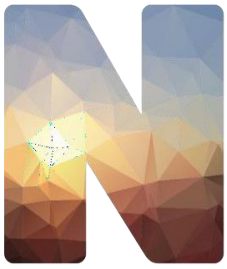

NORTHEAST
HEALTH PARTNERS, LLC

Annual Quality Report

State Fiscal Year 2021-2022

Northeast Health Partners, LLC

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Section 1. Executive Summary

Northeast Health Partners, LLC (NHP) is the Regional Accountable Entity (RAE) for Region 2; the northeast portion of Colorado representing 10 counties spanning more than 20,000 square miles and including more than 100,000 eligible members as of the end of state fiscal year (SFY) 2021/22 (July 1, 2021 – June 30, 2022). NHP was founded by four provider organizations serving the region: Sunrise Community Health, Salud Family Health Centers, North Range Behavioral Health, and Centennial Mental Health Center. NHP also utilizes Beacon Health Options (Beacon) as its contracted Administrative Services Organization (ASO).

The Quality Improvement (QI) program at NHP is responsible for programs and initiatives focusing on improving health outcomes for Health First Colorado (Medicaid) members. The QI program at NHP spans performance tracking, business intelligence, practice transformation, care coordination, and population health initiatives to ensure programmatic decision-making is data-driven, efficient, strategically aligned, and focused on continual improvement.

This report seeks to summarize the activities, deliverables, accomplishments, barriers, and major programmatic decisions within the NHP QI Program through SFY21/22. Activities around COVID-19 will also be included where warranted as the Public Health Emergency (PHE) remained in effect throughout the fiscal year. This document serves as a review of what the region historically accomplished and acts as a blueprint for NHP's SFY22/23 Quality Plan.

NHP Quality Improvement Program Overview

The QI Program at NHP is responsible for overseeing, creating, and administering quality improvement activities across the region. In SFY21/22, NHP's QI Program continued to meet programmatic and regional needs associated with improved health outcomes of members, provide contract deliverables on time, and ensure better healthcare delivery.

Administrative support for the QI Program continued under Beacon Health Options, with all activities and oversight provided by the NHP Director of QI. QI Program activities continued to include the following components:

- External Quality Review Organization (EQRO) audits and subsequent post-audit activities
- Overseeing the Encounter Data Validation (411) audit and subsequent post-audit activities
- Managing Performance Improvement Projects (PIPs)
- Chairing/co-chairing committees, including the Quality Management Committee, the Quality Improvement/Pop Health Committee, and the Regional Program Improvement Advisory Committee (PIAC)
- Development and completion of milestones associated with the Potentially Avoidable Complications (PAC) work
- Alignment of activities across PAC, population health, condition management, and member engagement
- Performance Measurement Action Plan (PMAP) and independent performance improvement (PI) activities
- Integration with NHP Population Health strategic planning efforts

Pandemic Impact of Quality Indicators

As noted in the previous report,[1] COVID-19 arrived in the United States in early 2020 and continues to impact the country more than two years later. Numerous efforts to prevent the spread of COVID-19 were underway in SFY20/21, and many of those efforts continued in SFY21/22. These activities included a heavy emphasis on vaccine delivery and prevention throughout the region; placing significant time constraints on physicians, clinical staff, and administrative staff across the region's clinical practices.

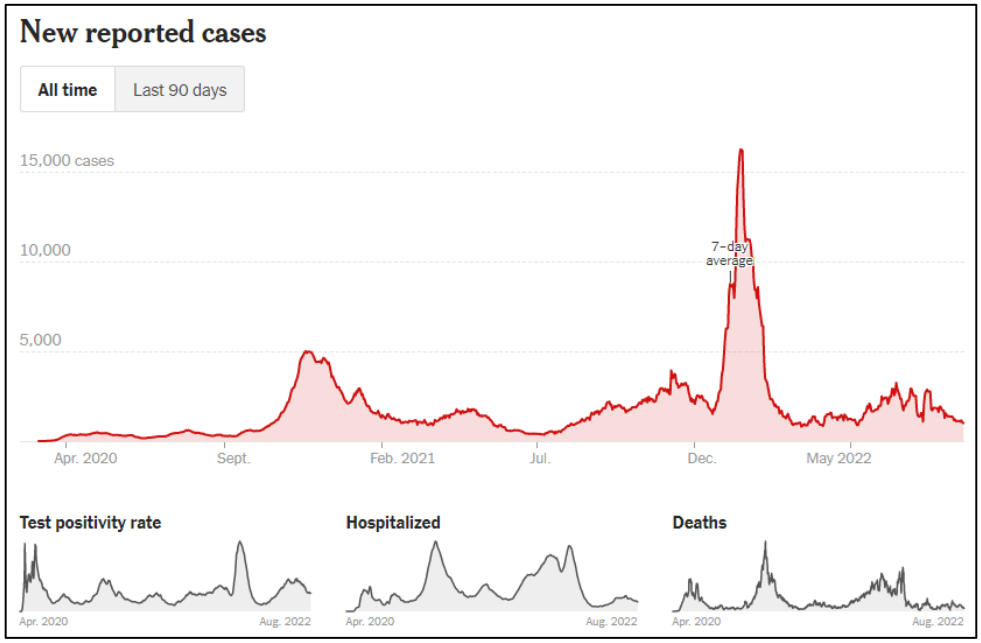
Delta and Omicron Variants

The Delta variant grew to become the most dominant strain of COVID-19 toward the end of the summer in 2021, and was subsequently displaced by the Omicron variant as the dominant strain by beginning of 2022. Figure 1 notes the number of new cases of COVID-19 in Colorado since the beginning of the pandemic. While clinics and hospitals began

[1] Northeast Health Partners. *SFY20/21 Quality Report.* Submitted to HCPF on September 30, 2021.

to see alleviated pressure from COVID1-19 toward the end of the calendar year in 2021, Colorado saw a surge in patient volumes during the beginning of 2022. Clinics were also impacted by COVID-19 with one clinical partner noting that her office staff was "decimated by Covid." The Delta and Omicron variants had such significant impacts to hospitals and clinics across the region that one executive noted, "clinic volumes were up thirty percent and staffing was down by twenty percent."

Figure 1. New COVID-19 Cases Per Day in Colorado[2]



Impact on Performance Measures

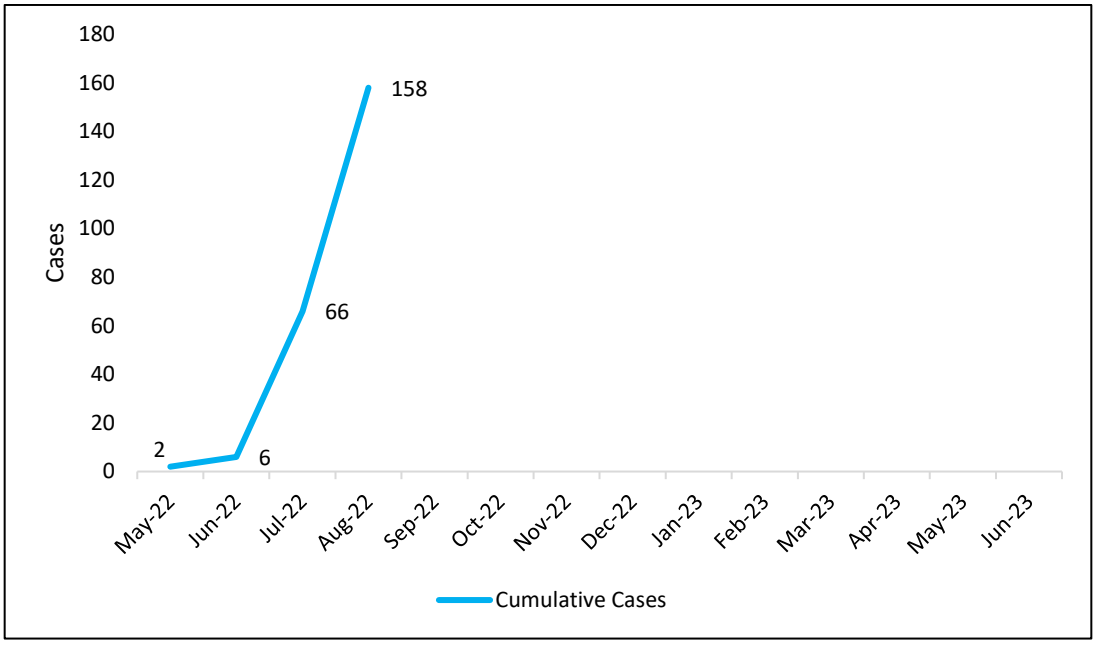
The SFY20/21 report[1] noted that COVID-19 directly impacted some performance measures including Well Visits, Dental Visits, and ED Visits, and the impact on these measures remained evident in SFY21/22. These visits all dropped significantly with the pandemic. However, vaccination efforts in the early part of 2021 resulted in increased performance for well visits, and decreased performance on ED visits. The increased infection rate found with both Delta and Omicron variants saw Dental Visits remaining stagnant through 2022.

Monkeypox

According to Colorado Department of Public Health and Environment (CDPHE), the first cases of monkeypox arrived in Colorado in May of 2022.[3] Monkeypox is currently rare, has a fatality rate of less than 1%, but may be serious for those who are infected. The impact of monkeypox on quality measures is insignificant for SFY21/22, but may be impactful in future fiscal years as cases continue to grow.[3] As with COVID-19, NHP will continue to monitor the number of cases and work with Colorado Health Care Policy and Financing (HCPF) on state initiatives.

[2] *New York Times.* Accessed on August 19, 2022 from https://www.nytimes.com/interactive/2021/us/colorado-covid-cases.html.
[3] Colorado Department of Public Health and Environment. Monkeypox. Accessed on September 6, 2022 from https://cdphe.colorado.gov/diseases-a-to-z/monkeypox.

Figure 2. Cumulative Monkeypox Cases in Colorado[3,4]



Department Structure, Committees and Regional Quality Meetings

Quality Management Committee and Quality Improvement/Population Health Committee

Since September of 2020, NHP has held two bi-monthly Quality Committees that meet on alternating months. NHP's Quality Improvement and Population Health Committee is chaired by NHP's Chief Clinical Officer (CCO) and co-chaired by NHP's Director of Quality Improvement, and the Quality Management (QM) committee is chaired by the NHP's Director of Quality Improvement and co-chaired by the CCO.

These two committees offer representation and insight from both physical and behavioral health clinicians and administrators from across the region. Meeting participants continue to represent a myriad of regional partners including hospital systems, Federally Qualified Health Plans (FQHCs), Community Health Centers (CHCs), Community Mental Health Centers (CMHCs), North Colorado Health Alliance (NCHA), and Beacon Health Options. Topics of discussion in these meetings included reviews of performance measurement, performance improvement opportunities, Potentially Avoidable Complications (PAC) efforts and findings, targeted messaging and public health campaigns, grievances and appeals, Population-Health initiatives, clinical support work such as the Practice Transformation (PT) and the Hospital Transformation Program (HTP), and other topics of interest from Health Care Policy & Financing (HCPF).

Performance Improvement Advisory Committee (PIAC)

The regional Performance Improvement Advisory Committee (PIAC) continues to serve as an avenue for members' voices and perspectives to be incorporated into NHP's quality initiatives. Chaired by NHP's Director of Quality Improvement, the PIAC Committee continued to meet quarterly in SFY21/22. Consistent with the previous year, the committee's voting membership included representation from East Morgan County Hospital, Frontier House, Weld County Long Term Care (LTC), North Colorado Family Medicine (Banner Health), North Colorado Health Department, Hillcrest Center & the Towers, Nurse Family Partnership, Salud Family Health Services, North Range Behavioral Health, Women, Infant, Children (WIC), NCHA, Cavity Free at Three, and Envision. The Regional PIAC also has many organizations that participated in the meeting through non-voting capacities.

In SFY20/21, the PIAC helped uncover stakeholder feedback and concerns including performance insights, COVID-19, the efforts around the Public Health Emergency (PHE) ending, stakeholder engagement opportunities in the Regional

[4] Cases reported are as of September 6, 2022 and only include completed months.

PIAC, and health equity in alignment with state initiatives. These topics were discussion mainstays across the SFY21/22 meetings with regional performance as a standing agenda item. Other standing agenda items included disseminating PHE unwind information from the Department to committee participants, disseminating health equity strategy information from the Department, and providing an open invitation to regional attendees to also attend the State PIAC meeting.

NHP previously noted a desire to increase the number of members represented in the PIAC's voting membership and to also identify a Co-Chair. However, the addition of voting members resulted in the inability to achieve a quorum. As a result, the planned annual charter review and voting membership renewals were not held during the April meeting. To easily achieve a quorum, NHP reduced the number of voting members, and is working with the new voting membership to update the bylaws and to also identify a Co-Chair for the next fiscal year. Key accomplishments from the PIAC for SFY21/22 are below:

- Deeper level discussions on regional impacts to performance measures
- Continued alignment with state initiatives and priorities including an enhanced focus on diversity
- Presentations from regional organizations to increase engagement with and participation the PIAC, and to connect regional participants to community resources. Presentations included the Immigrant and Refugee Center of Northern Colorado, North Colorado Ride. DentaQuest, and Focus Colorado.

First Fridays Quality Forum

NHP established a monthly quality forum on the first Friday of every month from 11:00am-12:00pm, starting in May of 2022. This venue enabled NHP to bring community stakeholders together to discuss relevant quality-based topics in more detail, to answer questions from practices, and to help practices engage with each other. While most of these topics are covered in regional committee meetings, the topics are not often deeply discussed due to the volume of agenda items covered in the committees. Topics for SFY21/22 Included:

- Key Performance Indicators, the DAP, and Performance Incentives (May 2022)
- Making the DAP Actionable: A Tool for Tracking Well Visits (June 2022)

Key Metrics Table

A summary of performance measures is included in Table 1 below, with specific date ranges and data sources noted in the footnotes. Additional context to the region's efforts on specific performance measures are in the Performance Measure Summary section of this report.

Table 1. Key Metrics Table

Key Performance Indicators (KPIs)[5]	Tier 1 Goal[6,7]	SFY21/22[8]	SFY20/21[3]
Behavioral Health (BH) Engagement	16.32%		15.55%
Dental Visits	38.04%	36.13%	37.02%
Well Visits (0-15 Months)[9]	Variable[10]	48.60%	N/A
Well Visits (15-30 Months)[9]	Variable[10]	48.33%	N/A
Well Visits (3-21 Years)[9]	Variable[10]	28.95%	N/A
Prenatal Engagement	64.31%	65.25%	63.07%

[5] KPIs are calculated by Truven and reflect a rolling 12-month methodology.
[6] NHP opted to capture its Tier 1 performance targets, as this is the minimum performance required for achieving the goals.
[7] Colorado Health care Policy & Financing. KPI SFY21-22 Baselines and Targets.
[8] Numbers ae based on the Colorado Data Analytics Portal supplied by IBM Watson for 12-month rolling averages through May of 2022.
[9] New Measure added in SFY21/22.
[10] Rates increase on quarterly basis.

