

Dept. Section	Structure	Goal	Fiscal Year 2024-2025 Goal(s)	Targeted Due Date	Requirement/ Planned		Responsible Party	Reports To	Reporting Frequency												
					Activity	Objective(s)				January	February	March	April	May	June	July	August	September	October	November	December
Insurance Products, MCD/CHP	Advisory Committees and Learning Collaboratives	Quality Management Committee	<ul style="list-style-type: none">Committee demonstrates quality oversight activities and participation of required members by presenting clear and accurate records of minutesProvides oversight to working subcommittees and determines final opportunities for selection for reporting requirements.	Meets Bi-Monthly: 9/10/2024, 11/12/2024, 1/14/2025, 3/25/2025, 5/13/2025, 7/15/2025	<ul style="list-style-type: none">Analyzes and evaluates the results of QI activitiesEnsures practitioner participation in the QI program through planning, design, implementation or reviewIdentifies needed actionsEnsures follow-up, as needed	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.	QI Director (Sr. Director of Health Outcomes & Pharmacy) QI Project Manager	QMC	Bi-Monthly	x		x		x		x		x		x	
	Advisory Committees and Learning Collaboratives	Member Experience Committee	<ul style="list-style-type: none">Create an onboarding and engagement strategy that builds rapport with members early, addresses concerns immediately, tailors communication to preferences, empowers members (through integrated technology and education), and improves satisfactionEstablish metrics to monitor success of member experience initiativesForm and maintain a member advisory committee to solicit direct input and feedback on enrollee experiences, member materials, and/or policiesImprove member experience between the member and planEnhance member usability and experience of plan benefits and tools	Meets Monthly: • October 9, 2024 • November 13, 2024 • December 11, 2024 • January 15, 2025 • February 12, 2025 • March 12, 2025 • April 9, 2025 • May 14, 2025 • June 11, 2025	<ul style="list-style-type: none">Use MEC Smartsheet to review all member experience interventions.	DHMP's Member Experience Committee was established in Q1-24 to align with the strategic goal of creating, implementing, and continuously improving member onboarding and engagement. The committee meets monthly to review, suggest data-driven changes, and evaluate member experience. The Committee will assess policies and procedures related to member onboarding, experience and engagement, materials and usability of plan benefits.	Director of Member and Provider Experience Director of Insurance Products	Executive Team	Monthly	x	x	x	x	x	x	x	x	x	x	x	x
MedEcon/Finance	Advisory Committees and Learning Collaboratives	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.	Meets Bi-Monthly: 10/29/2024, 12/17/2024, 2/11/2025, 4/29/2025, 6/24/2025	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.	<ul style="list-style-type: none">Providing strong support and oversight to an initiative to improve Continuity and Coordination of CareWorks in collaboration with the QMCWorks in collaboration with the Network Management Committee (NMC)Ensure all regulatory and NCQA requirements are reported in a consistent, accurate and reliable manner	QI Director (Sr. Director of Health Outcomes & Pharmacy) QI Project Manager	QMC	Bi-Monthly		x		x		x		x		x		x
	Advisory Committees and Learning Collaboratives	Network Management Committee	DHMP's Network Management Committee (NMC) acts as a working sub-committee to the QMC. The NMC is tasked with establishing, maintaining and reviewing network standards and operational processes.	Meets Bi-Monthly: 9/3/2024 11/5/2024 1/7/2025 3/4/2025 5/6/2025	The scope of the NMC responsibility includes: (1) Network development and procurement; (2) Provider contract management, including oversight; and (3) Periodic assessment of network adequacy.	<ul style="list-style-type: none">Develop standard work, policies and procedures for network management.Review network adequacy 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	Medical Economics/Contracting	QMC	Bi- Monthly		x		x		x		x		x		x
QI, PH	Advisory Committees and Learning Collaboratives	Collaborative QI Workgroups	QI/Pop Health (PH) plan representatives participate in several collaborative workgroups in partnership with DHHA leadership, including but not limited to Ambulatory Care Services (ACS), an NCQA recognized PCMH.	Meets Monthly: • Cancer Screening • Social Determinants of Health (SDOH) • Pediatric QI • Integrated Behavioral Health • Perinatal • Asthma • Transition of Care • Immunizations Meets Ad-Hoc: • Health Related Social Needs (HRSN) Screening	Workgroups QI/PH participates in includes: • ACS • Cancer Screening • Social Determinents of Health (SDOH) • Health Related Social Needs (HRSN) Screening • Pediatric QI • Integrated Behavioral Health • Perinatal • Asthma • Transition of Care • Immunizations	<ul style="list-style-type: none">Established active partnership and collaboration in QI work group activities with network practitioners/providers on several QI interventions in chronic disease management, prevention, screening, annual visits.	Pop Health Manager QI Manager	QMC	As Needed	x		x		x		x		x		x	
CR	Advisory Committees and Learning Collaboratives	Credentialing Committee	DHMP's Credentialing Committee is a subcommittee of the Quality Management Committee and is responsible for evaluating DHMP contracted licensed practitioners, both physicians and non-physicians, who have an independent relationship with the plan. DHMP Medicaid and CHP+ plans comply with Colorado law and current CMS requirements regarding credentialing, re-credentialing, and ongoing monitoring of practitioners. The Credentialing Committee uses active participating practitioners to provide advice and expertise in credentialing decisions.	Meets Bi-Monthly: • 7/26/2024 • 9/27/2024 • 11/22/2024 • 1/24/2025 • 3/28/2025 • 5/23/2025	Committee functions include: 1.) Review and approve the Credentialing Charter, Credentialing Policies and Procedures and Credentialing Plan 2.) Review Practitioner applications, discuss qualifications, and approve or deny the application based on DHMP established criteria 3.) DHMP Medical Director reviews all clean files and makes a determination consistent with DHMP Credentialing policies and procedures. 4.) Provide oversight of all delegated credentialing programs and activities, including but not limited to review of all applications from provider to become a delegated entity and all annual delegated audits. 5.) Responsible for review and oversight of practitioner quality of care concerns and first level of review for potential disciplinary action	<ul style="list-style-type: none">1. Review credentials, licensure, participation status with CMS and Character of participating or potential participating providers.2. Ensuring the review and approval of files are complete.3. Ensuring Member safety by reviewing provider (QOC) (HAI)s(HAC) and sanctions.4. Makes recommendation for (CAP)	Director Credentialing/Network Health Plan Medical Director	QMC	Quarterly	x				x		x				x	
