DENVER HEALTH MEDICAL PLAN, INC.
Commercial, Medicare and Elevate Quality Improvement Work Plan 2021

Yearly Planned Activities								
						Time Frame		
Activity	**Objective/Description**	**Requirement/Planned Activity**	**Performance Target/Goal**	**Reporting**	**Primary**	**Start**	**Finish**	**Approval**
QUALITY IMPROVEMENT PROGRAM STRUCTURE								
***2020 QI Program Description-Scope**	The QI Program Description will be annually reviewed and updated according to national and state standards and guidelines with an emphasis on the QI program scope, goals, objectives and structure. This document will clearly outline how the QI program is organized and how it uses its resources to meet program objectives. This will include functional areas and their responsibility and the reporting relationship between the QI Department and the Quality Management Committee (QMC).	**Annually** **Program must include:** • Program Structure • How patient safety is addressed • How designated physician is involved • How BH practitioner is involved • Oversight of QI functions by QMC • Annual work plan • Objectives for serving a culturally and linguistically diverse membership • Objectives for serving members with complex health needs, including behavioral health	**Objective:** • All requirements must be met • Reviewed and updated annually • Submitted for review to the QMC and BOD	Annually	QI Director	1/2021	4/2021	QMC Board of Directors
***2020 Annual QI Work Plan**	The QI Work Plan schedule is developed after review of previous year's QI Work Plan and Evaluation. The revised Work Plan schedule is crafted after review of annual HEDIS and CAHPS results, along with the overall goals and objectives of QI in the health plan. The work plan is a dynamic document that is frequently updated to reflect progress on DHMP QI activities throughout the year. All yearly objectives must be measureable and analyzed annually during the Program Evaluation.	**Work Plan must address:** • Quality of Clinical Care • Quality of Service • Safety of Clinical Care • Member's Experience • QI Program Scope • Yearly Objectives and planned activities • Time Frame in which each activity is to be achieved • The staff member responsible for each activity • Monitoring of previously identified issues Evaluation of the QI Program	**Objective**: • All 9 requirements must be met • Yearly objectives must be measureable • Submitted to and reviewed by the QMC and BOD	Annually	QI Director	1/2021	4/2021	QMC Board of Directors

*Previously monitored

***2020 QI Program Evaluation Report** (includes all indicators for the present year.)	The Program Evaluation report is written annually to evaluate the results of QI initiatives in measurable terms trended over time and compared with performance objectives as defined in the QI Work Plan.	**Evaluation includes:** • A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service • Trending of measures to assess performance in the quality and safety of clinical care and quality of service • Analysis and evaluation of the overall effectiveness of the QI program, including progress toward influencing network-wide safe clinical practices	**For all goals not met:** • QI conducts a root cause or barrier analysis to identify the underlying causes and recommend changes to improve. • Analysis must include organizational staff with direct experience of processes that have presented barriers to improvement. **Evaluation Summary must include and address:** • Analysis and overall effectiveness • Completed and ongoing activities • Trending of QI measures/results	Annually	QI Director	1/2021	4/2021	QMC Board of Directors
QI PROGRAM OPERATIONS								
Quality Management Committee	DHMP's Quality Management Committee (QMC) acts to plan and coordinate organization-wide improvements in quality and safety of clinical care and service to members.	**Committee functions include:** • Analyzes and evaluates the results of QI activities • Ensures practitioner participation in the QI program through planning, design, implementation or review • Identifies needed actions • Ensures follow-up, as needed	**Objective**: • Committee demonstrates quality oversight activities and participation of required members by presenting clear and accurate records of minutes • Provides oversight to working subcommittees and determines final opportunities for selection for reporting requirements.	Bi-Monthly	QI Director QI Project Manager	Ongoing	Ongoing	QMC

*Previously monitored

Medical Management Committee	DHMP's Medical Management Committee (MMC) acts as a working sub-committee to the QMC. The MMC assists the QMC in overseeing and ensuring quality of clinical care, patient safety, State/CMS/NCQA reporting requirements and program operations provided throughout the organization.	The MMC is responsible for assisting the organization in providing oversight, critical evaluation, and delegation of actions and selection of opportunities while maintaining a constructive relationship with medical staff and approving/overseeing policies and procedures.	**Goals:** • Providing strong support and oversight to an initiative to improve Continuity and Coordination of Care • Works in collaboration with the QMC • Works in collaboration with the Network Adequacy Committee • Ensure all regulatory and NCQA requirements are reported in a consistent, accurate and reliable manner	Bi-monthly	Medical Director Director Health Plan Medical Management	Ongoing	Ongoing	QMC
Network Management Committee	The Network Management Committee (NMC) is tasked with establishing, maintaining and reviewing network standards and operational processes.	The scope of the NMC responsibility includes: (1) Network development and procurement; (2) Provider contract management, including oversight; and (3) Periodic assessment of network capacity.	**Goals:** • Develop standard work, policies and procedures for network management. • Review network capacity and develop plans to address opportunities for improvement. • Review provider interest in network participation and evaluate against DHMP network needs. • Review provider terminations and determine continuity of care concerns. • Review new regulatory legislation and contractual requirements and implement, as appropriate. • Review Quality of Service Concerns and develop plan to address, as necessary	Bi-monthly	Director of Provider Relations	Ongoing	Ongoing	MMC
Medicare Star Ratings Workgroup	Key plan and ACS representatives work together to identify opportunities and implement interventions to improve our Medicare Star ratings.	**Committee functions include:** • Evaluate & identify opportunities • Intervention approval and support • Resource allocation • Review results to evaluate effectiveness	**Objective:** Committee analyzes and targets specific Stars measures for improvement. Interventions are then reviewed with ACS provider network and/or DHMP departments for approval and support. Interventions and data are reported up through the Medicare Stars Program Leadership Committee for review and	Quarterly	Medicare PLM QI Director	Monthly	Ongoing	DHMP CEO