Emergency Department (ED) Visits	565.5	2.90%	-22.05%
Performance Pool	**SFY21/22Goal[11]**	**SFY21/22[12]**	**SFY20/21[13]**
Extended Care Coordination (ECC)	TBD	TBD	78.1%
Pre-Mature Birth Rates	9.98%	12.20%	9.97%
BH Engagement for Members Releasing from State Prisons (DOC)	19.14%	24.90%	20.74%
Risk-Adjusted PMPM	$406	$351	$363.31
Asthma Medication Ratio	46.94%	47.90%	46.70%
Anti-Depressant Medication Management (A)	65.35%	64.60%	66.80%
Anti-Depressant Medication Management (B)	46.02%	42%	44.80%
Contraceptive Care for Postpartum Women	36.90%	27.70%	36.76%
Behavioral Health Incentive Program (BHIP)	**SFY21/22 Goal[14]**	**SFY21/22[15]**	**SFY20/21[16]**
Substance Use Disorder (SUD) Engagement	51.67%	53.30%	50.80%
7-Day Follow-Up After an Inpatient Visit (MH)	52.81%	43.80%	50.07%
7-Day Follow-Up After an ED Visit for SUD	30.69%	31.3%	29.64%
BH Follow-Up After a Positive Depression Screen in Primary Care	87.96%	84.8%	87.09%
Gate measure: Depression Screen Claims Volume	*35.18%*	17.9%	*
BH Screen/Assessment for Members in Foster Care	20.38%	10.3%	18.60%

Key Accomplishments in SFY21/22

Included in Table 2 below is a high-level summary of accomplishments from SFY21/22. These are discussed in more depth throughout this report.

Table 2. Key Accomplishments from SFY21/22

Project	Accomplishment
Emergency Department Visits	Achieved the Tier 2 goal in Q1 and the Tier 1 goal in Q2 for Emergency Department Visits.
Prenatal Engagement	Achieved Tier 1 goal in Q1 and is on-target to achieve the Tier 1 goal for Q4. Prenatal engagement hit the highest historical rate four times during the fiscal year (July, November, April, and May).
Potentially Avoidable Complications (PAC)	All milestones and points were awarded.
DOC BH Engagement	Continued performance as one of the top performing RAEs.
QI and Population Health Committee	Maintained robust clinical representation from the region to inform strategy and analysis associated with performance measures.
HSAG QOC Audit	Completed the first QOC audit with HSAG
QOC Reporting	Finalized the reporting tool with the state and began sending reports on a quarterly basis
First Fridays Quality Forum	Created this as a monthly venue on the first Friday of every month to have deeper discussions on relevant quality topics.

[11] Colorado Health Care Policy & Financing. UPDATED Performance Pool Workbook SFY2022 Baselines and Targets.

[12] State-calculated fiscal year Performance Pool Measures are expected in December. These rates are calculated internally except for DOC.

[13] Colorado Health Care Policy & Financing. *Performance Pool Workbook FY1921 FINAL PERFORMANCE.*

[14] SFY21/22 Goals were not provided by the State.

[15] BH Incentive measures are delayed due to a 90-day claims runout. Data represent estimates based on internal calculations through May of 2022.

[16] Colorado Health Care Policy & Financing. *FY2021-2022 Validation of Performance Measures for Northeast Health Partners Region 2.* March 2022.

Project	Accomplishment
Power BI Reporting	Enhanced use of Power BI to visualize performance across KPIs, BHIPs, and PP.
Quarterly Physical Health/Behavioral Health Workgroup	A quarterly bi-directional workgroup was established to bring clinicians from both physical health and behavioral health for insights into regional performance and deeper data dives. Meeting attendees represent North Range, Banner, NCHA, and NHP.
Expanded Performance Improvement (PI) Initiatives	NHP established PI opportunities to explore data around Well Visit KPIs, Prenatal Engagement KPIs, Dental KPIs, and the 7-day Follow-Up after Inpatient Mental Health Discharge BHIP measure.
Depression Screening Gate Measure is Tracked Monthly	SFY22 saw the gate measure for the Follow-Up after Positive Depression Screen BHIP tracked on a monthly basis.
Data Analytics Portal (DAP) Project Implemented and Expanded	NHP piloted a project to send DAP performance charts and action lists to regional practices. This project expanded to 27 organizations representing 52 practices and covering 90% of the regional members.
Cavity Free at Three Pilot	Created a pilot program across 5 sites to implement the Cavity Free at Three program.

Key Initiatives for SFY22/23

The QI program at NHP established key initiatives for SFY22/23 based on evaluating its accomplishments and identifying gaps and barriers observed during the previous fiscal year. Initiatives for SFY22/23 are noted at a high level below in Table 3 and specific details around these goals can be found in the corresponding Quality Plan.

Table 3. Key Initiatives for SFY22/23[17]

Project	SFY22/23 Goal / Activity
411 Audit	• Continue to maintain our inter-rater reliability with HSAG over-reads. • Engage in the 411 QUIP with providers who did not meet established standards.
All Performance Measures	• Improve KPI performance to meet pre-COVID levels. • Expand single-source reporting and visualizations on KPIs, BHIP, Performance Pool performance to include clinic-level analysis. • Maintain regional access to performance reports and action items across KPIs. • Continue partnering with individual clinics/sites to establish targeted performance improvement activities for lagging performance indicators. • Maintain strong performance in Risk-Adjusted Per Member Per Month (PMPM) measure.
Behavioral Health Incentives	• Continue performing at or above the regional target for both Depression screening (Gate) and Follow-up for Positive Depression Screening measures. • Achieve regional goals for the BH Screen/Assessment for Foster Care Members. • Expand previously established performance improvement initiatives at the clinic-level for lagging BHIP performance.
Performance Pool	• Maintain strong performance in Extended Care Coordination. • Maintain strong performance in Department of Corrections (DOC) BH Engagement .Measure. • Maintain strong performance in Medication Adherence Measures. • Establish clinic-level performance improvement initiatives for lagging performance.
Performance Improvement	• Expand the number of independent performance improvement projects to meet: o 3 out of 5 KPI metrics o 3 out of 5 BHIP measures o 3 out of 7 Performance Pool Measures

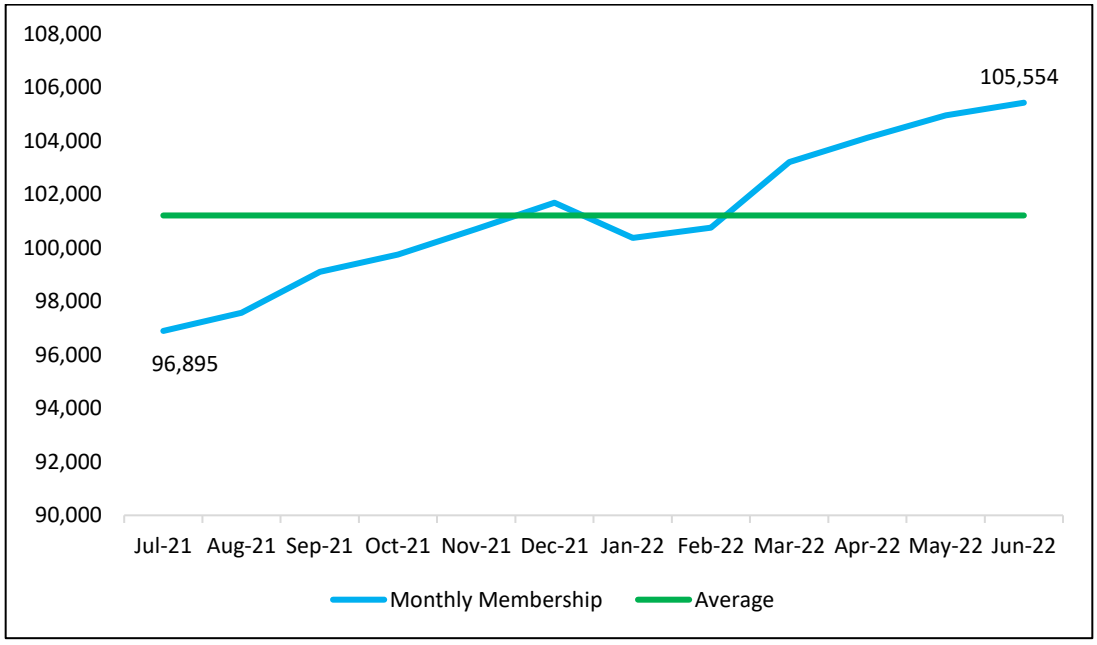
[17] This table is included in the Northeast Health Partners' SFY22/23 Quality Improvement Plan.

Project	SFY22/23 Goal / Activity
	• Improve Prenatal Engagement rates to meet Tier 1 levels • Improve Dental Engagement to meet Tier 1 levels
PIP	• Finalize the Module 4 documents for the SFY21/22 PIP • Establish partnerships with practices for the SFY22/23 PIP
ED Visits	• Expand the ED Dashboard Report to include information on Admission/Discharge/Transfer (ADT) files to better understand the growing trend in ED utilization that began in February of 2021. • Partner with hospitals to assess hospital-level perspectives • Implement focus groups to understand member-level perspectives on ED use.
Practice Transformation Program	• Expand on Practice Transformation work from SFY21/22 • Implement the Behavioral Health Practice Transformation program • Track milestones for Prescriber Tool implementation
Hospital Transformation Program	• Establish data collection feeds for all hospitals to utilize in alignment with the HTP goals. • Incorporate HTP data to Health Cloud or other Health Information Exchange system to begin closed-loop communications to the regional hospitals.
Prescriber Tool	• Help position practices for success at implementing the Prescriber Tool through a milestone program including workflow changes, trainings, and developing tracking tools.

Section 2: NHP Population Characteristics and Penetration Rates

NHP's eligible membership population grew almost 10% during the fiscal year; from over 97,000 at the end of SFY20/21 to over 105,000 members by June 30, 2022. During SFY21/22, NHP's eligible membership population averaged over 100,000 for the fiscal year, which is 10,000 more than the previous fiscal year's average. Enrollment eligibility has continued to climb during COVID-19, and rose in almost every successive month of the fiscal year.[18] This trend is summarized below in Figure 3.

Figure 3. SFY21/22 NHP Total Enrollment, by Month



Aid Categories and Demographic Characteristics

Table 4 shows the breakdown of NHP member population. The region is closely split between males and females with females accounting for more than half of the regional members; this represents a solid shift in demographics across fiscal years as females accounted for almost 45% of the members in SFY20/21. Approximately 60% of the members are over the age of 19; a statistic that remains stable across years. Table 4 represents a snapshot of NHP's membership breakdowns for age and gender as of June 30, 2022.

Table 4. NHP's Membership Demographics

Age	Count of NHP Membership	% of NHP Membership
Child: 0-12	27,983	26.51%
Adolescent: 13-17	11,785	11.16%
Adult: 18-69	61,079	57.87%
Older Adult: 70+	4,707	4.46%
Gender	**Count of NHP Membership**	**% of NHP Membership**
Female	56,488	53.5%
Male	49,066	46.5%
Unknown/Not Stated		
Total Enrollment	**105,554**	

[18] Members have continuous enrollment during COVID-19 contributing to the continual rise in membership.

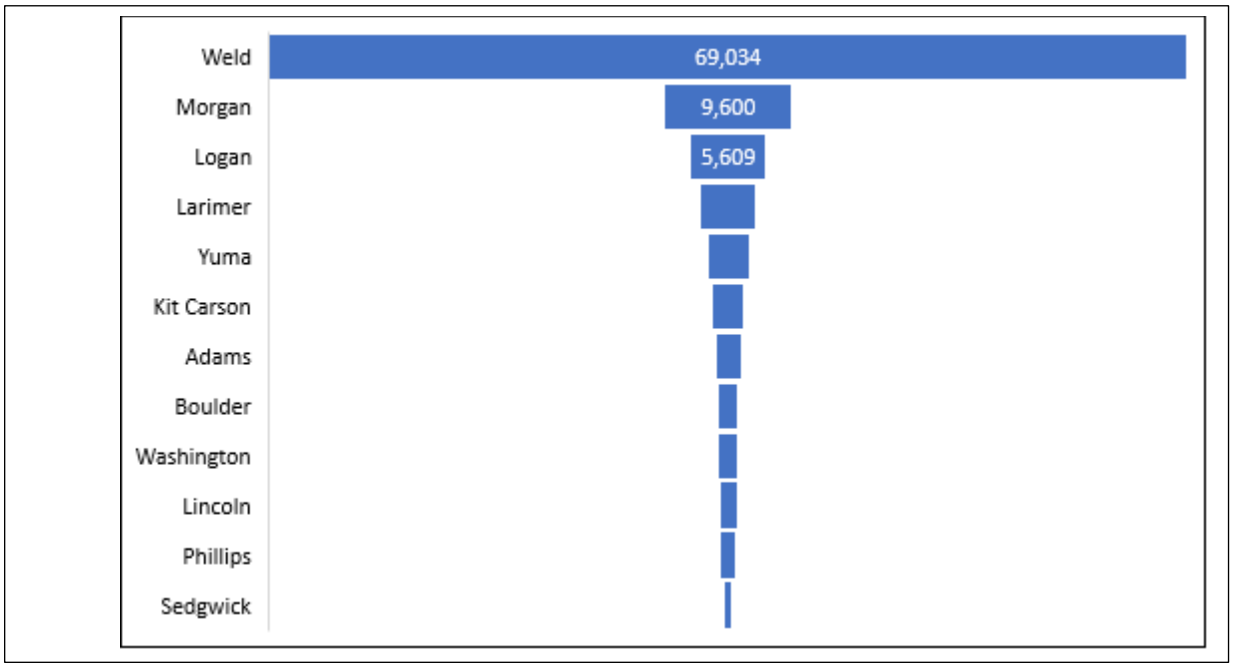
Regional Distribution

The NHP region has not changed over the previous year and continues to span the same 10 counties in the northeast region of Colorado. These counties include Weld, Morgan, Logan, Yuma, Kit Carson, Lincoln, Washington, Philips, Sedgwick, and Cheyenne counties. Weld County is still the only urban county in the region, and accounts for the largest proportion of members. Morgan, Logan, and Phillips counties are rural counties, and the remaining counties (Sedgwick, Washington, Yuma, Kit Carson, Lincoln, and Cheyenne) are designated as frontier counties based on the Colorado Rural Health Center.[19] Membership counts across each of these counties are visualized in Figures 4 and 5.

Diagnostic Cost Group (DCG Scores)

Interestingly, this continued rise in the population may be inadvertently impacting performance on regional goals. Growth in the regional population may not coincide with a clinic's ability to meet population demands, and may be inversely related to access. Additionally, the sickness of the population may not be increasing at the same rate (meaning NHP may be seeing a healthier membership base). Figure 6 displays the average Diagnosis Cost Group (DCG) score by months and the trended line for the fiscal year. This graph shows a downward trend in average DCG, which points to a healthier population which may also inversely impact performance on some performance measures (such as the members' perceived need for well visits or behavioral health engagements).