PH, QI, MCD/CHP, ECS	Advisory Committees and Learning Collaboratives	MLR Metric Workgroup	To improve performance and meet state targets on SFY23/24 Medical Loss Ratio (MLR) metrics	December 31, 2024	Create programs and interventions to close the performance gap between DHMP's current MCD performance and the HEDIS 90th percentile nationally by 10% during the measurement year (CY2024)	<ul style="list-style-type: none">Metric 1: Well-Care Visits 0-15 Months: 59.25%Well-Care Visits 15-30 Months: 61.16%WCV: 44.71% Metric 2: Prenatal Care: 81.8%Postpartum Care: 77.48%, Metric 3: IET Initiation 43.65%, IET Engagement: 11.06%, Metric 4: Depression Screening 21%	Manager of Population Health	QMC	Annually	x											

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MedEcon, PH, QI	Collection and Submission of Performance Measurement Data	*HEDIS MY2024 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.	September 2024	•BEDIS 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 Reports: Validated Rates to QMC Annually	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 previous year results with	QI HEDIS Project Manager PH Project Manager QI Manager	QMC	Annually								x				
		PH	Collection and Submission of Performance Measurement Data	Improving 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 MCD women 50+ years old, who are in need of a mammogram, will be sent a mailer reminding them to schedule an appointment.	12/31/2024	DHMP's PH Department: PH 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 MCD women 50+ years old. PH Project Manager: •Conducts monthly data pull •Defines eligible participants	•MCD Current HEDIS MY 2023: 49.21% (10th percentile) •MCD HEDIS MY2024 Goal: 52.40% (25th percentile)	PH Project Managers	QMC	Annually										
PH, QI	Collection and Submission of Performance Measurement Data	Improving Timeliness of Prenatal Care (PPC)	DHMP PH Program Manager present current performance metrics data of PPC Timeliness measures to the DHHA ACS Perinatal workgroups. The "DHMP PH/QI Program Managers provide metric education ,guidance appropriate coding to capture metric and propose interventions to improve metric.	12/31/2024	Procedure: Procedure: PH Collaborates with CM and IS to evaluate current performance and share data to inform CM interventions •PH participates in the perinatal workgroup on a monthly basis. •PH participates in QI committee activities for improvement of prenatal timeliness and Postpartum Care	Prenatal Care Goal: Medicaid 81.8% or 50th Percentile	PH Project Managers	QMC	Bi -Annual						x						
PH, QI	Collection and Submission of Performance Measurement Data	Improving Postpartum Care (PPC)	DHMP PH Program Manager present current performance metrics data of PPC measures to the DHHA ACS Perinatal workgroups. The "DHMP PH/QI Program Managers provide metric education ,guidance appropriate coding to capture metric and propose interventions to improve metric.	12/31/2024	Procedure: PH Collaborates with CM and IS to evaluate current performance and share data to inform CM interventions •PH participates in the perinatal workgroup on a monthly basis. •PH participates in QI committee activities for improvement of prenatal timeliness and Postpartum Care	Postpartum Care Goal: 77.48% or (50th Percentile)	PH /QI Project Managers	QMC	Bi -Annual						x						
PH, QI	Collection and Submission of Performance Measurement Data	Improving Child and Adolescent Well Care Visits	To improve the Medicaid, CHP+ rates for Child and Adolescent Well-Care Visits	12/31/2024	The following interventions will be ongoing in 2024/25: •Healthy Heroes Birthday Cards, with amendment •SBHC Targeted Lists •SBHC Enrollment Increase Robo Calls (as budget allows) Reported: Validated Rates to QMC Annually	Child and Adolescent Well Care Visits MY24 49.56% or 10th Percentile (Medicaid), 57.66% or 25th Percentile (CHP)	PH Project Managers	QMC	Annually								x				
PH, QI	Collection and Submission of Performance Measurement Data	Improving Well-Child Visits: Healthy Heroes Birthday Cards	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.	12/31/2024	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	Engage families of children who have not gone in for their annual well child visit through healthy hero birthday reminder cards WCC BMI Goal HEDIS MY2024: MCD 95.24% (25th percentile), CHP+ 96.19% WCC Counseling for Nutrition Goal MY2024: MCD 84.27% (50th percentile), CHP+: 87.43% WCC Counseling for Physical Activity Goal MY2024: MCD: 82.56% (50th percnetile), CHP: 85.97	PH Project Managers	QMC	Annually								x				
PH, QI, MCD/CHP	Collection and Submission of Performance Measurement Data	Improving Well-Child Visits: School-Based Health Centers Targeted Lists	• Twice a year, PH receives a list of all MCD and CHP+ members enrolled in the SBHC program. QI runs the list against active members and targets all members in need of a well-child visit. • Increase the % of MCD and CHP+ members with a well-child visit by providing targeted lists to SBHCs HCPs	12/31/2024	• SBHC tracks enrollment and which members are in need of a visit via EPIC report -SBHC Care Coordinators outreach to DPS members who complete Annual Wellness visit at appropriate SBHC • DHMP tracks completed visits via claims (HEDIS monthly run)	• 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	PH Project Managers	QMC	Annually								x				
A&G, ECS, UM, QI, PH	External Quality Review	Patient Safety Initiatives	Complete the annual State requirement for both Medicaid and CHP+ for serious reportable events occurrences.	June 30, 2025	*Compile data on serious reportable and never events for members. *Investigate and perform root cause analysis on all events and present data to Medical Director. *All events are decisioned as actionable (track and trend or credentialing review) or non-actionable. *Results are presented to QMC annually. *All state templates are submitted timely with full analysis.	• All events are investigated and presented timely. • Track and trend any facility with repeat event types for possible action.	Director Utilization Mgmt. Medical Director	QMC	Annually	x			x			x		x			