*Previously monitored

			feedback. All targeted metrics are set up to evaluate effectiveness.					
Collaborative QI Workgroups	QI health plan representatives sit on several collaborative workgroups led by ACS leadership.	**Workgroups QI participates in includes:** • Cancer screening • Pediatric health • CVD • Integrated Behavioral Health • Diabetes • Perinatal Care • Asthma • Transition of Care • Immunizations	**Objective:** • Established active partnership and collaboration in QI work group activities with Ambulatory Care Services (ACS) on several QI interventions in chronic disease management, prevention, screening, annual visits.	Monthly	QI Int Managers	Ongoing	Ongoing	QI Director
QI LEAN Management	Use LEAN practices and tools to identify and research new quality improvement targets. Implement QI strategies (interventions or process improvements) based on findings.	Objectives including utilizing the use of: • A3 problem solving • PSDA cycle • Chart(s) • Visual Management Boards • Weekly QI team huddle	**Objective:** • Increase collaboration in LEAN efforts • Improve quality of data	Ongoing	QI Team	01/2021	12/2021	QI Director
QUALITY OF CLINICAL CARE								
***HEDIS MY2020 Healthcare Effectiveness Data and Information Set (HEDIS) Annual Analysis**	HEDIS is a quality requirement program which determines how well health plans perform on a variety of quality processes and outcome variables. HEDIS consists of more than 90 measures across 6 domains of care which allow for comparison of quality performance nationally across health plans.	**Procedure**: • HEDIS data is collected annually through surveys, medical charts, pharmacy data, lab reports and insurance claims for hospitalizations, medical office visits and procedures. • Data validation prior to submission date • Meet submission deadline • Data from the HEDIS project is analyzed to determine areas of intervention and improvement.	**Objective**: Evidence of annual analysis includes: • Presentation to the QMC • Qualitative and quantitative analysis to identify opportunities for improvement must be documented in the QMC meeting minutes. • Increase medical record compliance by improving coding and documentation. • To measure effectiveness of intervention; analysis will be accomplished by comparing	Annually	QI HEDIS Project Manager PH QI Project Managers QI Director	1/2021	8/2021	QMC

*Previously monitored

			previous year results with current year results.					
***HEDIS Impact: Breast Cancer Screening**	To improve HEDIS rates for the Measure Breast Cancer Screening. Every month a list will be drawn from the data warehouse, and run against claims and the active member's list. All Commercial, Exchange and Medicare women 50+ years old, who are in need of a mammogram, will be sent a mailer reminding them to schedule an appointment.	**DHMP's QI Department:** QI will coordinate with WMC staff to post the locations and schedules of BCS screenings (mobile van (WMC)) on the Pulse and Frontlines. Create monthly mailing list of all Commercial, Exchange and Medicare women 50+ years old. PH QI Project Manager: • Conducts monthly data pull • Defines eligible participants • Distributes member list for mailing	**Commercial Current HEDIS 2020:** 75.09% (25th percentile) **Commercial HEDIS 2021 Goal:** 78.09% (50th percentile H2020) **Exchange Current HEDIS 2020:** N/A **Medicare Current HEDIS 2020:** 75.47% (25th percentile) **Medicare Goal HEDIS 2021:** 83% (5 star cut point)	Annually	PH QI Project Managers	1/2021	12/2021	QMC HEDIS
***Bone Density Screening (OMW)**	To improve HEDIS rates for the measure, Osteoporosis Management in Women who had a Fracture.	Create monthly list of women 67-85 years of age who had a fracture in the last 3 months and who have not had either a bone mineral density test or a prescription for a drug to treat for osteoporosis since the fracture. Provide to ACS Central Clinical Support pharmacy team for follow up monthly. Schedule quarterly meetings to discuss intervention progress and barriers.	**Medicare Current HEDIS 2020: NA (less than 30 in universe)** **Goal Medicare 2021 HEDIS Rate :** 67% (5 star cut point)	Monthly	PH QI Project Managers	01/2021	12/2021	QMC
***Improving Diabetic Retinal Exams (CDC)**	To improve HEDIS rates for the Diabetic Retinal Exam component of the HEDIS CDC measure. Quality team will target members for outreach who meet the following criteria: (1) the member is 18-75 years of age, (2) the member has been diagnosed with diabetes (type 1 and type 2), (3) the member has not had a retinal exam performed is the last year.	Create monthly list of members with a diagnosis of diabetes, 18-75 years of age that have not had a dilated retinal exam in the last year. Provide to ACS Eye Clinic Navigators to outreach and schedule the exam. Support ACS Primary Care Clinics in the roll out of Eye Cameras at DH clinics	**Medicare Current HEDIS 2020:** 77.37%% (50th percentile*) **Goal Medicare 2021 HEDIS Rate:** 80.37% (50th percentile*) (5 stars) **Commercial Current HEDIS 2020:** 51.39% (25th percentile) **Goal Commercial 2021 HEDIS Rate:** 54.39%% (25th percentile) **Exchange Current HEDIS 2020:** 62.85%% (75th percentile)	Annually	PH QI Project Managers DHHA Eye Clinic	1/2021	12/2021	QMC