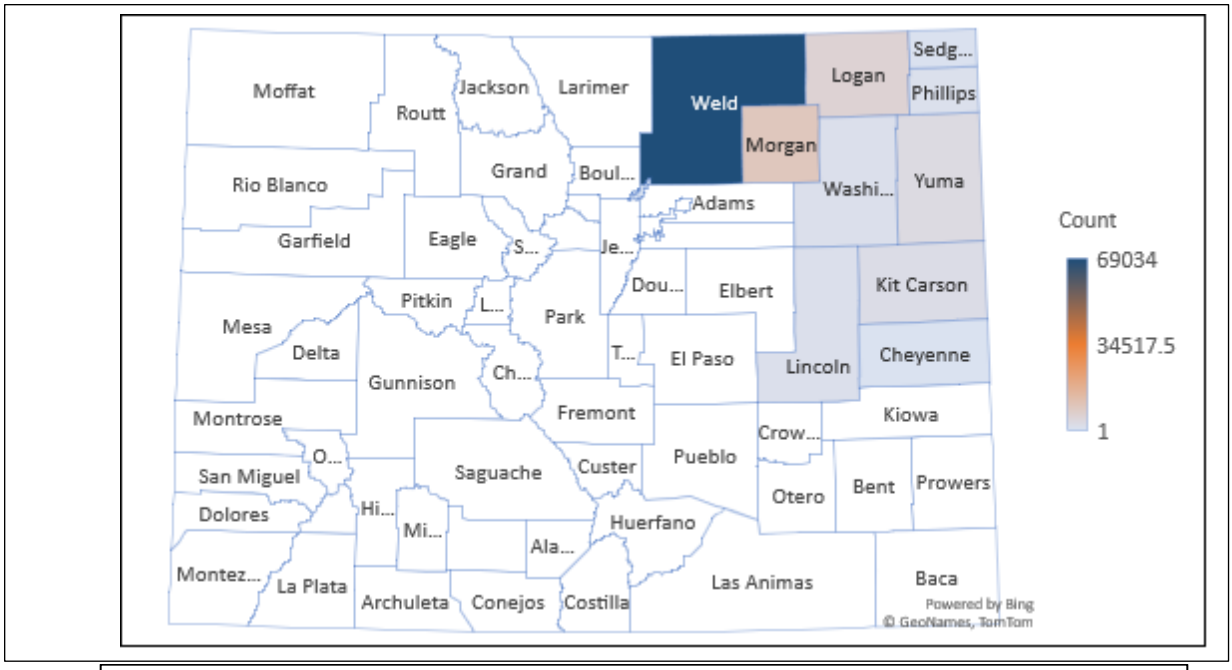
Figure 4. NHP's Medicaid Enrollment Average, by County



** Data not shown: Larimer (4,111), Yuma County (3,141), Kit Carson County (2,276), Adams County (1,951), Boulder County (1,528), Washington County (1,395), Lincoln County (1,351), Phillips County (1,163), Sedgwick County (723). Cheyenne County has 460 members.*

Figure 5. NHP's Membership Distribution, by County

[19] Colorado Rural Health Center. *Colorado County Designations, 2018.* Accessed on July 7, 2022 from: fhttp://coruralhealth.wpengine.netdna-cdn.com/wp-content/uploads/2013/10/2018-map.pdf



**Counties: Weld (69,034), Morgan (9,600), Logan (6,609), Yuma (3,141), Kit Carson (2,776), Washington (1,395), Lincoln (1,351), Phillips (1,163), Sedgwick (723), and Cheyenne (460).*

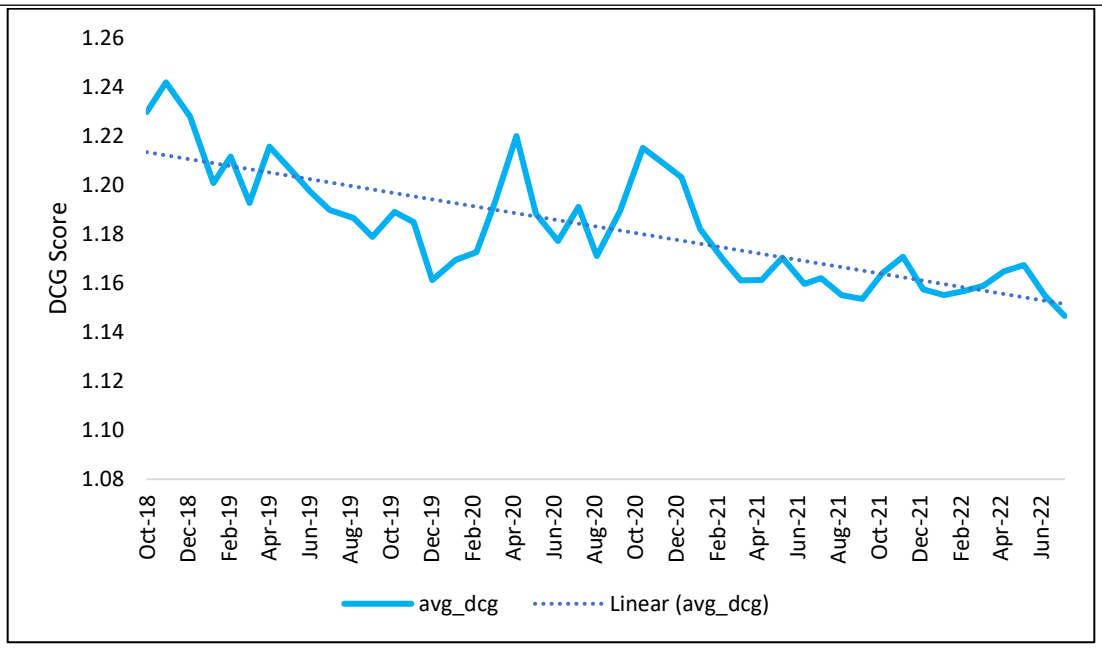


Figure 6. Average DCG Scores, by Month

Penetration Rates

The Behavioral Health Penetration Rates refers to the percent of members with at least one behavioral health contact during the fiscal year. The average penetration rate for SFY21/22 was 16.6%; slightly lower than the 18.6% seen in SFY20/21. Figure 7 below captures the annual rolling average of the penetration rate. Rates in SFY20/21 remained relatively stable through the year, but improved beginning in April of 2021. This rate remained relatively stable with slight declines across months from August of 2021 through March of 2022 before falling below the SFY21/22 average in April. COVID-19 was a contributing factor to regional performance in SFY19/20 and SFY20/21 and continues to be a factor in SFY21/22. However, as noted in Figures 3 and 4, the decline in penetration rates may be due to the increase in regional membership combined with a decrease in risk scores. Some of the rates may get adjusted in the future, so

ongoing monitoring is needed to determine the true causes in declining rates.[20] Penetration rates broken down by age, eligibility type, and overall average helps NHP better target interventions that may improve members' access to timely and appropriate services that meet their needs. Figures 8 and 9 below show the penetration rate by aid category and age, respectively.

Penetration rates will continue to be monitored in SFY22/23. With the continuation of the Public Health Emergency due to COVID-19 and the addition of the monkeypox PHE in August, tracking overall penetration rates across member demographics will be critical to understanding how members are engaging in behavioral health services. These rates will also be helpful to assess which member groups might be less inclined to utilize behavioral health services through virtual formats.

Figure 7. SFY21/22 BH Penetration Rates, by Month

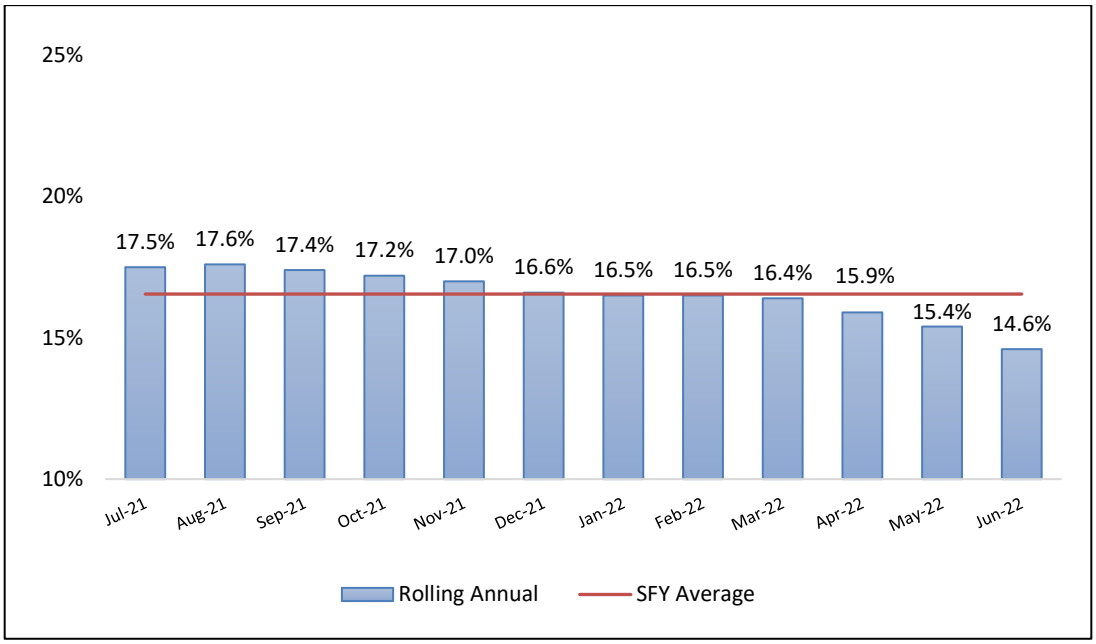


Figure 8: SFY21/22 BH Penetration Rates, by Aid Category

[20] Claims run-out refers to the time in which claims for services are submitted, processed, and paid. These activities may take up to five months to finalize. This should be considered across all penetration rate data presented in this report. NHP anticipates the SFY21/22 penetration data to be finalized by November 30, 2022, but monitors monthly variation in reported numbers to understand the true impact of claims run-out on reported rates.

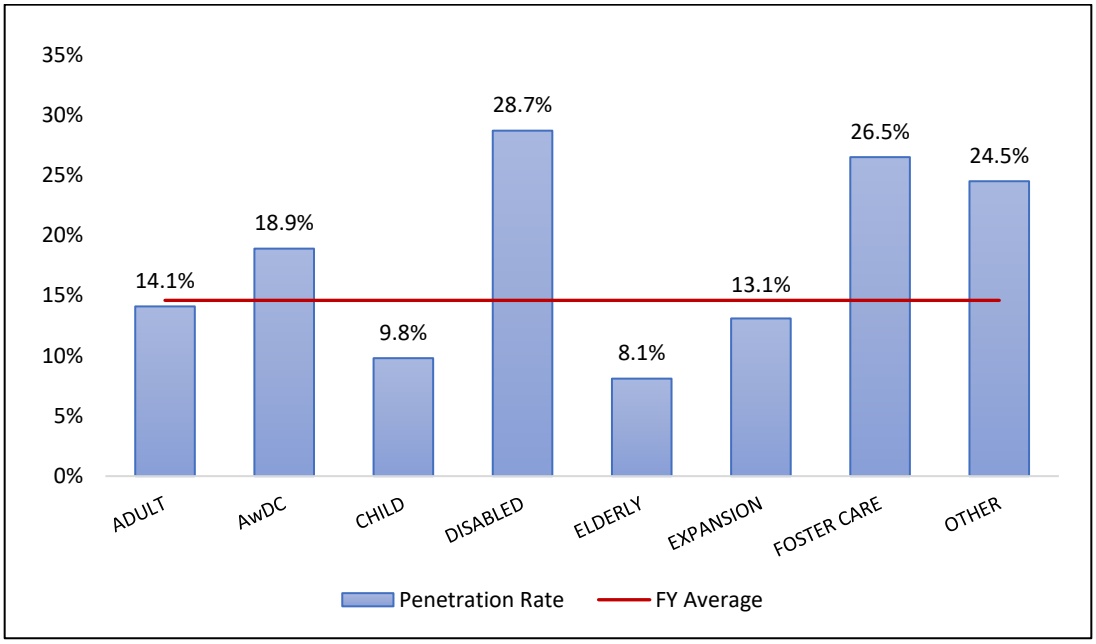
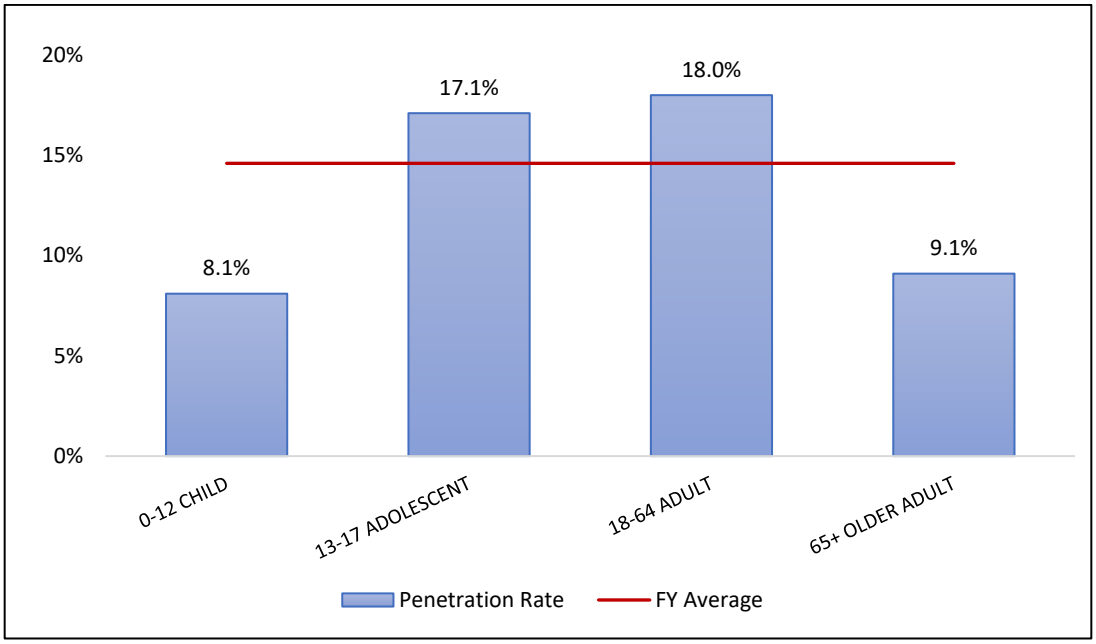


Figure 9: SFY21/22 BH Penetration Rates, by Age



Section 3: Network Adequacy and Availability

NHP's goal is to create, administer, and maintain a statewide network of behavioral health providers and a network of primary care medical providers (PCMPs) within the region, supported by written agreements, to serve the needs of Medicaid members attributed to NHP. To achieve this goal, NHP monitors the existing network to assess adequate access to services, recruits available providers to address identified gaps in service access, and manages provider data to ensure accurate provider information is available to members.

NHPs network increased roughly 73%; from 1,912 behavioral health practitioners at the end of the fourth quarter of SFY20/21 to 3,308 practitioners by the end of the fourth quarter of SFY21/22. The number of practitioners included solo and group providers. NHP remains committed to building on the previous year's lessons learned to continue improving and strengthening the behavioral health network. In SFY22/23, NHP plans to focus on the following goals:

- Enhancing the network including intensive services
- Expanding telehealth access
- Improving access to care within current network providers

Ensuring Availability

NHP monitors the existing networks of primary care and behavioral health providers to ensure it has sufficient practitioners to maintain adequate service access across age, level of ability, gender and cultural identities, including those with limited English proficiency. NHP will continue to achieve this function through on-going analysis, reporting, and auditing of the current network, which are outlined below. The findings are used to target provider engagement and prioritize provider recruitment.

As required by Health First Colorado, both PCMPs and behavioral health providers are expected to maintain business hours that are convenient to the population served and are offered without payer discrimination. Appointments are expected to be available based on the nature of the service including:

- Routine appointments within 7 days of the request
- Urgent access is available within 24 hours of the request
- Emergent access for behavioral health providers is available within 15 minutes by phone or one hour for face-to-face services within an urban area (or within two hours for a rural or frontier area)

For SFY 22/23, NHP's goal is to improve the number of providers that meet appointment availability standards listed above by five percent (5%). NHP will focus on higher provider engagement and targeted provider recruitment to achieve this goal. NHP will monitor appointment availability by auditing provider practices.

NHP will continue to audit providers to ensure members have access to care within the identified timelines which is both clinically important and a driver of quality. Appointment availability is audited on a quarterly basis and all in-network providers are audited at least once during the fiscal year. Providers who are unable to demonstrate compliance are provided education and support for different processes to help improve appointment availability standards, and have another audit conducted within ninety days.

