

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

1. Purpose/Mission Statement

Organizational Purpose

Northeast Health Partners, LLC (NHP) is the Regional Accountable Entity (RAE) for Region 2, and oversees the 10 counties in the northeastern section of Colorado. NHP's region spans more than 20,000 square miles and covered approximately 75,000 members as of the end of SFY23/24. NHP's mission has not changed across performance years. It continues to ensure access to high-quality physical and behavioral health services for regional Health First Colorado (Medicaid) members. NHP utilizes Carelon Behavioral Health as an Administrative Services Organization (ASO).

The Quality Improvement (QI) program at NHP is responsible for initiatives that improve health outcomes and the overall healthcare management for regional Health First Colorado (Medicaid) members. Working collaboratively with Carelon, QI initiatives include performance measures, performance improvement, quality assurance/quality control, health equity, population health, business intelligence, practice transformation, and care coordination to ensure programmatic decisions are data-driven, efficient, and strategically aligned across the organization.

As with previous quality plans, this plan also serves as the blueprint NHP will use for the state fiscal year (SFY) 2024-2025 (July 1, 2024 – June 30, 2025). This plan includes goals and activities that will be prioritized for the fiscal year based on previous performance and state directives.

Overall Quality Health Strategy Mission and Vision

NHP's QI Department works to ensure high value and equitable service delivery for Health First Colorado Medicaid members and health care providers. This is achieved through insightful data analytics, understanding gaps in performance, effective collaboration with regional practices, targeted efforts to improve performance, and strategic alignment across initiatives. The principles of Lean Six Sigma are a cornerstone of NHP's QI Department in its effort to eliminate waste and fragmentation between service providers, improve processes across the broader system, and improve health and health outcomes for members.

The Total Quality Management Model

NHP bases its quality management operations in the Total Quality Management (TQM) framework. The TQM framework is a model focused on engaging the healthcare system as a whole to meet the needs of those it serves. A key tenet of NHP's strategic approach is to engage stakeholders across the healthcare system to improve quality and the health of members, regardless of the members' demographic variables (such as race, gender, income level, location, or language). The pillars of NHP's TQM system are outlined below to include a focus on the customer (in this case the Medicaid members served by NHP and its clinical partners), integrating smaller systems into a larger strategic direction, engaging staff and members from across the region, standardizing processes, strategic thinking, emphasizing continual improvement, fact-based decision-making, and effective communication.¹

¹ Westcott, R.T. (2014). *The Certified Manager of Quality/Organizational Excellence Handbook*. 4th Edition. Milwaukee: ASQ Press.

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

In alignment with the Department's Quality Strategy and the TQM Principles, NHP is committed to understanding smaller systems within the larger framework, engaging members and providers to understand need and to establish partnerships for improvement, establishing transparency in measurement, data reporting, the distribution of payment incentives of key performance markers as well as the data used in evaluating performance and effectiveness, and continually looking for ways to improve performance.

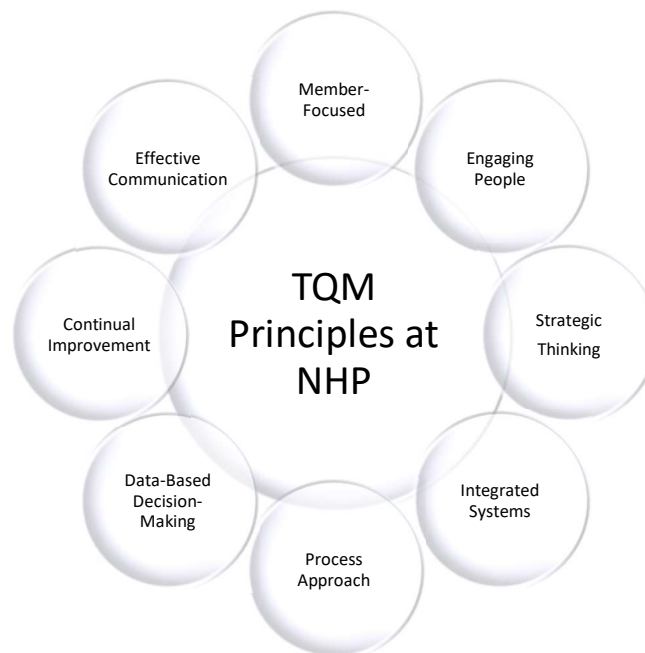


Figure 1. Total Quality Management Framework at NHP

Lean Six Sigma

NHP utilizes the Define, Measure, Analyze, Improve, and Control (DMAIC) method of process and performance improvement to improve the quality of healthcare in the region. The DMAIC method is data-driven, focuses on identifying root causes of gaps in performance, fosters the development of effective improvement initiatives, assesses the impact of those initiatives, and then repeats the cycle for continual improvement.