*Previously monitored

			Goal Exchange 2021 HEDIS Rate: 70.66% (95th percentile) ***No Medicare percentiles available for 2020, 2019 percentiles used**					
QUALITY OF CLINICAL CARE								
Improving Perinatal Health: HEDIS documentation and coding education	DHMP QI HEDIS Program Manager and QI Intervention Manager provide guidance and education on appropriate coding and documentation at the Denver Health Hospital and Ambulatory Care Clinics.	**Procedure:** • QI participates in the perinatal workgroup on a monthly basis. QI participates in QI committee activities for improvement of prenatal timeliness and Postpartum Care	**Prenatal** **Commercial Current Prenatal 2020 HEDIS Rate:** 98.16% (95th percentile) **Commercial Prenatal Goal 2021:** 100% (95th percentile) **Postpartum** **Commercial Current Postpartum 2020 HEDIS Rate:** 95.85% (95th percentile) **Commercial Postpartum Goal 2021:** 98.85% (95th percentile)	Monthly	QI HEDIS Program Manager PH QI Project Managers	1/2021	12/2021	QMC
***Improving Well-Child Visits: HEDIS Rates**	To improve the Commercial HEDIS Rates for Well-Child Visits the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV) for children ages 3-21.	The following interventions will be ongoing in 2021: • Healthy Heroes Birthday Cards, with amendment • SBHC Targeted Lists (as COVID-19 pandemic allows) • SBHC Enrollment Increase (as COVID-19 allows)	**Commercial W30 (this is a significant change to the WC HEDIS specification) New goals will be added after MY2020 data is validated.** **Current HEDIS 2020 W30 Rate:** **0-15**: N/A **15-30**: N/A **Goal HEDIS 2021 Rate**	Annually	QI Director, HEDIS Program Manager PH QI Project Managers	1/2021	12/2021	QMC

*Previously monitored

			<u>0-15:</u> <u>50th percentile</u> **<u>15-30:</u>** <u>50th percentile</u> **<u>Current HEDIS 2020 WCV Rate:</u>** <u>NA</u> **<u>Goal HEDIS 2021:</u>** <u>50th percentile</u>					
***Improving Well-Child Visits: Healthy Heroes Birthday Cards**	Commercial and Exchange children 2-19 years of age who still require an annual well child visit for the year will receive a birthday card informing them to come for their annual visit. Healthy Heroes includes a checklist of developmental topics the provider will cover in the well-child visit as a way of engaging the member to participate in care.	Procedure: • QI pulls list from BI portal monthly • QI cleans data and separates per LOB • QI forwards list to the printer to send out reminder cards	**Goal:** Engage children who have not gone in for their annual well child visit through healthy hero birthday reminder cards **<u>WCC Counseling for Physical Activity</u> Current HEDIS 2020 Rate:** 74.45% (50th percentile) **Goal HEDIS 2021:** 77.45% (75th percentile) **<u>WCC BMI</u>** **Current HEDIS 2020 Rate:** 90.02% (90th percentile) **Goal HEDIS 2021**: 93.02% (90th percentile **<u>WCC Counseling for Nutrition</u>** **Current HEDIS 2020 Rate:** 83.21% (75th percentile) **Goal HEDIS 2021**: 85.21% (75th percentile) No rates for Exchange due to small sample size	Quarterly	PH QI Project Managers	1/2021	12/2021	QMC
QUALITY OF CLINICAL CARE								

*Previously monitored

***Improving Well-Child Visits: School-Based Health Centers Targeted Lists**	Twice a year, QI receives a list of all Commercial members enrolled in the SBHC program. QI runs the list against active members and targets all members in need of a well-child visit. **Objective**: Increase the % of Commercial members with a well-child visit by providing targeted lists to SBHCs HCPs	**Procedure**: • SBHC sends enrollment lists to QI who runs the list against active members to determine who is in need of well-child visit • DHMP sends list back to clinics so HCPs can complete well visit in SBHC. • Provide updated list on monthly basis back to clinic so they are not providing services to children who may have completed well visit elsewhere and as way to track who receives a visit and where.	**Goal:** AS COVID-19 pandemic allows, assist clinics in targeting students enrolled in a SBHC to complete an annual well child visit. >50% of eligible population receive well visit through SBHC	Quarterly	PH QI Project Managers School-Based Health Center Administrative Contacts	5/2021	9/2021	QMC
Unempaneled Population Strategy for MCR and Commercial and Elevate	Understand and prioritize opportunity for Clinical Quality improvement in portion of Medicare, Commercial and Elevate population that has not been seen at DH provider or system in last 18 months	1. Determine list of unempaneled members from ACS and DHMP data. Using HEDIS Measure Level Detail, identify extent unempaneled members are in measure denominators 2. Produce member lists to provide to key departments for targeted member outreach	1. Identify current efforts and initiative's enterprise wide to increase empanelment 2. Implement outreach Intervention for Unempaneled Medicare, Commercial and Elevate members	Bi-monthly	QI Director PH QI Project Managers	May 2021	Dec 2021	QMC
Medicare Chronic Care Improvement Program (CCIP)	CMS requires a 3 year CCIP project that focuses on promoting effective management of chronic disease, slowing disease progression, reducing complications and utilization. In addition, the program should improve care and health outcomes for enrollees, address potential health disparities and produce best practices. For the new three-year cycle beginning January 2021 DHMP has chosen to focus on control of high blood pressure in those MCR members who have a diagnosis of hypertension	**Procedure:** The DHMP Quality Improvement team will work closely with DHMP Care Management and DHHA Ambulatory Care Services to implement a comprehensive chronic disease care management program in order to provide members with poorly controlled blood pressure the support and care they need to more adequately manage their condition. •	**Goals:** The 2021 goal of the Controlling Blood Pressure Management program is to increase the percentage of MCR Select members with a diagnosis of hypertension whose BP is in control based on the CBP HEDIS metric from 68.13% in 2019 to 75% by December of 2021. (68.61% for Choice, 65.49% for Select)	Annually	PH QI Project Managers Director of Health Plan Medical Management	1/2021	12/2021	QMC