Providers may receive a request for a corrective action plan (CAP) should they not demonstrate improvement at the ninety-day re-audit time period to assess any necessary corrections to previously identified issues. During this process, NHP works with the provider to offer support and education. Providers will be audited to demonstrate improvement in meeting access to care standards ninety days after the CAP is accepted. If a provider remains non-compliant, the provider will be recommended for review to the Quality Oversight Care Committee (QOCC). Based on the QOCC review, a determination may include panel closures, suspension of referrals, a continuation of the CAP, or other activities deemed appropriate up to termination from the network.

NHP learned through the access to care audits that providers needed more education and guidance on how to resolve timely access to care issues. NHP implemented additional processes to improve response rates during SFY 21/22 that will be continued in the next fiscal year. The results of the access to care audits will be used to identify geographic and specialty network needs to better prioritize targeted provider recruitment.

Accepting New Members

For SFY 22/23, NHP's goal is to improve the number of providers that accept new members by five percent (5%). As with the availability goal, NHP will also focus on higher provider engagement and targeted provider recruitment to reach this target. NHP will also monitor appointment availability by auditing provider practices.

NHP will continue to monitor access to care for new members through access to care audits and reported member feedback. Should a provider be unable to maintain access standards, NHP works with the provider to identify the issue that may be corrected to improve access. Upon completion of this process, a subsequent audit is conducted to ensure the practice is fully functional and can meet access to care standards. Providers are educated through provider trainings and newsletter reminders about the option to update their status if they are not accepting new members. The provider's status can be changed back to accept new members as soon as they are able to do so. In SFY22/23, NHP will continue to educate providers on access standards for new members, continue to audit access to care, and where appropriate, recruit new providers into the network to maintain network adequacy. Further, the results of the access to care audits will also be used to identify geographic and specialty network needs to prioritize targeted provider recruitment.

Section 4: Compliance Monitoring

Compliance monitoring activities were managed by NHP alongside various departments at Beacon Health Options, including Quality, Care Coordination, Member Services, and Provider Relations. Specific activities related to these efforts are included below.

External Quality Review Organization Audit (EQRO Audit)

The annual SFY21/22 EQRO site review, which evaluated compliance with NHP's Medicaid contract requirements, was completed in April of 2021. The following standards were reviewed as part of the audit:

- Coordination and Continuity of Care
- Member Rights, Protections, and Confidentiality
- Member Information Requirements and
- Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT)

The Provider Participation and Program Integrity and the Credentialing and Recredentialing, Coordination and Continuity of Care and the Member Rights, Protections, and Confidentiality sections both met 100% of the required elements. The Member Information Requirements and the EPSDT sections met 86.75% of its required elements. These scores resulted in a composite score of 93.37%. Health Services Advisory Group (HSAG) noted several areas of strength in the SFY21/22 site review report.[21]

Summary of Required Actions and CAP Status

NHP initiated activities specific to areas that resulted in a CAP in SFY21/22. These activities will continue into SFY22/23 and are expected to be finalized in calendar year 2022. Required actions cited in the CAP included:

- NHP must revise critical member materials to include all required components of a tagline
- NHP must develop and implement a mechanism to monitor that, upon request, members are provided with printed materials within five business days and at no cost
- NHP must: Update the EPSDT Tip Sheet and any associated documents to include the correct Bright Futures Guidelines timeframe for annual well visits
- NHP must: Enhance annual non-utilizer outreach to ensure that it is timely and has a reasonable chance of reaching the member

Encounter Data Validation (411) Audit

NHP continues to strive for excellent agreement results in the annual Claims and Encounter Validation Audit. As demonstrated in past 411 audits, NHP performed very well across the three service categories. NHP observed a high level of accuracy in the psychotherapy section of the audit with an average score of 95%. NHP also observed a very high level of accuracy in the residential section of the audit. NHP netted accuracy scores ranging of 100% across all ten of the encounter categories. Finally, NHP observed a very high level of accuracy in the inpatient section of the audit. NHP netted accuracy scores averaging 99%.

Based upon recent audit results, NHP will tailor training which will be specific to the areas of improvement found in the audit. Even though NHP saw high agreements of the aggregate scores, NHP will focus on specific providers where the scores were determined to fall below the threshold of 90%. NHP engaged these providers to offer training and request corrective action plans where warranted. In addition, NHP, in conjunction with North Range Behavioral Health will engage in a 411 Quality Improvement Project (QuIP) focusing on the improvement of scores in the psychotherapy services category for the place of service encounter category in SFY22/23.

[21] Colorado Department of Health Care Policy and Financing. *Fiscal Year 2020-2021 Site Review Report for Northeast Health Partners Region 2.* June 2021.

- 137 institutional encounters from Inpatient services
- 137 professional encounters from Psychotherapy services and
- 137 professional encounters from Residential services.

Prior to any records being reviewed, training was conducted to ensure consistency across each of the auditors. The following topics were included in various training activities in preparation of the 411 audit:

- The annual BH Encounter Data Quality Review Guidelines
- Scoring criteria for the various audit fields
- Review of the Uniform Service Coding Standards Manuals that applied to the review period

NHP also reviewed 30 records as part of its interrater reliability (IRR) training and process. Each of these 30 records were reviewed across NHP's auditors to ensure consistent scoring. Internally-calculated IRR was 86.7%. Any inconsistencies were addressed in training and in some instances, the Health Services Advisory Group (HSAG) was outreached for additional clarification and interpretation. NHP's auditors included:

- Courtney R. Hernandez, MS-HSV
- John Mahalik, Ph.D., MPA
- Stephanie Miller-Olsen, LMHC
- Over read auditor Ed Arnold, RN. MSN, BSN, BSE, CPHQ

Overall, NHP's average scores for the audit were remarkable. None of the three categories audited fell below the 90% compliance threshold. One individual encounter service category did fall below the 90% threshold. For that one category, a Corrective Action Plan (CAP) was requested with one facility was instituted. In addition, that same facility will participate in the Department's QuIP. A summary of performance on the three service categories is presented below in Tables 5, 6 and 7.

Table 5. Summary Indicators for the 411 Audit Inpatient Services

Requirement Name	RAE Region Number	Service Category	Numerator	Denominator	%
'Principal Surgical Procedure Code'	R2	Inpatient	137	137	100%
'Primary Diagnosis Code'	R2	Inpatient	128	137	93%
'Revenue Code'	R2	Inpatient	137	137	100%
'Discharge Status'	R2	Inpatient	137	137	100%
'Start Date'	R2	Inpatient	137	137	100%
'End Date'	R2	Inpatient	137	137	100%

Table 6. Summary Indicators for the 411 Audit Psychotherapy Services

Requirement Name	RAE Region Number	Service Category	Numerator	Denominator	%
'Procedure Code'	R2	Psychotherapy	134	137	98%
'Diagnosis Code'	R2	Psychotherapy	135	137	99%
'Place of Service'	R2	Psychotherapy	93	137	68%
'Service Category Modifier' (Procedure Modifier 1)	R2	Psychotherapy	135	137	99%
'Unit'	R2	Psychotherapy	135	137	99%
'Start Date'	R2	Psychotherapy	134	137	98%

Requirement Name	RAE Region Number	Service Category	Numerator	Denominator	%
'End Date'	R2	Psychotherapy	134	137	98%
'Appropriate Population'	R2	Psychotherapy	135	137	99%
'Duration'	R2	Psychotherapy	134	137	98%
'Staff Requirement'	R2	Psychotherapy	135	137	99%

Table 7. Summary Indicators for the 411 Audit Residential Services

Requirement Name	RAE Region Number	Service Category	Numerator	Denominator	%
'Procedure Code'	R2	Residential	137	137	100%
'Diagnosis Code'	R2	Residential	137	137	100%
'Place of Service'	R2	Residential	137	137	100%
'Service Category Modifier'	R2	Residential	137	137	100%
'Unit'	R2	Residential	137	137	100%
'Start Date'	R2	Residential	137	137	100%
'End Date'	R2	Residential	137	137	100%
'Appropriate Population'	R2	Residential	137	137	100%
'Duration'	R2	Residential	137	137	100%
'Staff Requirement'	R2	Residential	137	137	100%

Another key goal for NHP was to achieve a near-perfect agreement with HSAG on IRR for the 411 audit. Perfect agreement was achieved in 32 of 36 data elements. Breakdowns of audit results are found below in Tables 8, 9, and 10.[18]

Table 8. Interrater Reliability for Inpatient Services

Data Element	Score
Principal Surgical Procedure	100%
Diagnosis Code	100%
Revenue Code	100%
Discharge Status	100%
Service Start Date	80%
Service End Date	90%

Table 9. Interrater Reliability for Psychotherapy Services

Data Element	Score
Procedure Code	100%
Diagnosis Code	100%
Place of Service	100%
Service category Modifier	100%
Unit	100%
Service Start Date	100%
Service End Date	100%
Population	100%
Duration	100%

Data Element	Score
Staff Requirement	100%

Table 10. Interrater Reliability for Residential Services

Data Element	Score
Procedure Code	100%
Diagnosis Code	100%
Place of Service	100%
Service category Modifier	100%
Unit	100%
Service Start Date	100%
Service End Date	100%
Population	100%
Duration	100%
Staff Requirement	100%

Provider Audits

Beacon Health Options, on behalf of the NHP QI Department, conducts audits across care coordination, physical health, and behavioral health contract compliance. Details about these audits are outlined below.

Care Coordination Audits

NHP's delegated care coordination model consists of two different groups: Accountable and Contributing. Membership attributed to Accountable providers accounts for a significant portion of regional membership. Accountable providers possess the greatest level of capability to impact the complex members and regional KPIs as well as demonstrate the capacity to provide the full continuum of community care coordination for members. Contributing providers meet minimum Medicaid Per Member Per Month (PMPM) requirements and provide basic services. This provider group has a small medical panel size with limited volume to drive regional performance outcomes. Care coordination for all Contributing PCMPs is delegated to North Colorado Health Alliance (NCHA). NCHA also provides care coordination for members attributed to Sunrise Community Health.

With the implementation of a new definition for Complex members as of 1/1/22, the care coordination audit process was reassessed by Care Coordination and Quality personnel. The audit tool was revised to align with current policy references, and the sampling methodology was revised to evaluate the delivery of care coordination services in one sample and compliance with the NHP Opt-Out Policy in a separate sample. Accountable entities and NCHA were audited to evaluate the care coordination activities provided to members using the updated audit tool. These audits utilized a random sample of members identified as needing complex care coordination across the region's four care coordination entities, and subsequent auditing against the following four domains:

- Assessment/Care Plan Elements: All member demographic data is accounted for, as well as meaningful supplemental information that addresses social determinants, cultural specifics, and physical/behavioral health care needs, and appropriate goal-setting
- Care Coordination Evidence: Evidence showcasing that the care plan takes into consideration preferences and goals stated by the member, timely follow-up with members/families, dates in which care coordination activities occurred, identification of medical, behavioral, or social needs that the care coordinator helped identify/connect
- COUP: Member education on the importance of contacting the Primary Care Provider (PCP) for non-emergent services and/or the Nurse Advice Line, if the member is on the Client Overutilization Program (COUP) list
- Policies and Procedures: All expectations related to the care coordinator's role, including required trainings, and communication/outreach requirements with members.

The audit was still in process at the conclusion of the fiscal year. Due to program transformations, the results will be summarized to identify strengths and opportunities for improvement within each individual care coordination entity. Any trends in opportunities for improvement across multiple entities will be evaluated for potential in-service offerings across the region. Follow-up audits will be scheduled based on individual results.

Behavioral Health Documentation Audits

NHP conducts random audits on behavioral health practices to evaluate quality of care and compliance with the Health First Colorado (Colorado's Medicaid Program) documentation rules. This includes an audit of the Independent Provider Network (IPN), Substance Abuse Disorder (SUD) Outpatient, Medication Assisted Treatment (MAT), Targeted Case Management (TCM) documentation, Intensive Outpatient (IOP), Residential Treatment (RTF), Inpatient Treatment (IP), SUD Detox providers, SUD Inpatient Treatment, and SUD Residential Treatment. The purpose of these audits is to ensure that contracted providers are meeting the guidelines established for service provision and that NHP maintains a high performing network.

Audits are completed as required by the Colorado Department of Healthcare Policy and Financing (HCPF) and ensure contractual compliance. If audit scores do not meet the minimum required threshold, NHP provides education to the provider about the deficiencies, offers training to the provider, re-audit the provider for continued improvement, potentially require the provider to create a corrective action plan (CAP) if warranted, and potentially recoup funds. Audits follow Health First Colorado and Office of Behavioral Health (OBH) standards including:

- Administrative Standards
- Assessment Standards
- Treatment Planning
- Progress Note Documentation
- Care Coordination

Medication-Assisted Treatment (MAT) Services are also audited against additional standards including Medication Evaluation, Physical Examination, and Toxicology Screening. To date, no specific trends are emerging in terms of providers scoring consistently low or high on specific standards.

Education on documentation standards was offered throughout the fiscal year and will continue throughout the next fiscal year. These education sessions are provided by the same staff conducting the audits, and providers have the opportunity to engage with the educators to ask clarifying questions about documentation standards. To provide further support, NHP has provided provider-specific training via Zoom to allow for a more personalized, agency-specific training opportunity.

Section 5: Performance Improvement

The Department continued to assess RAE performance across three measure programs for SFY21/22: Key Performance Indicators (KPIs), Performance Pool, and Behavioral Health Incentive Program (BHIP). Annual performance summaries for each of these measures can be found in the Key Metrics Table, with high-level overview provided on specific measures below.

Key Performance Indicators (KPIs)

NHP continues to assess ways to provide timely and ongoing monitoring of its performance measures with regional providers and stakeholders. Regional performance was shared through the regional Quality Management (QM) Committee, the Quality Improvement/Population Health Committee, the Regional PIAC, and with individual providers at monthly quality-related meetings including the Community Mental Health Center Monthly Quality Meetings and the Region 2 Care Coordination Subcommittee. These updates were instrumental in maintaining a regional focus on performance measures and establishing clinic-level performance improvement initiatives.

NHP also sought to increase access to the Data Analytics Portal (DAP) by securely providing clinic-level performance and action lists direct to regional practices. This project was piloted with four practices to assess the feasibility and usefulness of having the information sent (pushed to practices) vs. practices extracting the information from the DAP (pulled from the DAP). By the end of SFY21/22, NHP finalized its process and sent DAP charts and action lists to 52 clinics covering 90% of the regional membership.

NHP previously developed a KPI report in Power BI to supplement the CDAP charts for quick-reference on performance tracking and for deeper-dive assessments at the practice-level. This analytic tool was also expanded to include BHIP and Performance Pool Measures, and was utilized in quality meetings for better analytical insights.

Potentially Avoidable Complications (PAC)

NHP again focused on three episodes of care for the SFY21/22 PAC Plan. Milestones expanded on previous year's PAC activities for diabetes with comorbid depression and anxiety and pregnancy, but also included Substance Abuse Disorders (SUD) as a new focus area for its third episode. The details of these initiatives are outlined below, and ongoing activities around these initiatives are continued in NHP's SFY22/23 Population Health Strategy.[22]

Diabetes with Comorbid Depression and Anxiety

NHP continued its efforts on diabetes with depression and anxiety for SFY22 by pursuing recommendations from SFY21 findings. These efforts included a clinic-level assessment of ED visits amongst members with Type 2 diabetes, a focus group with regional providers, and an interim assessment of the Diabetes Outcomes and Improvement Grant. Key finding across each of these activities include:

- Pain was the most common reason for ED visits among the sample of diabetic members. Pain was reportedly not related to diabetes, depression, or anxiety, and diagnostic testing for pain is more easily conducted in the ED than a physician's office due to more sophisticated equipment and medications.
- Qualitative analysis with chart reviews yields insight, but there are limitations within the data. More insight and collaboration are needed from local hospitals to uncover ED-specific information from hospital medical records.
- The impact of the Diabetes Outcomes and Improvement Grant includes the addition of three new diabetes programs in the region; two Diabetes Self-Management Education and Support (DSMES) programs, and a Diabetes Prevention Program.
- 105 participants have been reported across three programs as of the interim evaluation. One clinic noted A1C levels dropped in 67% of its participants. Initial impacts of the grants themselves are promising, but more data is needed to fully assess the outcomes on a member-level.

