



Annual Quality Report

Child Health Plan Plus (CHP+) HMO

State Fiscal Year 2021-2022

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Executive Summary

Quality Assessment and Performance Improvement Program

The Colorado Access Child Health Plan *Plus* Health Maintenance Organization (CHP+ HMO) is the largest CHP+ HMO plan in Colorado and has been providing services for more than 20 years. Colorado Access is committed to the ongoing improvement of the quality of care that CHP+ HMO members receive through monitoring data and health outcomes. This quality monitoring is driven by the mission of the Quality Assessment and Performance Improvement (QAPI) program. The philosophy of the QAPI program is to ensure that members receive access to high-quality care and services in an appropriate, comprehensive, and coordinated manner that meets or exceeds community standards. Emphasis is placed on community-based, individualized, culturally sensitive services designed to enhance self-management and shared decisions among members, their families, and providers. The Colorado Access QAPI program promotes objective and systematic measurement, monitoring, and evaluation of services and work processes. The QAPI program uses a continuous measurement and feedback paradigm with equal emphasis on internal and external services affecting the access, appropriateness, and outcomes of care. The quality improvement program seeks to provide children and their families with access to improved health services in a safe, coordinated, and cost-effective manner, resulting in enhanced satisfaction and improved health outcomes. In support of its mission to assist underserved Coloradans, Colorado Access continues to monitor and create specialized services for children and prenatal members through its CHP+ HMO program.

This report provides a reflection on key QAPI objectives, as well as programs and activities that Colorado Access engaged in throughout state fiscal year (SFY) 2022 (July 1, 2021-June 30, 2022), including performance against goals. It also describes intended goals, strategies, and interventions to continuously promote quality in SFY 2023 (July 1, 2022 – June 30, 2023).



Mission

The mission of the Quality Assessment and Performance Improvement program is to understand and improve quality health care programs and member services to empower partners and promote excellence.

Key Accomplishments in SFY 2022

On July 1, 2021, the State Managed Care Network was retired, and prenatal and presumptive eligibility populations were added into to the Colorado Access CHP+ HMO program. Colorado Access had served as the Administrative Service Organization for the state of Colorado, so the transition of these members into CHP+ HMO was seamless. Additionally, the CHP+ HMO contract was overhauled and changed effective July 1, 2021, and Colorado Access has successfully implemented these new contract deliverables, reports, and requirements.

Colorado Access also worked in close collaboration with the Colorado Department of Health Care Policy and Financing (the Department) and other managed care organizations (MCOs) to prepare for the end of the COVID-19 Public Health Emergency (PHE) and strategize on how members can be best supported through the unwind process. Colorado Access has begun efforts to communicate the “Update Your Address Campaign” to members and has started preparing for the upcoming phases of the PHE unwind once the official federal declaration of the end of the PHE occurs.

Key accomplishments and project highlights from SFY 2022 include the following:

- Planning for the expansion to full 12-month coverage for postpartum members, effective July 1, 2022.
- Launching a Text4baby digital engagement component to the Healthy Mom, Healthy Baby program to provide reminders and education regarding the health of both mom and baby through the first year of life.
- Enhancing modalities of identifying members with special health care needs and getting them wrapped into care.
- Implementing an immunization and well-child visit digital engagement program targeted towards members to encourage compliance with immunizations. This program educates on the importance of relevant immunizations as the child grows and includes a highlight on the COVID-19 vaccination.

Key Goals Moving into SFY 2023

SFY 2023 will bring continued focus on internal Colorado Access quality measurement and performance improvement. This will include conducting a full QAPI program self-assessment to identify key areas of strengths and areas of opportunity for the program and building action plans to address prioritized areas of opportunity. In the upcoming year, Colorado Access will focus on ensuring that new deliverables, reports, standards, and contract requirements are successfully implemented and executed. Colorado Access is working to continually enhance its population management strategies by working cross-departmentally to analyze and stratify CHP+ HMO membership to further refine cost-savings strategies and ensure that members receive the right intervention at the right time, with the goal of improving health outcomes. This work will continue to be developed in SFY 2023 and beyond. Colorado Access will continue to monitor the COVID-19 pandemic as it relates to the CHP+ HMO program and membership, including a central focus on the end of the public health emergency (PHE) to ensure members who rolled off of CHP+ HMO on to Medicaid are re-enrolled onto CHP+ HMO based on eligible criteria. These monitoring and subsequent activities will ensure eligible Coloradans are not left without vital coverage.

CHP+ HMO members receiving timely information on their eligibility, as well as education from outreach programs, will better enable this population to manage chronic disease and stay up-to-date on critical information about their benefits. Colorado Access will partner with the Department to

encourage CHP+ HMO families to update their address with the State so that members whose eligibility ends or changes at the end of PHE will get timely information about changes to their benefits or enrollment status, including information regarding appeals.

With Friday Health Plans closing out their CHP+ HMO contract beginning July 1, 2022, Colorado Access has expanded its service area to include Kit Carson county to ensure continuous coverage for Kit Carson members as Friday Health Plans leaves. The contracting team at Colorado Access will continue to work to ensure active CHP+ HMO contracts are in place with providers throughout this county. In addition to the Kit Carson expansion, Colorado Access has received many new members across the state from Friday Health Plan's departure. Colorado Access will continue to work in partnership with the Department to ensure members and providers are updated with timely communication, and membership is transitioned smoothly and seamlessly.

The quality improvement department's overarching goals in SFY 2023 will focus on:

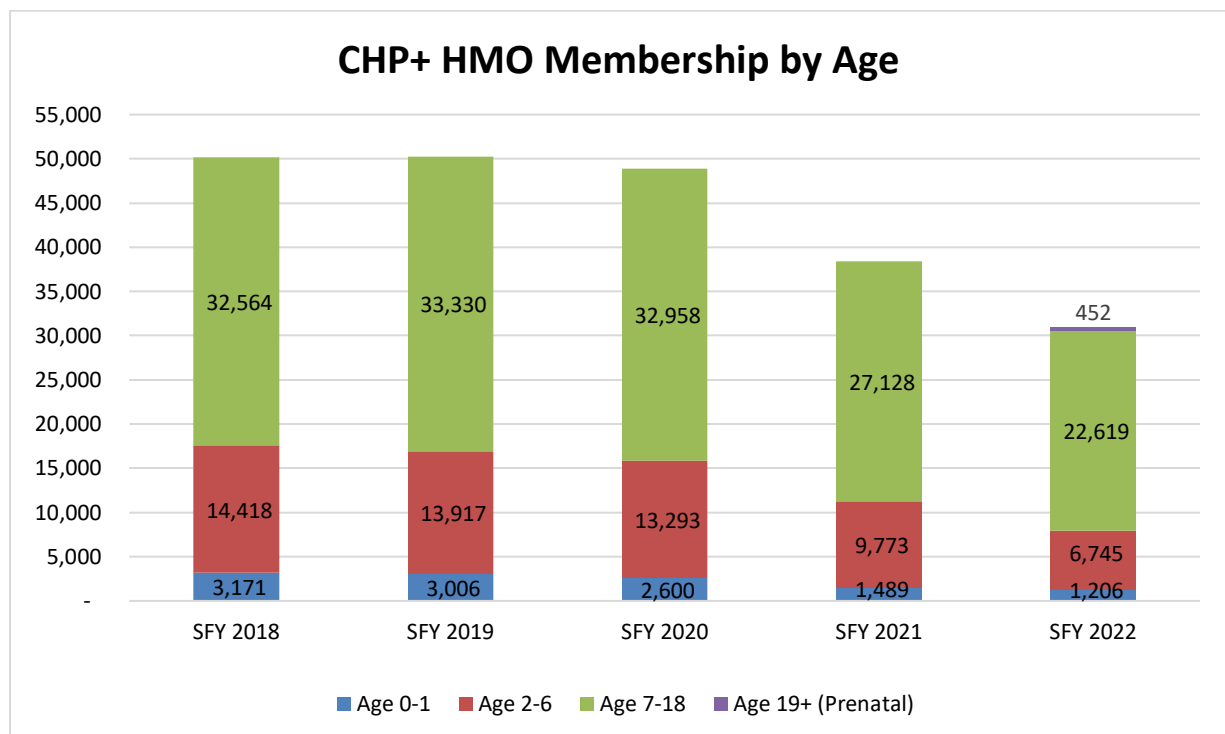
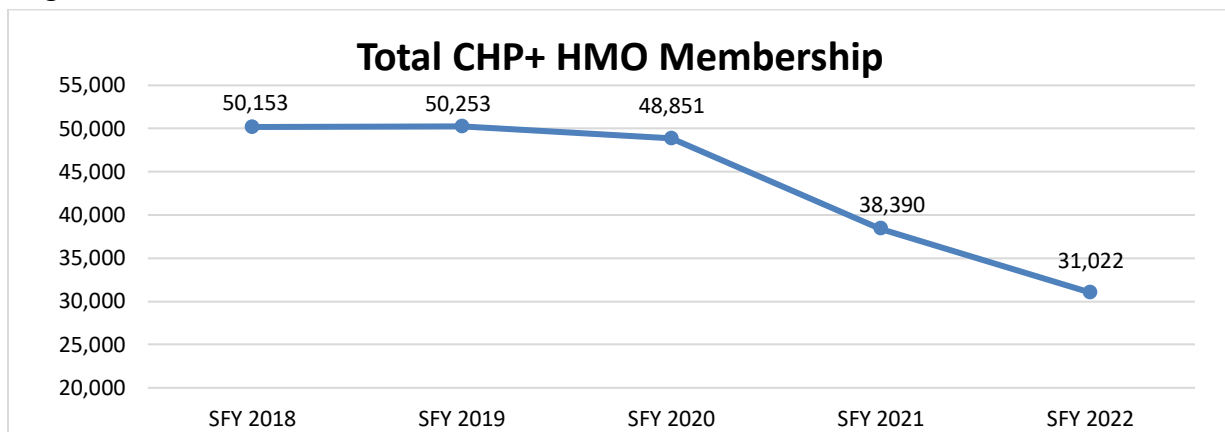
- **Reducing over- and under-utilization of services**, a priority which ties numerous Colorado Access initiatives together to promote appropriate levels of care and quality health care management to members.
- **Access to care**, which is central to providing members with the right care at the appropriate time and facilitates seamless care coordination and collaboration between members, providers, and systems.
- **Data-driven decisions**, which are critical in promoting data-driven projects across the organization, enabling more efficient operations, and attaining company and community performance goals that ultimately help members thrive.
- **Diversity, equity, and inclusion (DEI)**, in which Colorado Access leverages qualitative and quantitative data from internal and external partners to identify and prioritize health inequity for diverse communities.

Colorado Access will continue to monitor the quality of care provided to members using an array of data sources and indicators and will promote performance improvement when deficiencies are noted.

Membership

CHP+ HMO Membership

Membership for CHP+ HMO continued to decrease significantly in SFY 2022, reducing from 38,390 members in SFY 2021 to 31,022 members in SFY 2022. Analysis shows the decrease in membership was predominantly due to COVID-19 and the PHE. Membership data is derived from Colorado Access business intelligence (BI) monthly statistics and is calculated as of June at the end of each state fiscal year. The graphs below show CHP+ HMO total membership year-over-year and CHP+ HMO membership by age group. Reports for SFY 2022 and subsequent years will contain a new age category of Age 19+ due to the incorporation of prenatal members into the CHP+ HMO population starting in SFY 2022.



Performance Measurement

The QAPI program systematically monitors and evaluates performance of programs and initiatives, both internally and across the Colorado Access provider network. This includes monitoring of performance evaluations such as annual Healthcare Effectiveness Data and Information Set (HEDIS®¹) rates, as well as population-focused care management programs.