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Marketing	Member Experience of Care	Member Communication Requirements Upon Enrollment and Annually Thereafter	The Marketing Department focuses on timely distribution of member communications and materials to promote DHMP membership understanding of their health plan.	June 30, 2025	Members are provided the following information, including but not limited to: •Member rights and responsibilities statement •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 Reports: QMC annually	• Must provide evidence of communication to all commercial members upon enrollment and annually thereafter	Marketing Manager	QMC	Annually					x							
HPS, Marketing	Member Experience of Care	Providing Members with Information	DHMP provides members with the information they need to easily understand and use health plan benefits.	June 30, 2025	•Collecting data on quality and accuracy of information provided. •Analyzing data against standards or goals. •Determining causes of deficiencies, as applicable •Acting to improve identified deficiencies, as applicable •Has a process for responding to member email inquiries within one business day of submission. •Annually acts to improve identified deficiencies •Annually collects data on email turnaround time •Annually collects data on the quality of email responses •Annually analyzes data	• 90% quality and accuracy for both telephone and email/web	Marketing, HPS, CM	QMC	Annually	x											
Pharmacy	Member Experience of Care	Monitoring Pharmacy Benefit Information for Quality and Accuracy	The Pharmacy Department has a quality improvement process in place to assess the quality and accuracy of pharmacy benefit information provided to members telephonically and online	June 30, 2025	Components of the process: •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. Monitored: Quarterly Reports: MMC Yearly	• Telephone: 90% accuracy • Online: 90% accuracy	Pharmacy Director	MMC	Yearly									x			
HPS	Member Experience of Care	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.	June 30, 2025	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 Monitoring: Monthly Reported: QMC Quarterly	• Telephone: 90% accuracy • Online: 90% accuracy	Manager Health Plan Services Health Plan Services Supervisor	QMC	Quarterly	x				x		x			x		
MAT, MEC, A&G, HPS, Marketing	Member Experience of Care	Assessing Member Understanding of DHMP Procedures	Various DHMP departments (including Government Products, Marketing, and Monitoring, Auditing and Training (MAT)) have a systematic and ongoing process for assessing new member understanding of DHMP key policies and procedures, including but not limited to new member complaints and DHMP’s Member Advisory Council.	September 30, 2024 December 30, 2024 March 30, 2025 June 30, 2025	Assessment includes: •Monitoring new member understanding of DHMP procedures •Implementing procedures to maintain accuracy of marketing communication •Acting on opportunities for improvement Reports: QMC Annually	• There must be evidence of a systematic and ongoing process for assessing new-members ,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	Marketing Manager Monitoring, Auditing, and Training (MAT) Manager PLMs	QMC	Annually						x						
Marketing	Member Experience of Care	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.	September 30, 2024 January 30, 2025	Members receive: •Information about the quality program goals and outcomes as related to member care and service •Pharmaceutical restriction and preference information, including formulary. Reports: QMC annually	• Must provide evidence of annual communication to all members	Marketing Manager	QMC	Annually					x							
QI, PH, Product Lines	Member Experience of Care	RY2024 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.	September 2024	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 Reports: Final results to QMC Annually	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.	HEDIS Supervisor QI Project Manager QI Manager	QMC	Annually						x						
CM	Member Experience of Care	Monitoring Satisfaction with Complex Case Management	Complex Case Management annually evaluates satisfaction with its complex case management services to identify opportunities to improve member satisfaction. Affects member experience	June 30, 2025	Satisfaction data is collected through the following methods: •Obtaining survey feedback from members •Analyzing member complaints for tracking/trending Reports: MMC Annually Reports: QMC Annually	Members: 100% of the respondents will indicate 80% satisfaction with the program.	Director of Health Medical Management	QMC MMC	Annually				x								

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A&G	Member Experience of Care	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 complaints to analyze tracking and trending	June 30, 2025	Aggregate member complaints and appeals by reason, showing rates related to: •Quality of Care •Access •Attitude and Service •Billing and Financial Issues Reports: QMC Quarterly updates and Annually year and prior year report	Evidence of monitoring includes: •Annual reporting to the QMC •Root-cause analysis provided to identify opportunities for improvement.	Director of Health Plan Services	QMC	Annual (report) Quarterly(updates)	x				x		x				x	
CM	Member Experience of Care	Improve member satisfaction with the Care Management Program	The Care Management Member Experience survey provides DHMP with important insight into the member's experience with case management services and provides information on how DHMP can improve the member's experience with the Care Manager and the overall program. In addition, the analysis of complaint data in conjunction with the survey results helps DHMP get a direct read on problems of which we might not be aware. The complaint data helps us pinpoint specific issues and process failures that might not have been isolated or identified in the care management survey.	June 30, 2025	At least annually, DHMP evaluates member experience with its Care Management and Care Coordination programs by obtaining feedback from members. Data collected and analyzed includes member feedback about: •The overall program •The care management staff •Usefulness of the information disseminated •Member's ability to adhere to recommendations •Percentage of members indicating that the program/services helped them achieve health goals •In addition, member complaints are analyzed to improve satisfaction with its care management programs/services	•Improve member satisfaction with the Care Management Program to achieve a satisfaction score of at least 4.5/5.0	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually												
