



# Annual Quality Report

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*Child Health Plan Plus (CHP+) MCO*

**State Fiscal Year 2022-2023**

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## Executive Summary

### Quality Assessment and Performance Improvement Program

Child Health Plan *Plus* (CHP+) administered by Colorado Access as a CHP+ Managed Care Organization (CHP+ MCO) is the largest CHP+ MCO plan in Colorado and has been providing services for more than 20 years. Colorado Access monitors data and health outcomes as a commitment to the ongoing improvement of the quality of care for CHP+ MCO members. This quality monitoring is driven by the mission of the Colorado Access 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 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+ MCO 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) 2023 (July 1, 2022 to June 30, 2023), including performance against goals. It also describes intended goals, strategies, and interventions to continuously promote quality in SFY 2024 (July 1, 2023 to June 30, 2024).



#### 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 2023

On July 1, 2022, the expansion of postpartum coverage to a full 12-month period went live. In addition to the extension of this benefit, the perinatal benefit package was also expanded to include breast pumps and lactation services. Colorado Access worked through several communication initiatives to ensure members are aware of this change and able to utilize the benefit.

With Friday Health Plans closing out their CHP+ MCO contract beginning July 1, 2022, Colorado Access has expanded its service area to include Kit Carson County to ensure continuous coverage for those members. As a result of the Kit Carson expansion, Colorado Access received new members from this region. Colorado Access worked in partnership with Colorado Department of Health Care Policy and Financing (the Department) to ensure members and providers were updated with timely communication, and membership was transitioned smoothly and seamlessly.

Colorado Access has continued to collaborate with the Department and other managed care organizations (MCOs) as the end of the COVID-19 Public Health Emergency (PHE) has been declared. Colorado Access is committed to helping individuals and families maintain continuous coverage or transition to other sources of insurance, if necessary. Colorado Access is employing a host of digital platforms, such as text messaging, web, and social media to reach as many members as possible. For the most vulnerable members with complex needs, Colorado Access care management teams are directly outreaching members to ensure that they understand the actions they need to take to continue their coverage and provide support through the process. Colorado Access has begun efforts to communicate the “Update Your Address Campaign” to members and has moved through phase 2 of encouraging members to “Take Action on Your Renewal.” Colorado Access has a dedicated care management team who has been primarily focusing on outreach to high-risk members as they are up for renewal. This goal of this telephonic outreach is to initiate a conversation about what the renewal packet is and the importance of filling it out timely. Colorado Access has also focused efforts on digital engagement campaigns to all members with upcoming renewal dates, development of instructional videos for members on taking action to keep coverage, and the creation of resources provided to practices to share with members while they are at the doctor’s office.

Key accomplishments and project highlights from SFY 2023 include the following:

- Implementing the expansion to full 12-month coverage for postpartum members, effective July 1, 2022.
- Increasing the CHP+ MCO perinatal benefit package to include breast pumps and lactation services for new mothers.
- Successfully expanding Colorado Access CHP+ MCO into Kit Carson County to ensure a smooth transition for members following an MCO departure.
- Implementing a new Healthcare Effectiveness Data and Information Set (HEDIS) and Centers for Medicare & Medicaid Services (CMS) Core Measure vendor, Vital Data Technology, to run child-based metrics.
- Bolstering and developing Health Equity strategies to better serve the population in preparation for new Health Equity and Language Assistance Services deliverables.
- Colorado Access has dedicated much of SFY 2023 to PHE unwind efforts. Colorado Access launched several communication campaigns to ensure members do not incorrectly lose coverage, including “Update Your Address Campaign” and “Take Action on Your Renewal.”

The care management department has focused on outreaches to high-risk members to ensure appropriate action is taken on renewals.

### Key Goals Moving into SFY 2024

SFY 2024 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+ MCO 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 2024 and beyond.

Colorado Access will continue to partner with the Department to encourage CHP+ MCO families to update their address with the Department 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. Colorado Access will continue to monitor the continuous coverage unwind as it relates to the CHP+ MCO program and membership, including a central focus outreaching members as they are up for renewal to ensure members are re-enrolled based on eligible criteria. Monitoring and subsequent activities will ensure eligible Coloradans are not left without vital coverage by ensuring members receive timely information on their eligibility, as well as education from outreach programs, which will better enable this population to manage chronic disease and stay up to date on critical information about their benefits.