HEDIS Performance

Summary

Colorado Access uses HEDIS to identify opportunities to eliminate gaps in care and to improve health outcomes for CHP+ HMO members. Annually, Colorado Access benchmarks the CHP+ HMO HEDIS rates against regional and national rates to prioritize and design internal care management programs and performance incentive programs across the provider network.

SFY 2022 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target for performance improvement throughout the state fiscal year.
- Analyze HEDIS performance for well-child measures to determine the impacts of COVID-19 on these measures.

SFY 2022 Results

The HEDIS naming convention is Measurement Year 2021, stylized as HEDIS MY2021, indicating that calendar year 2021 was the measurement year for the reported rates. For HEDIS MY2021, all HEDIS measures were reported using the administrative methodology in which only claims data was used to calculate each measure. As a result, medical record reviews and Electronic Clinical Data Systems (ECDS) were not a part of the HEDIS process. Additionally, Colorado Immunization Information System (CIIS) data from the Colorado Department of Public Health and Environment (CDPHE) was used as a supplemental data source for immunization measures to paint a more accurate and complete picture of immunization trends within the population. Capturing complete and accurate HEDIS data can be a challenge due to open network access, member turnover, inconsistencies in provider coding claims, and/or providers not participating in CIIS. Colorado Access historical and current performance on CHP+ HMO HEDIS measures can be seen in the tables below.

Immunizations

For HEDIS MY2021, Colorado Access saw a smaller percentage of immunizations included in the CIIS data upload than in MY2020. All 13 Childhood Immunization Status (CIS) immunization rates decreased in MY2021, with an average decrease of 4.70%. Tetanus and acellular pertussis (DTaP) and Combination 10 CIS rates experienced the largest rate decreases compared to MY2020, with

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

decreases of over 7.50%. Although all CIS rates decreased in MY2021, Influenza and Combination 10 rates were benchmarked in the seventy-fifth to ninetieth (75th-90th) percentiles, meaning that CIS rates for Colorado Access are higher than 75-90 percent of Medicaid health plans nationally.

Childhood Immunization Status	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021
DTaP	69.69%	75.83%	78.13%	78.26%	70.61%
IPV	81.52%	86.44%	86.60%	87.97%	84.19%
MMR	82.26%	86.44%	88.37%	88.27%	83.55%
HiB	82.26%	87.03%	88.62%	87.46%	84.03%
Hepatitis B	80.15%	85.61%	84.58%	87.06%	83.71%
VZV	79.51%	84.32%	86.09%	86.55%	82.43%
Pneumococcal Conjugate	72.65%	78.07%	78.76%	80.89%	76.52%
Hepatitis A	76.24%	80.66%	83.44%	82.81%	79.87%
Rotavirus	68.74%	76.18%	74.46%	77.15%	72.04%
Influenza	49.84%	57.08%	63.08%	66.73%	62.30%
Combination 3	60.82%	69.58%	70.04%	72.50%	65.97%
Combination 7	52.38%	61.32%	59.92%	65.12%	57.35%
Combination 10	36.54%	44.58%	46.78%	53.69%	46.81%

All five Immunizations for Adolescents (IMA) rates also decreased in MY2021, with an average decrease of 2.40%. Human papillomavirus (HPV) and Combination 2 IMA rates experienced the largest rate decreases compared to MY2020, with decreases of roughly 4.0%. Although all IMA rates decreased in MY2021, HPV and Combination 2 rates were benchmarked in the fiftieth to seventy-fifth (50th-75th) percentiles.

Immunizations for Adolescents	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021
Meningococcal	72.28%	78.09%	78.14%	77.81%	77.26%
Tdap	83.26%	87.54%	87.59%	87.87%	85.20%
HPV	34.54%	41.17%	44.04%	44.58%	40.39%
Combination 1	70.24%	76.30%	76.14%	76.97%	76.45%
Combination 2	31.71%	38.90%	40.19%	41.81%	37.74%

Rate decreases for both immunization measures are likely attributed to COVID-19. Both immunization measures encompass a lookback period that includes data from 2020 and the start of the COVID-19 pandemic. Many routine and preventative health services were stopped in 2020 due to the pandemic, and the inclusion of 2020 data in the immunization measures was one possible reason for the decrease in these HEDIS rates. Immunization rates are anticipated to increase in MY2022 due to the exclusion of 2020 data in these measures.

In SFY 2022, Colorado Access launched an immunization and well-child visit digital engagement program to help parents and/or guardians understand the importance of routine vaccinations and regular well-child visits. Based on communication preferences, parents and/or guardians of CHP+ HMO members ages 0 to 17 receive either interactive voice recognition (IVR) calls, short message service (SMS) text messages, or mailers with information and resources on childhood immunizations. Communication includes well-visit exam and vaccination reminders and provides information on vaccines required for children to start school. This program was developed utilizing HEDIS measure specifications with the goal of increasing routine vaccination and well-child visit rates for the CHP+ HMO population.

Well-Child Visits

The Well-Child Visits in the First 30 Months of Life (W30) measure showed a rate increase of 6.27% for the 0 to 15 month sub-measure, whereas the rate for the 15 months-30 months sub-measure experienced a rate decrease of nearly 10%. Colorado Access further examined W30 rates to explore why the 15 months-30 months sub-measure decreased sharply compared to MY2020. Enrollment data showed that two-year-olds had the lowest percentage of continuously enrolled members compared to all other age groups in MY2021. Additionally, year-over-year two-year-olds account for the third smallest age group within the CHP+ HMO population. These two factors likely contributed to the W30 rate decrease for members 15 months-30 months. The Child and Adolescent Well-Care Visits (WCV) Total measure held steady in MY2021 with a 0.5% increase compared to the MY2020 rate, resulting in a 50th-75th percentile benchmark.

Well-Child Visits in the First 30 Months of Life	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021
0-15 months	-	-	-	54.92%	61.19%
15 months-30 months	-	-	-	75.31%	65.48%
Child and Adolescent Well-Care Visits- Total	-	-	-	47.69%	48.16%

Disease Management

The Asthma Medication Ratio (AMR) Total measure for HEDIS MY2021 dropped roughly 4.0% percent compared to MY2020. The AMR rate for Colorado Access benchmarked in the 75th-90th percentile, and, although there was a slight rate decrease in MY2021, year-over-year Colorado Access has shown strong performance for this measure.

	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021
Asthma Medication Ratio- Total	76.80%	79.91%	81.11%	79.39%	75.29%

SFY 2023 Strategies and Planned Interventions

During SFY 2023, Colorado Access will work in collaboration with the Department to run the Centers for Medicare & Medicaid Services (CMS) Core Measures included in the child core set, which includes both HEDIS and non-HEDIS based measures. Colorado Access will benchmark the 2022 calendar year (HEDIS MY2022) HEDIS rates against regional and national results to identify opportunities for performance improvement. In the second half of SFY 2023, Colorado Access will finalize HEDIS MY2022 rates and CMS Core Measure rates for CHP+ HMO and analyze year-over-year trends. Colorado Access will continue to monitor HEDIS and CMS Core Measure data and will create interventions based on findings and identified opportunities for rate improvement.

To better enable Colorado Access to have more sophisticated reporting and data drill-down capabilities, Colorado Access sourced a new HEDIS and CMS Core Measure vendor to run rates. This new relationship will better allow for member stratification across measures and more mature ability to provide data to providers and key stakeholders who can improve metric performance.

SFY 2023 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target for performance improvement throughout the state fiscal year.
- Implement CMS Core Measures included in the CMS Core Measure child set, in addition to HEDIS measures, and report rates to the Department.

High-Risk Pregnancy Care Management Program

Summary

The prenatal and postpartum program, Healthy Mom, Healthy Baby (HMHB), is a multi-modal, wraparound program designed to reduce poor health outcomes for mother and baby, specifically focused on low birth weight, premature deliveries, and other adverse health outcomes from lack of prenatal care and education. Colorado Access provides a robust care management program, an evidence-based digital engagement program that lasts up to the baby's first year, as well as a HMHB digital landing page that provides additional education and resources to members.

All pregnant and postpartum members are integrated into the digital engagement component of the program, where they will receive about three SMS messages per week, depending on the stage of the program. Messages provide education on topics such as importance of prenatal and postpartum visits, addressing barriers to prenatal and postpartum visits, importance of dental visits, how to access care coordination services through Colorado Access, Women Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), smoking cessation, medications, vaccines, prenatal vitamins, childbirth and labor classes, breastfeeding resources, safe sleep for baby, childcare, family planning, postpartum depression resources, and more.

High-risk pregnant members are identified and integrated into the care management program which screens pregnant mothers for past pregnancy history, complications, and other conditions or behaviors that could contribute to a high-risk pregnancy. At minimum, a care manager contacts the mother during each trimester of pregnancy and after the baby is born to provide support and education to these mothers. The HMHB digital landing page is designed to complement the digital engagement and care management program and includes education and local resources for pregnant and postpartum members. The overarching goals of this program include:

- Improve health outcomes for mothers and children by increasing participation in effective community-based services and care management services.
- Improve health outcomes for mothers and children through engagement in the HMHB digital engagement program.
- Enhance prenatal and newborn health education for high-risk women.
- Educate and manage maternal behavioral health care needs.
- Increase participation in community-based maternal/child health services such WIC and Nurse-Family Partnership (NFP).
- Increase prenatal and postpartum visits and establish the newborn's connection to a medical home.
- Increase utilization of most or moderately effective contraceptive care after childbirth.

Members are identified for the program via the following methods:

- A maternity clinical registry that identifies high-risk maternity through a stratification score.

- Utilization management (UM) pregnancy-related admissions and deliveries.
- Member self-referral through new member prenatal welcome calls, prenatal Health Risk Assessment, and/or referrals received by customer service.

Pregnant members identified as high-risk receive a call from a care manager who conducts a pregnancy-specific assessment related to the member’s trimester or postpartum status. From the initial contact, the member receives a call from the prenatal care manager at the beginning of each trimester, or more frequently if necessary. Upon delivery, the member receives a postpartum call to assess the needs of the mother and baby, encourage postpartum care, and establish a medical home for the baby.

SFY 2022 Goals

- The clinical program data workgroup will continue to evaluate the maternity risk score and make adjustments and enhancements, as needed.
- Care management will review care plan opportunities, goals, and interventions in the current electronic health record (EHR) platform as it pertains to the maternity assessment and explore ways in which care plan goals can be used on reporting outcomes.

SFY 2022 Results

Care Management

Care management continued to outreach prenatal and postnatal members and provided support to 420 CHP+ HMO pregnant women through the HMHB program, including encouraging prenatal services and assessing ongoing needs aimed at fostering optimal health outcomes for mother and baby. The high-risk clinical registry, along with the high-risk maternity score, continued to be used to support prioritizing outreach to high-risk members. The score criteria have remained constant throughout this year, and include categories related to past medical history, substance use disorder (SUD), tobacco use, and age (younger than 18 and older than 35 years old). Colorado Access is working to review the care plan goals in the existing EHR system, which will continue into SFY 2022. The care management department successfully adjusted care staff workflows to support 12-month continuous postpartum coverage, effective July 1, 2022.

Digital Engagement

The HMHB digital engagement program is an SMS-based digital wellness program for pregnant and postpartum adults aged 18 and older. Text4baby provides educational messages timed to gestational age or birth age, as well as interactive surveys and reminders to improve maternal and child health outcomes. SMS messages are intended for pregnant people and new moms with babies up to age one, spouses/partners, and providers. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. The table below shows the number of engaged

members in the HMHB program, the text opt-out rate, and the total number of member outreaches, per quarter.

	Quarter 1* (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
Engaged Members	1,720	3,850	2,978	2,787
Text Opt-Out Rate	0.1%	3.5%	1.9%	1.0%
Total Number of Outreaches	2,273	33,920	20,492	19,102

*HMHB was implemented during Q1, and these numbers do not reflect a full quarter.