QI, Product Lines, MedEcon, MAT	Member Experience of Care	Cultural and Linguistic Appropriate Services (CLAS)	To deliver culturally and linguistically appropriate services to Denver Health membership.	Network Adequacy: EOM Jan, Apr, Jul, Oct	• Ongoing effort to reduce health disparities based on available REL data ensure appropriate literacy levels in member material and improve of REL membership data Reports: QMC Annually	• Improve provision of culturally and linguistically appropriate care to members • Improve collection of REL membership and provider data	QI Project Manager	QMC DH ASC QIC	Annually									x			
PH, ECS, MCD/CHP	Performance Improvement Projects (PIPs)	SDOH & Wellchild Visits	Complete required activities for MCD and CHP+ clinical and administrative PIPs for 2023-2025 cycle. 2023 PIP topics: 1) Well Child Visits for children ages 3-21 (MCD and CHP+), SDOH Screening (MCD and CHP+)	10/31/2024	For each PIP (4 total): Assess baseline data, determine improvement goal, implement PDSA cycles to test interventions, submit annual data and analysis of interventions to HCPF	•MCD WCV: 45.00% •EHP+ WCV: 51.60% •MCD SDOH: 25.00% •EHP+ SDOH: 40.78%	Manager of Population Health	QMC	Bi-annually												
UM	Quality and Appropriateness of Care Furnished to Members	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	June 30, 2025	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 •Involvement of appropriate practitioners in developing, adopting and reviewing criteria Reports: MMC MMC reports via Meeting Minutes to QMC	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	Director of Utilization Mgmt. Medical Director	MMC	Annually				x								
Pharmacy	Quality and Appropriateness of Care Furnished to Members	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.	June 30, 2025	•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. •Reports: Compliance Committee Annually	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.	Pharmacy Director	MMC Compliance Committee Annually	Ad Hoc												
UM	Quality and Appropriateness of Care Furnished to Members	UM Annual Eval	DHMP annually evaluates & updates the UM program, based on the performance of its program goals.	June 30, 2025	•Assessing data from staff daily workflow •Assessing daily operations against key performance indicators •Assessing results of annual IRR testing •Updating Internal Criteria Policies to ensure best practice and benefits are being met •Identifying opportunities for improvement and implementing interventions if applicable •Measuring effectiveness of interventions, if	•99% or greater compliance for timeliness •Meet approximately 75% of Key Performance Indicators •IRR Testing shows 90% or greater scores for all staff •Tracking trends in denial rates	Director of Utilization Management	QMC	Annually	x											
UM	Quality and Appropriateness of Care Furnished to Members	UM Dept Criteria for UM decisions	DHMP makes UM decisions in a timely manner to minimize any disruption in the provision of healthcare.	June 30, 2025	DHMP monitors and submits a report for timeliness of all requests. DHMP follows mental parity requirements.	•Weekly monitoring of all decisions for all LOB's is tabulated and presented to upper leadership weekly. •Parity Templates are done annually with HCPF and COA participation.	Director of Utilization Management	QMC	Annually							x					

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UM	Quality and Appropriateness of Care Furnished to Members	UM Dept Criteria for UM decisions	DHMP uses written criteria based on clinical evidence to make utilization decisions, and specifies procedures for appropriately applying the criteria.	June 30, 2025	<ul style="list-style-type: none">•UM decision-making criteria are objective and based on medical evidence.•Written policies for applying the criteria based on individual needs.•Involves appropriate practitioners in developing, adopting and reviewing criteria.• Annually reviews the UM criteria and the procedures for applying them, and updates the criteria when appropriate.	<ul style="list-style-type: none">•Staff to use MCG/UpToDate/Hayes for medical necessity reviews which are nationally based evidence based criteria.•Internal criteria policies are reviewed annually by clinical experts to ensure current standard of care.•Weekly Leadership meeting to review denial letters to ensure all regulations are met.	Director of Utilization Management	QMC	Annually	x											
UM		Quality and Appropriateness of Care Furnished to Members	DHMP remains responsible for and has appropriate structures and mechanisms to oversee delegated UM activities.	June 30, 2025	<ul style="list-style-type: none">• COA is our delegate for BH care.	<ul style="list-style-type: none">• Quarterly meetings with PLM and COA to review BH workflow process, letter templates, IRR testing results• Collaboration with delegate to ensure PA requirements are in alignment with state parity requirements	Director of Utilization Management	QMC		x											
CM	Quality and Appropriateness of Care Furnished to Members	Develop baseline data for member outcomes for those members engaged in care coordination services	The DHMP CM team has made strides in the past two years to start evaluating outcomes related data for members engaged in CM programs and services. The CM department now has several years of data available through Guiding Care tableau reports, and the next step is the development of dashboards and other tools which can evaluate the impact of CM services on member cost, utilization, and condition specific outcomes.	June 30, 2025	Planned activities: <ul style="list-style-type: none">•In partnership with SquareML, develop baseline cost and utilization data for members engaged in various care management programs and services•In partnership with the IS team, develop a condition management dashboard which tracks outcomes of specific conditions, including, but not limited to hypertension, diabetes, high risk pregnancies	<ul style="list-style-type: none">•Obtain baseline data for cost, utilization, and condition specific outcomes	Director of Health Plan Care Management CM Operations Manager										x				
CM		Quality and Appropriateness of Care Furnished to Members	DHMP's Complex Care Program addresses the complex medical, behavioral and/or psychosocial needs of members by providing personalized care management services and goal setting. The program is designed to help members with complex conditions and social situations to obtain access to necessary care and services in a coordinated and cost-effective manner. Members are identified for outreach using the clinical risk stratification	June 30, 2025	Planned activities: DHMP Care Management will increase outreach and ECC engagement efforts for members with complex needs, with special focus paid to the following populations: <ul style="list-style-type: none">•Members in foster care•Members with disabilities•Members with Special Health Care Needs	<ul style="list-style-type: none">•Increase rates of outreach for members with complex needs who are not engaged in ECC from previous 6-month average of 31.02% to 32.02%•Increase rates of ECC engagement from a previous 6-month average of 37.56% to 38.56%•Engage in timely reporting to HCPF	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually									x			
