



COLORADO

**Department of Health Care
Policy & Financing**

SOLICITATION #:

2017000265

Appendix I

Population Health Management Plan

APPENDIX I
Population Health Management Plan

Description of Interventions: (Please fill out one box for each Intervention)

Name of Intervention:

Description:

Please check one of the following three options

- Evidence-Based:
- Promising Practices:
- Other:

How the frequency of intervention will be determined:

How the method of delivering the intervention will be determined:

Potential outcomes:

**APPENDIX I
Population Health Management Plan**

RAE Name: _____

Region: _____

Date Submitted: _____

ADULT INTERVENTIONS

Stratification Level	INSTRUCTIONS for completing the table below: 1) Identify each Intervention that is part of the Contractor’s Population Health Management Plan in the column headers (see example below). 2) Place a checkmark in the cell indicating which interventions will be used for each stratification level.											
	Wellness Mailing	HRA	Birth Control Text Reminder	Diabetes Prevention Mailing	Care Coordination							
Low Physical Health Risk/Complexity	✓	✓	✓									
Low Behavioral Health Risk/Complexity												
High Physical Health Risk/Complexity	✓	✓			✓							
Low Behavioral Health Risk/Complexity												
Low Physical Health Risk/Complexity	✓	✓		✓	✓							
High Behavioral Health Risk/Complexity												
High Physical Health Risk/Complexity	✓	✓		✓	✓							
High Behavioral Health Risk/Complexity												

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