SFY 2023 Strategies and Planned Interventions

Colorado Access will continue to outreach high-risk pregnant people to assess needs, ensure proper prenatal care, and connect them to appropriate resources. Colorado Access will also continue timely outreach to members after delivery to assess needs and ensure appropriate postpartum care to high-risk members. The care management department will implement adjusted care coordination workflows to support the 12-month continuous postpartum coverage that became effective July 1, 2022.

SFY 2023 Goals

- The Colorado Access evaluation and health informatics team will complete a program evaluation of the care management maternity programming and identify strengths and recommend areas for improvement.
- Expand care coordination services to women with medical and/or behavioral health care needs for 12-months postpartum.
- Continue to operate the CHP+ HMO digital engagement HMHB component and track associated process metrics.

Asthma

Summary

The Colorado Access CHP+ HMO asthma program includes both care management and digital engagement interventions. The digital engagement intervention aims to reach parents and/or guardian(s) of members of CHP+ HMO, ages 0 to 18 years old, regarding the steps they can take to better control their child's asthma symptoms or flare-ups. Additionally, it provides parents and/or guardian(s) of members with important asthma messaging via IVR calls and SMS texting. Messaging includes ways to influence their child's asthma symptoms, the importance of communicating with the child's primary care provider (PCP), and tools and resources to better control future asthma flare-ups. Additionally, messaging reminds members to utilize the care coordinator team when trying to find a PCP. Care management programming and interventions consist of outreach designed to educate high-risk members and/or guardian(s) about the diagnosis and effective management of asthma. Through an asthma-specific assessment, the care manager assists in the identification of member health needs and/or social barriers to successful treatment. A care plan is crafted to reflect member and/or caregiver preferences. Educational materials are distributed to members that are consistent with the standards of practice outlined in the National Heart, Lung, and Blood Institute (NHLBI) Asthma guidelines (*1997 with 2012 update*)².

The goals of this program include:

- Provide education to members on asthma management.
- Connect members to primary or specialty care.
- Decrease dependency on rescue medications.
- Decrease inpatient and emergency department (ED) utilization resulting from exacerbation of symptoms.
- Improve asthma management among pediatric populations.

Extended care coordination activities focus on care plan goal attainment, ongoing asthma-specific education, linkage with health care providers (PCPs and specialty care), connection to community resources, and medication reconciliation.

In addition to the interventions afforded by internal care staff, Colorado Access has partnered with Navitus, the pharmacy benefit manager, to provide additional programming to both providers and members. The Navitus asthma program includes notifications sent to member guardian(s) and the prescribing physician with a member-specific asthma medication profile and a reminder to schedule a medication management appointment.

² Asthma Care Quick Reference: Diagnosing and Managing Asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2012. https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf.

Members may be contacted by either the Colorado Access care management asthma program and/or the Navitus asthma program. The Navitus asthma program identification criteria includes meeting one or both of the following criteria:

- Asthma Medication Ratio of *less than or equal to* 0.5, or
- Filling six or more short-acting beta-agonist prescriptions.

Members engaged in the care management asthma program are identified as having high-risk asthma through the following methods:

- **Method 1:** Colorado Access internal asthma registry.
- **Method 2:** Real-time UM notification of inpatient visits.

Members may also enter the Colorado Access care management asthma program through self-referrals, provider referrals, or internal care management referrals. Members are excluded if they are younger than five years old.

SFY 2022 Goals

- Continue to collaborate with the CHP+ HMO program manager to further examine opportunities to enhance workflows to best identify members for care management intervention, look at opportunities to analyze outcomes, and seek opportunities for cost-saving strategies.
- Review completed CHP+ HMO population analysis to identify opportunities for enhancing stratification practices aimed at prioritizing member outreach for the asthma program.
- Remain above the Medicaid 90th percentile on the HEDIS AMR-Total measure.

SFY 2022 Results

Care Management

The Colorado Access care management department provided support to 167 CHP+ HMO members in the asthma program for SFY 2022. The care management department continues to partner with the CHP+ HMO program director and program manager to support the work and interventions related to members with asthma, including identification of opportunities for enhancement. In SFY 2022 an initial analysis of the CHP+ HMO population was completed, aimed at enhancing stratification practices utilized to prioritize member outreach practices. Upon further review, it was determined that best practice is to align with the Regional Accountable Entity (RAE) stratification practices and application of the Colorado Access pediatric complex member definition.

Digital Engagement

The table below details CHP+ HMO members included in the asthma digital engagement program in SFY 2022:

	Q1*	Q2	Q3	Q4
Engaged Members	2,446	46	112	145
Text Opt-In Rate	18.3%	65.3%	43.7%	42.1%
Total Number of Outreaches	5,544	323	600	787

*Asthma outreaches were temporarily paused prior to Q1 for an update to opt-in language in Welltok, the vendor Colorado Access partners with, which likely contributed to the high volume of engaged members in Q1.

The AMR-Total measure for HEDIS MY2021 was calculated to be in the 75th- 90th percentile, just shy of the goal of the 90th or greater percentile. Colorado Access will continue to enhance data collection to evaluate high-risk member outcomes in those diagnosed with asthma.

SFY 2023 Strategies and Planned Interventions

Colorado Access will continue to provide support to CHP+ HMO members with an asthma diagnosis through care management and digital engagement interventions. Care staff will continue to assess member needs, connect members with needed resources, and ensure members understand best practices for successful asthma self-management. Colorado Access will look at opportunities to enhance data collection to evaluate member outcomes for individuals diagnosed with asthma. Colorado Access will continue program enhancements as needed through collaboration with the CHP+ HMO program director, program manager, and other key internal partners. Ongoing analysis of the CHP+ HMO population will support continuous improvement to risk stratification methodologies. Additionally, Colorado Access will explore use of the Colorado Regional Health Information Organization (CORHIO) admit, discharge, transfer (ADT) data for the CHP+ HMO population, as this data provides a potential opportunity for additional intervention for this population.

SFY 2023 Goals

- Continue to collaborate with the CHP+ HMO program director and program manager, as well as the evaluation and health informatics team to analyze outcomes and seek opportunities for cost saving strategies.
- Research prospects to expand outreach to members with asthma, including opportunities to leverage CORHIO ADT data to support real-time interventions with the CHP+ HMO population.
- Benchmark above the Medicaid 90th percentile for the HEDIS AMR-Total measure.

Behavioral Health

Summary

The Colorado Access CHP+ HMO behavioral health program, also referred to as the Pediatric Transition of Care (TOC) program, is designed to identify and intervene with pediatric members utilizing inpatient behavioral health care to connect them with appropriate outpatient behavioral health services. During the member's inpatient hospital stay, the care manager coordinates with the member's guardian(s), outpatient care providers, PCP, and the treating facility to plan for discharge, which includes scheduling the member for an outpatient visit within seven days post-hospital discharge.

The care manager continues to work with the member and their guardian(s) to screen for behavioral health symptoms, provide psychoeducation regarding the member's diagnosis, complete the suicide-screening questions assessment, reconcile medications, and address any barriers to outpatient behavioral health care, including social determinants of health. Additionally, the care manager coordinates with the member's PCP and provides the discharge summary. The TOC program is completed once it is determined that the member is receiving services for their identified behavioral health needs. The goals of this program include:

- Educate the member and their guardian(s) about the symptoms and management of depression, anxiety, and other pertinent behavioral health disorders.
- Connection with appropriate outpatient services and behavioral health providers based on member diagnosis.
- Reduce ED utilization, provide crisis resources, and prevent inpatient readmission due to exacerbation of behavioral health symptoms.
- Assess social determinant of health needs and connect member and their guardian(s) to necessary support services and resources.

Members who meet the criteria for an inpatient behavioral health stay and are authorized by the Colorado Access UM department for an inpatient behavioral health stay are referred directly to care management to enroll the member in the TOC program. The care manager works collaboratively with the member's treating facility to begin care coordination services. Members who are admitted to a hospital for behavioral health reasons are enrolled into the TOC program unless they are already connected to a community mental health center. Members who are connected to a community mental health center receive care management through their behavioral health medical home to avoid duplication of services. If at any time a connected member would benefit from care management or if additional interventions could reduce readmissions, a member can be enrolled in the Colorado Access TOC program. Enrollees receive outreach and assessment by a specialized behavioral health care manager.

SFY 2022 Goals

- Implement expanded care management outreach to members with behavioral health needs beyond members involved in the TOC program.
- Expand suicide screening interventions across the care management department to include non-behavioral health specialized staff to ensure members enrolled in other CHP+ HMO programs are screened for suicide when they are determined to be at-risk.

SFY 2022 Results

Colorado Access continued to provide support to CHP+ HMO members who had a behavioral health-related inpatient admission. During SFY 2022, there were 91 unique members that were enrolled in and participated in the behavioral health TOC program. Of these members, 61 had depression and/or anxiety diagnoses and received specialized intervention and education regarding the management of these conditions. Indicators of success included members who completed an assessment with the care manager, received referrals for medical and social resources, developed care plan goals with the care manager, and understood the symptoms and management of depression, anxiety, and other behavioral health conditions.

To expand care management outreach to members with behavioral health needs beyond the TOC program, care management worked with the cross-departmental clinical program data workgroup at Colorado Access to develop a behavioral health registry. The clinical program data workgroup is a group that gathers key members from evaluation and health informatics, digital engagement programming, care management, and clinical teams. The goal is to discuss analysis that may influence programming, as well as evaluation to gauge the effectiveness of programming.

The development of this registry involved a cross-section of expertise, including medical directors, data analysts, and clinical program leadership. Due to the unforeseen shift in resources stemming from the COVID-19 pandemic, combined with the complexity of the logic required to accurately build out the behavioral health registry algorithm, the timeline for the release of the initial version was pushed to July 1, 2022. The behavioral health registry involves an enhanced care coordination workflow designed to utilize registry data to screen, identify, and outreach members experiencing mental health conditions, including indicators of depression and anxiety. Findings from these member interactions will be applied to develop tailored care plans and to connect members with specialty mental health providers and other needed resources. The successes and challenges of the behavioral health registry program will be closely monitored throughout SFY 2023, and updates and results will be noted in the SFY 2023 report.

In SFY 2022, care management implemented a suicide screening through a robust training program for care managers utilizing synchronous and online learning platforms. Suicide screening has been added to every care management program workflow and is completed with members transitioning out of inpatient care, members assessed to be at high risk for suicide, or members experiencing crisis.

After the suicide screen is completed, each member is given information about life-saving community resources, including Colorado Crisis Services, 2-1-1, the Colorado Crisis Line, and American Foundation for Suicide Prevention. Warning signs of suicide are discussed with members and their guardian(s) and information is given to call 9-1-1 or visit the nearest emergency room or behavioral health walk-in center in the case of acute suicidal crisis. Members who receive a positive screen for suicide are connected to Colorado Crisis Services for further assessment with support from their care manager, and receive a follow-up call the next day to ensure services were accessed in accordance with departmental crisis policies. During SFY 2022, 27 members received a suicide screening, suicide prevention education, and life-saving resources from a care manager.

SFY 2023 Strategies and Planned Interventions

Care management will implement targeted outreach to members with behavioral health needs. Care management will also collaborate with the health programming team to refine the identification of members for care management outreach and intervention.

SFY 2023 Goals

- Apply the newly designed behavioral health registry and care management program to serve members with behavioral health needs beyond members only involved in the TOC program.
- Bridge suicide screening interventions across the care management department to ensure members enrolled in all CHP+ HMO programs are screened for suicide when they are determined to be at-risk and/or according to program workflows.