[22] Northeast Health Partners. *Annual Population Management Strategic Plan.* Submitted to HCPF on July 6, 2022.

Pregnancy

NHP continued its efforts on pregnancy and maternity in SFY21/22 and largely mirrored the activities in the diabetes, depression and anxiety episode. The previous fiscal year included an analysis of birth data that resulted in the need for additional data exploration, and a chart review was conducted with one of the regional clinics. NHP also sought to gain additional insight into the C-section rates by conducting a focus group of regional clinicians, and then created an action plan to move those insights forward. Insights surfaced from these activities include:[23,24,25]

- Leverage the newly-created physical health/behavioral health workgroup for hospital-based analysis
- Continue developing the ED dashboard to gather insights into regional ED visits, including ED visits among pregnant members.
- Increase funding in rural areas to staff skilled labor and delivery personnel, including certified nurse anesthetists, doulas, midwives, and support coaches.
- Synchronize quality improvement initiatives across the state's many maternal health and perinatal care initiatives (e.g. Colorado At Risk Intervention and Mentoring (AIM); CPCQC; state healthcare policy officials).
- Provide financial incentives and technical assistance to any obstetric providers interested in joining a C-section reduction initiative.

The logic model outlining potential next steps, action items, and timelines is captured in the figure below.

[23] Wallace ME and Robertson B. 2022. *An analysis of potentially Avoidable Emergency Department Care: A Subsample Audit of Primary Care Medical Records for Members with an Emergency Department Visit During Pregnancy.* Submitted to HCPF on April 29, 2022.
[24] Northeast Health Partners. *Pregnancy PAC Milestone 2: Focus Groups: Focus Group Findings for Regional C-Section Rates and Clinical Insight.* Submitted to HCPF on April 20, 2022.
[25] Northeast Health Partners. *Pregnancy PAC Milestone 3: Mapping Next Steps for Interventions to Reduce Pregnancy-Related Costs*. Submitted to HCPF on May 31, 2022.

Figure 10. Logic Model for Pregnancy

Program Initiative: Reducing PAC Costs Attributed to Pregnancy						
Problem Statement: Pre-term and c-section pregnancies account for significant costs of care						
Program Goal: Improve/address opportunities to impact the use of resources associated with the pregnancy episode of care and reduce overall pregnancy-related costs						
Target Population	**Inputs**	**Activities/Methods**	**Outputs**	**Short-Term Outcomes**	**Intermediate Outcomes**	**Long-Term Outcomes**
Who benefits?	*What resources are needed?*	*What will we do? How will we utilize our resources?*	*What will we produce?*	*Initial changes in the target population?*	*What is the result of the initial change?*	*What is the overall impact?*
Medicaid members in REA 2 of Colorado who are currently or will become pregnant.	Pregnancy data- CDPHE, emergency department visits, etc. Regional Primary Care Physicians/skilled personnel ED Physicians/Departments Agencies in the community that support or work with pregnant moms or women who are of child baring age	Analyze appropriate/relevant data Organize and conduct focus groups with providers Conduct chart review analysis Improve or create new relationships with clinics, physicians and hospitals/staff	Clinical insights/recommendations from review of emergency department care data Ascertainment of similarities and differences between C-section focus group and ED chart audit. Gaps/barriers in care Enhanced Network of professionals and/or community organizations	Improved care delivery Targeted interventions/initiatives that address gaps in care through the lens of cultural competency. Multifaceted understanding of delivery method, choices and implications.	Reductions in non-medically necessary c-sections. Improved prenatal care/engagement Reduction in NICU admissions Reduction in emergency room visits in pregnant women	Reductions in C-section rates Reductions in pre-term births Reductions in pregnancy-related PAC costs Improved short & long-term outcomes for mothers, child(ren) and families.
	Anticipated timeline to obtain resources?	*Anticipated timeline to implement?*	*Anticipated timeline for product development?*	*Anticipated timeline for outcomes?*	*Anticipated timeline for outcomes?*	*Anticipated timeline for outcomes?*
	< 3 months	3-6 months	3-12 months	12-18 months	12-18 months	18+ months

Substance Abuse Disorder (SUD)

SUD was a new topic for SFY21/22 and milestones focused on a baseline understanding of reginal issues surrounding SUD, and in alignment with the Behavioral Health Expansion Plan's focus on pediatric SUD. Much of the activities involved analysis of the CIOT dashboard in addition to a claims-level analysis. NHP also worked with North Range Behavioral Health to assess MAT services. Key findings of these activities include:[26,27,28]

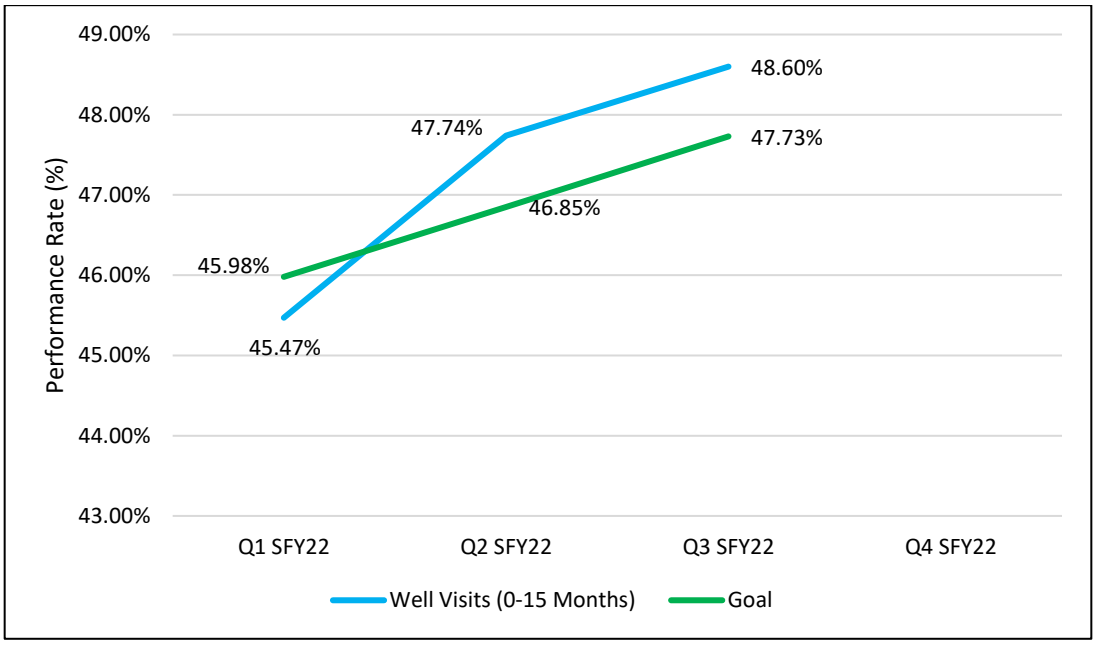
- The pediatric population creates additional challenges with service access as noted in both the Network Adequacy report and the survey responses where almost half of the SUD providers do not provide services to children.
- Renegotiated rates could help increase revenue to the service providers, which would impact the ability to expand training and recruit/retain pediatric-focused clinicians.
- Understanding Social Determinants of Health (SDH) is critical when addressing SUD.
- Key interventions should focus on reducing risk factors and increasing protective factors.

[26] Northeast Health Partners. *Pediatric SUD Analysis Report for Region 2: SUD Episode of Care: Milestone 1.* Submitted to HCPF on January 31, 2022.
[27] Northeast Health Partners. *SUD PAC Milestone 2: Analysis of SUD Member Data.* Submitted to HCPF on May 31, 2022.
[28] Northeast Health Partners. *SUD PAC Milestone 3: Mapping Next Steps for Members with SUD.* Submitted to HCPF on June 30, 2022.

Well Visits, ED Visits, and Dental Visits

Well Visits, ED Visits, and Dental Visits were topics of interest in SFY20/21 as rates began rising across all three measures beginning in February of 2021. As noted previously, the volume for all three of these measures fell following the advent of COVID-19. As a result, ED visits met Tier 2 goals, but Well Visits and Dental Visits fell below target thresholds. However, volumes for both measures began to increase starting in February of 2021 with vaccine rollouts and eased restrictions with the pandemic. The impact of the pandemic on each of these measures is charted below.

Figure 11. Well Visit Performance, Ages 0-15 Months[29,3031]



[29] Data extracted by Beacon Health Options from the Colorado Data Analytics Portal (CDAP).
[30] Data does not include Nurse Practitioner or Physician Assistant visits.
[31] Q4 data is not yet available.

Figure 12. Well Visit Performance, Ages 15-30 Months[32,33,34]

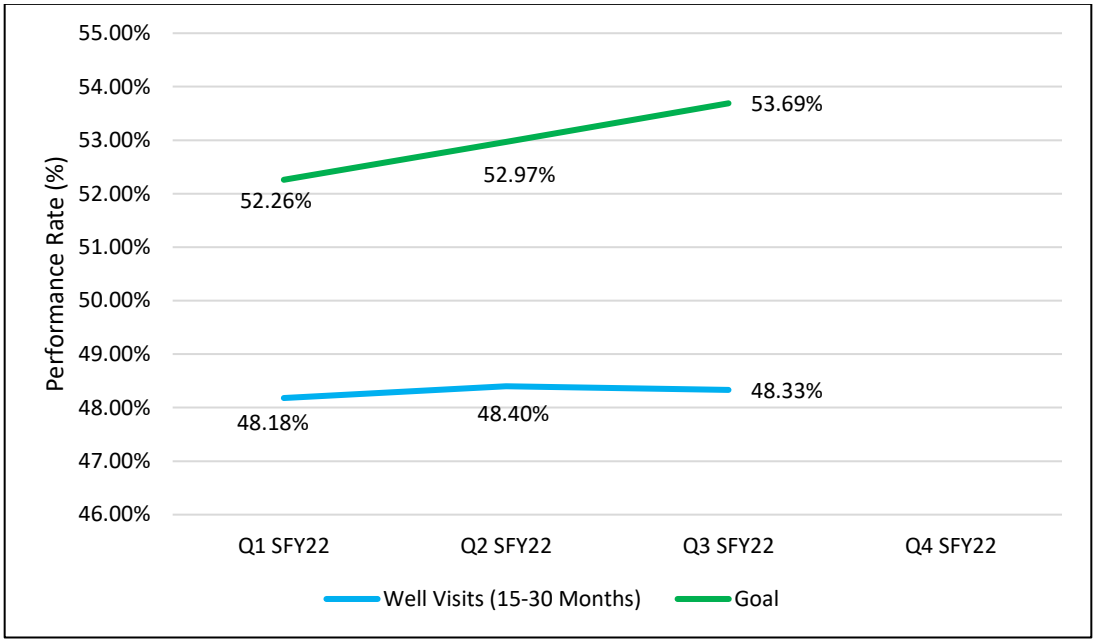
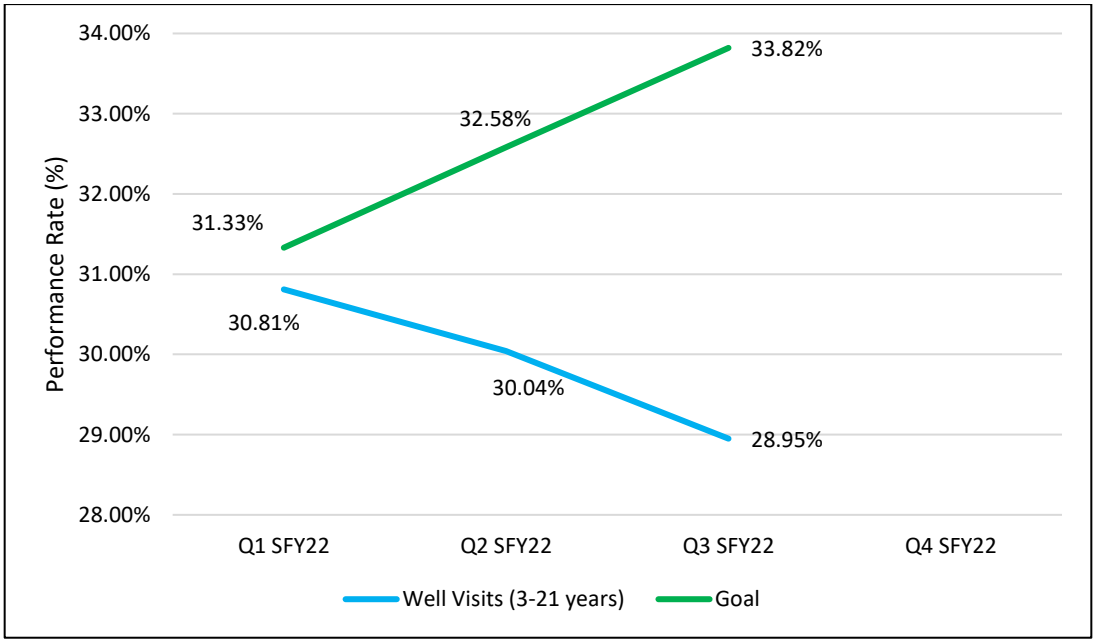


Figure 13. Well Visit Performance, Ages 3-21 Years[32,33,34]



[32] Data extracted by Beacon Health Options from the Colorado Data Analytics Portal (CDAP).
[33] Data does not include Nurse Practitioner or Physician Assistant visits.
[34] Q4 data is not yet available.