The DMAIC process begins with defining the problem (Define Phase), and then collects data on variables associated with the identified problem (Measure Phase). Data analysis (Analyze Phase) yields insights into root causes or why the performance gaps exist to help identify the corrective actions that can be implemented (Analyze Phase). Those initiatives are then implemented to improve processes and performance (Improve Phase). The process ends in a reassessment of the impact to determine whether the intervention is maintained or revised (Control Phase). The process then repeats itself for continual improvement.

The DMAIC methodology can be applied across disease states, programs and departments, and mirrors other improvement methodologies including PDSA (Plan, Do, Study, Act), A3, and the medical model

Quality Improvement Plan

Name: Northeast Health Partners

RAE: 2

Date: September 30, 2024

where interventions are data-driven, assessed for efficacy, and either maintained or retooled depending on the impact assessment. NHP applies this approach universally across programs including Quality, Condition Management, Public/Population Health, and Complex Care Management where performance analysis and improvement is required.

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

2. Yearly Objectives/Top Priorities

The QI Program at NHP established key initiatives for SFY24/25 through an evaluation of its accomplishments to-date, and the identified gaps and barriers observed during the last fiscal year. Initiatives for SFY24/25 are noted at a high level below in Table 1.

Table 1. Key Initiatives for SFY23/24

Project	Goal / Activity
411 Audit	<ul style="list-style-type: none"> Continue to maintain high inter-rater reliability with HSAG over-reads Successfully pass the 411 Audit without receiving a QUIP Solid audit results and an over read agreement rate ranging from 90-100%
All performance measures	<ul style="list-style-type: none"> Continue reporting on regional performance across quality committees Continue aligning Practice Transformation activities to impact KPIs and BHIP measures <ul style="list-style-type: none"> Maintain huddles with clinics and hospital consortiums within our region Assess performance across demographic groups in alignment with the Health Equity Strategy Develop targeted interventions for equity disparity gap closures in partnership with the regional Health Equity Committee Update tip sheets for providers to help with coding practices and to quickly understand performance measures Pilot HDMS Enlight as a real-time performance measurement and population health data platform Expand HDMS Enlight to regional providers and administrators for performance visualizations Support providers in receiving raw data on performance Connect physical health providers and behavioral health providers to impact health outcomes on a system level
Behavioral Health Incentives Program Measures (BHIP)	<ul style="list-style-type: none"> Improve performance on the Depression screening (Gate) measure and Follow-up for Positive Depression Screening measures Achieve regional goals for the BH Screen/Assessment for children entering Foster Care Improve performance on the ED SUD measure in alignment with the state PIP Map processes at hospitals to collect and send Release of Information documentation for the ED SUD measure in alignment to the state PIP Establish clinic-level performance improvement initiatives for lagging performance Develop BHIP-specific balanced scorecards
Performance Pool (PP)	<ul style="list-style-type: none"> Maintain the highest regional performance in Extended Care Coordination Maintain a premature birth rate that is lower than the state average, the state Medicaid average, and the national average Maintain strong performance in Department of Corrections (DOC) BH Engagement Measure Meet regional goals for Asthma Medication Ratio