Health Risk Assessments

Summary

Colorado Access continues to partner with the vendor Welltok to deliver Health Risk Assessments (HRAs) to newly enrolled CHP+ HMO members within 30 days of enrollment. The HRA asks a series of questions pertaining to the member’s overall health and wellness. The aim of the assessment is to help target care coordination outreach efforts to members that may need resources for social services, referrals for providers or specialist, and/or education on the benefits and services available to them within the CHP+ HMO health plan. HRA results are electronically loaded into the Colorado Access care management tool, and all member responses that indicate the need for follow-up care are assigned to a care coordinator for outreach.

In the last quarter of the fiscal year, the HRA was enhanced to include a question to help care management better identify members with ongoing health conditions, or special health care needs, impacting the members physical, emotional, developmental, or cognitive functioning. If the member answered ‘yes’ to this question, the uploaded file automatically triggers a notification for care coordination outreach.

Targeted care coordination activities include a broad range of care plan goals and interventions including, but not limited to, bridging primary care appointments, establishing behavioral health services, scheduling dental visits, assisting members with establishing relationships with necessary specialty providers, and mitigating gaps related to social determinants of healthcare needs.

SFY 2022 Goals

- Utilize HRA member findings to identify, prioritize, and deliver care management interventions that are tailored to address each individual member’s unique health care needs.
- Continue to assign care managers to provide individualized member outreach and extended care coordination services to address HRA findings, member-driven communication of needs, and historical health care data to improve health outcomes for CHP+ HMO members.

SFY 2022 Results

During SFY 2022, 8,572 total CHP+ HMO members completed the HRA, and, of this total, the care management coordinator team outreached 1,398 members to address identified health care concerns.

	Q1*	Q2	Q3	Q4
Total Number of Newly Enrolled Members	2733	1825	1834	2180
Number of Members Needing Follow-Up	482	292	321	303
Total Number of Care Management Outreaches	482	292	321	303

*During Q1 changes were made to the target file code to only pull in newly enrolled members.

To meet recently introduced contract requirements, strengthen efficiencies, improve targeted outreach, and enhance the overall quality of care coordination service delivery, HRA member outreach workflows have been adjusted. Additionally, Colorado Access has added a question that explicitly evaluates the special health care needs of all newly enrolled members. The retooled approach allows for optimal resourcing and ensures that members receive the services they need in a timely and effective manner. The most salient needs of newly enrolled members are identification of a primary medical care provider and behavioral health care provider. Care coordinators often provide education to the guardian(s) about the importance of establishing these providers in their child's care team prior to an emergency as a means of reducing utilization costs and promoting proactive and preventative healthcare. Care coordination activities include education regarding vaccination adherence, appointment setting with providers, and social services referrals specifically targeted at food security benefits.

Enhancements were made to the care management electronic member record tool, Guiding Care, which enabled better tracking of ongoing member care and delivery of care coordination services. This enhancement allows for more sophisticated data collection, productivity monitoring, and measurement of successful member outreaches and interventions.

SFY 2023 Strategies and Planned Interventions

Colorado Access will continue to utilize IVR technology to ensure that all members receive the HRA within the first month of enrolling in the CHP+ HMO plan. Results will continue to be used to ensure each member's health care needs are met with appropriate and comprehensive care coordination interventions that are member-driven. Colorado Access will also enhance the existing HRA program by adding a 12-month follow-up call to check in with members who responded 'yes' to the HRA question around special health care needs. This follow-up call will confirm that members have received the resources they need or transfer them to the care management team if further follow-up is necessary. This will also allow for regular and consistent tracking of member needs.

FY 2023 Goals

- Utilize HRA member findings to provide targeted care coordination outreach that is tailored to address the unique health care needs of each member that completed the assessment.
- Provide extended care coordination to members requiring a higher level of care coordination intervention due to member-driven identification of unaddressed special health care needs.
- Engage with HRA members on a consistent basis to ensure needs are continuously being met.

Member Experience of Care

The QAPI program at Colorado Access continuously monitors member experience of care using a variety of data sources, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®3}) Survey, member grievance monitoring, and results generated from the administration of a member satisfaction survey conducted by Colorado Access.

Consumer Assessment of Healthcare Providers and Systems Survey

Summary

The Department collects data about member experience through the CAHPS Survey, which assesses member and caregiver satisfaction with their experience of care, including services provided by Colorado Access and network physicians. The quality improvement department monitors CAHPS data to identify and correct deficiencies in member experience with Colorado Access and the provider network, including creating and monitoring quality improvement opportunities, as appropriate.

SFY 2022 Goals

- Evaluate of all CHP+ HMO CAHPS corrective action plan (CAP) interventions in October 2021.
- Analyze and share CAHPS data to identify and correct deficiencies in member experience and the provider network, including:
 - Present CHP+ HMO CAHPS results to the member advisory council (MAC) to solicit additional feedback and implement at least one suggestion as a process improvement project.
 - Present CHP+ HMO CAHPS results and collaborate with customer service, care management, and practice support.
- Continue and expand member, provider, and Colorado Access employee CAHPS communication strategies implemented in 2021 to increase CAHPS response rates and education for more meaningful individual respondent-level data analysis and intervention identification and implementation.

SFY 2022 Results

At the time this report was written, SFY 2022 CAHPS survey results for CHP+ HMO were recently received from the Department. While the full analysis has not yet been completed, preliminary results show that of 298 CHP+ HMO survey respondents, 90% of Colorado Access CHP+ members rated their CHP+ health plan between 7 and 10, with 0 being the worst and 10 being the best. Of 152 CHP+ HMO respondents who met with a personal doctor in the last 6 months, >96% felt that their doctor “usually or always”: 1) explained things in a way that was easy to understand, 2) listened carefully to them, 3) showed respect for what the member had to say, and 4) spent enough time with their child. Of the 80 CHP+ members who identified that they received Colorado Access forms, 22.2%

³ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

said they were “sometimes or never” easy to fill out. The quality improvement department plans to review and edit Colorado Access communications and forms to make them more readable and user-friendly for CHP+ HMO members. The completed analysis of SFY 2022 CAHPS survey results for CHP+ HMO will inform additional quality improvement opportunities for SFY 2023.

Colorado Access continues to gain feedback on member experience. The quality improvement department collected and analyzed data from a third iteration of the member satisfaction survey in SFY 2022. This was a qualitative survey administered in October 2021 that was developed with the purpose of encouraging members to share what is important to them in terms of health services, how care could be improved, and where they typically receive health information. A fourth survey iteration was implemented in June 2022 with survey questions that focus on scheduling and appointment access, and what Colorado Access could improve on for its members. Results of the fourth survey iteration will be analyzed in SFY 2023. Additional details regarding the member satisfaction survey are included in the Member Satisfaction Survey section of this report.

The Colorado Access average monthly Net Promoter System (NPS) satisfaction score for the review period was 78. NPS scores may range from -110 to 100. Bain & Company (bain.com), the inventors of NPS, suggest that 50 is an excellent score and a score above 80 is world-class. When comparing the Colorado Access NPS score of 78 to other health plans who use NPS to monitor customer experience, Colorado Access is in the 100th percentile. Approximately 20% of member calls answered by the Colorado Access customer service department participate in the NPS survey each month. NPS monitoring has led to increased interdepartmental collaboration, improved understanding of member experience, and increased engagement from customer service representatives, who participate in member-facing work daily.

SFY 2023 Strategies and Planned Interventions

Once CAHPS results have been received, Colorado Access plans to analyze and share this data to identify any relevant quality improvement opportunities related to member experience or the provider network. Colorado Access plans to enhance communication with practices to increase trust and collaboration as many CAHPS-related deficiencies may have been impacted by staff shortages and other pandemic-related concerns. Additionally, Colorado Access will solicit feedback on barriers that practices experienced throughout SFY 2022 and welcome the opportunity to partner with practices on focused improvement interventions in SFY 2023.

Colorado Access will continue the customer service quality monitoring program including continuous monitoring of NPS scores, customer service representative (CSR) quality audits, ongoing collaboration, and continued internal member satisfaction survey iteration and administration. If trends are identified, additional training will be provided to relevant departments.

SFY 2023 Goals

- Continue customer service-focused quality monitoring programs including the monitoring of NPS scores and increase interdepartmental collaboration and learning from the customer service department.
- Analyze and share upcoming CAHPS data to identify and correct deficiencies in member experience and the provider network.
- Expand CAHPS communication strategies to increase CAHPS response rates by working across departments, including marketing.
- Increase analysis of respondent-level responses to identify more meaningful intervention identification and implementation.

Grievances

Summary

One way that Colorado Access monitors member experience is through the member grievance process. Members have the right to submit grievances to Colorado Access regarding any aspect of the operations, activities, or behavior of the health plan or the Colorado Access contracted provider network. The customer service department monitors member grievance data to identify sources of dissatisfaction with care or service delivery and patterns by aggregating this data quarterly.

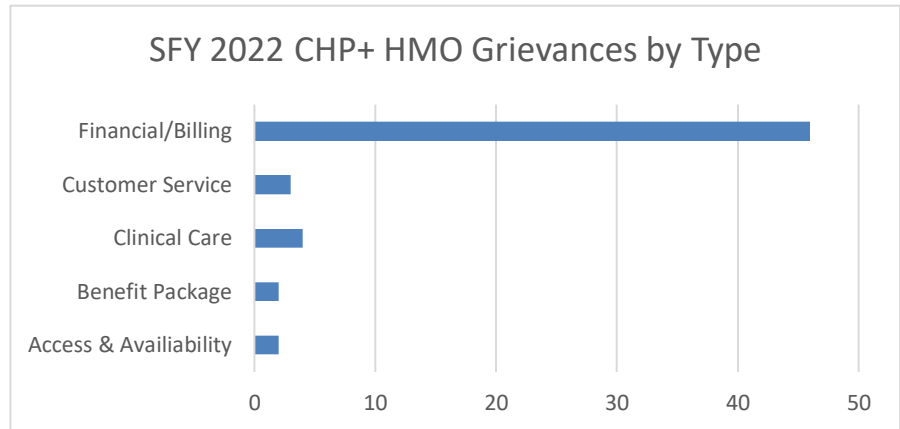
SFY 2022 Goals

- Achieve 100% compliance for contractually required grievance timeframes.
- Maintain an average quality audit score of 95% or higher.

SFY 2022 Results

During SFY 2022, a total of 57 member grievances were filed by CHP+ HMO members.

Financial/billing grievances accounted for 80% of grievances for SFY 2022. Other grievances fell into the Customer Service, Clinical Care, Benefits Package, and Access & Availability



categories. All grievances were resolved in a manner considered satisfactory by the member. Out of the 57 grievances, two grievances were not processed timely resulting in Colorado Access falling shy of 100% compliance with the contractually required grievance timeline. Colorado Access determined the root cause of this delay; due to a technical issue with the Colorado Access internal SharePoint, the grievance submission workflow had been interrupted and grievances were not being received. Upon investigation, the SharePoint administrator identified the problem and retrieved the grievances delayed by the system error. Colorado Access has taken precautionary measures so that any future issues or disruptions will result in an email notification to the SharePoint administrator who can then act, in a timely manner, to fix the issues. There have not been any technical issues with SharePoint since this initial delay. Through this root cause analysis and subsequent process improvement intervention, the customer service department is ensuring errors decrease and grievance timeliness goals are achieved.

Colorado Access utilizes a grievance quality auditing program to monitor the timeliness of grievance resolutions, the content of letters sent to members, letter readability, and case documentation in the grievance tracking tool. Five cases per grievance coordinator are audited each month, and feedback is

provided to the grievance coordinator timely by the supervisor. Colorado Access has achieved tremendous success with this audit program. In SFY 2022 a total of 130 grievances were audited, with an average quality audit score of 96%.