Figure 14. ED Visit Performance

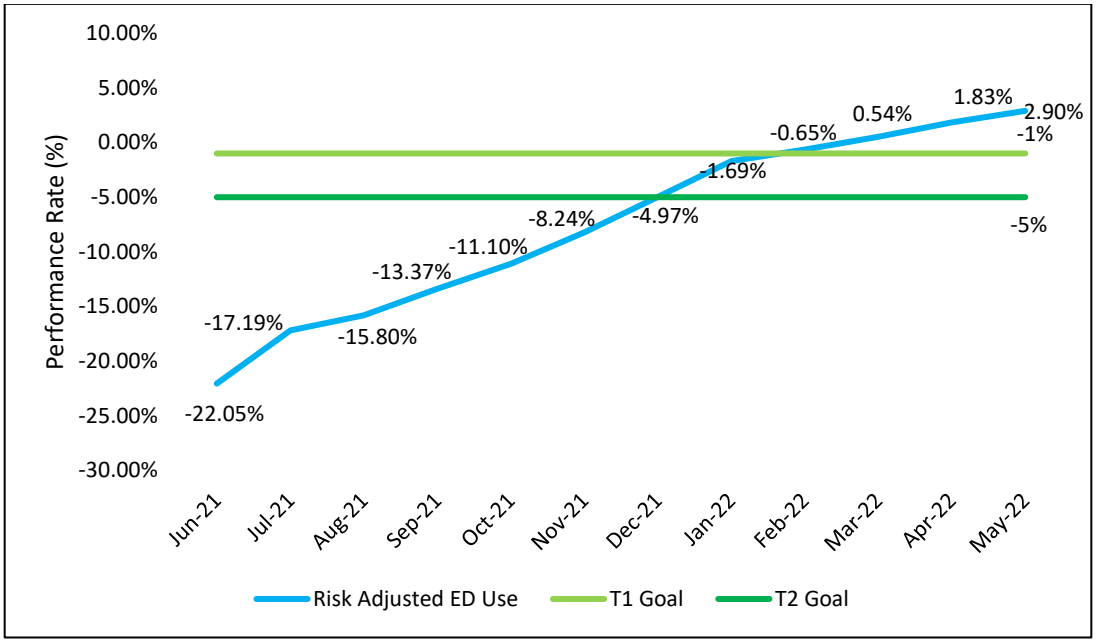
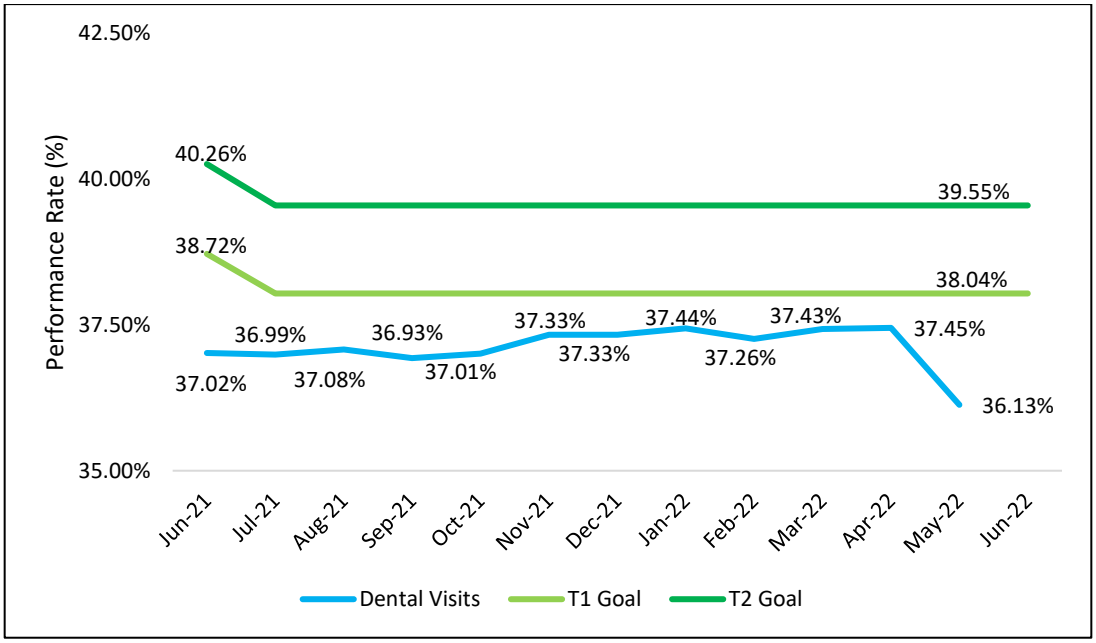


Figure 15. Dental Visit Performance

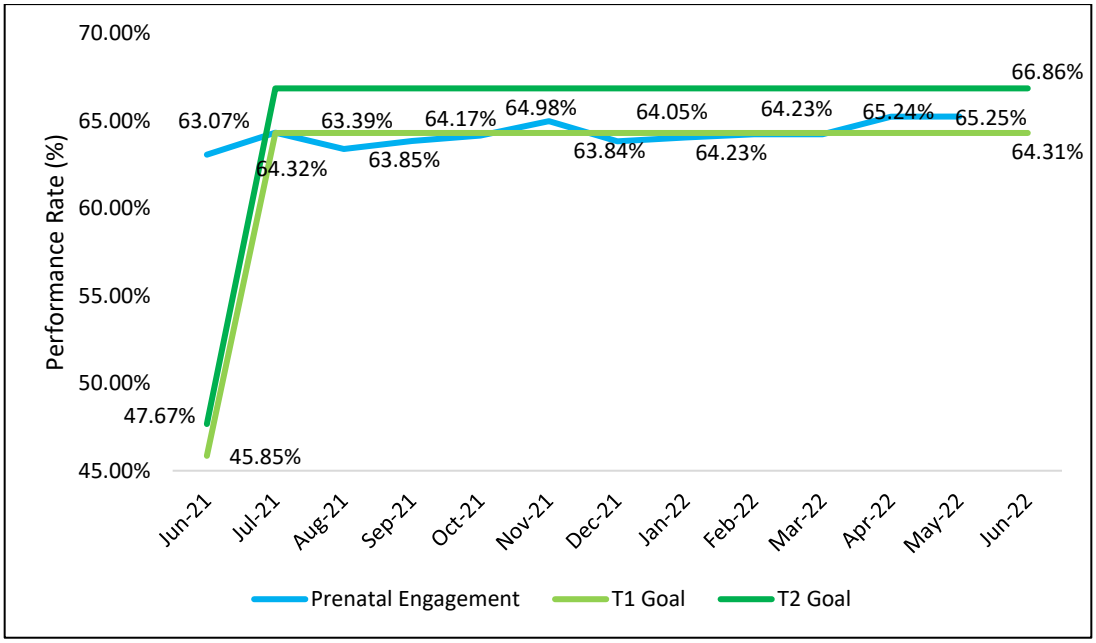


Prenatal Engagement

The Prenatal Engagement measure has been consistently met for NHP across previous years, but NHP struggled to achieve this goal in SFY21/22. NHP's prenatal engagement rate has largely plateaued since March of 2020 when documentation practices were improved to better reach performance goals. NHP rose from a rate of less than 50% at the start of SFY19/20 to a rate of over 63% at the close of that fiscal year and set the highest historical performance rate at 63.98% in April of 2020. Performance remained stable in SFY20/21 with a low rate of 61.8% in April and a new high rate of 64.17% in

June. The Tier 1 performance goal increased by over 40% across the two fiscal years (from 45.85% in SFY20/21 to 64.31% in SFY21/22). While NHP's Prenatal Engagement rate continued to remain stable, it struggled to achieve performance goals despite hitting four new all-time high-performance rates in SFY21/22 (64.3% in July, 64.98% in November, 65.24% in April, and 65.25% in May). In fact, NHPs performance has not deviated by more than 3.5% since the advent of COVID-19 in March of 2020. NHP's Prenatal Engagement performance for SFY21/22 is charted in Figure 16.

Figure 16. Prenatal Engagement



Performance Pool

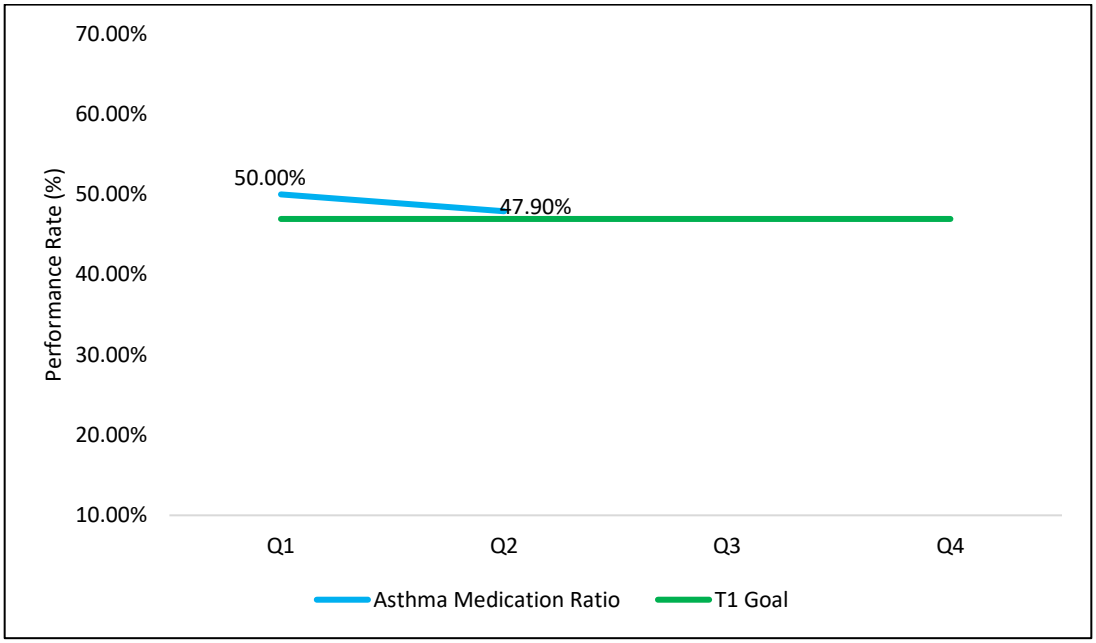
Performance Pool rates provided by the Department are included in the Key Metrics Table of this report. In SFY21/22, NHP met two of the seven metrics for both Quarter 1 and Quarter 2 based on internal calculations and anticipates increasing that level of performance through the remainder of the SFY21/22 reporting period. Performance Pool data is provided by the state and has not yet been received at the time of this report. NHP anticipates meeting performance goals for:

- Extended Care Coordination
- BH Engagement for Members Releasing from State Prisons
- Asthma Medication Ratio
- Risk-Adjusted PMPM

Medication Adherence

The SFY21/22 medication adherence measures were: Asthma Medication Ratio, Anti-Depressant Medication Management, and Contraceptive Care Post-Partum. Visual reporting on these measures began in October of 2021. NHP is currently projected to meet the Asthma Medication Ratio performance metric.

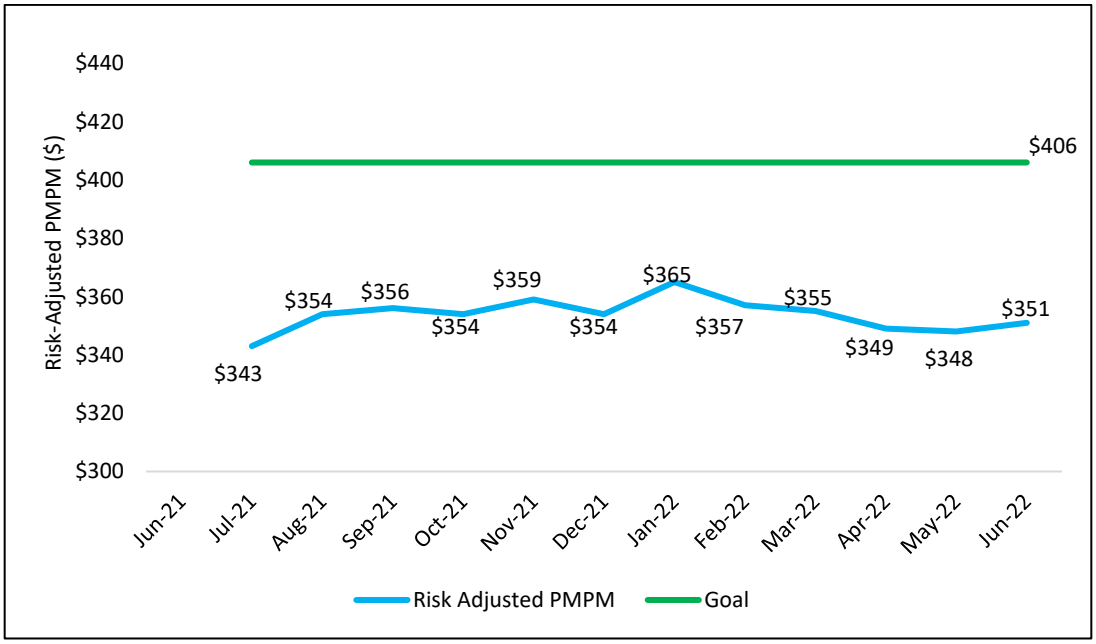
Figure 17. Asthma Medication Ratio



Risk-Adjusted PMPM

NHP performed very well on the Risk-Adjusted PMPM measure when it was introduced in SFY20/21 and achieved the lowest cost for that fiscal year. NHP continued to perform well in SFY21/22, staying well-below the target rate of $406. Rates will not be finalized by the state until early 2023, but NHP expects to achieve this performance goal. Figure 18 below denotes NHP's Risk-Adjusted PMPM performance.

Figure 18. Risk-Adjusted PMPM



Behavioral Health Incentive Program (BHIP)

The Behavioral Health Incentive Program (BHIP) for SFY21/22 included the same five measures as the previous two fiscal years: Substance Use Disorder (SUD) Engagement, 7-Day Follow-Up After an Inpatient Visit for Mental Health, 7-Day Follow-Up After an ED Visit for SUD, Behavioral Health Follow-Up within 30 Days After a Positive Depression Screen, and Behavioral Health Screen/Assessment for Members in Foster Care.

The timing of when the results are received for these incentive measures is again important to note, as these measures are calculated annually by the state and we will not know our true performance until early 2023. Due to these annual calculations, NHP calculates these internally and shares performance updates on a monthly basis through regional committees and meetings with key stakeholders. From this work, quality improvement initiatives are identified, as well as data and reporting needs that provide meaningful insights to regional barriers and opportunities.

Follow-Up after a Positive Depression Screen in Primary Care

To qualify for payout on this measure, NHP must have demonstrated that it billed for depression screens in at least 10.94%[35] of all outpatient primary care visits. NHP met this screening measure for the first time in SFY20/21, and continues to perform well on this measure. Clinics reported high levels of depression screening, but low levels of coding to capture their effort through claims data. This topic, along with the screening measure, was the focus of the annual Performance Improvement Project (PIP), and likely was a significant contributor to the increase in regional performance.

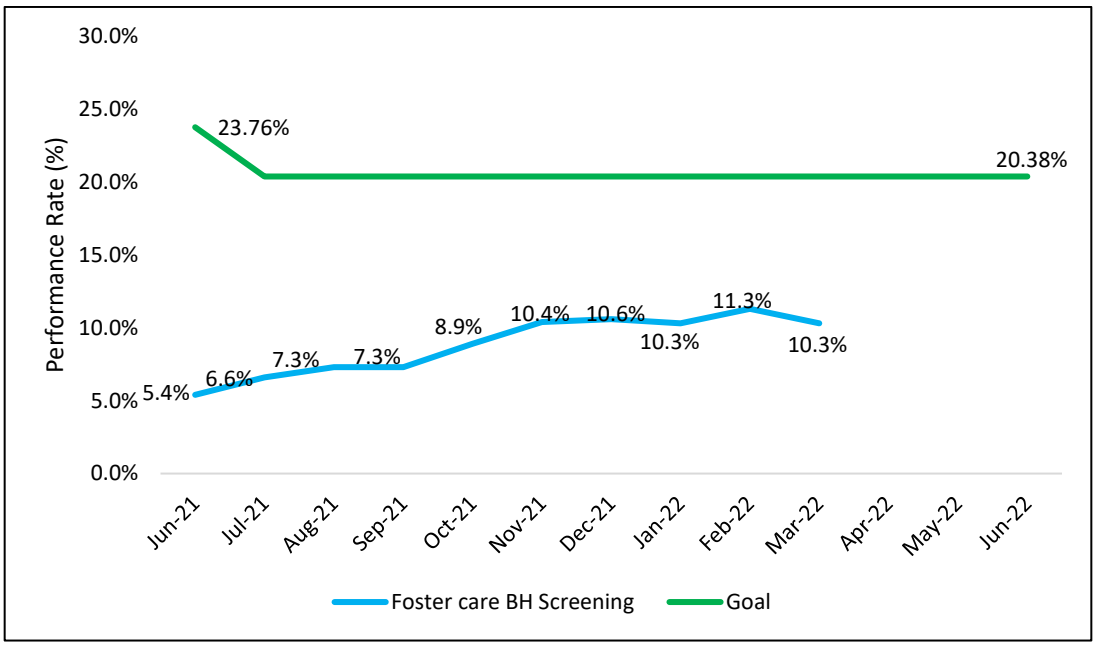
NHP reports on monthly performance, but did not track or report on the depression screening measure until the SFY21/22 year. The addition of this measure brings additional insight into regional performance for target PI activities.