CM	Quality and Appropriateness of Care Furnished to Members	Improve and promote health outcomes for members with Special Health Care Needs	DHMP's Special Health Care Needs Program addresses the complex medical, behavioral and/or psychosocial needs of members by providing personalized care management services and goal setting for members meeting SHCN criteria. Services are focused on meeting the complex needs of members with SHCN, including benefit coordination and access to services to include well child checks, LTSS, and PDN services. Members are identified for outreach through a variety of sources, including MCD reporting, state reporting, provider referrals, UM referrals, and through use of the risk stratification tool.	June 30, 2025	Planned activities: <ul style="list-style-type: none">•Continue to grow and develop the SHCN program•Evaluate health outcomes for members with SHCN using DHHA ACS screening metrics twice annually and present to QMC•In partnership with SquareML, develop baseline data for member utilization, cost, and other outcome metrics for members with SHCN•In partnership with IS, develop baseline data for member engagement in Care Management services through the condition management report	<ul style="list-style-type: none">•Improve rates of outreach for members with SHCN by using risk stratification data; outreach at least 3% of all MCD members with SHCN who are not engaged in CM services•Increase rates of outreach for members with SHCN and complex needs who are not engaged in ECC from previous 6-month average of 45.35% to 46.35%•Increase rates of ECC engagement from a previous 6-month average of 30.03% to 31.03%	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	SHCN Report shared January and July; SCHN Program Description and Evaluation at September QMC	x						x		x			
CM		Quality and Appropriateness of Care Furnished to Members	DHMP's CM team has a Foster Care Program to support the unique needs of members in this program, who are provided care coordination assistance in a direct partnership with the Connections for Kids Clinic (CFKC) at Denver Health's Eastside Clinic, a medical home for children and youth in kinship and foster care. Care Managers assists members and their families with obtaining routine and timely physical and dental exams as well as comprehensive care. DHMP in coordination with the CFKC performs visits/assessments for foster care children. During the first 3 months of care, 3 visits are completed with the member and assessments/evaluations are completed at each of these visits to support member needs. This partnership ensures that foster care children residing within Denver County have access to all DHMP resources and support that is available. This clinic designation allows providers to provide a high	June 30, 2025	Planned activity: <ul style="list-style-type: none">•Improve rates of outreach for members who are in foster care by using risk stratification data to identify members in foster care and generate outreach lists	<ul style="list-style-type: none">•Outreach at least 10% of all MCD members who are in foster care and not engaged in CM services	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually						x						

Dept. Section	Structure	Goal	Fiscal Year 2024-2025 Goal(s)	Targeted Due Date	Requirement/ Planned		Responsible Party	Reports To	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December
					Activity	Objective(s)															
CM	Quality and Appropriateness of Care Furnished to Members	Improve and promote health outcomes for members with Diabetes	The Diabetes Care Management Program is designed to improve quality care of Diabetic members and identification of high risk, poorly controlled, non-adherent members with co-morbidities among the diabetic population. DHMP collaborates with Denver Health Hospital Authority on peer and support groups and access to community programs. Care Managers assist members with accessing screening and access to behavioral health through Denver Health. Care Managers provide additional education and support to increase engagement with the healthcare system, identify changeable SDOH and decrease inequities in care and access to mental health for diabetic members.	June 30, 2025	Planned activity: •Continue expanding the diabetes management program by identifying eligible members using the clinical risk stratification tool and the gaps in care dashboard •Continue to support members in condition management through education, community-based referrals, and coordination of care	• Increase the percentage of diabetic members with Blood Sugar Controlled (A1C<9) by 1.5% (baseline 59.80% as of December 2022, includes MCD and DSNP) •Increase the percentage of members who receive a diabetic retinal exam to 69.59% (MCD 90th percentile)	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually								x				
CM		Quality and Appropriateness of Care Furnished to Members	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.	June 30, 2025	•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)	Promote and improve coordination of care and appropriate delivery of services through the direct alignment of the HRA, ICP, and ICT: • Percent of members for whom an individual care plan with identified goals was completed - initial - 100% performance target • Percent of members for whom an individual care plan with identified goals was completed - annual - 100% performance target • Overall member satisfaction with the care management program 3.5/5 performance target • Improving or maintaining member physical health - 73.00% 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 -	Health Plan Medical Management Admin DHMP Medical Director CM Manager/ QI Manager	QMC Board Of Directors DH ACS QIC	Annually											
CM	Quality and Appropriateness of Care Furnished to Members	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.	June 30, 2025	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)	Promote and improve access to primary and specialty care practitioners: • Getting Appointments & Care Quickly- 77% Performance Target • Ease of Getting Needed Care and Seeing Specialists- 84% 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	Health Plan Medical Management Admin Management DHMP Medical Director CM Manager/ QI Manager	QMC BoD DH ACS QIC	Annually												