*Previously monitored

Colorectal Cancer Screening: FIT kit mailing initiative	Objective: To develop interventions to increase the number of FIT kits completed by DHMP MCR members in 2021.	Procedure: In 2020, DHMP collaborated with DHHA ACS to conduct centralized mailing of FIT kits from DH to MCR members and in the later part of the year, DHMP contracted with an outside vendor to mail FIT kits to MCR members who had not completed colorectal cancer screening. For 2021, DHMP will continue to collaborate with DHHA ACS to conduct centralized mailing of FIT kits from DH to MCR members and contract with the same vendor in the latter part of the year if necessary.	**<u>Colorectal Cancer Screening (COL)</u>** **Commercial Current HEDIS 2020:** 63.99% (25th percentile) **Commercial HEDIS 2021 Goal:** 66.99% (50th percentile) **Exchange Current HEDIS 2020**: 58.27% (10th percentile) **Exchange HEDIS 2021 Goal:** 61.27% (25th percentile) **Medicare Current HEDIS 2020 rate**: 73.48% (50th percentile) **Medicare HEDIS 2021 Goal:** 80% (5-Star cut point)	Annually	PH QI Project Managers, MCR Stars Committee	1/2021	12/2021	QMC
Care Coordination Updates	DHMP developed an internal comprehensive care coordination program in 2020. DHMP continues to collaborate with ACS in the provision of care coordination and quality improvement services and programs for patients and Members. In addition, care coordination was identified as an area of operational excellence for Denver Health in 2018 and additional focus and resources have been allocated to help develop a comprehensive and robust care coordination system that spans across DHMP and ACS for seamless coverage to patients and Members. A dashboard with operational metrics is part of this initiative with regular review by leadership teams.	The HPMM department maintains a Program description and performs an annual program evaluation for UM and CM. Each year, HPMM completes a Program Evaluation, and uses the findings in that Evaluation to evaluate and revise the HPMM Program Description. Both documents are brought to the MMC for review and approval, as well as to the QMC via MMC Minutes for additional approval.	**Objective:** • All requirements must be met • Reviewed and updated annually • Submitted for review to the QMC and MMC	Annually	Director of Health Plan Medical Management	5/2021	12/2021	QMC

*Previously monitored

Promote and improve health outcomes for D-SNP members with chronic conditions	The D-SNP beneficiary specific performance measures are collaboratively developed in conjunction with DHMP and the DHHA Ambulatory Care Quality Committee (QIC). This SNP-MOC specific set of goals reflect process, impact and outcome measures.	**Procedure:** • DHMP Medical Management department produces an annual SNP MOC program evaluation responsible for the operations of the SNP MOC HRAT, ICP and ICT facilitation, and reporting key metrics. • The results of the MOC annual program evaluation, updated program description, and work plan will be reviewed and approved annually by the QMC • Final approval of program goal is provided by the DHMP Board of Directors • SNP MOC evaluation content is then distributed to the Denver Health Ambulatory care QI Committee (QIC)	2021 SNP MOC Overall Goals: **Promote and improve access to primary and specialty care practitioners:** • Getting Appointments & Care Quickly- 76% Performance Target • Ease of Getting Needed Care and Seeing Specialists- 82% Performance Target **Promote and improve affordability of member healthcare needs:** • Members who requested and received assistance with food insecurity- 80% Performance Target • Members who requested and received assistance with transportation costs- 80% Performance Target **Promote and improve coordination of care and appropriate delivery of services through the direct alignment of the HRAT, ICP and ICT:** • Members with all ICP goals completed – Initial- 100% Performance Target • Members with all ICP goals completed – Annual- 100% Performance Target • Overall member satisfaction with care management program- 3.5/5 Performance Target Rating	Annually	Director of Health Plan Medical Management DHMP Medical Director QI Director	1/2021	12/2021	QMC DHMP Board of Directors DH ACS QIC

*Previously monitored

			• Improving or maintaining member physical health- 73% Performance Target **Promote and improve care transitions across all health care settings and providers:** • Transitions of Care – Medication Reconciliation Post-Discharge- 85% Performance Target • Transitions of Care – Receipt of Discharge Information- 90% Performance Target **Promote and improve health outcomes for D-SNP members with chronic conditions**: • Diabetes Care – Blood Sugar Controlled- 72% Performance Goal • Controlling High Blood Pressure- 75% Performance Goal **Ensure appropriate utilization of services for preventive and chronic health conditions**: • Colorectal Cancer Screening (FIT kits) - 73% Performance Goal • Diabetes Care – Kidney Disease Monitoring- 95% Performance Goal **Promote appropriate utilization of services**:					

*Previously monitored

			• Rate of emergency department visits/1000 members- 1216.2 Performance Goal • Rate of acute inpatient admissions/1000 members- 304.8 Performance Goal **Promote member completion of initial and annual HRA**: • Initial HRA completion w/in 90 days of enrollment- >=86% Completion Goal • Annual HRA completion w/in 365 days of initial HRA - >=75% Completion Goal					
Complex Case Management: Population Assessment	Complex Case Management annually assesses member populations and subpopulations to ensure needs are being met in an appropriate manner.	**Assessment must consider and include the following:** • Relevant characteristics of specific populations • DHMP's total covered population, not just members identified for complex case management • Needs of individuals with disabilities and serious and persistent mental illnesses	**Goals:** • Use multiple data sources, when available, including administrative claims and utilization management data to assess the characteristics and needs of its member population and subpopulations • Reviews and updates its complex case management processes to address member needs, if necessary • Reviews and updates its complex case management resources to address member needs, if necessary	Annually	Director of Health Plan Medical Management	5/2021	7/2021	MMC QMC
QUALITY OF SERVICE								