Additionally, Colorado Access plans to spend time in collaboration with the Department on the “Cover All Coloradans” initiative in response to House Bill 22-1289. This work will involve planning and preparing for expanding CHP+ MCO coverage to children and pregnant people that otherwise would be eligible for CHP+ MCO if not for their immigration status. This project will be a priority in SFY 2024 and beyond to ensure a smooth and seamless go-live on January 1, 2025.

The quality improvement department’s overarching goals in SFY 2024 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.

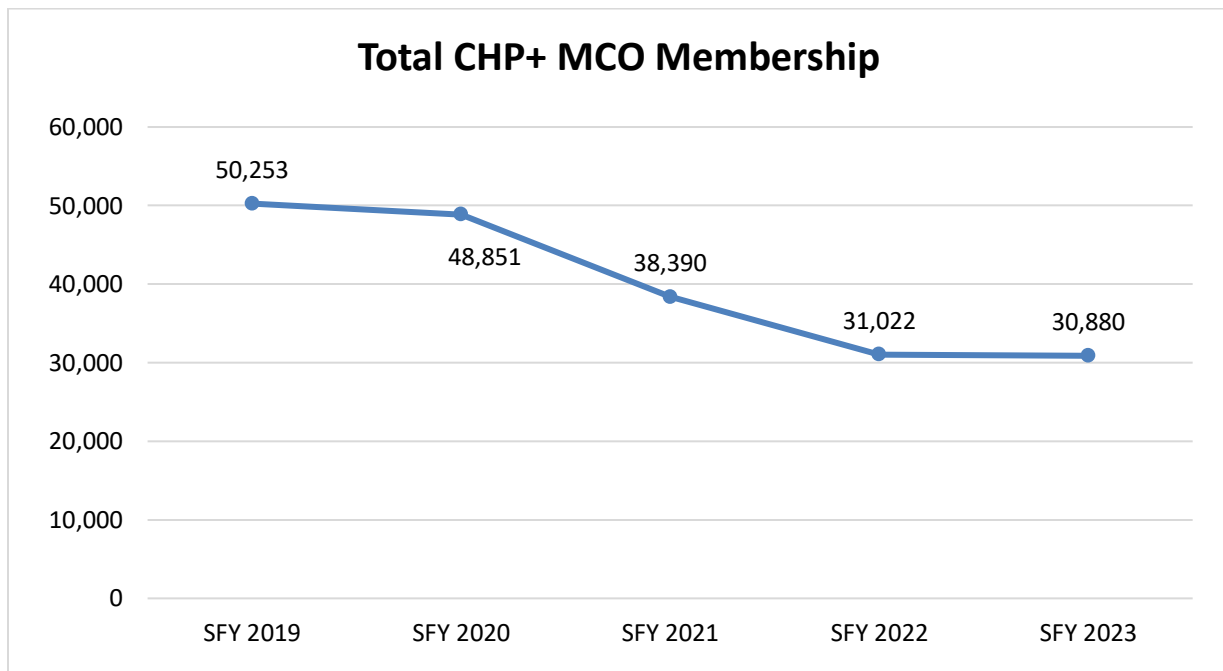
- **Data-driven decisions**, which are critical in promoting data-driven projects across the organization, enabling more efficient operations, and attaining company and community performance goals that ultimately help members thrive.
- **Diversity, equity, and inclusion (DEI)**, in which Colorado Access 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.