Quality Improvement Plan

Name: Northeast Health Partners

RAE: 2

Date: September 30, 2024

Project	Goal / Activity
	<ul style="list-style-type: none"> Meet Regional goals for Anti-Depressant Medication Management Meet Regional Goals for Contraceptive Care Management Establish clinic-level performance improvement initiatives for lagging performance
Key Performance Indicators	<ul style="list-style-type: none"> Maintain the lowest rate among RAEs on the Risk-Adjusted Per Member Per Month (PMPM) measure Meet regional goals for prenatal/post-partum care Meet regional goals for well visits (all ages) Maintain strong performance on the Risk-Adjusted PMPM Performance Measure Continue meeting Dental KPI with DenTriage and DentaQuest Continue sending DAP charts and action lists directly to practices to identify areas for improvement
Performance Improvement	<ul style="list-style-type: none"> Facilitate bi-weekly meetings with our two largest FQHC and identified an area of improvement for depression screenings. A new workflow was developed for the practices as well as automation utilization for coding within the EMR Implement other targeted Performance Improvement activities to address performance barriers as needed Implement performance “huddles” with practices
PIP (Performance Improvement Project)	<ul style="list-style-type: none"> Improve performance over baseline for the clinical and non-clinical PIPs Conduct process mapping exercises with regional hospitals to improve the capture rate of Release of Information documentation for SUD members released from the ED.
Quality of Care	<ul style="list-style-type: none"> Continue current QOC committee meeting frequency and reporting. Develop a new process workflow for QOC Incorporate the new state auditing tool into documentation audits.
Practice Transformation Program (PT)	<ul style="list-style-type: none"> Build on Practice Transformation work from SFY23/24 Expand the Behavioral Health Practice Transformation program to include more practices participating in the program Align milestone activities to performance measures better meet goals Align PT activities with Value Based Payments Disseminate eConsults information to practices
Hospital Transformation Program (HTP)	<ul style="list-style-type: none"> As needed, continue to provide trainings to practices on how to send data to NHP if Contexture is not operational. Build initial reports for internal analysis
Health Equity Alignment	<ul style="list-style-type: none"> Align improvement activities to the Prenatal/Post-Partum, Prevention, and Behavioral Health workgroups in the Health Equity Committee Establish new outreach strategies to improve communication and community connections to close disparity gaps across performance measures

Quality Improvement Plan

Name: Northeast Health Partners

RAE: 2

Date: September 30, 2024

3. Program Leadership

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Quality Improvement Plan

Name: Northeast Health Partners

RAE: 2

Date: September 30, 2024

4. SWOT Analysis & Action Plan

Note: The Department has not requested this.

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

Goal	Fiscal Year (23/24) New & Ongoing Objectives	Targeted Due Date	Update
Performance Improvement Projects			
Maintain Successful Performance on 411 Audit	<ul style="list-style-type: none"> a) Pass the 411 audit with no QUIP b) Meet all project requirements associated with the 411 Quality Improvement Project (QUIP), if required. 	June 30, 2025	The 411 Audit conducted in FY24 was successful, with only one area falling below the 90% threshold. NHP will continue to train its provider network on the intricacies of the audit and will partner with providers who fall below the 90% compliance threshold.
State Performance Improvement Project (Non-Clinical)	<ul style="list-style-type: none"> a) Improve performance over baseline for Social Determinants of Health Screening for members receiving BH services b) Send monthly performance data to CMHCs on Social Determinants of Health Screening c) Develop interventions to improve performance 	June 30, 2025	CHMC data is being tracked and trended, and is present to CMHCs on a monthly basis.
State Performance Improvement Project (Clinical)	<ul style="list-style-type: none"> a) Partner with CMHCs to collect performance data on a monthly basis b) Map current processes with hospitals and CMHCs c) Develop interventions to improve performance 	June 30, 2025	The HTP process has been mapped at NHP to outline how HTP data is received and processed. Partnering hospitals for process mapping have been identified.
Collection and Submission of Performance Measurement Data			
Achieve Performance Targets for Prenatal and Post-Partum Engagements	<ul style="list-style-type: none"> a) Track and trend performance on new KPI measures b) Disseminate performance at regional meetings 	June 30, 2025	<p>NHP's Prenatal and Postpartum engagement rates were met in SFY23/24, and we are looking to improve performance on these rates in SFY24/25. Tip sheets were updated for the new fiscal year and have been disseminated to practices.</p> <p>T</p>