*Previously monitored

Complex Case Management: Measuring Program Effectiveness	Complex Case Management annually measures the effectiveness of its complex case management program using three measures.	For each measure, Complex Case Management: • Identifies a relevant process or outcome • Uses valid methods that provide quantitative results • Sets a performance goal • Clearly identifies measure specifications • Collects data and analyzes results • Identifies opportunities for improvement, if applicable	**Goals:** **Member Satisfaction:** Member Satisfaction will indicate 80% satisfaction with the complex case management program. **Develop a dashboard for tracking** • Analyze data for high cost and high utilizers along with utilization data.	Annually	Director of Health Plan Medical Management	5/2021	75/2021	MMC QMC
Population Health Management (PHM) Strategy: Program Monitoring	The Population Health Management Team has a population health strategy for meeting the care needs of its member population.	• The strategy describes goals and populations targeted for each of the four areas of focus, Keeping members healthy, Managing members with emerging risk, Patient safety or outcomes across settings, and Managing multiple chronic illnesses, the programs and services offered to members, activities that are not direct member interventions, how member programs are coordinated, and how members are informed about PHM programs.	**2021 PHM Goals:** Establish programming for each of the four population health target areas. • Keeping members healthy • Managing members with emerging risk • Patient safety or outcomes across settings • Managing Multiple Chronic Illnesses The Population Health team is currently developing the 20201 Population Health Management Strategy for the MCR, COMM and Exchange lines of business. After finalizing the strategy, the Population Health time will develop specific goals and programming that will support the overall population health strategy.	Annually	Director of Health Plan Medical Management QI director Population Health Management Team DHMP Medical Director	03/2021	12/2021	QMC
Behavioral Health Services	Follow up for positive depression screening are an ACS strategic quality indicator	**Procedure:** Tracking the completion of “depression screening and follow up visit if positive” at Primary Care visits at DH ACS	**Goals:** Overall CHS goal is 70% completion Year 1 tracking to establish baselines and determine goals	 Annually Annually	Director of Health Plan Medical Management ACS QI Director	 5/2021 8/2021		QMC MMC

*Previously monitored

	Ongoing monitoring of CM behavioral health related activities	Tracking of key Case Management team BH related activities			DHHA MD Behavioral Health Practitioner CM manager DHMP Medical Director DHHA Behavioral Health Practitioner (MD)			
***2021 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Annual Analysis**	Assess member satisfaction with quality of clinical care and services provided in practice settings through the CAHPS member satisfaction survey.	**DHMP's QI Department:** • Sends CAHPS surveys out annually to members via random sample. • Validates data before submission • Meets CAHPS submission deadline • Analyzes survey results to determine areas of intervention and improvement	**Evidence of annual analysis includes:** • Presentation to the QMC • Qualitative and quantitative analysis to identify opportunities for improvement must be documented in the QMC meeting minutes.	Annually	QI Project Manager QI Director	Ongoing	8/2021	QMC
Cultural and Linguistic Appropriate Services (CLAS)	To deliver culturally and linguistically appropriate services to Denver Health membership.	**Objective:** • Ongoing effort to reduce REL related disparities in health based on available data ensure appropriate literacy levels in member material and improve of REL membership data	**Goal:** • Reduce health care disparities as it relates to REL in collaboration with ACS QI • Improve collection of REL membership data	Annually	PH QI Project Managers	Ongoing	Ongoing	QMC DH Ambulatory Care QIC
QUALITY OF SERVICE								
Monitoring Network Availability of Practitioners	DHMP conducts an annual assessment to ensure that it maintains an adequate network of primary care, behavioral health and specialty care practitioners. We monitor effectiveness of the network in meeting needs and preferences of our membership.	**Analysis includes:** • Collecting member complaint data related to cultural, racial, ethnic and linguistic preferences • Performance against the number and geographical distribution standards for primary care,	**Goals**: Meet urban, suburban and rural provider availability standards set in the Access to Care and Services Policy	Annually	Director of Provider Relations	9/2021	10/2021	QMC

*Previously monitored

		behavioral healthcare and specialty care						
***Quality of Care Concerns (QOCC): MCR, COM, HIX**	DHMP Medical Director and RN appropriately investigate potential QOCC's.	**Timeframe requirements:** • Acknowledgment letter: 2 business days. • Expedited Response: 72 hrs. • Standard Response: 30 business days. • Extension letter: 15 business days.	**Goal**: • 100% Timeframe Compliance	Every other Month	G&A Mgr RN Case Manager Medical Director	Ongoing	Ongoing	QMC
Monitoring Accessibility of Services	DHMP has established mechanisms to ensure access to primary and specialty care services, along with behavioral health services. DHHA Appointment Center services are responsible for meeting established standards.	**Assessment incorporates:** Self-reported access data from practitioners captured via network adequacy analysis, supplemented with an analysis of complaints related to access.	**Goals**: • Meet urban, suburban and rural standards set in the Access to Care and Services Policy	Annually	Director of Provider Relations	Ongoing	Ongoing	QMC
***Adoption and Distribution of Clinical Practice and Preventive Health Guidelines**	DHMP is accountable for adopting and disseminating clinical practice guidelines relevant to its members and providers for the provision of non-preventive acute and chronic medical services and for preventive and non-preventive behavioral health services. Guidelines are adopted from recognized sources or from involvement of board-certified practitioners from appropriate specialties.	**CPG's must be updated annually or when the following circumstances exist:** • New scientific evidence or national standards are published prior to the annual review date • National guidelines change prior to the annual review date	**Objective:** **Adoption and dissemination by:** • Establishing the clinical/scientific basis for the guidelines • Review guidelines annually, with updates as needed • Distributing guidelines to appropriate practitioners	Annually	QI Director QI RN QI Project Manager	Ongoing	Ongoing	QMC
***Evaluating Utilization Management Criteria**	Utilization Management conducts an annual review of the UM criteria and the procedures for applying them, and updates the criteria when appropriate.	**DHMP's UM Department has:** • Written UM decision-making criteria that are objective and based on medical evidence • Written policies for applying the criteria based on individual needs • Written policies for applying the criteria based on an assessment of the local delivery system • Involvement of appropriate practitioners in developing, adopting and reviewing criteria	**Objective**: Criteria must consider at least the following when applying criteria to a given individual: • Age • Comorbidities • Complications • Progress of Treatment • Psychosocial situation • Home environment, when applicable	Annually	Director of Health Plan Medical Management Medical Director	2/2021	3/2021	QMC MMC