PH, MedEcon		Quality and Appropriateness of Care Furnished to Members	Health Equity Strategic Plan	To develop a health equity strategic plan to address health inequities experienced by DHMP MCD and CHP+ members	12/31/2024	Submit Health Equity Plan to include baseline data, strategy, goals, timelines, resources, partnerships and results of efforts to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.	Submit baseline data and assessment of disparities. Close disparity gaps between highest performing and lowerstperforming group by 10% for specific measures during the performance year. These measures include: Maternal Health, Prevention & Population Health and Behavioral Health	Manager of Population Health	QMC	Annually	x										
A&G, UM, Pharmacy	Quality and Compliance Monitoring Activities	UM and A&G System Controls Oversight Report	DHMP has UM system controls to protect data from being altered outside of prescribed protocols. DHMP has developed policies and procedures and conducts audits for system controls specific to UM denial and appeal notification and receipt dates.	June 30, 2025	Evaluation includes: •Identifying all modifications to receipt and decision notification dates that did not meet the organization's policies and procedures for date modifications •Analyzing all instances of date modifications that did not meet the organization's policies and procedures for date modifications •Acting on all findings and implementing a quarterly monitoring process until it demonstrates improvement for one finding over three consecutive quarters.	All changes done by correct staff within policy guidelines	G&A Manager UM Manager	QMC Board Of Directors	Annually		x										
CR		Quality and Compliance Monitoring Activities	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.	June 30, 2025	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 Reports: CC Quarterly Reports: QMC via CC	•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	Director of Provider Relations	Credentialin g Committee	Quarterly		x			x		x			x	

Dept. Section	Structure	Goal	Fiscal Year 2024-2025 Goal(s)	Targeted Due Date	Requirement/ Planned Activity	Objective(s)	Responsible Party	Reports To	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December
CR	Quality and Compliance Monitoring Activities	Ongoing Monitoring of Practitioner Sanctions, Complaints and Quality Issues	Credentialing Committee 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.	June 30, 2025	Satisfaction data is collected through the following methods: • Obtaining survey feedback from members • Analyzing member complaints for tracking/trending • Reports from credentialing delegates Reports: MMC Annually Reports:	•Review sanction information within 30 calendar days of its release •Implementing appropriate interventions when instances of poor quality are identified	Medical Director Manager of Grievance and Appeals	QMC	Annually			x		x		x		x		x	
MedEcon, QI	Quality and Compliance Monitoring Activities	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.	EOM Oct 2024, Jan 2025, Apr 2025, July 2025	Assessment incorporates: Self-reported access data from practitioners captured via network adequacy analysis, supplemented with an analysis of complaints related to access.	• Meet urban, suburban and rural standards set in the Access to Care and Services Policy Reports: Network Adequacy to NMC and to QMC Annually via Network Management Committee (NMC) Minutes	Med Econ Manager	NMC	Annually			x									
UM	Quality and Compliance Monitoring Activities	Monitoring Consistency of Applying UM Criteria	Evaluates consistency of health care professionals making UM decisions by applying criteria consistently and appropriately as validated by annual Inter-Rater Reliability Testing for all clinical reviewers	June 30, 2025	DHMP's Utilization Management •Evaluates consistency of health care professionals making UM decisions by applying criteria consistently and appropriately • Acts on opportunities found in Inter-Rater Reliability testing results to assist in appropriate decision making by all clinical staff Reports: MMC, MMC reports to QMC via meeting minutes	•90% Accuracy Rate for Inter-Rater Reliability Testing.	Director of Utilization Mgmt. Medical Director	MMC	Annually								x				
Pharmacy	Quality and Compliance Monitoring Activities	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.	June 30, 2025	Minutes from the P&T meeting are presented and reviewed at the Medical Management Committee (MMC) on a bi-monthly basis. Review of updated formulary and pharmaceutical management procedures is documented in the P&T minutes.	•Must present and review all pharmaceutical management procedures annually to address areas for improvement	Pharmacy	MMC P&T	Bi- Monthly Monthly		x		x		x		x		x		x
CR, ECS	Quality and Compliance Monitoring Activities	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 and usefulness to members and prospective members.	June 30, 2025	Testing considers: •Font size •Reading level •Intuitive content organization •Base of navigation •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. Reports: QMC every 3years	•There must be a documented process describing how usability testing is performed. •There must be evidence indicating initial usability testing was performed when there were significant changes to member demographics or to the layout or design.	Medical Director Credentialing Coordinator	QMC	At least every 3 years												
CR, MAT, PR		Cultural Competency Training Completion Status Indicator on Provider Directory for Delegates	The goal would be to have at least 75 percent of delegates with cultural competency training completion status on their profile within DHMP's provider directory.	December 30, 2025	Completing a new training with delegates to include cultural competency training. Ingest completion status into reportable format for provider directory display.	Meet HCPF and CMS regulatory requirements related to ensuring network providers are trained to care for our members we proudly serve from diverse cultural, linguistic, and social backgrounds.	Monitoring, Auditing, and Training (MAT) Manager Credentialing Coordinator Marketing, Communications, Provider and Member Engagement Manager	QMC	Annually											x	
ECS	Quality and Compliance Monitoring Activities	Monitoring Privacy and Confidentiality Safety Clinical PHI	The Compliance Department has a process for identifying, reporting and taking action on impermissible uses or disclosure of sensitive information.	June 30, 2025	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	•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	Privacy Officer	Board Of Directors	Annually					x							