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

Achieve Regional Performance Targets for Well Visits	<ul style="list-style-type: none"> a) Align well visits to Physical Health Practice Transformation Work b) Continue promoting well visit vs. sports physical messaging for the start of the school year c) Align well visit activities to the Health Equity workgroups 	June 30, 2025	Well Visit rates have continued to increase across all three well visit measures. We will continue to promote well visits across the community and in connection with the Health Equity committee. Well visit vs. sports physical tip sheets were developed in both Somali and Burmese languages and disseminated to community members.
Achieve Performance Targets for Depression Screening and Follow-up Plan (KPI)	<ul style="list-style-type: none"> a) Update coding tip sheets to reflect specification document changes b) Disseminate performance at regional meetings c) Support practices to improve coding 	June 30, 2025	NHP updated coding tip sheets to reflect specification document changes for SFY24/25, and have been disseminated to practices through committee meetings. One of our regional FQHCs creates automated reminders to capture screening codes.
Exceed Performance Thresholds for 7-Day Follow-Up after Inpatient Mental Health Discharge	<ul style="list-style-type: none"> a) Continue meeting performance goals b) Identify and understand performance trends and improvement opportunities c) Map discharge processes with hospitals 	June 30, 2025	NHP mapped the discharge and communication process with North Range Behavioral Health and North Colorado Health Alliance to improve processes, but did not meet the goal in the previous fiscal year.
Increase Depression Screening Rates	<ul style="list-style-type: none"> a) Identify and understand performance trends and improvement opportunities b) Initiate targeted PI activities with sites/clinics 	June 30, 2025	Screening rates slightly increased in SFY23/24. While performance on this rate rose, we did not meet the screening threshold. Depression screening rates are currently in discussion with the providers and are included in the Practice Transformation milestones.
Increase Depression Screening Follow-Up Rates	<ul style="list-style-type: none"> a) Regain status as the highest performing RAE b) Identify and understand performance trends and improvement opportunities c) Initiate targeted PI activities with sites/clinics 	June 30, 2025	NHP was the highest performing RAE following the SFY22 year at a rate of 83.99%, but rates have been falling in SFY23/24. Performance improvement opportunities have been included in the Behavioral Health Practice Transformation program for SFY24/25. Additionally, we are exploring the accuracy of internally calculated codes.

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

Continue exceeding Performance Thresholds for Extended Care Coordination	<ul style="list-style-type: none"> a) Meet the performance threshold for Extended Care Coordination and lead all RAEs in performance rates. b) Identify and understand performance trends and improvement opportunities c) Establish mitigation strategies as needed 	June 30, 2025	NHP has been a constant leader on the Extended Care Coordination performance measure; leading all RAEs in 5 out of the past 6 years.
Continue exceeding Performance Thresholds for BH Engagement Following DOC Discharge	<ul style="list-style-type: none"> a) Identify performance gaps b) Identify improvement opportunities c) Meet the regional performance goal. 	June 30, 2025	NHP continues to perform at a high level on this measure and is one of the leading RAEs. Performance rates appear to be slightly declining, and we are actively looking at ways to improve outreach activities. ²
Continue Clinic-Level Performance Monitoring and Performance Improvement Projects	<ul style="list-style-type: none"> a) Continue providing DAP charts and action lists directly to providers b) Continue presentations on regional performance at committee meetings c) Create targeted PI activities in partnership with clinics d) Continue sending balanced scorecards to the clinics e) Establish “performance huddles” with clinics 	June 30, 2025	NHP has been sending DAP charts and action lists to regional clinics since the fall of 2021 and will continue to send these charts to providers for transparency and visibility. NHP also developed balanced scorecards in SFY23 for regional practices to see clinic-level performance and regional performance on KPIs and Performance Pool measures.
Health Equity Workgroup Alignment	<ul style="list-style-type: none"> a) Align improvement activities to the Prenatal/Post-Partum, Prevention, and Behavioral Health workgroups in the Health Equity Committee b) Establish new outreach strategies to improve communication and community connections to close disparity gaps across performance measures 	June 30, 2025	Health Equity Workgroups were established in SFY23/24 to help create initiatives around the four health equity domains (Vaccines, Prevention, Behavioral Health, and Prenatal/Postpartum Care). We will continue to identify opportunities to close performance gaps with demographic groups across the region. Recently, well visit vs. sports physical tip sheets were created in Burmese and Somali to better inform members across the Eastern Plains.

² December 2022 performance was released on July 31, 2023.

Quality Improvement Plan
 Name: Northeast Health Partners
 RAE: 2
 Date: September 30, 2024