SFY 2023 Strategies and Planned Interventions

Colorado Access will improve the grievance training program by increasing the detail of instruction within procedures and training for both current employees and new hires to ensure specificity in directions and standardization of grievance processing. Auditing grievance phone calls will be added to the grievance quality monitoring program to ensure that communication to members is in alignment with grievance procedures. In addition, Colorado Access will continue to focus on more effectively capturing member grievances from CSRs and care management staff so that member satisfaction issues may be identified, tracked, and resolved efficiently and promptly.

SFY 2023 Goals

- Achieve 100% compliance for contractually required grievance timeframes.
- Maintain an average quality audit score of 95% or higher.
- Integrate a workflow into the existing grievance quality monitoring program to include auditing grievance phone calls to ensure communication with members is in alignment with grievance procedures.
- Implement a revised training program for current staff and new hires by reviewing and updating all policies and procedures for the grievance program to ensure business continuity.

Member Satisfaction Survey

Summary

In collaboration with customer service and marketing, the quality improvement department developed a member satisfaction survey to solicit actionable member feedback on their experience of care. Survey results provide Colorado Access with a valuable opportunity to hear feedback from members and understand their experience in a timely manner. Survey responses are used to improve how Colorado Access interacts with and advocates for members by understanding their experience and satisfaction of care.

SFY 2022 Goals

- Issue a new iteration of the member satisfaction survey in SFY 2022.
- Present the results of the member satisfaction survey to the MAC to address gaps, receive feedback, and provide members with data around member experience of care.
- Use survey results to drive interventions within the provider population to improve care.

SFY 2022 Results

The third iteration of the member satisfaction survey was administered in October 2021. A qualitative survey was developed with the purpose of encouraging members to share their experience in their own words. Members were asked three open-ended questions:

- 1) What is most important to you in your health services?
- 2) What can make your care better?
- 3) Where do you get your health information?

Over 500 members participated in this survey. Most participants were female (58%), and the median age for the population was 26 years old (CHP+ HMO plan respondents were typically member representatives, including member parents or legal guardians). To analyze qualitative data, a thematic analysis was used to identify common themes based on topics, ideas, and patterns that came up repeatedly from members. Seven individual themes were identified for question one, including: 1) Health Plan Information; 2) Bedside Manner of Health Professionals; 3) Scheduling and Appointment Access; 4) Location/Distance to the Clinic; 5) Culture, Linguistic and Racial Needs; 6) Quality of Healthcare; and 7) Waiting Times. Survey results found that 28% of members described provider bedside manner (theme 2) as extremely important to them, with words like “respect, listener, friendly, caring, and kindness” seen frequently in responses. Scheduling and appointment access (theme 3) was the second highest in importance at 21%, followed closely by quality of care (theme 6) at 19%.

Identical themes from question one were utilized for question two, but question two identified one additional theme: Smoother Process for Navigating the Healthcare System. There, question two had a total of eight individual themes. Survey results found that 22% of members reported they did not

have feedback on what could improve care, and noted they were satisfied with their current care. Scheduling and appointment access (theme 3) was identified as the second highest (19%) in making care better. Member frustrations included long wait times to get an appointment and wanting easier access to get an appointment. Medicaid plan/health system information (theme 1) followed closely at 18% and consisted of members wanting better access and coverage to services and more accurate member-facing information.

Question three had a total of eight individual themes, including: 1) Doctor (Provider, Hospital System, Patient Portal); 2) Google/Online; 3) Social Media; 4) Health Insurance or Benefits Organization; 5) Community or Mail; 6) Public Health Agencies; 7) Books; and 8) TV, News, Radio. Survey results showed that 44% of members get their health information from their doctor (theme 1), followed by Google (32%), and the community or mail (9%).

The survey provided Colorado Access an opportunity to hear about the member's experience in a less biased fashion and identified areas of improvement to address the member's experience of care.

SFY 2023 Strategies and Planned Interventions

Quality improvement utilizes the MAC to gather feedback on the survey questions, engage members and address gaps in the survey, and provide members with data about the member experience. Colorado Access will continue to solicit feedback from the MAC to make future iterations of this survey more actionable and tailored to members. The third iteration of the member survey allowed for Colorado Access internal teams to identify member-facing areas for improvement, including improving the member-facing side of the Colorado Access website, enhancing the provider directory, and making the new member enrollment booklet more accessible. Quality improvement launched the fourth iteration of the member survey in June 2022. Survey questions focus on scheduling and appointment access, and what Colorado Access could improve on for its members. Results will be analyzed in SFY 2023.

SFY 2023 Goals

- Analyze the results of the fourth iteration of the member satisfaction survey.
- Present the results of the member satisfaction survey to the MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data about the member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.

Performance Improvement Projects

Colorado Access uses a comprehensive approach to identify and prioritize performance improvement projects based on relevant high-volume, high-risk, and/or targeted population data. Colorado Access selects projects based on criteria including patient safety, health risk factors or co-morbidities, volume of members, contractual requirements, potential for improvement of health outcomes, project scale and ease of implementation, financial feasibility, and available resources.

Summary

Colorado Access launched a behavioral health-focused rapid-cycle performance improvement project (PIP) during SFY 2021 which began in September 2020. The SFY 2021 PIP cycle is behavioral health-focused with two separate but connected topics, as chosen by the Department and the Health Services Advisory Group (HSAG): improving depression screening in primary care and improving follow-up within 30-days following a positive depression screen. Behavioral health-focused PIP topics were selected to align with the Department's quality strategy and with other preventable health initiatives within Colorado Access, as well as for their potential to provide learnings that could then be disseminated across the provider network. Concerns of increased depression from the pandemic, impact on access to care, and feasibility of successful accomplishment via telehealth were also noted as reasons for PIP topic selection.

The Department provided the behavioral health incentive measure 4 (BH IM 4) specifications as guidance for health plans for this PIP, but stated they wanted plans to have discretion and flexibility in this PIP due to known issues with BH IM 4 specifications. The quality improvement department, in collaboration with the practice support team and discussions with PIP practices, chose to alter the provided specifications and add additional eligible follow-up codes to better represent the care being provided to members.

After building out the PIP metric code, the quality improvement and practice support teams reviewed provider performance, size, and resources available to determine which providers to invite for PIP participation. Colorado Access had several technical assistance calls with HSAG and the Department, both before the initial Module 1 submission in December 2020 and following subsequent resubmissions, and it was determined that two provider practices would be ideal for the CHP+ HMO PIP cycle due inability to find one practice with a large enough sample size and opportunity for improvement across both metrics. Despite significant differences between practices, Colorado Access would report results together as one rate for each PIP metric to meet contractual requirements. However, Colorado Access also created internal dashboards to be able to track and report rates for each practice independently.

Colorado Access wanted to incorporate the impacts from COVID-19 as much as possible into the baseline measurement period while allowing for claims run-out prior to Module 1 submission, so the

baseline measurement period of November 1, 2019 to October 31, 2020 was selected for depression screening. An additional 30 days (November 30, 2020) was added for the follow-up within 30 days after a positive depression screen metric baseline period to ensure the allotted 30-day follow-up period was incorporated. The selected narrowed focus population for the CHP+ HMO PIP are members ages 12 to 18 years old who had a well-visit at a Every Child Pediatrics or Peak Vista Community Health Centers location during the baseline measurement period. If members screened positive for depression during the corresponding well-visit, the first follow-up within 30 days counts toward meeting metric, regardless of the location of follow-up.

Depression Screening in Well-Visits for Members Aged 12-18

SFY 2022 Goal

- By June 30, 2022, use PIP deliverable interventions to increase the percentage of depression screens in well-visits among members aged 12-18, who receive care at Every Child Pediatrics and Peak Vista Community Health Centers, from 36.36% to 41.14%.

SFY 2022 Results

In SFY 2022, the quality improvement department successfully submitted and received approval for Module 3 of the rapid-cycle PIP to target depression screening occurring in well-visits at Every Child Pediatrics and Peak Vista Community Health Centers locations for members ages 12 to 18 years old. Module 3 consisted of intervention testing by conducting Plan-Do-Study-Act (PDSA) cycles to test the effectiveness of selected interventions. Interventions utilized process measures to determine if the intervention was making significant improvements, to support the achievement of Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) Aim measurements by June 30, 2022.

The overall depression screening rate for the CHP+ HMO PIP narrowed focus population during SFY 2022 was 85.02%. This is significantly above the baseline PIP rate of 36.40% and surpassed the SMART Aim CHP+ HMO goal of 41.14%.

In March 2021, as part of Module 2 process mapping and Failure Mode and Effects Analysis (FMEA), it was discovered that Every Child Pediatrics was using current procedural terminology (CPT) codes to indicate depression screenings that were outside of PIP measure specifications for CHP+ HMO members only. This was initially investigated in depth due to Colorado Access noticing Every Child Pediatrics was screening for depression above 90% for the Medicaid population, but less than 10% for CHP+ HMO during the baseline measurement period. Every Child Pediatrics made a depression screening coding change in March 2021 following this discovery, which aligned with established practices and procedures clinic-wide. Colorado Access brought this coding change to HSAG and the Department's attention, as it was suspected that this coding change would allow the CHP+ HMO PIP to easily achieve the established SMART Aim. Colorado Access saw Every Child Pediatrics CHP+ HMO narrowed focus depression screen rate increase dramatically resulting from the coding change during SFY 2021, as the depression screening rate in July 2020 was 2% and in June 2021 was 100%. Colorado

Access was advised and successfully included this coding change as an intervention for Module 3. Additional Module 3 interventions included the standardization of depression screening coding based on industry analysis and best practice; process standardization and provider education; increasing member engagement; developing educational materials to reduce screening and follow-up refusals; identification of outreach barriers to improve member contact information to increase well-visit scheduling and reminder protocols; and promoting well-visit telehealth usage and options for member outreach.

As SFY 2022 closed, the CHP+ HMO PIP team was working on analyzing and interpreting Module 3 intervention data to begin structuring PIP conclusions for the Module 4 submission.

SFY 2023 Strategies and Planned Interventions

The intervention testing for Module 3 has been completed as of June 30, 2022, along with the completion of the SMART Aim measurement period. Colorado Access will continue to meet with the CHP+ HMO PIP team on an ad hoc basis to draft PIP conclusions, a summary of results, lessons learned and determine successful interventions that could be spread to other practices throughout the network.

SFY 2023 Goals

- Collaborate with provider partners and analyze results to ensure the completion of a successful PIP.
- Collaborate with provider partners on a new PIP, as directed by HSAG.
- Extrapolate success and lessons learned from PIP work to share with other providers across the network.

Follow-Up within 30-days after Positive Depression Screen for Members Aged 12-18

SFY 2022 Goal

- By June 30, 2022, use PIP deliverable interventions to increase the percentage of follow-up after depression screen visits completed among members ages 12 to 18 years old within 30 days of screening positive at Every Child Pediatrics and Peak Vista Community Health Centers from 73.58% to 90.57%.

SFY 2022 Results

In SFY 2022, the quality improvement department at Colorado Access successfully submitted and received approval for Module 3 of the rapid-cycle PIP to target follow-ups within 30 days of positive depression screening at Every Child Pediatrics and Peak Vista Community Health Centers locations for members ages 12 to 18 years old. Module 3 consisted of intervention testing by conducting PDSA cycles to test the effectiveness of selected interventions. Interventions utilized process measures to determine if the intervention was making significant improvements, to support the achievement of SMART Aim measurements by June 30, 2022.

The overall follow-up within 30 days rate after a positive screen for the CHP+ HMO narrowed focus population during SFY 2022 was 83.58%, which was a significant improvement over the PIP baseline rate of 73.58%. It is not, however, meeting the SMART Aim CHP+ HMO goal of 90.57%.