*Previously monitored

***Monitoring Consistency of Applying UM Criteria**	Utilization Management monitors and reviews application of UM criteria to ensure consistency in applying criteria. If reports show there was an inconsistency, action is taken to improve the consistency of reviewer determinations.	**DHMP's Utilization Management Department annually:** • Evaluates consistency of health care professionals making UM decisions by applying criteria consistently and appropriately • Acts on opportunities to improve reliability of criteria application when identified	**Goal**: • 85% Accuracy Rate for Criteria Application	Annually	Director of Health Plan Medical Management Medical Director Pharmacy Director	11/2021	12/2021	MMC
***Monitoring of Formulary and Pharmaceutical Management Procedures**	Formulary and pharmaceutical management procedures are presented to the Pharmacy and Therapeutics Committee on an annual basis for review and discussion. Minutes from the P&T meeting are presented and reviewed at the QMC on a bi-monthly basis. Review of updated formulary and pharmaceutical management procedures is documented in the P&T minutes.	**DHMP's Pharmacy Department annually:** • Review the procedures • Review list of pharmaceuticals • Updates the procedures and pharmaceuticals, as appropriate	**Goal**: • Must present and review all pharmaceutical management procedures annually to address areas for improvement	Annually	Pharmacy Director	10/2021	11/2021	P&T - approval QMC - review
QUALITY OF SERVICE								
Quality of Service Concerns (QSC)	The Grievance and Appeals Department appropriately investigates potential Quality of Service Concerns.	**Timeframe requirements:** • Acknowledgment letter: 5 business days. • Standard Response: 30 calendar days. • Extension letter: 15 calendar days (Commercial, Exchange), 14 calendar days (Medicare). • Expedited: 72 hours	**Goal:** • 100% Timeframe compliance	Quarterly	Manager of Appeals & Grievances	Ongoing	Ongoing	QMC
Member Annual Communication Requirements	The Marketing Department strives to ensure timely distribution of member communications and materials to promote DHMP membership understanding of current health plan topics related to patient care and service.	**Members receive:** • Information about the quality program goals and outcomes as related to member care and service • Pharmaceutical restriction and preference information, including formulary.	**Goals**: • Must provide evidence of annual communication to all members	Annually	Director of Marketing	1/2021	12/2021	Outreach Committee
Member Communication Requirements Upon Enrollment	The Marketing Department focuses on timely distribution of member communications and materials to promote DHMP membership	**Members are provided the following information, including but not limited to:** • Member rights and responsibilities statement	**Goals**: • Must provide evidence of communication to all commercial members upon	Annually	Director of Marketing	1/2021	12/2021	Outreach Committee

*Previously monitored

and Annually Thereafter	understanding of their health plan design and benefits	• Subscriber information • PHI use and disclosure information • The process for members to self-refer to case management • How to access staff • An affirmative statement about incentives	enrollment and annually thereafter					
Practitioner and Provider Communication Requirements	The Marketing Department provides timely distribution of practitioner and provider communications and materials to promote DHMP practitioner and provider understanding of current health plan topics related to patient care and service.	**Practitioners and Providers are provided the following information, including but not limited to:** • Member rights and responsibilities statement • The process for the practitioner to refer members to case management • Program information • Clinical practice and preventive health guidelines (to appropriate practitioners) • How to obtain UM criteria • How to access staff • An affirmative statement about incentives • Information about the quality program goals and process outcomes related to member care and service • Pharmaceutical management procedure, restriction and preference information, including formulary • Annual Provider Survey • Early Periodic Screening Diagnosis and Treatment (EPSDT) • HEDIS, CAHPS and Medicare Stars Ratings	**Goal**: • Must provide evidence of communication to all network practitioners and providers upon contracting and annually thereafter • Must provide evidence of annual communication to all network practitioners and providers	Annually	Director of Provider Relations	1/2021	12/2021	Network Management Committee
QUALITY OF SERVICE								
Physician and Hospital Directory Usability Testing	At least every three (3) years (36 months), the provider credentialing Department evaluates DHMP's web-based physician and hospital directory for health literacy, understandability	**Testing considers:** • Font size • Reading level • Intuitive content organization • Ease of navigation	**Goals**: • There must be a documented process describing how usability testing is performed. • There must be evidence indicating initial usability testing	At least every three years	Provider Credentialing Manager	3/2021	4/2021	QMC