HPS	Quality and Compliance Monitoring Activities	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.	Meets Bi-Monthly: 9/10/2024, 11/12/2024, 1/14/2025, 3/25/2025, 5/13/2025, 7/15/2025	Reporting categories: • Service Level •Average delay to answer •Calls abandoned •Quality/Accuracy •Call volume Monitoring: Monthly Reports: QMC Quarterly	•Service level: at or above 80% •Time to answer: 30 seconds or less •Time to answer 2 minutes or less Medicaid •Time to answer: 250 seconds or less CHP+ •Abandonment rate: 5% or less	Health Plan Services Manager Health Plan Services Supervisor Director of Member and Provider Experience	QMC	Quarterly	x		x		x		x			x		



Quality Improvement Work Plan 2024-2025

Dept. Section	Structure	Goal	Fiscal Year 2024-2025 Goal(s)	Targeted Due Date	Requirement/ Planned Activity	Objective(s)	Responsible Party	Reports To	Reporting Frequency	January	February	March	April	May	June	July	August	September	October	November	December
MCD/CHP	Quality and Compliance Monitoring Activities	Improve and promote health outcomes for members with Substance Use Disorder	The Substance Use Disorder (SUD) Program is available to all DHMP Members, and DHMP works closely with Colorado Access (COA) to meet the needs of DHMP Medicaid Members who are in need of SUD services. The goal of this program is to assist and equip members in navigating through the recovery process, community resources, education, and programs. This program empowers members to manage their diagnoses and make informed, healthy choices that support physical and emotional well-being, as well as encourage members to engage in creating a foundation of relationships and social networks to provide support. Care Managers provide assistance with housing, transportation, education, resources, and physical and emotional health. Care Managers works closely with Utilization Management to ensure that members are able to access approved treatments, support groups, and/or community programs under existing	June 30, 2025	Planned activity: <ul style="list-style-type: none">•Improve identification of members who may benefit from SUD care coordination through internal referrals•Partner with COA to support the physical health care coordination needs of members with substance use disorders•Evaluate and track the number and percent of members with a SUD diagnosis who are engaged in a DHMP CM Program during the state fiscal year	•Increase the percentage of members (adolescents and adults) who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days to 43.5%	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually								x				
PH	Quality and Compliance Monitoring Activities	Annual Population Assessment	Popualtion Health annually assesses member populations and subpopulations to ensure needs are being met in an appropriate manner.	June 30, 2025	Assessment must consider and include the following: <ul style="list-style-type: none">•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	•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 resources to address member needs, if necessary	Pop Health Manager	MMC QMC	Annually						x						
CM	Quality and Compliance Monitoring Activities	Complex Case Management: Measuring Program Effectiveness	Complex Case Management annually measures the effectiveness of its complex case management program using three measures.	June 30, 2025	For each measure, Complex Case Management: <ul style="list-style-type: none">•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	•Member Satisfaction will indicate a satisfaction rating of 4.5/5 with the complex case management program.	Director of Care Mgmt.	MMC QMC	Annually		x	x									
QI, PH, CM, PR, UM	Quality and Compliance Monitoring Activities	Continuity and Coordination (CoC) of Medical Care	DHMP uses information at its disposal to facilitate continuity and coordination of medical care across its delivery system.	Oct 2024: Final measure & report out Dec 2024: Present proposed opportunities Jan 2025: QMC vote to select interventions for 2025 Mar-Oct 2025: Act on interventions and report out progress in committee	Annual identification of opportunities to improve CoC of medical care by: <ul style="list-style-type: none">• Collecting data on member movement between practitioners, across settings, and care transitions• Conducting quantitative and qualitative analyses of data to identify improvement opportunities• Acting on at least three opportunities for improvement and measuring effectiveness Reports: QMC, MMC Annually	<ul style="list-style-type: none">• Identify and select at least three opportunities to improve the coordination of medical care• Measure the effectiveness of improvement actions taken for at least three opportunities• Collaborate with network practitioners• Update Provider Survey as needed to obtain more meaningful feedback regarding data sharing issues• Decrease plan all cause readmissions through coordination of in home post-acute visits with Dispatch Health for members with potentially avoidable admissions, at high risk for readmission, or with poor/escalating utilization patterns• Provide better, more practical communication about referrals/authorizations to promote better care transitions and movement between practitioners• Outreach to assist with medication adherence for members in Transition of Care (ToC)	Director of Care Mgmt. Director of A&G and UM PH Pharmacist Pop Health Manager Provider Relations Manager QI Project Manager	QMC MMC	Annually							x			x		x
QI, PH, CM, PR, UM	Quality and Compliance Monitoring Activities	CoC Between Medical Care and Behavioral Healthcare (BH)	DHMP utilizes data in partnership with network behavioral health practitioners to identify, select, and address opportunities for enhancing care coordination between medical and behavioral healthcare, focusing on information exchange, referrals, appropriate psychotropic medication use, and the needs of members with Serious Persistent Mental Illness (SPMI).	Oct 2024: Final measure & report out Dec 2024: Present proposed opportunities Jan 2025: QMC vote to select interventions for 2025 Jan-Oct: Act on interventions and report out progress in committee	Annual identification of opportunities to improve coordination of medical and behavioral healthcare by: <ul style="list-style-type: none">• Collecting data on opportunities for collaboration between medical care and behavioral healthcare• Conducting quantitative and qualitative analyses of data to identify improvement opportunities• Select and act on at least two opportunities for improvement• Measuring effectiveness on two opportunities implemented	<ul style="list-style-type: none">• Identify and select at least two opportunities to improve continuity of medical and behavioral healthcare• Update Provider Survey as needed to obtain more meaningful feedback regarding data sharing issues• Outreach members identified through Rx claims overdue for antidepressant medication refill• Improve SPMI/Diabetes A1C Control through Diabetes Mgmt Program (CM)	Director of Care Mgmt. Director of A&G and UM PH Pharmacist Pop Health Manager Provider Relations Manager QI Project Manager	QMC MMC	Annually							x			x		x