Both Every Child Pediatrics (87.10%) and Peak Vista Community Health Centers (80.56%) had a similar follow-up within 30 days rate after a positive screen, and the population size of members who screened positive (31 members to 36 members) was also similar during this period. Due to the extremely small CHP+ HMO member sample sizes of both clinics, it is difficult to know if practice-specific differences have contributed to follow-up rates.

Further investigation discovered that the follow-up within 30 days measure is not always accurately represented through claims data. Barriers to achieving the SMART Aim goal have included, but are not limited to: Every Child Pediatrics is unable to bill with unlicensed providers due to contracting provisions, and a significant portion of unlicensed providers complete the follow-up visits; a patient may already be in therapy and is not counted in claims data as currently receiving treatment; members utilize school-based therapy programs for follow-up, which is not accurately represented in claims data; members may be seen after the 30-day mark due to rescheduling or no shows; and members may decline a follow-up appointment, even if the practice successfully encouraged a referral for treatment. These barriers will be further highlighted in the Module 4 PIP paperwork and will be reported on in SFY 2023.

At the end of SFY 2021, both PIP practices informed Colorado Access of concerns over long wait times for services at community mental health centers. As such, Colorado Access began the initial exploration with PIP partners of how expanding the use of a Colorado Access subsidiary, AccessCare Services, Virtual Care Collaboration and Integration (VCCI) program could help fill this gap in care and improve follow-up within 30 days after positive depression screens rates. Additionally, implementation of interventions for EHR enhancements and coding automation with Peak Vista Community Health Centers were in the final design phases as SFY 2021 ended. These initiatives were both included as Module 3 PIP interventions. At the close of SFY 2022, Every Child Pediatrics has been successfully utilizing VCCI for psychiatric referrals for their patients, and Peak Vista Community Health Centers is continuing to improve on EHR and coding automation enhancement. Other Module 3 interventions included: providing behavioral health incentive funding for additional hiring of behavioral health staff; referral and follow-up workflow standardization; designing member and provider educational material; and member engagement to better understand follow-up barriers.

As SFY 2022 closed, the CHP+ HMO PIP team was working on analyzing and interpreting Module 3 intervention data to begin structuring PIP conclusions for the Module 4 submission.

SFY 2023 Strategies and Planned Interventions

The intervention testing for Module 3 has been completed as of June 30, 2022, along with the completion of the SMART Aim measurement period. Colorado Access will continue to meet with the CHP+ HMO PIP team on an ad hoc basis to draft PIP conclusions, a summary of results, lessons learned, and determine successful interventions that could be spread to other practices throughout the network.

SFY 2023 Goals

- Collaborate with provider partners and analyze results to ensure the completion of a successful PIP.
- Collaborate with provider partners on a new PIP, as directed by HSAG.
- Extrapolate success and lessons learned from PIP work to share with other providers across the network.

Plan, Do, Study, Act Cycles

Summary

Colorado Access initiates rapid PDSA cycles to promote continuous quality improvement across the organization. A PDSA is an iterative, four-step process improvement model that helps to improve efficiency, reduce waste and errors, and helps to implement lasting change. The Plan step includes identifying stakeholders, identifying the problem at hand, examining current processes, identifying improvement goals, brainstorming potential solutions, and developing a plan for improvement. The Do step involves implementing the plan for improvement. The Study step involves capturing data and observations so that in the Act step it can be decided what changes need to be made in the next cycle if the desired outcome was not obtained, or if the improvement model should be implemented if the desired outcome was obtained. PDSAs are the most impactful when they yield a high return on investment and have a low impact on resources.

SFY 2022 Goal

- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2022.

SFY 2022 Results

Colorado Access initiated three rapid-cycle PDSAs in SFY 2022, two of which focused on quality of care concerns (QOCs) and one of which focused on quality documentation audits. The quality improvement department met with stakeholders in each area to examine problems and identify opportunities for improvement.

- Internal QOC process PDSA: Quality improvement and grievance teams met to review the current QOC process to determine process gaps and inefficiencies, as well as opportunities to improve communication between teams. A new workflow was added to the existing QOC process to streamline communication through grievance and QOC email inboxes. The QOC notification form was reviewed and updated, published on the website, and providers were notified of this update through communication in the Colorado Access provider newsletter. Standardizing communication between quality improvement and grievance teams and updating the QOC notification form have streamlined the QOC process and increased efficiency in acknowledging, documenting, and investigating QOCs.
- Department-initiated QOC process PDSA: Quality improvement and medical leadership met to refine the process for investigating Department-initiated QOCs. This discussion identified process gaps and opportunities to improve efficiency, specifically relating to medical record requests for these cases. A process map was created, and a detailed procedure was developed in consultation with medical leadership to ensure Department-initiated QOCs are investigated timely and appropriate medical leadership is involved in these investigations.
- Quality documentation audit PDSA: Quality improvement implemented a new system to document, track, and score documentation audits. Inefficiencies and limitations of the

previous audit system prevented audit measures and service modalities from being easily updated or changed. Quality improvement switched to a more dynamic and user-friendly system that allows for audit measures to be easily updated, which has streamlined the audit process and allowed for the expansion of service modalities. Audit measures were loaded into the new system, and the first audit to utilize the new system was launched in July 2021. Implementation of the new system has increased the efficiency of audit tracking and scoring and has allowed for audit measures and service modalities to be easily updated, as needed.

SFY 2023 Strategies and Planned Interventions

For continuous quality improvement across the organization, Colorado Access will continue to identify opportunities where rapid-cycle PDSAs can be initiated to increase efficiency, reduce waste, and improve processes.

SFY 2023 Goal

- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2023.

Mechanisms to Detect Over- and Under-Utilization

Colorado Access monitors, assesses, and prevents the over- and under-utilization of services by utilizing medically necessary and appropriate levels of care. Key initiatives include utilization management decision-making, Secret Shopper activities, monitoring of network adequacy, and incentive payment programs.

Utilization Management Inter-Rater Reliability

Summary

Colorado Access UM continuously monitors the timeliness of UM decisions to assure that they are made in alignment with both contractual requirements and in support of members' accessibility to services according to need. Additionally, UM conducts an annual inter-rater reliability (IRR) study to objectively assess the degree to which raters answer the same questions in the same way (reliability) and to measure the level of consistency and adherence to Colorado Access-approved medical management criteria and guidelines.

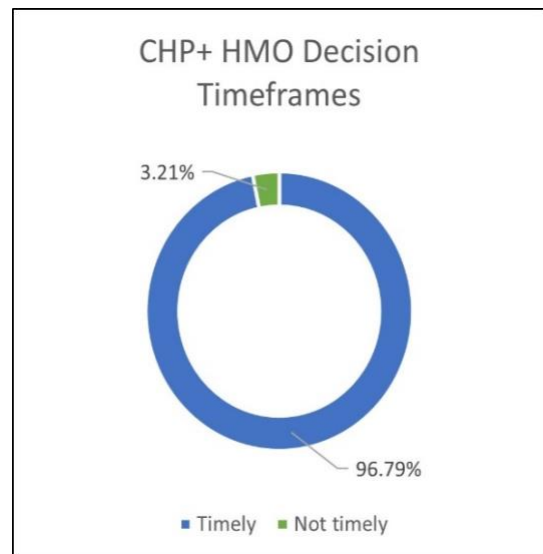
SFY 2022 Goals

- Maintain compliance with contractual UM turnaround times at 95% or higher.
- Maintain IRR scores of 90% or higher for all UM staff.
- Monitor appeal rates for opportunities to improve UM decision-making.
- Assure high-quality of clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.

SFY 2022 Results

Decision Turnaround Times

Colorado Access is committed to making UM authorization decisions in the most expeditious manner possible to assure the quickest accessibility to services. The aggregate turnaround time for CHP+ HMO was 96.79%, an increase from 95.64% in SFY 2021. In SFY 2021, it was found that the majority of delinquent decisions were due to data entry errors rather than true missed turnaround times. When data is input incorrectly into the utilization management system, decisions appear to be out of timely standards. Although the UM department met its identified goal for SFY 2022, the UM leadership team continues to conduct training and oversight of this data entry process with staff so that turnaround time data accurately reflect the true performance of the department's decision-making timeliness.



Inter-Rater Reliability

IRR exercises are routinely utilized to increase the commitment of the utilization management team to measure the precision/reliability and consistency of assessment, scoring, and measurement processes for pre-authorization and authorization tasks. This process promotes operational excellence within the Colorado Access utilization management team and demonstrates how units of measurement are assigned to authorization processes to maintain the goal of precise scoring between team members.

- All physical health UM review staff members obtained an IRR score of 90% or higher on their first IRR attempt.
- Twenty-nine behavior health UM staff members obtained an IRR score of 90% or higher on their first IRR attempt. Three staff members did not pass on their first attempt; these staff received additional training and passed on their second attempt. Therefore, 100% of the staff passed within two IRR attempts.
- Three intake coordinator staff members obtained an IRR score of 90% or higher on their first IRR attempt. One coordinator did not pass on their first attempt; this staff received additional training and passed on their second attempt. Therefore, 100% of the staff passed within two IRR attempts.

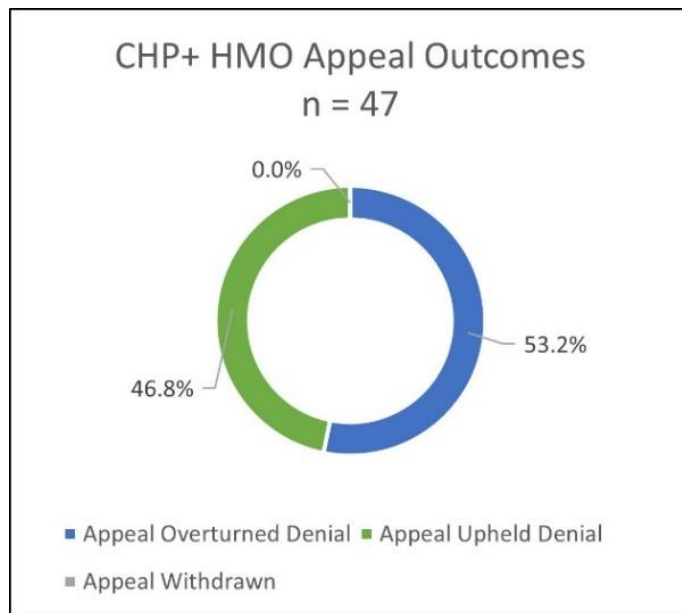
The UM team works diligently to assure that criteria are applied in a consistent, reliable manner and efforts are in place to increase the number of staff who can pass their IRR exercise on the first attempt. Because all staff members met their IRR standards in two or fewer attempts, the UM team considers the goals for SFY 2022 to be met.

Denials and Appeals

The Colorado Access UM department monitors the volume and rates of adverse benefit determinations (ABD), or denials, as well as volumes and outcomes of member appeals of the UM decision-making process and identifies opportunities for improvement, if warranted. Only a small percentage of denials are appealed, as shown in the table below.