*Previously monitored

	and usefulness to members and prospective members.	• Directories in additional languages, if applicable to membership **Testing occurs:** • When there are significant changes to member demographics • When there are changes to the layout of design of the directory Internal staff who were not involved in the development of the directory participate in testing.	was performed when there were significant changes to member demographics or to the layout or design.					
Assessing Member Understanding of DHMP Procedures	The Marketing department has a systematic and ongoing process for assessing new member understanding of DHMP key policies and procedures.	**Assessment includes:** • Monitoring new member understanding of DHMP procedures • Implementing procedures to maintain accuracy of marketing communication • Acting on opportunities for improvement	**Goals**: • There must be evidence of a systematic and ongoing process for assessing new-member understanding of DHMP operations and policies. • If DHMP finds that new members have enrolled without an accurate understanding of key DHMP policies and procedures, DHMP must initiate a quality improvement process to correct the possibility of future misrepresentation.	Annually	Director of Marketing	Quarterly	Quarterly	QMC
***Ongoing Monitoring of Network Practitioners and Providers Site Quality**	Credentialing and Provider Relations has policies and procedures to ensure the quality, safety and accessibility of the offices of all network practitioners meet DHMP's office-site standards. This is achieved by setting performance standards and thresholds for office sites and a clear process for ongoing monitoring of office site quality.	**Provider Relations and Credentialing:** • Sets performance standards and thresholds for office site quality • Establishes a documented process for ongoing monitoring and investigation of member complaints related to practice sites	**Goals**: • Conduct site visits of offices within 60 calendar days of determining that the complaint threshold was met • Deliver corrective action plans within 30 calendar days of site visit • Repeat site visits are conducted 6 months after delivering corrective action plans to assure compliance	Quarterly	Director of Provider Relations	Ongoing	Ongoing	Cred. Cmte.
***Ongoing Monitoring of Practitioner Sanctions, Complaints and Quality Issues**	DHMP has policies and procedures for ongoing monitoring of practitioner sanctions, complaints and quality issues between re-credentialing cycles; Appropriate action against practitioners is taken when poor quality concerns are identified. .	**Ongoing review and monitoring by:** • Collecting and reviewing Medicare and Medicaid sanctions • Collecting and reviewing sanctions or limitations on licensure • Collecting and reviewing complaints • Collecting and reviewing information from identified adverse events	**Goals**: • Review sanction information within 30 calendar days of its release • Implementing appropriate interventions when instances of poor quality are identified	Monthly	Medical Director	Ongoing	Monthly	Cred. Cmte.

*Previously monitored

***Monitoring Health Plan Services' Telephonic Performance**	The Health Plan Services Department has a process for monitoring and evaluating telephonic quality and metrics against established benchmarks and thresholds.	**Reporting categories:** • Calls per agent-per hour • Average talk time • Average delay to answer • Calls abandoned • Quality • Call volume	**Goals**: • Service level: at or above 80% • Time to answer: 30 seconds or less • Abandonment rate: 5% or less	Monthly	Manager Call Center Operations Health Plan Services Lead Director of Health Plan Services	Ongoing	Ongoing	QMC
***Continuity and Coordination of Medical Care**	DHMP uses information at its disposal to facilitate continuity and coordination of medical care across its delivery system.	**Annual identification of opportunities to improve coordination of medical care by:** • Collecting data on member movement between practitioners and across settings • Conducting qualitative and causal analyses of data to identify improvement opportunities • Identifying and selecting at least opportunities for improvement • Acting on at least 3 opportunities for improvement and measuring effectiveness	**Goals**: • Identify and select at least 4 opportunities to improve the coordination of medical care • Measure the effectiveness of improvement actions taken for at least 3 opportunities • Improve utilization of the "Mental Health Readmission Rate Dashboard". • Improve utilization of the "PHM Database" to check appropriate use of antidepressants. • Improve percent of members who are empaneled to a Primary Care Provider (PCP)	Annually	Director of Health Plan Medical Management	Jan-2021	Dec-2021	QMC
***Continuity and Coordination Between Medical Care and Behavioral Healthcare**	DHMP will conduct an assessment of continuity and coordination of care efforts between medical health care providers and behavioral health care providers (Denver Health and Cofinity providers).	**Annual identification of opportunities to improve coordination of medical and behavioral healthcare by:** • Collecting data on opportunities for collaboration between medical care and behavioral healthcare • Conducting qualitative and causal analyses of data to identify improvement opportunities • Identifying and selecting at least 2 opportunities for improvement • Measuring effectiveness on 2 opportunities implemented	**Goals**: • Identify and select at least 2 opportunities to improve collaboration between medical and behavioral healthcare o Follow-up Visit after hospitalization o Appropriate use of antidepressant medications • Measure the effectiveness of improvement actions taken for at least 2 opportunities	Annually	Director of Health Plan Medical Management	1/2021	12/2021	QMC MMC
***Monitoring Satisfaction with**	Complex Case Management annually evaluates satisfaction with its complex case management services to identify	**Satisfaction data is collected through the following methods:**	**Goals**:	Annually	Director of Health Medical	1/2021	12/2021	QMC

*Previously monitored

Complex Case Management	opportunities to improve member satisfaction. ✓ Affects member experience	• Obtaining survey feedback from members • Analyzing member complaints for tracking/trending	**Members**: 100% of the respondents will indicate 80% satisfaction with the program.		Management			
***Monitoring Member Satisfaction**	DHMP monitors member satisfaction with our services and identifies areas of potential improvement. To assess member satisfaction with our services, DHMP annually evaluates member complaint and appeal data to analyze tracking and trending.	**Aggregate member complaints and appeals by reason, showing rates related to:** • Quality of Care • Access • Attitude and Service • Billing and Financial Issues • Quality and Practitioner Office Site.	**Goals:** Evidence of monitoring includes: • Annual reporting to the QMC • Root-cause analysis provided to identify opportunities for improvement.	Annually	Product Line Managers w/ Marketing	1/2021	3/2021	QMC
***Monitoring Satisfaction with the Utilization Management Process**	DHMP continually assesses member and practitioner satisfaction with our Utilization Management process to identify areas in need of improvement.	**Components of the process:** • Collecting and analyzing data on member and practitioner satisfaction to identify improvement opportunities • Taking action designed to improve member and practitioner satisfaction based on assessment of the data	**Goals**: • **Members**: 90% of the surveyed members (CAHPS) who required an authorization for services will indicate being either "Somewhat or Very Satisfied" with the authorization process. **Practitioners**: 90% of the surveyed providers will indicate a high level of satisfaction with the UM program by answering each of the Provider UM Satisfaction questions with a rating of either 4 or 5 (on a scale from 1 to 5, with 5 being extremely satisfied)." [Provider, Practitioner Experience Survey]	Annually	Provider Relations (Survey and analysis, action plans) Director of Health Plan Medical Management (Actions based on results)	1/2021	3/2021	QMC
QUALITY OF SERVICE								
Monitoring Member Services' Benefit Information for Quality and Accuracy	The Health Plan Services Department has a quality improvement process in place to assess the quality and accuracy of plan benefit information provided to members telephonically and online.	**Components of the process:** • Collecting data on quality and accuracy of information provided • Analyzing data against standards or goals • Determining the cause of deficiencies, as applicable • Acting to correct identified deficiencies	**Goals**: • Telephone: 90% accuracy • Online: 90% accuracy	Monthly	Manager Call Center Operations Health Plan Services Lead Director of Health Plan Services	Ongoing	Quarterly	QMC
Monitoring Pharmacy Benefit	The Pharmacy Department has a quality improvement process in place to assess	**Components of the process:**	**Goals**: • Telephone: 85% accuracy	Performed quarterly,	Pharmacy Director	01/2021	12/2021	MMC