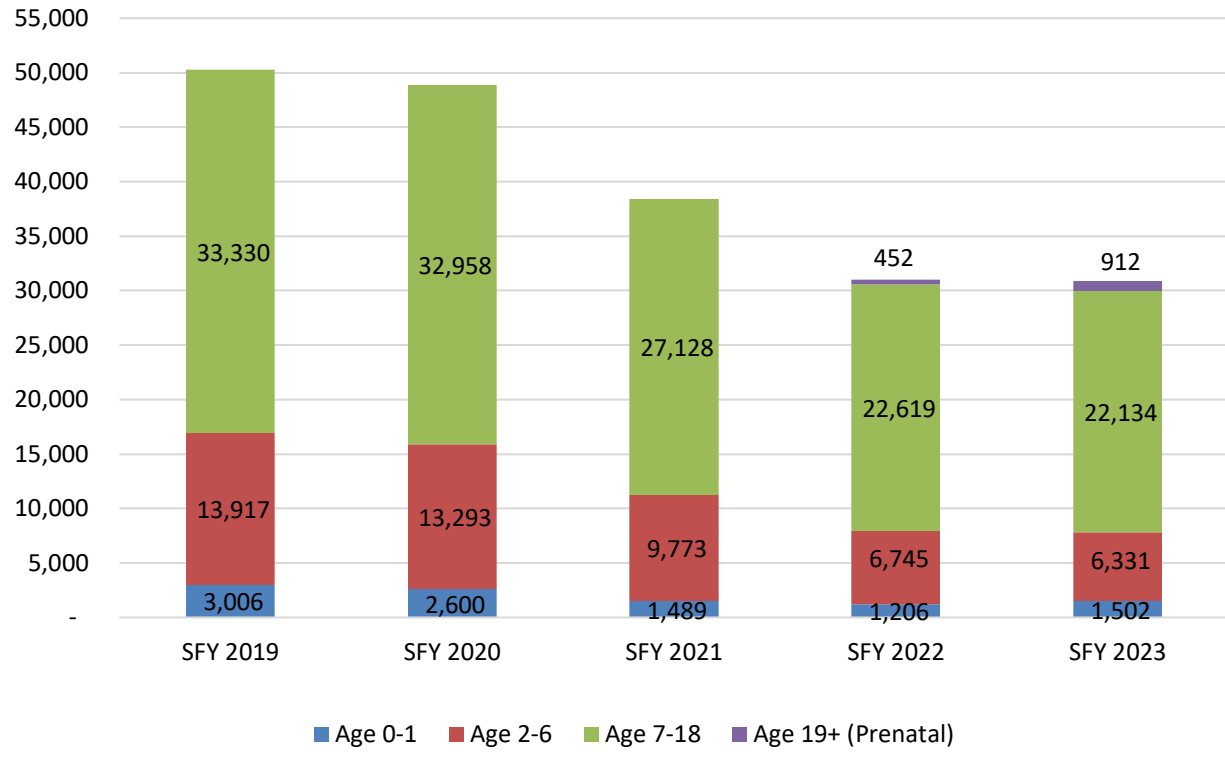
## Membership

### CHP+ MCO Membership

Membership for CHP+ MCO continued to decrease slightly overall in SFY 2023, reducing from 31,022 members in SFY 2022 to 30,880 members in SFY 2023. Analysis shows the decrease in membership was predominantly due to COVID-19 and the PHE. However, as continuous coverage began to unwind near the end of SFY 2023, Colorado Access did see a slight increase in CHP+ MCO members beginning in June 2023. This is expected to continue to increase month-to-month as the unwind process continues. Colorado Access CHP+ MCO membership also saw an increase in July of 2022 due to the departure of Friday Health Plans MCO. Colorado Access saw an increase of about 2,000 members that transitioned from Friday Health Plans to Colorado Access. 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+ MCO total membership year-over-year and CHP+ MCO membership by age group.



### CHP+ MCO Membership by Age





## 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, available resources and contract requirements.

### Rapid-Cycle Performance Improvement

#### **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 within these practices.

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+ MCO 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+ MCO 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.

### ***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.

### ***SFY 2023 Results***

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

In SFY 2023, the quality improvement department successfully completed the behavioral health-focused rapid-cycle PIP. The PIP was approved by HSAG and the Department in December 2022, with all deliverables met and a rating of “High Confidence” determined for the PIP.

At the conclusion of the PIP, the depression screening rate for the CHP+ MCO PIP narrowed focus population was 84.19%. This rate showed improvement over the baseline PIP rate of 36.36% and surpassed the Specific, Measurable, Achievable, Relevant, Time-bound (SMART) Aim CHP+ MCO goal of 41.14%, displaying statistically significant improvement. The success of this project was most influenced by programmatic interventions targeting depression screening coding changes. One clinic was using incorrect coding terminology for their depression screenings, and another clinic discovered G codes getting automatically removed by their internal claims software before claims were processed by Colorado Access. The interventions targeting coding practices, provider education, and electronic health record (EHR) optimization contributed to significant improvement in depression screening rates.