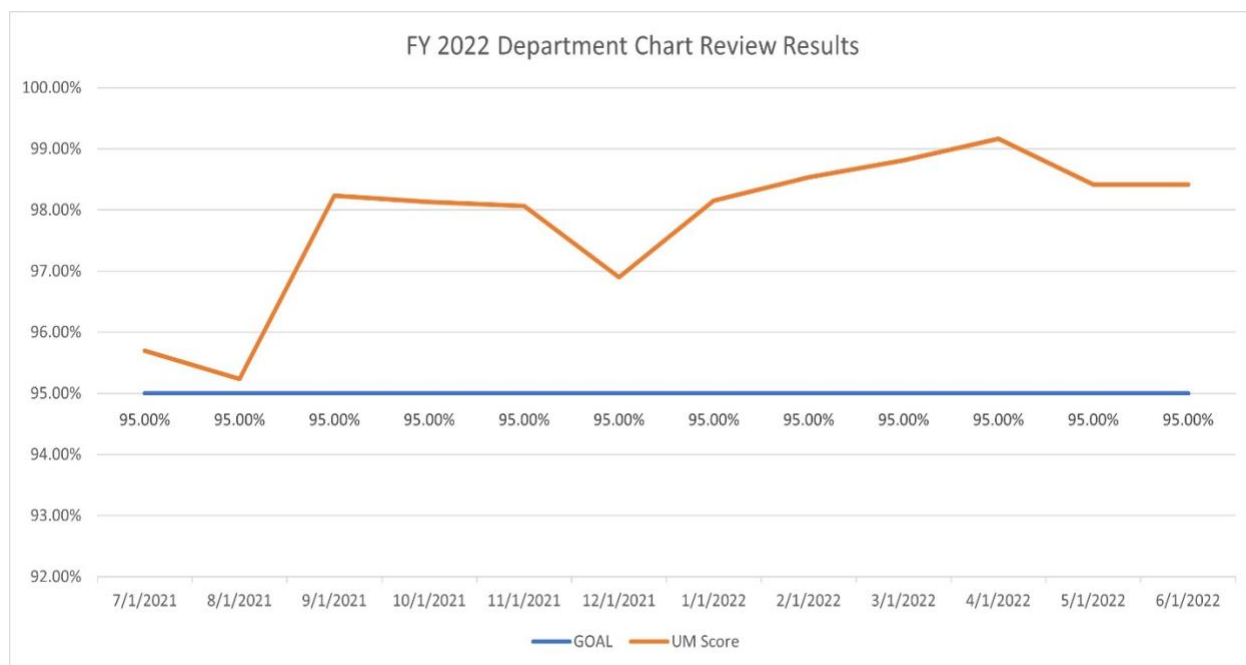
	Total Decisions	Denials	Denial Rate	Appeals Filed	% ABD Decisions Appealed
CHP+ HMO	4866	314	6.45%	47	15%

All appeals are tracked by appeal outcome to determine if there are patterns or opportunities to improve the UM decisions being made. When investigating the volume of appeals that overturned the original denial, it was identified that in most of these cases, new or different clinical information was presented during the appeal that was not present during the initial UM decision-making process. The UM team will continue to work with network providers around the submission of information most critical to the review for medical necessity. This will help to minimize future ABDs if thorough clinical information is submitted for the initial review. The UM and appeals department will continue to monitor appeal and decision-making trends to identify opportunities for education and improvement.



Utilization Management Documentation

UM monitors the quality of UM decision-making and documentation of the decision-making process. This process has created several opportunities for department-wide process improvement, staff professional development, and standardization across UM teams. In SFY 2022, the UM team has maintained performance at 95% or higher each month.



SFY 2023 Strategies and Planned Interventions

The utilization management department will continue the efforts to monitor decision timeframes, clinical decision-making, and the quality of clinical documentation on a monthly cadence at the team and individual staff member level. Each staff member will receive feedback and coaching around their individual performance, and each team will receive ongoing training and education to improve performance. UM will continue to monitor denial and appeal rates and outcomes to identify opportunities to improve UM decision-making.

FY 2023 Goals

- Maintain compliance with contractual UM turnaround times at 95% or higher.
- Maintain IRR scores of 90% or higher for all UM staff.
- Monitor appeal rates for opportunities to improve UM decision-making.
- Assure high quality of clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.

Secret Shopper

Summary

The quality improvement department maintains a systematic process to monitor and fulfill access to care standards and metrics for contractual requirements. Colorado Access monitors various provider timeliness categories, including physical health and behavioral health services, to assure timely and appropriate routine and urgent services are available to members. Colorado Access conducts mock appointment request telephone calls or online inquiries, otherwise known as Secret Shopper calls, to providers that mirror common member behavior to test the consistency of provider behavior and availability of services. Provider selection for Secret Shopper calls is based primarily on random selection from quarterly claim volume stratification. However, quality improvement may also select providers based on information received from other internal departments including but not limited to care management, customer service, compliance, and provider network services (formerly provider relations).

SFY 2022 Goals

- Enroll at least 30 providers in the Secret Shopper program to assess member experience and access to care; develop a process to use the third next available appointment (TNAA) on unsuccessful Secret Shopper calls.
- Review and update all sections of the provider manual to improve provider knowledge and expectations regarding access to care; issue at least two reminders of access to care timeliness standards and provider requirements in the provider newsletter.
- Continue developing the SUD Secret Shopper program; review and update all behavioral health and physical health call scripts for alignment with the SUD call scripts and obtainment of additional data points for evaluation and member experience improvements.
- Develop and complete at least one process improvement activity with the care management and customer service to increase data sharing and integrity and improve provider selection for the Secret Shopper.

SFY 2022 Results

During SFY 2022, the Secret Shopper program underwent staff transition and process improvements between quarter 3 and quarter 4. Over 30 providers were enrolled in the Secret Shopper program in SFY 2022. Ten CAPs were successfully implemented and completed by behavioral health providers by the end of SFY 2022.

Additionally, Colorado Access continued to successfully partner with Signal Behavioral Health to implement a SUD Secret Shopper program during SFY 2022 based on the newly implemented SUD benefits. 12 Secret Shopper scripts, developed and approved by the Colorado Access medical leadership, were used to support the program partnership. Signal conducted Secret Shopper calls on behalf of both organizations to mutually contracted SUD practices to streamline call volume and

results reporting to practices. Of the two CHP+ HMO practices assessed for SUD access to care, one practice passed the Secret Shopper assessment, and the other practice was required to complete a CAP based on their Secret Shopper assessment. Colorado Access and Signal's partnership, specific to the contractual relationship, concluded in December of 2021.

Quality improvement continued making improvements to the Secret Shopper program throughout SFY 2022. The quality improvement and provider network services departments collaborated to alter the Secret Shopper process to include a tailored access to care training created and implemented by Colorado Access for providers in order to train providers on access to care standards ahead of testing for compliance to these standards. This training is hosted on Colorado Access' learning management system (LMS). The LMS serves as a resource hub for providers and includes both required and optional learning modules. This work was piloted in SFY 2022 and will be continued in SFY 2023. Once providers have successfully completed this training, they are eligible for Secret Shopper inquiries to test their compliance with access to care standards.

Each provider receives a summary report of their performance and relevant findings following a Secret Shopper inquiry. Findings from the Secret Shopper activity that fall outside access to care contractual standards during Secret Shopper calls are identified and provided a quality improvement opportunity. Historically, practices were placed on a corrective action plan (CAP) after failure of a Secret Shopper inquiry. Due to the system level barriers that exist and were heightened during the COVID-19 pandemic, such as workforce shortages, language was changed from "CAP" to a "Quality Improvement Opportunity." The purpose of this language change was to promote this request as an opportunity that offers support, education, and resources in process improvement planning and implementation. Practices have a chance during the creation of this improvement plan to communicate any barriers that may be impacting their ability to meet accessibility standards. The intention is to better understand what barriers practices are experiencing and assist practices in creating an individualized improvement plan with the knowledge of these existing barriers. Colorado Access assists practices with the creation of a Quality Improvement Opportunity that is completed and approved within approximately 30 days after receiving results and implemented within 60 days after being approved.

Additionally, a process was developed in partnership with the provider network services department to use the evidence-based measure of TNAA if needed, in the case of a failed Secret Shopper call or if additional information is required to assess the provider.

SFY 2023 Strategies and Planned Interventions

This program has highlighted opportunities for improvement beyond appointment availability and timeliness standard adherence; including opportunities regarding member ease of access, staff education, panel notification processes, and other system-level barriers practices are experiencing that impact member access to services. Plans for SFY 2023 include creating a workgroup to establish a

process for Colorado Access staff to improve within these areas. This work will improve member access, provider network adequacy, and internal communication processes. The workgroup will include diverse stakeholder representation from Colorado Access departments.

Colorado Access will continue to monitor the process changes and enhancements made to the Secret Shopper program in SFY 2022 and make improvements in SFY 2023, when necessary. The new Secret Shopper process should allow for increased interdepartmental collaboration, as well as increased collaboration with providers. The access to care training should provide additional education to providers on access to care contract compliance.

SFY 2023 Goals

- Train 15 providers per quarter via access to care training module. Ensure representation among physical health, behavioral health, and substance use disorder providers.
- Enroll 15 providers per quarter in the Secret Shopper program to assess member experience and access to care compliance. Ensure representation among physical health, behavioral health, and substance use disorder providers.
- Issue at least one reminder of access to care timeliness standards and provider requirements in the provider newsletter.
- Further develop the provider network adequacy workgroup and workflow to improve processes around updating provider information, panel notification, and other access to care barriers.

Network Adequacy

Summary

Colorado Access is committed to providing members with access to timely and appropriate health care. Colorado Access is dedicated to the delivery of comprehensive health care choices to members as they seek providers and resources that best meet their unique health care, social, and cultural needs. Building upon a history of partnership, engagement, and network development, Colorado Access is focused on growing and improving the network. The intent is to use data, payment methodologies, and practice supports to help make the network more effective and impactful for the diverse membership. Colorado Access strives for not only an adequate network but an effective one as well.

SFY 2022 Goals

- The provider network recruitment and maintenance strategy group will continue to use the new tools developed in the analysis of the network and implementation of new recruitment and maintenance strategies, with a particular focus on DEI.
- Expand on existing provider demographic information data for Colorado Access to utilize, including but not limited to language, gender, minority-owned, population served, and provider location. Incorporate this information into the provider directory and internal databases to inform programming decisions.

SFY 2022 Results

Building on the foundation of the existing CHP+ HMO network, Colorado Access continued to use various resources to further target potential additions and grow the network of providers. Colorado Access has a dedicated provider contracting team that responds to inquiries and requests to participate in the network. These requests arise from:

- Interested PCPs
- Interested behavioral health providers
- Interested specialty and ancillary providers
- Extensive outreach by the Colorado Access provider network services team
- Requests from the UM team at Colorado Access
- Requests from members and referrals from the customer service and care management teams
- Community-based organizations supporting the expansion of a diverse provider network

It is important to note that Colorado Access is dedicated to contracting with every willing state-validated provider to become part of the CHP+ HMO network, regardless of their location, provided they meet the credentialing and contracting criteria.

Telehealth continued to be a large focus in SFY 2022. Colorado Access is actively educating providers on the new rules and use of telehealth through webinars and provider resource groups hosted by the practice support team and has promoted the use of telehealth in the provider newsletter. Colorado Access saw a marked increase in telehealth utilization among primary care practitioners during the height of COVID-19, but as restrictions have eased and vaccines have become available, there has been a decrease in telehealth utilization as office visits have increased. For behavioral health providers, Colorado Access continues to see a marked increase in telehealth services since the beginning of COVID-19. The increase in the use of telehealth has made the availability of behavioral health services more accessible to a larger number of members, has allowed members to access much of the statewide behavioral health network, and has decreased transportation barriers for many members. Colorado Access is now capturing telehealth services as a data point from network providers and has begun listing this information in the provider directories to further increase access to care for members.

The provider network recruitment and maintenance strategy group continued to meet to identify providers to recruit, but to also analyze the current state of the provider network, such as: identifying active providers; and identifying where gaps in the network exist. Part of the work is also researching providers with zero claims in the last 18 months with the provider network services team to determine if practices are still in business, are seeing new CHP+ HMO members, if they are utilizing telehealth, and connecting with these existing contracted providers to encourage them to open or expand their member panels.