*Previously monitored

Information for Quality and Accuracy	the quality and accuracy of pharmacy benefit information provided to members telephonically and online.	• Collects data on quality of service and accuracy of pharmacy benefit information provided both telephonically and online • Analyzes data results • Acts to correct identified deficiencies. Results are presented to MMC for review and feedback.	• Online: 85% accuracy	reported annually				
***2021 Utilization Management Program Evaluation**	The Utilization Management Program Evaluation is conducted annually to review activities from the prior year and measure performance on initiatives to support clinical excellence. A summary of these results is presented to the MMC & QMC that covers overall program effectiveness, performance outcomes, improvement opportunities and changes to the program.	**Evaluation includes:** • Completed and ongoing activities • Quantitative and Qualitative Analysis • Evaluation of effectiveness	**Presentation to QMC must include:** • Committee discussion and input on program summary • Actions, if applicable • Committee approval of 2020 UM Program and 2020 evaluation of 2019 performance	Annually	Medical Director	01/2021	12/2021	QMC MMC
SAFETY OF CLINICAL CARE								
Patient Safety Initiatives	The Quality Improvement Department works collaboratively with Utilization/Case Management, Population Health, Pharmacy, and G&A Departments to provide clinical quality monitoring and Identification of performance improvement opportunities related to member safety are reviewed and implemented.	**Process:** The Quality Improvement Department facilitates evaluation of quality of care concerns and any corrective action plan that results. QI implements and provides organizational support of ongoing safety and quality performance initiatives that relate to care processes, treatment, service and safety in clinical practice. If opportunities are identified to decrease medical errors, the Quality Improvement Department will work collaboratively with the patient safety committee of the hospital to identify opportunities for improvement and preventive approaches.	**Objectives:** • Encourage organizational learning about medical and health care errors • Incorporate patient safety education across organization • Implement corrective, preventative and general medical error reduction educational programs to reduce the possibility of patient injury in conjunction with patient safety committee. • Involve patients in decisions about their health care and promote open communication about medical errors and consequences which occur as a result • Collect and analyze data, evaluate care processes for opportunities to reduce risk and initiate actions • Review and investigate serious outcomes where a patient	Annually	Director of QI Director of Health Plan Medical Mgmt G&A Mgr Pharmacy Director Medical Director	Ongoing	Ongoing	QMC

*Previously monitored

			injury has occurred or patient safety has been impaired under the quality of care concern process. • Report internally what has been found and the actions taken with a focus on processes and systems to reduce risk • Distribute information to members and providers via newsletter and/or website to help promote and increase knowledge about clinical safety • Focus existing quality improvement activities on improving patient safety by analyzing and evaluating data related to clinical safety • Annually review and evaluate clinical practice guidelines against practice guidelines to ensure and improve safe practices					
***Pharmaceutical Patient Safety Issues**	The Pharmacy Department has information about member pharmaceutical use that may not be available to pharmacists or practitioners. This represents an opportunity to provide patient safety information to practitioners and patients likely to be affected by drug recalls and withdrawals for patient safety reasons.	**Objectives:** • Identifying and notifying members and prescribing practitioners affected by Class II recall or voluntary drug withdrawals from the market for safety. • An expedited process for prompt identification and notification of members and prescribing practitioners affected by Class I recall. • Results are presented to Compliance Committee annually and MMC for review and feedback semiannually.	**Goals:** **100% Compliance for:** • Class I: Affected members and providers notified no later than seven days of the Food and Drug Administration (FDA) notification. • Class II: Affected members and providers notified within thirty days of the FDA notification. • Class III: Affected members and provider notified within sixty days of FDA notification.	Annually & Semi-annually	Pharmacy Director	Ongoing	Ongoing	MMC - Semiannually Compliance Committee - Annually
SAFETY OF CLINICAL CARE								

*Previously monitored

***Monitoring Privacy and Confidentiality**	The Compliance Department has a process for identifying, reporting and taking action on impermissible uses or disclosure of sensitive information.	**The Compliance Department implements procedures for:** • Identifying impermissible uses or disclosure of sensitive information • Reporting impermissible uses or disclosures of sensitive information • Providing education and safeguards in the event of impermissible uses or disclosure of sensitive information	**Goals**: • Annual formal reporting as evidence of ongoing monitoring of privacy and confidentiality. • If instances of impermissible use or disclosure exist, there must be substantive discussion by the Compliance Committee on how to improve protections. Actions to improve protections may include, but are not limited to: ▪ Education and training ▪ Process/procedural revisions ▪ Progressive discipline	Annually	Privacy Officer	Ongoing	Ongoing	Board of Directors

*Previously monitored