QI	Quality and Compliance Monitoring Activities	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.	November 1, 2024	<ul style="list-style-type: none">• The QMC will review clinical care guidelines every 24 months, or per regulatory/contractual requirements.• This review may be more frequent if national guidelines change before the review date.• There must be evidence that they were revised based on adopting guidelines from a recognized source(s) or by using appropriate practitioner input.	Adoption and dissemination by: <ul style="list-style-type: none">• Following regulatory/contractual requirements, DHMP will reach out to DHHA for current clinical/preventive care guidelines.• The DHMP medical director will consult with participating practitioners, and quality improvement (QI) staff will collect documentation related to a guideline.• Guidelines are based on valid and reliable clinical evidence or a consensus of health care professionals in a particular field.• Distribution to current practitioners and members may include targeted mailings, newsletters, DHMP’s website, and/or the intranet.	QI Manager Medical Director QI Project Managers	QMC	Annually										x		

										January	February	March	April	May	June	July	August	September	October	November	December
Dept. Section	Structure	Goal	Fiscal Year 2024-2025 Goal(s)	Targeted Due Date	Requirement/ Planned Activity	Objective(s)	Responsible Party	Reports To	Reporting Frequency												
Med Director, UM, A&G	Quality of Care Concerns	Quality Concerns	The Grievance and Appeals Department appropriately investigates all quality grievances.	June 30, 2025	Timeframe requirements: <ul style="list-style-type: none">•Acknowledgment letter: 2 business days.•Standard Response: 15 calendar days.•Extension letter: 14 calendar days•Expedited: N/A Reports: QMC Quarterly	•98% Timeframe compliance Tracks G&A Types, timeliness, and documents trends, quarterly updates presented to QMC	Supervisor of Appeals & Grievances	QMC	Quarterly	x				x		x				x	
	Under and Over Utilization of Services	Reduce 30 day plan all cause readmissions and improve health outcomes for members following an inpatient stay	The DHMP TOC Program is an evidence-based program that focuses on helping reduce preventable readmissions by providing knowledge, confidence, and ability to self-manage health conditions. Transitions nurses support members and the inpatient care team during the inpatient stay and member discharge, and follow, educate, and support members for 30 days following their hospital discharge. DHMP TOC staff identifies and coordinates transitions of care for patients to reduce readmissions, improve quality of care and improve patient and family satisfaction. The focus for SFY 2023-2024 will be to integrate an ADT feed directly into the Guiding Care® Medical Management Platform for more timely identification of member inpatient admissions, discharges, and transfers.	June 30, 2025	Planned activity: <ul style="list-style-type: none">•Update over/under utilization dashboard to include Transitions of Care data to obtain baseline readmission rates•Implementation of ADT feed in the Guiding Care® Medical Management Platform by the end of SFY 2023-2024	•Increase enrollment of TOC referred members to at least 35.00% •Increase the percentage of TOC enrolled members with a completed outcome to 75.00% •ADT feed implemented by end of SFY 2023-2024	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually								x				
CM	Under and Over Utilization of Services	Reduce costs for members engaged in the High Utilizer Medication Management Program	The DHMP pharmacy team monitors members pharmacy utilization and will identify member that are on high-cost drugs and will refer them to the care coordination team for review and evaluation for case management services. The care coordination team will outreach to the member to discuss their specific condition and associated pharmacy needs. The care coordinator will attempt to get the member connected to a primary care provider if the member does not already have one.	June 30, 2025	Planned activity: <ul style="list-style-type: none">•Continue to identify members who may be eligible for the High Utilizer Medication Management Program and Option Care Program through internal and external referrals	•Reduce annual costs for members in the high utilizer medication program by \$528,623.10 annually	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager Director of Pharmacy	QMC	Annually								x				
CM		Improve and promote health outcomes for members with Behavioral Health needs	The Behavioral Health Care Coordination Program is available to all DHMP members and promotes wellness by helping members access appropriate treatment and community resources. DHMP works closely with Colorado Access to support members in accessing their behavioral health benefits and connecting members to needed care. Care managers assist members in developing goals focused on improving their health. Although behavioral health care managers do not provide counseling or mental health treatment services, they do work with the member to develop a self-management plan, coordinate care with the member's providers, prepare the member for interaction with providers to enhance treatment outcomes, facilitate communication between behavioral health providers and medical providers, identify and direct the member towards community resources, resolve barriers whenever possible, and	June 30, 2025	Planned activity: <ul style="list-style-type: none">•Improve identification of members who may benefit from BH care coordination through internal referrals•Partner with COA to support the physical health care coordination needs of members with behavioral health conditions•Evaluate and track the number and percent of members with depression who are engaged in a DHMP CM Program during the state fiscal year•In partnership with Square ML, develop baseline data for outcome metrics including member utilization, cost, and other outcome metrics for members with depression•Evaluate and track the number and percent of members with anxiety who are engaged in a DHMP CM Program during the state fiscal year•In partnership with Square ML, develop	•Obtain baseline data for cost, utilization, and condition specific outcomes	Director of Health Plan Care Management CM Operations Manager CM Clinical Manager	QMC	Annually												