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

In SFY 2023, the quality improvement department successfully completed the behavioral health-focused rapid-cycle PIP. The PIP was approved by HSAG and the Department in December 2022, with all deliverables met and a rating of “High Confidence” determined for the PIP.

At the conclusion of the PIP, the follow-up within 30 days after a positive screen rate for the CHP+ MCO PIP narrowed focus population was 82.86%. This rate showed significant improvement over the baseline PIP rate of 73.58%, however this did not meet the SMART Aim CHP+ MCO goal of 90.57% and therefore did not show statistically significant improvement.

While the SMART Aim CHP+ MCO goal was not achieved, there was still a 9.3% improvement made within the SMART Aim follow-up rate. The success of this project was influenced by both clinical and programmatic interventions that individually made significant improvement in targeting this metric. These included: promoting the utilization of the telehealth Virtual Care Collaboration and Integration (VCCI) Program; providing behavioral health incentive funding to hire and retain current behavioral health staff; provider education on follow-up codes; and EHR optimization and automation.

### ***SFY 2024 Strategies and Planned Interventions***

The new PIP topic options were recently released for SFY 2024. All subject plans are required to initiate two PIPs, one clinical and one non-clinical. The non-clinical topic option for all plans has been chosen to be SDoH. The CHP+ MCOs the option to choose from the following physical health clinical measures:

- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Prenatal and Postpartum Care: Postpartum Care
- Childhood Immunization Status
- Well-Child Visits in the First 30 Months of Life
- Immunizations for Adolescents
- Child and Adolescent Well-Care Visits

PIP topic selections will be submitted to the state in July of 2023. Baseline data is currently being collected for July 1, 2022 to June 30, 2023, and will be reported to the state in October 2023. PIP project interventions will officially begin on July 1, 2023 and run through June 30, 2025.

### ***SFY 2024 Goals***

- Collaborate with both external and internal partners on a new PIP, as directed by HSAG.
- Choose a CHP+ MCO physical health PIP clinical topic and submit this selection to the Department.
- Develop a SDoH PIP strategy to satisfy PIP requirements.
- Create and monitor projects targeting the improvement of selected PIP topics.

## Collection and Submission of Performance Measurement Data

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®<sup>1</sup>) 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+ MCO members. Colorado Access annually benchmarks the CHP+ MCO HEDIS rates against regional and national rates to prioritize and design internal care management programs and performance incentive programs across the provider network.

#### **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.

#### **SFY 2023 Results**

The HEDIS naming convention is Measurement Year 2022, stylized as HEDIS MY2022, indicating that calendar year 2022 was the measurement year for the reported rates. Colorado Access partnered with a new certified HEDIS vendor, Vital Data Technology, to run MY2022 HEDIS and CMS Core Measures child set measures. For HEDIS MY2022, 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+ MCO HEDIS measures can be seen in the tables below.

#### Immunizations

For HEDIS MY2022, all 13 Childhood Immunization Status (CIS) immunization rates decreased compared to MY2021, with an average decrease of 5.42%. Influenza and Combination 10 CIS rates

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

experienced the largest rate decreases compared to MY2021, with decreases averaging 10%. Although all CIS rates decreased in MY2022, Influenza and Combination 10 rates were benchmarked in the fifty to sixty sixth (50th-66th) percentiles, meaning that CIS rates for Colorado Access are higher than 50-66 percent of Medicaid health plans nationally.

Childhood Immunization Status	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022
DTaP	75.83%	78.13%	78.26%	70.61%	66.42%
IPV	86.44%	86.60%	87.97%	84.19%	80.81%
MMR	86.44%	88.37%	88.27%	83.55%	80.07%
HiB	87.03%	88.62%	87.46%	84.03%	79.70%
Hepatitis B	85.61%	84.58%	87.06%	83.71%	75.28%
VZV	84.32%	86.09%	86.55%	82.43%	79.52%
Pneumococcal Conjugate	78.07%	78.76%	80.89%	76.52%	70.48%
Hepatitis A	80.66%	83.44%	82.81%	79.87%	78.23%
Rotavirus	76.18%	74.46%	77.15%	72.04%	68.82%
Influenza	57.08%	63.08%	66.73%	62.30%	51.48%
Combination 3	69.58%	70.04%	72.50%	65.97%	57.93%
Combination 7	61.32%	59.92%	65.12%	57.35%	52.58%
Combination 10	44.58%	46.78%	53.69%	46.81%	37.64%

All five Immunizations for Adolescents (IMA) rates also decreased in MY2022, with an average decrease of 4.36% compared to MY2021. Meningococcal and human papillomavirus (HPV) IMA rates experienced the largest rate decreases compared to MY2021, with average decreases of roughly 4.78%.

