (QIP)	1) In order to meet URAC requirements a new Quality Improvement Project will be developed and implemented. QISC/ CAUMC, and the PIP task group will move towards developing and implementing a new QIP	1) Beginning August 1, 2014 the PIP task group and the QISC/CAUMC committee will examine a QIP related to the reduction of the 7 day ambulatory follow up rate. 2.) Beginning August 1, 2014 the PIP task group and the QISC/CAUMC committee will evaluate and initiate a QIP related to diabetes testing for members currently prescribed atypical antipsychotics medication.
✓	**URAC Core 20 (h)**			
7B.	Develop a new Performance Improvement Project.	1.) QISC and the PIP Task group will develop a new Performance Improvement Project (PIP) 2.) QISC and the PIP Task group will develop a second Quality Improvement Project (PIP)	1) In order to meet State and contract requirements a new Performance Improvement Project will be developed and implemented. QISC/ CAUMC, and the PIP task group will move towards developing and implementing a new PIP 2.) In order to meet URAC requirements a second Quality Improvement Project will be developed and implemented. QISC/ CAUMC, and the PIP task group will move towards developing and implementing a new QIP	1) When the current PIP is retired a new PIP will need to be started in its place. Beginning August 1, 2014 the PIP task group and the QISC/CAUMC committee will examine a PIP related to the subject of transitions of care for the criminal justice population. The PIP will be implemented on or before January 2015. 2.) Beginning August 1, 2014 the PIP task group and the QISC/CAUMC committee will evaluate and initiate a QIP related to diabetes testing for members currently prescribed atypical antipsychotics medication.
✓	**URAC Core 20 (g)**			

GOAL 8 #: Monitor and evaluate BHO Performance Indicators.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
8A. ✓	Monitor overall BHO performance measures quarterly (swf file) **URAC Core 21 (c, d &e)**	1) Continue to monitor current BHO Performance Measures through the use of the swf file on a quarterly basis.	1) The QISC/CAUMC committee will review Performance Measures on a quarterly basis through the use of the .swf file; initiate barrier analysis or Cap as necessary.	1) Ongoing, presented quarterly at QISC/CAUMC

GOAL 9 #: Monitor and evaluate provider and BHO performance in the delivery of SUD services.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
9A.	Continue implementing the SUD audits for the Independent Provider Network	Continue to identify areas of the SUD benefit for implementation.	Establish a standard targeted towards documentation and monitoring for the Independent Provider Network	Monitor performance throughout the year by conducting SUD audits and medical necessity audits. Annually the results of the audits will be presented to the QISC/CAUMC committee.
9B. ✓	QISC/CAUMC or another work group will explore options to implement substance use disorder performance measures and monitor BHP performance. **URAC Core 21 (c, d &e)**	Implement a report for UM reporting standards for SUD services.	Explore potential measures that can be qualified and quantified for the SUD benefit. A dashboard type tool will be developed and will include units' approved, specific categories by providers and centers as well as paid claims and social detox. The engagement measure will be added after the methodology has been decided upon. SUD engagement will be added to the .swf file	Monitor the dashboard and other measures of performance quarterly.

GOAL #10: QISC/CAUMC will evaluate the FY 2015 work plan progress and review Quality/Utilization Management Program Plans.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
10A.	QISC/CAUMC will: 1) Conduct an annual review of work plan goals,	1)Complete at minimum a mid-year review, revisions as identified and end-of year review	1) At the QISC/CUAMC 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.	1) QISC/CAUMC will evaluate progress of attainment of the Work Plan throughout the year through the utilization of the CHP project calendar.
	2) Conduct annual review, update and approval of Program Description, and	2) Review and update QM/UM Program Description, and submit to Board for approval	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.	2) The documents are due to HCPF in September 2015. A month before the document due date the QISC/CAUMC committee will review and give approval to the documents August 2015.
	3) QISC and CAUMC will complete an annual evaluation.	3) Evaluate and document progress and attainment of work plan goals, and overall QM/UM program effectiveness	3) Annually, the program Annual Evaluation and Work Plan will be reviewed by the QISC/CAUMC committee.	3) The documents are due to HCPF in September 2015. A month before the document due date the QISC/CAUMC committee will review and give approval to the documents August 2015.
✓	**URAC Core 19 (c)** **URAC Core 20 (f, h & i)**			

GOAL 11 #: QISC/CAUMC will work towards the implementation of the integration program into committee efforts.

Quality Improvement and Utilization Management Activities		*Target*	*Plan*	*Timetable*
11A.	Support implementation of the integration program through QICS/CAUMC efforts	Support measurement of the progress of the integration department.	Work with the Integration department to develop and initiate monitoring through audits or reports.	Identify and begin to implement areas for monitoring if the Integration program by March 2015

11B.	The QISC/CAUMC committee will look at developing a question for Fact Finders	Identify a question for Fact Finders that focuses on member feedback on integration	The QISC/CAUMC committee will formulate a new question for the Fact Finders survey which focuses on member feedback on integration efforts	The question will be established by December 2014 and reviewed after 6 months of implementation in June 2015