BH Screen/Assessment for Members in Foster Care

NHP met the measure in 3 of the last 12 months with an upward trajectory in the latter part of the fiscal year. However, one of the challenges with meeting this measure are the continual low denominators and efficient processes that potentially have a negative impact due to timing of screening and foster care designation. Performance improvement opportunities explored the timing between screening and a member's foster care status, but these findings were inconclusive with suspect and inconsistent data around the dates aid codes are applied and changes in aid codes. NHP's performance is charted below in Figure 19.

[35] SFY21/22 goals were not provided by the state. This table shows the SFY20/21 target.

Figure 19. BH Follow-Up for Members in Foster Care[36]



SUD Engagement and 7-Day Follow-Up After an ED Visit for SUD

SUD Follow-Up After an Emergency Department (ED) Visit for SUD historically performed very well during the 2020 and 2021 fiscal years, but performance fell below the threshold for the last quarter of SFY21. SFY22 performance began on an upward trajectory at the start of the fiscal year, but leveled off just above the target line starting in the fall. Current performance on this metric is unknown until HCPF provides the calculation for the measure.

SUD Engagement, on the other hand has largely trended flat for the fiscal year; also hovering just above the target line. As noted previously, while most clinics were limiting appointment availability resulting in performance drops (well visits and dental visits as two examples), outpatient services for SUD were able to maintain their performance. Telemedicine use may have played a critical role in maintaining performance for outpatient SUD services.

Performance on the two SUD measures are captured below in Figures 20 and 21.

[36] Internal calculation from Beacon Health Options.

Figure 20. 7-Day Follow-Up After an ED Visit for SUD[37]

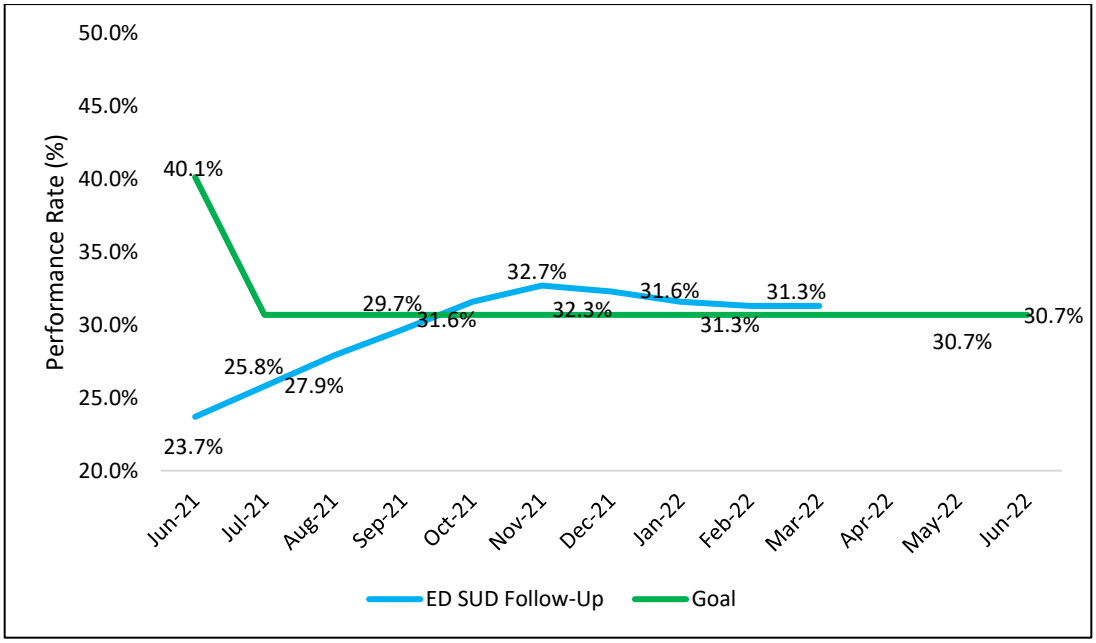
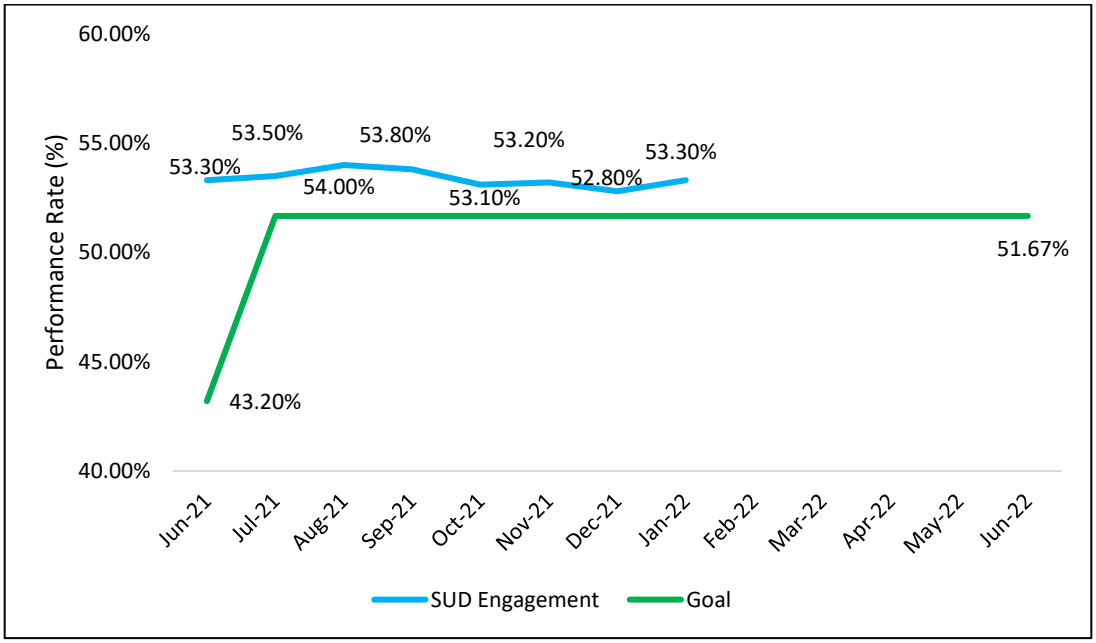


Figure 21. SUD Engagement[38]



Performance Improvement Projects (PIPs)

State PIP (Increasing Depression Screening and Follow-Up)

NHP's Performance Improvement Project (PIP) wound down in SFY 21/22 following a hiatus in SFY 20/21 directed by the Department due to the Public Health Emergency (i.e., COVID). The work targeted two (2) related measures: Depression Screening and Follow-up after a Positive Depression Screening as these measures were directed by the Department. The

[37] This measure is calculated by the state and runs behind due to claims lag.

[38] Internal calculations matching the state calculations has been ongoing, and accuracy was achieved in Quarter 1 of SFY9/20.

interdisciplinary team based out of the Monfort Clinic at Sunrise Community Health included representatives from Front Range Behavioral Health due to their integrated model of care. NHP progressed through the process improvement modules as directed by Health Services Advisory Group (HSAG) modules and Plan-Do-Study-Act (PDSA) methodology.

Intervention testing started off the SFY with early success on the Depression Screening measure. The results found in Figure 22 demonstrate effective use of the pre-visit planning document and management support for this process. The Monfort Team then focused on the intervention targeting behavioral health follow-up encounters following a positive depression screen. The intervention involved immediate contact with behavioral health providers at the time of a positive depression screen to facilitate in-person follow-up. The impact of this intervention may have been delayed due to workforce challenges experienced with the Monfort Clinic in late 2021. Despite this challenge, the leadership team at the Monfort Clinic adapted and produced steady progress in the follow-up measure. Due to reporting delays (i.e., claims lag), the final performance rate for June 2022 will not be available until November 2022, but the data suggests that the goal threshold will be achieved as shown in Figure 23. Following reflection on this experience, the team is already working to ensure a sustainable use of this intervention and consider how to incorporate it throughout other Sunrise clinics.

Figure 22. Depression Screens Completed for Members Ages 12 and Up at Monfort Family Clinic

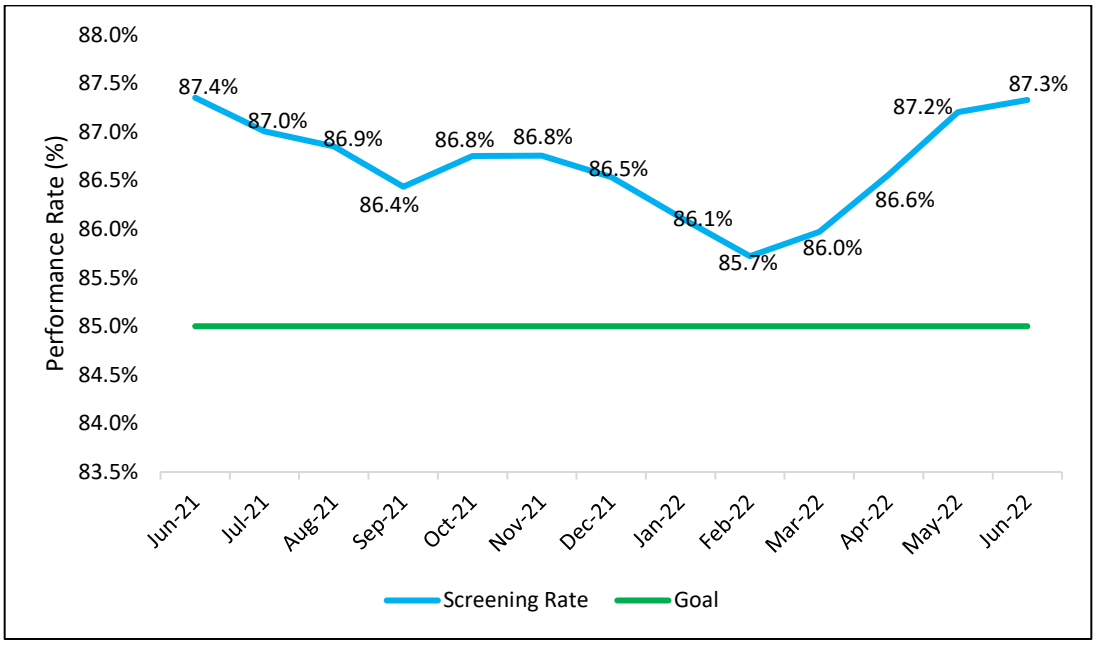
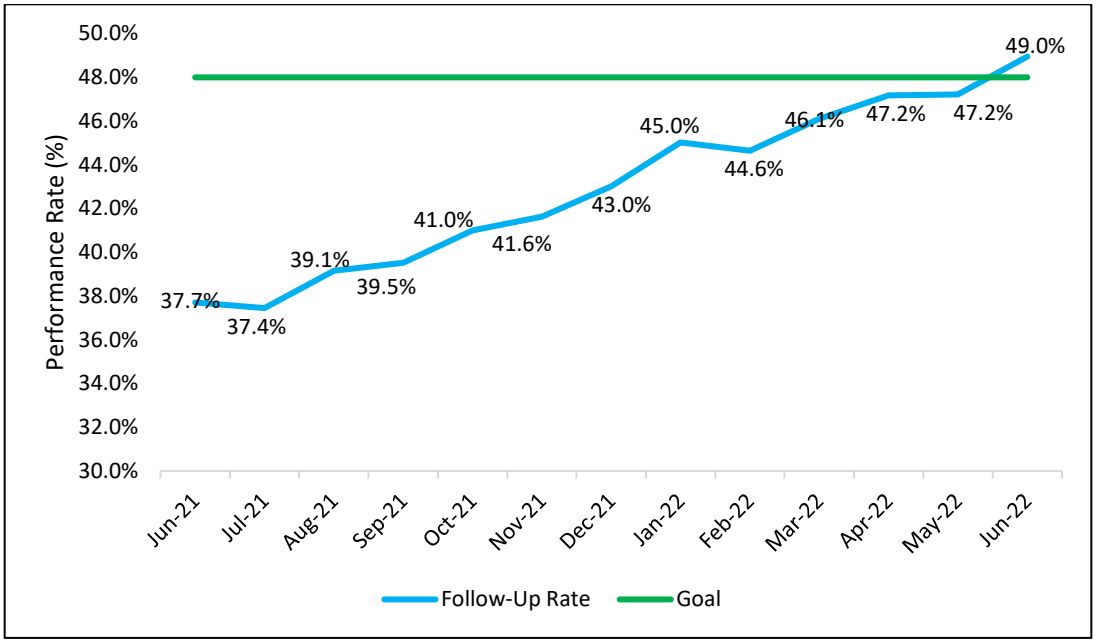


Figure 23: BH Follow-up within 30 days of a Positive Depression Screen for Members Ages 12 and Up at Monfort Family Clinic[39]



Other Performance Improvement Projects

NHP follows the Define, Measure, Analyze, Improve, and Control (DMAIC) methodology found within the Lean Six Sigma discipline. NHP began formally implementing this process with clinics to explore data, root causes, streamline processes, and implement solutions. Specific projects are detailed below.

Cavity Free at Three Pilot

NHP launched a pilot project with four regional practices to help improve dental rates. The pilot project is based on the practice transformation milestones program with implementation goals of practice assessments, developing workflows, training staff members, scheduling and performing visits, and tracking data internally. Participating sites were provided a nominal incentive to participate in the program with added downstream impacts in moving KPI performance. Milestones are outlined in Table 11. The program was developed in SFY21/22 and the full impact of the program will not be realized until SFY22/23.

TABLE 11. Cavity Free at Three Milestones

Milestone	Due Date
Assessment with CDPHE Cavity Free at 3 staff	August 2022
Work with PT coach to establish workflows	November 2022
Provider and staff training	October 2022
Schedule and Perform 10 dental visits	November 2022
Track data for one year	December 2023

[39] June performance is a projection based on a 60-day claims lag.

DAP Project

NHP identified several key areas for improvement to improve KPI performance. Access to the DAP was identified as a significant pain point for regional practices. A baseline assessment found two practices that actively accessed performance information from the DAP. These practices represent 10 regional clinics covering approximately 39% of the regional members. To address the issue of practices accessing the DAP, NHP opted to start sending charts and action item lists direct to practices through a secure messaging platform. This project was piloted in October of 2021 with three practices, expanded to five practices by December of 2021, and expanded to almost all practices in March of 2022. The March distribution spanned 28 organizations (representing 90% of contracted organizations in the region), 55 clinics (representing 95% of the regional clinics) and covering 98% of the regional membership. The impact of this effort on accessing the DAP information is outlined in Table 12.

Table 12. Regional Improvement on Accessing DAP Information

	Baseline	Post	Impact/Change
Organizations Using DAP / Action Lists	2 of 31 (6.45%)	28 of 31 (98.3%)	1,400% increase
Regional Coverage	39.7%	97.5%	250% increase

Well Visit EMR Exploration

NHP began working with our largest clinical organization, Sunrise, to explore KPI performance and performance improvement projects. Well Visits for members aged 3-21 years was selected for exploration as the DAP action list is impactable. During this exploration, Sunrise found a number of people on the action item lists that had documented well visits in the medical record that took place within the current fiscal year. NHP expanded this effort to the next two largest practices (Plan de Salud and Banner), who also found members on the well visit action list with documented well visits in the medical record. Additional exploration through claims found over 1,900 well visits for members aged 3-21 years that were not being counted in the DAP.