Member Experience of Care			
Utilize CAHPS surveys to Assess and Improve Member Satisfaction	a) Meet or exceed satisfaction results from SFY23/24 on common measures b) Present survey results to quality committees for additional input and for performance improvement activities. c) Identify Methodologies and Strategies to Improve Response Rates	June 30, 2025	NHP worked with practices to help communicate the CAHPS surveys to members in an effort to improve response rates.
Continue Grievances and Appeals Processes and Oversight	a) Continue reporting on grievances and appeals trends to quality and clinical leadership on a quarterly basis b) Continue to utilize the Member Engagement Advisory Committee to ensure an additional level of member experience is incorporated into quality activities.	June 30, 2025	NHP tracks and trends grievances and appeals on a monthly basis and reports this information to the state quarterly.
Under and Over Utilization of Services			
Continue Monitoring the BH Penetration Rate	a) Continue improve BH penetration rates over the previous fiscal year b) Continue reporting on special populations for penetration rates, including foster care, rate groups and age groups.	June 30, 2025	Rolling penetration rates have increased over the past several fiscal years, and we will continue to monitor and improve penetration rates. Rates improved in almost all special population groups in SFY23/24.
Improve and Monitor Hospital Readmissions Performance	a) Continue reporting on 30-day hospital readmissions.	June 30, 2025	Current reports exist for 30-day readmissions and are reported quarterly.
Improve and monitor Average Length of Stay (ALOS) performance	a) Continue reporting on ALOS.	June 30, 2025	Current performance is reported monthly in the CMHC Quality Committee.
Improve and Monitor Inpatient Utilization	a) Continue reporting on inpatient utilization.	Quarterly	Current performance is reported monthly in the CHMC Quality Committee.
Quality and Appropriateness of Care Furnished to Members			
Continue Care Coordination Audits	a) Continue care coordination audits using the new audit tool b) Improve passing score rates over SFY23/24 performance		Care coordination audits occur twice annually.

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

Quality of Care Concerns			
Continue Quality of Care Processes and Oversight	<ul style="list-style-type: none">a) Send reports to HCPF as requiredb) Incorporate Grievances into the QOC tracking and reporting process	Quarterly	NHP follows a routine Quality of Care process including a bimonthly Quality of Care Committee. Quality of Care concerns are reviewed and discussed and recommendations on actions are given after the review. Founded issues are sent to the state on a quarterly basis, and the Grievances and Appeals review and reporting process will be incorporated into the Quality-of-Care review and reporting process following state guidance.

Quality Improvement Plan
Name: Northeast Health Partners
RAE: 2
Date: September 30, 2024

External Quality Review			
Meet all Requirements Associated with the EQRO Audits	Comply with all site review activities for SFY24/25	June 30, 2025	NHP complies with all requirements associated with the annual EQRO review. Currently, NHP has submitted their corrective action plan for the SFY23/24 audit. The plan was reviewed and approved by HSAG.
Advisory Committees and Learning Collaboratives			
Maintain the Quality Management Committee Activities	Maintain bi-monthly Quality Management (QM) and QI/Pop Health Committees to monitor QI Program initiatives throughout the region.	Monthly	NHP routinely met for both the QM and QI/Pop Health committees for SFY23. Standing agenda items include regional updates, current performance on quality measures, grievances and appeals, and performance improvement projects. NHP is continuing to lead these initiatives
Maintain Regional Program Improvement Advisory Committee (PIAC)	Continue aligning activities and content to the State PIAC.	Quarterly	NHP met quarterly for the regional PIAC committee in SFY24. Standing agenda items include regional updates, current performance on quality measures, grievances and appeals, performance improvement projects, and presentations from regional partners for service connections.
Maintain Monthly First Fridays Quality Forum Meetings	Maintain a monthly-scheduled regional meeting to cover quality-related topics with stakeholders.	Monthly	NHP met monthly in SFY24, missing only a couple of months due to the RFP and staffing changes.
Quality and Compliance Monitoring Activities			
Meet all Encounter Data Validation Audit Requirements	Improve over-read scores with HSAG	Spring 2025	NHP didn't meet the established 90% performance threshold for only one element in the annual 411 Claims and Encounter validation audit. NHP will continue to promote validation between documentation and claims/encounter submission through training and communication with its provider network.

Quality Improvement Plan
 Name: Northeast Health Partners
 RAE: 2
 Date: September 30, 2024

Continue Behavioral Health Compliance Auditing	a) Continue tracking audit results b) Track performance to proactively identify opportunities and training needs c) Improve year-over-year passing rates for BH audits	Monthly	NHP has been tracked audit results over the past few years with year-over-year improvement.
Alternative Payment Model			
Hospital Transformation Program	a) Receive Data from Contexture b) Troubleshoot technology issues	June 30, 2025	NHP receives data directly from Contexture and through a data portal that was developed for sites not connected to Contexture. We provided training on the portal and actively onboard new employees to the system as needed.
Practice Transformation (PT)	a) Practices achieve 90% of milestones. b) Expand the Behavioral Health Practice Transformation Program c) Align PT milestones to KPIs and BHIP measures.	June 30, 2025	Aligning performance goals to the performance measures has had a significant impact on meeting KPI and BHIP goals. Milestone development is currently being finalized, but will feature improving depression screening and follow-up rates in SFY24/25.