Colorado Access continuously receives requests from behavioral health providers to join the network. The contracting team adds any provider who is validated, submits a completed application, meets Colorado Access credentialing criteria standards, and signs a Professional Provider Agreement. When necessary, contracting enters into a Single Case Agreement (SCA) with a provider based on requests from UM, care management, customer service, or provider network services departments in order to meet a member's needs. Once a SCA is completed, Colorado Access outreaches the provider to see if they are interested in joining the provider network. If the provider is interested, Colorado Access follows established policies and procedures with respect to the contracting process.

SFY 2023 Strategies and Planned Interventions

Colorado Access continues to build a more effective network by analyzing the network at a more granular level to better understand members, the neighborhoods they live in, and the providers who serve them. The focus of SFY 2023 will be to carry forward SFY 2022 goals and continue to promote health equity within the provider networks. Network adequacy is not only about provider to member ratios, but also about supporting and allocating resources to network providers. Colorado Access wants to identify and support providers and clinics who are actively engaged with members. Much of the SFY 2023 focus will be to continue to deepen and enrich the understanding of members and the

neighborhoods they live in, and to create actions and programming to foster engagement with the system. Colorado Access continues to use various resources to further target potential new providers and grow its network with diverse populations in mind.

SFY 2023 Goals

- The provider network recruitment and maintenance strategy group will continue to monitor processes and systems for improvement and use new tools in the analysis of the network and implementation of new recruitment and maintenance strategies, with particular focus on DEI.
- Hire 2.0 full-time equivalent (FTE) staff to support network adequacy and recruitment efforts.
- Expand on existing provider demographic information data for Colorado Access to utilize, including, but not limited to, language, gender, minority-owned, population served, and provider location. Incorporate this information into the provider directory and internal databases to inform programming decisions.

Incentive Payment Program

Summary

In 2015, Colorado Access and Community Health Partner Alliance (CHPA) identified member use of preventive services as an area of opportunity for collaboration and strategic performance improvement. Colorado Access and CHPA initiated a joint work plan to increase the number of Colorado Access CHP+ HMO members who receive well-child checks from their attributed CHPA clinic. As this partnership evolved, Colorado Access and CHPA worked together to pivot the focus of the incentive payment program to increasing the number of Colorado Access CHP+ HMO adolescent members receiving a depression screen in SFY 2022. Colorado Access provides CHPA clinics a \$1.25 per-member per-month (PMPM) incentive to support care coordination for their attributed members, paid quarterly.

SFY 2022 Goal

- Increase depression screening rates for CHP+ HMO members ages 12 to 18 years old, attributed to CHPA clinics, by 5% from baseline.

SFY 2022 Results

During SFY 2022, the provider community and hospitals with Colorado Access were continuing to manage the COVID-19 pandemic. The feedback Colorado Access received from the CHPA partners was that due to the COVID-19 pandemic, the area of focus for community safety net providers was shifting from preventive services to vaccination efforts. Colorado Access recognized the shift in resource allocation and focus to COVID-19 response and increasing vaccination efforts during SFY 2022, especially as vaccinations were approved for the pediatric population. Colorado Access continued to pay out quarterly incentives to CHPA clinics that achieved their depression screen goals; however, Colorado Access did see a plateau in results from participating clinics. Colorado Access was able to meet the agreed-upon goal for the SFY 2022 workplan which was to develop and disseminate a toolkit for depression screens and follow-up treatment in primary care.

SFY 2023 Strategies and Planned Interventions

Colorado Access will retire the current version of the CHPA incentive payment program. A steering committee was created to develop a new program due to SFY 2022's plateauing results. This program is in the planning phase and will strive to align with value-based payments. With a focus on preventative care and well-visits, Colorado Access will align value-based payment work with the goal of increasing immunization rates back to pre-pandemic levels.

SFY 2023 Goal

- Develop and launch a new value-based payment model focusing on immunization rates and well-child visits.

Mechanisms to Detect Quality and Appropriateness of Care for Members with Special Health Care Needs

Colorado Access uses a variety of activities and mechanisms to monitor the appropriateness of care received by members, including members with special health care needs, which includes individuals with physical and developmental disabilities, chronic conditions, substance use disorders, severe mental illness, and traumatic brain injuries. Additionally, Colorado Access monitors the quality and appropriateness of care through medical record reviews for claims validation, examining the completeness of clinical documentation, and evaluating the appropriateness of treatment plans.

Medical Records Review

Summary

Colorado Access monitors and assesses the quality and appropriateness of care for members with special health care needs by reviewing behavioral health medical records to ensure high-quality services are delivered and treatment is properly documented for this population. Provider selection for behavioral health medical record reviews is based primarily on random selection. However, the quality improvement department may also select providers based on information received from other internal departments including but not limited to care management, customer service, compliance, and provider network services.

SFY 2022 Goals

- Provide oversight of behavioral health care by conducting chart audits, and provide feedback based on the behavioral health chart audit tool to improve chart documentation.
- Continue to implement CAPs as necessary for providers who do not meet the 80% passing threshold.
- Evaluate the behavioral health medical record review process and determine opportunities for process improvement.

SFY 2022 Results

In SFY 2022, quality improvement implemented a new system to document, track, and score documentation audits. Inefficiencies and limitations of the previous audit system prevented audit measures from being easily updated or changed. Quality improvement switched to a more dynamic and user-friendly system that allows for audit measures to be easily updated, which has streamlined the audit process. Audit measures were loaded into the new system, and the first audit to utilize the new system was launched in July 2021. Implementation of the new system has increased the efficiency of audit tracking and scoring and has allowed for audit measures to be easily updated, as needed.

For the behavioral health medical records review audit, four CHP+ HMO facilities were selected for audit and 18 charts in total were reviewed. Colorado Access implements CAPs for providers who do not meet the 80% passing threshold for services rendered. A CAP is a strategic plan that encourages and empowers facilities to take ownership of their internal training, create strong correction plans to strengthen processes, eliminate weaknesses, and ultimately improve their documentation. All four facilities selected for audit in SFY 2022 passed the audit with a score of 80% or greater, and no CAPs were issued.

Documentation standards for behavioral health audits were distributed to providers in the February 2022 provider newsletter. This notification explained the intent of documentation reviews, reminded providers where documentation trainings can be accessed within the Colorado Access provider-facing LMS, and encouraged providers to conduct peer or self-audits using documentation standards outlined in the trainings.

SFY 2023 Strategies and Planned Interventions

In SFY 2023, Colorado Access will continue to conduct chart audits on providers billing for assessment, psychotherapy, case management, and/or other services to ensure the quality and appropriateness of care for members with special health care needs is provided. Colorado Access will evaluate the current CAP process and audit passing threshold and implement a tiered audit scoring system with an enhanced focus on provider training and education.

SFY 2023 Goals

- Provide oversight of behavioral health care by conducting chart audits, and provide feedback based on the behavioral health chart audit tool to improve chart documentation.
- Evaluate the current CAP process and audit passing threshold and implement a tiered audit scoring system with an enhanced focus on provider training and education.

Quality of Care Concerns Monitoring

Quality of Care Concerns

Summary

The Colorado Access QOC process identifies, investigates, and addresses potential quality of care concerns. QOCs can be raised by the Department, providers, or Colorado Access staff, and are defined as evidence of harm to a member. Categories of QOCs may include all potential problems, concerns, or complaints regarding access to urgent or emergent care, delay or denial of care or services, after-hours services, professional conduct or competence, coordination of care, medication issues, diagnosis issues, and service plan or delivery issues. QOC investigations are also triggered by care resulting in an unexpected death, suicide attempts requiring medical attention, adverse medication effects or errors requiring medical attention, preventable complication requiring medical attention, assault or accident-related injuries requiring medical attention, or an at-risk client missing from a 24-hour facility. These more substantial investigations are categorized as critical incidents when they meet a more severe threshold.

Potential QOCs are forwarded to the quality improvement department for initial investigation and are then reviewed with medical leadership for determination. Findings are confidential under peer review statutes. A variety of outcomes can be generated based on a QOC submission including a determination not to meet severity thresholds, may be trended and documented as a part of data collection, may trigger an educational letter to the provider, a CAP can be issued, a licensing or regulatory referral can be made, or in more serious cases can be referred to the credentialing committee for consideration for provider termination.

SFY 2022 Goals

- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Maintain timely and efficient quarterly communication to the Department regarding CHP+ HMO QOCs.

SFY 2022 Results

There were nine CHP+ HMO QOCs filed in SFY 2022, four in Q1, three in Q2, two in Q3, and none in Q4. All nine QOCs were closed out within 90 days of submission to the quality improvement department. To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality improvement works closely with the medical director and maintains a detailed QOC tracking log which allows QOCs to be tracked and monitored from the date they are submitted to the date they are closed.

QOC volume increased slightly from the seven QOCs in SFY 2021 to nine QOCs in SFY 2022. The most common QOC category submitted for CHP+ HMO members in SFY 2022 was *lack of follow-up/discharge planning*, followed by *lack of coordination of care/services*. Four of the QOCs submitted

were found to be unsubstantiated, three were trended, and two resulted in education letters being sent to the facility.

SFY 2023 Strategies and Planned Interventions

Quality improvement will continue to investigate and resolve quality of care concerns by utilizing a detailed QOC log to identify trends, engage providers in education and improvement opportunities, and execute CAPs in a timely manner. Colorado Access will close QOCs in a timely manner by working with the medical director to conduct ad hoc QOC review meetings when needed, in addition to biweekly meetings, to ensure that 90% of QOCs are resolved within 90 days of submission. Quality improvement staff will continue to work closely with customer service and care management staff to ensure that all QOCs are correctly identified and promptly forwarded to quality improvement for investigation.

SFY 2023 Goals

- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Maintain timely and efficient communication to the Department regarding CHP+ HMO QOCs.
- Develop a QOC training and distribute it to the care management team to ensure consistency and compliance with the internal QOC submission process.
- Collaborate with the Department and HSAG for an audit of QOCs and implement recommendations based on audit findings.

Other Quality Monitoring

External Quality Review Organization (EQRO) Site Review

Summary

Colorado Access participates in an annual external independent review of quality outcomes, timeliness of, and access to, services covered under its CHP+ HMO contract. This review is conducted by HSAG, and HSAG works collaboratively with the Department for which it performs external quality review services to help improve the quality of care provided to CHP+ HMO recipients.

SFY 2022 Goal

- Use learnings from the EQRO activity to drive business practices to maintain quality improvement in identified areas.

SFY 2022 Results

Based on conclusions drawn from the review activities, HSAG assigned each requirement in the compliance monitoring tool a score of *met*, *partially met*, *not met*, or *not applicable*. HSAG assigned required actions to any requirement receiving a score of *partially met* or *not met*. HSAG also identified opportunities for improvement with associated recommendations for some elements, regardless of the score.

Summary of Scores for the Standards							
Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
III. Coordination and Continuity of Care	10	10	10	0	0	0	100%
IV. Member Rights Protections and Confidentiality	5	5	5	0	0	0	100%
VII. Credentialing and Recredentialing	32	32	32	0	0	0	100%
X. Quality Assessment and Performance Improvement	18	18	17	1	0	0	94%
Totals	65	65	64	1	0	0	98%

The below table summarizes audit scores for the credentialing and recredentialing record reviews.

Summary of Scores for the Record Reviews						
Description of the Record Review	# of Elements	# of Applicable Elements	# Met	# Not Met	# Not Applicable	Score (% of Met Elements)
Credentialing	100	87	87	0	13	100%
Recredentialing	90	76	76	0	14	100%
Totals	190	163	163	0	27	100%

SFY 2023 Strategies and Planned Interventions

Colorado Access is implementing additional checks and safeguards to ensure the organization is compliant with CHP+ HMO contract requirements through inter-departmental mock audits.

SFY 2023 Goal

- Use learnings from the EQRO activity to drive business practices to maintain quality improvement in identified areas of opportunity.