HCPF noted that nurse practitioner and physician assistant visits were not currently being captured in the DAP, and these findings could be directly related to this. Ongoing exploration is underway to better understand why these visits were not being picked up in the DAP.

Process Mapping the 7-Day Follow-Up after Inpatient Mental Health Discharge

NHP worked with North Range Behavioral Health to map both current and future state processes on the 7-Day Follow-Up after Inpatient Mental Health Discharge. The "current state" process mapped the existing process at North Range to meet this measure, and the "future state" process mapped the inclusion of North Colorado Health Alliance (NCHA) for additional outreach support.

2021-2022 411 QuIP Results

In FY22, NHP also engaged North Range Behavioral Health in the 411 QuIP. As demonstrated in the 2022 411 QuIP audits in Table 13, results improved for nine (9) of the ten (10) encounter categories for North Range Behavioral Health; however, one encounter service category (i.e., procedure code) had varied results. At the beginning of the QuIP, NHP implemented training in an effort to see demonstrated improvement within the service categories listed. The training was delivered to North Range's Administrative Director. The Administrative Director took the training and educated their clinical providers on documentation standards for the encounter categories that fell below 90% on the 2021 411 audit as related to the Psychotherapy service category. NHP is considering this a successfully completed performance project due to the overall increase in scores within the project study, and the interventions executed demonstrated successful results. NHP believes that it has demonstrated solid improvement with the interventions presented in this study as well as the associated results. The interventions will be adopted and can be used for further improvement going forward. For example, the training conducted on USCM requirements and best practice documentation for these encounter categories are transferable to the

current encounter categories for the 411 audit for all facilities/providers. The auditing and monitoring encounter categories is continued through the efforts set forth in the annual 411 claims and encounter audit. Training and education can be incorporated into future documentation training done with behavioral health providers in the region after the results of the 411 audit are tabulated.

Table 13. Psychotherapy Encounters Outcomes

Encounter Data Type Below 90%	Baseline	After Intervention September 2021	After Intervention October 2021	After Intervention November 2021
Procedure Code	79.6%	0%	90%	70%
Diagnosis Code	82.5%	100%	100%	100%
Place of Service	75.2%	100%	100%	100%
Service Program Category	79.6%	100%	100%	100%
Units	81.8%	100%	100%	100%
Start Date	82.5%	100%	100%	100%
End Date	82.5%	100%	100%	100%
Appropriate Population	82.5%	100%	100%	100%
Duration	82.5%	100%	100%	100%
Allow Mode of Delivery	82.5%	100%	100%	100%
Staff Requirement	79.6%	0%	90%	70%

Section 6: Member & Family Experience

Member Satisfaction

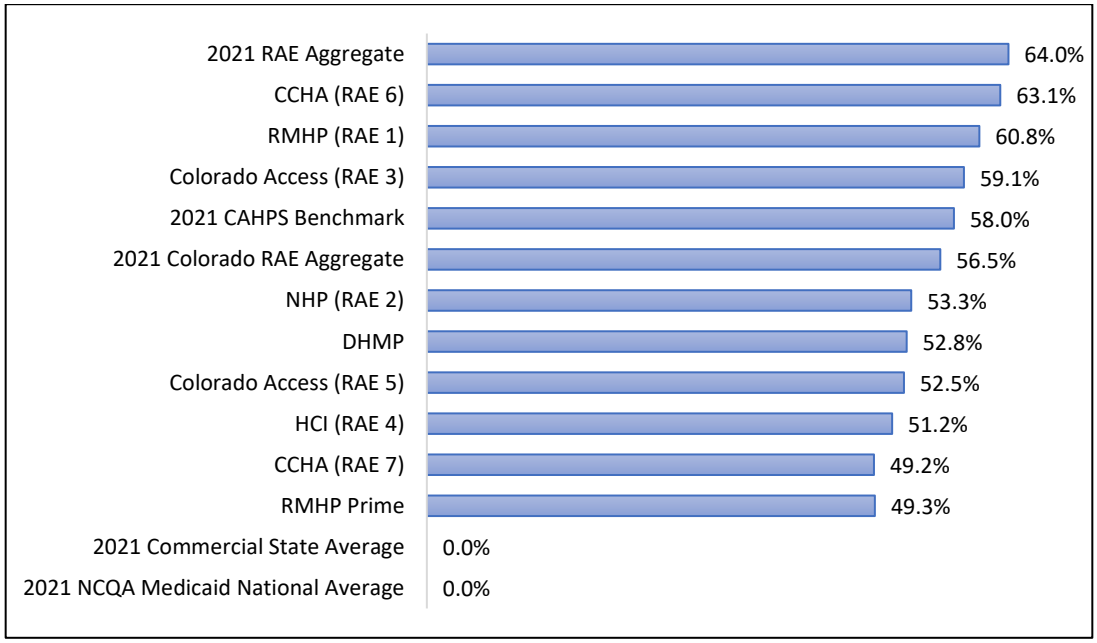
Member and family experience was incorporated into the NHP QI Program through a number of activities that span across Beacon Health Options' Member and Family Engagement and Quality Departments, and the NHP QI Department.These activities were guided by member surveys, grievances and appeals, QOCs, and critical incident reporting.

CAHPS Survey

NHP continued to analyze member experience data collected through the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The CAHPS survey for adults showed the region was significantly higher than the ACC RAE aggregate scores on the Health Plan, Rating Their Personal Doctor, Rating of the Specialist, Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, and Coordination of Care. The survey for child members shows that RAE exceeded the ACC RAE aggregate scores on Rating Their Personal Doctor, How Well Doctors Communicate, and Coordination of Care.

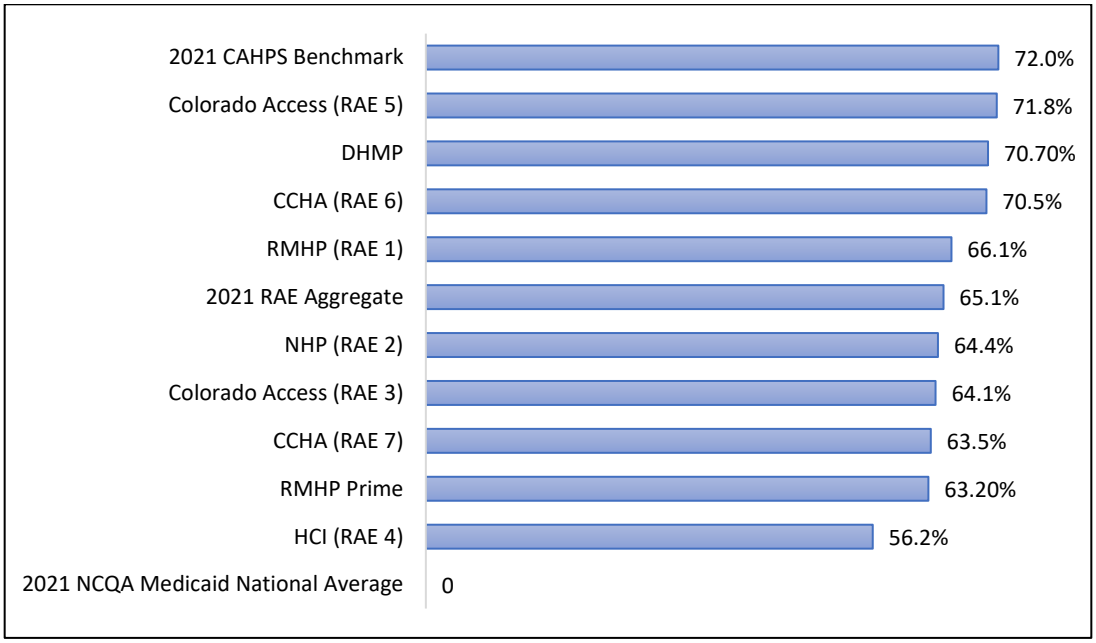
Performance charts for adults and children for Rating of all Healthcare are captured in Figures 24[40] and 25,[41] respectively. NHP intends to continue presenting these survey results to regional committees to provide additional avenues for feedback that can help contextualize any noted improvements or opportunities presented by the surveys.

Figure 24. NHP's Adult CAHPS Survey Summary: Rating of All Healthcare



[40] Colorado Department of Health Care Policy & Financing. *2021 Colorado Patient-Centered Medical Home Survey Adult Report.* August 2021.
[41] Colorado Department of Health Care Policy & Financing. *2021 Colorado Patient-Centered Medical Home Survey Child Report.* August 2021.

Figure 25. NHP's Child CAHPS Survey Summary: Rating of All Healthcare [42]



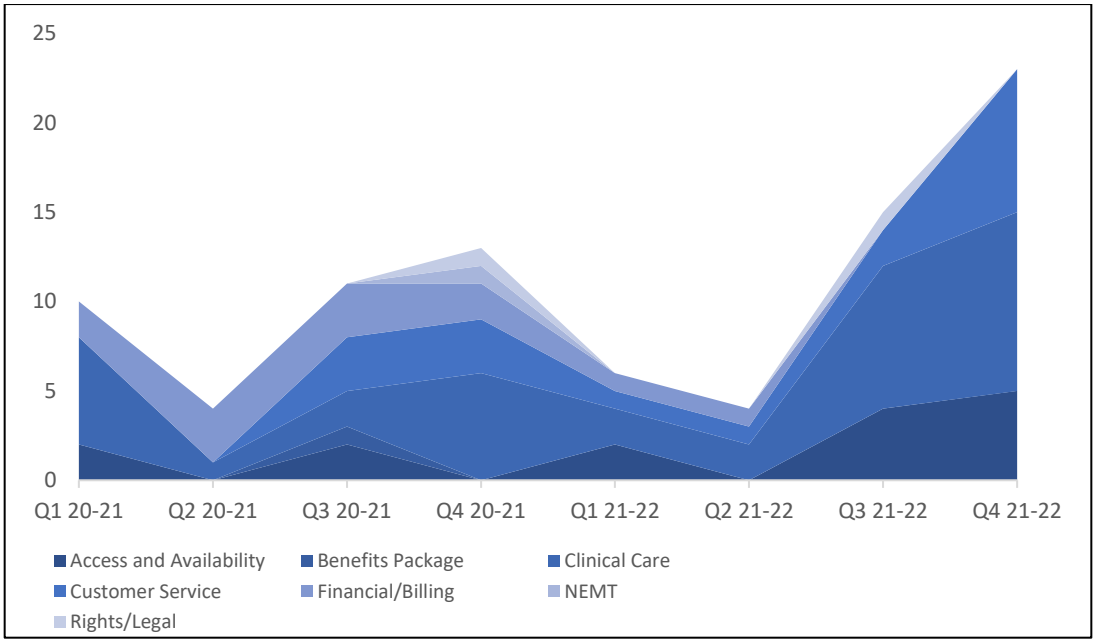
Grievances and Appeals

Beacon Health Options, on behalf of NHP, processes and completes any grievances and appeals received. Data specific to both are tracked by Beacon Health Options and any identified trends are monitored and presented at regional committees on a quarterly basis. NHP educated members, families and health care professionals on members' rights to how to make grievances during SFY21/22. NHP processed 47 grievances during SFY 21/22, an increase of fourteen percent (14%) from SFY 20/21. One hundred percent (100%) of the members who filed grievances during FY21/22 were satisfied with the resolution of the grievance. The average turnaround time to resolve a complaint was 7.75 days.

NHP received requests for thirty (30) appeals during SFY 21/22. Twelve (12) of these appeal requests were not processed because they were received after the sixty (60) day deadline and/or they did not include a signed Designated Client Representative (DCR) form. For the eighteen (18) processed appeals, eight were expedited appeals and were resolved within the seventy-two (72) hour time frame and ten (10) were standard appeals and were resolved within the ten (10) working days. Sixteen (16) denials were upheld (meaning services remained denied) and two (2) denials were overturned (meaning services were authorized). NHP continued to chart grievances to better surface trends as seen in Figure 26 below, and NHP continues to monitor the customer service and clinical care concerns, which were carried over from SFY 21/22.

[42] Colorado Department of Health Care Policy & Financing. *2021 Colorado Patient-Centered Medical Home Survey Child Report.* August 2021.

Figure 26. Grievance Trends for SFY20/21 and SFY21/22



Quality of Care Concerns

Investigations of potential quality of care issues are conducted through the Quality Management Department, and findings are evaluated for appropriate follow-up, corrective action, and monitoring. Providers, NHP staff, or other concerned parties can all report quality of care issues, typically through an Adverse Incident reporting form submitted to the Quality Department. All Quality of Care issues are documented, as are results of investigations. Corrective actions are tracked and monitored. Reporting, investigation, and tracking of adverse incidents through the Quality Management Department continued during the past fiscal year and will continue with reporting to HCPF as required quarterly.

NHP received eight quality of care reports in SFY21/22, three of which resulted in a Corrective Action Plan (CAP) being required of the provider. These care-monitoring initiatives, along with treatment record reviews and training, are conducted with the goal of ensuring members receive the best care possible and will continue to be maintained by the Quality Management Department in SFY22/23.

Section 7: Hospital and Practice Transformation

Hospital Transformation Program

NHP has been actively engaged in the Hospital Transformation Program (HTP). Much of the early efforts involved engagement, understanding various processes within individual hospitals, and process variations across the hospitals. This helped ensure consistent and streamlined activities across the region to better support hospitals in this initiative. Activities completed in SFY21/22 include:

- Identified process variations and gaps across the region
- Streamlined communication processes with NCHA and the hospitals to create a single communication avenue
- Provided a communication pathway for sites that did not already have one
- Identified CCMCN and Health Cloud as a data warehouse for the HTP program
- Identified CORHIO as a data collection entity

SFY22/23 efforts will build upon these early successes to include data collection piloting and implementing Health Cloud for closed-loop communications with the hospitals.

Practice Transformation

The Practice Transformation (PT) initiative expanded on the efforts that were established in SFY20/21 utilizing Bodenheimer's Building Blocks of High-Performing Primary Care.[43] The SFY20/21 program utilized quality improvement tools to help individual practices achieve performance goals as measured by improvements in satisfaction, patient outcomes, and/or cost of care. The success of this program is built on a collaborative partnership between practices and Practice Transformation "Coaches." Coaches work with practices to set goals around milestones and work together to achieve those milestones, and the SFY21/22 milestones build on the milestones achieved during the previous fiscal year. Milestones included developing a quality improvement team, establishing new or reinforcing existing rewards and recognition programs, assess patient experience through surveys or establishing a Patient Family Advisory Council, establishing team-based care, and using various tools to create performance visualizations. As a result, SFY21/22 achievements with the PT program include:

- 18 practices participated in the SFY21/22 Practice Transformation Milestone program
- 9 of the 18 participating sites achieved all milestones, and 3 of the remaining nine achieved half of the milestones
- The practices continue to have a high level of engagement with the program
- Participating practices were able to build on previous PDSA (Plan-Do-Study-Act) activities, develop Rewards and Recognition programs, and build reporting dashboards to track and trend performance
- Practices voicing interest in further building the milestone program

The PT program will continue in SFY22/23 and these efforts are captured on the SFY22/23 Quality Plan. These activities will continue to build on the previous milestones to impact performance on KPIs. The SFY22/23 Practice Transformation program also pilots a milestone program specific to behavioral health practices and are geared toward impacting BHIP measures.

[43] Bodenheimer T, Ghorob A, Willard-Grace R, and Grumbach K. 2014. The 10 building blocks of high-performing primary care. *Annals of Family Medicine, 12* (2): 166-171.