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%

### Well-Child Visits

The Well-Child Visits in the First 30 Months of Life (W30) measure showed an average rate decrease of roughly 9.55% for both sub-measures. The Child and Adolescent Well-Care Visits (WCV) Total measure decreased in MY2022 with a 6.3% decrease compared to the MY2021 rate.

Well-Child Visits in the First 30 Months of Life	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022
0-15 months	-	-	54.92%	61.19%	52.51%
15 months-30 months	-	-	75.31%	65.48%	55.06%
<b>Child and Adolescent Well-Care Visits- Total</b>	-	-	47.69%	48.16%	41.86%

Rate decreases for immunization and well-visit measures are likely attributed to COVID-19 as many routine and preventative health services were stopped or delayed due to the pandemic. Vaccine hesitancy is likely another contributor to decreasing immunization rates. To increase well-visit compliance and get immunization rates back to pre-pandemic levels, Colorado Access developed 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+ MCO 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+ MCO population.

Disease Management

The Asthma Medication Ratio (AMR) Total measure for HEDIS MY2022 dropped nearly 17.0% percent compared to MY2021. Colorado Access continues to conduct root-cause analyses for this metric to evaluate efficacy of interventions and pinpoint factors for the MY2022 rate decrease.

	HEDIS 2019	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022
<b>Asthma Medication Ratio- Total</b>	79.91%	81.11%	79.39%	75.29%	58.51%

***SFY 2024 Strategies and Planned Interventions***

During SFY 2024, Colorado Access will work in collaboration with the Department to run the CMS Core Measures included in the child core set, which includes both HEDIS and non-HEDIS based measures. Colorado Access will benchmark the 2023 calendar year (HEDIS MY2023) HEDIS rates against regional and national results to identify opportunities for performance improvement. In the second half of SFY 2024, Colorado Access will finalize HEDIS MY2024 rates and CMS Core Measure rates for CHP+ MCO 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.

***SFY 2024 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.
- Run CMS Core Measures included in the CMS Core Measure child set, in addition to HEDIS measures, and report rates to the Department.

## Maternal Health

### **Summary**

The Healthy Mom, Healthy Baby (HMHB) program is a multi-modal, wraparound prenatal and postpartum program designed to reduce poor health outcomes for both 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.

Care managers outreach all newly enrolled pregnant and postpartum members to ensure a HRA is completed. Members who choose to opt-in to the digital engagement program component of the program receive about three SMS messages per week, depending on gestational age or delivery date. Messages provide education on topics such as the 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), the 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. 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. Messages encourage users to obtain more information on a topic by clicking on embedded Uniform Resource Locators (URLs). Members are provided the Colorado Access care coordinator number as part of the digital outreach and may call in if they require more intense and prolonged assistance. Furthermore, program messages are provided up to the baby's first year and are offered in both English and Spanish.

High-risk pregnant members are identified and integrated into the care management program by screening 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 2023 Goals***

- The Colorado Access evaluation and health informatics (EHI) 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+ MCO digital engagement HMHB component and track associated process metrics.

### ***SFY 2023 Results***

#### Care Management

Care management continued to outreach prenatal and postnatal members and provided support to CHP+ MCO 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 remained constant throughout SFY 2023, and included categories related to past medical history, substance use disorder (SUD), tobacco use, and age (younger than age 18 and older than age 35). The care management department successfully adjusted care staff workflows to support 12-month continuous postpartum coverage, effective July 1, 2022.

### Digital Engagement

In SFY 2023, the HMHB digital engagement program continued to provide support through a 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 in SFY 2023, 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	72	118	33	90
Text Opt-Out Rate	0%	1.69%	0%	0%
Total Number of Outreaches	347	688	400	378

### ***SFY 2024 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 2024 Goals***

- Continue to operate the HMHB digital engagement intervention and track associated process metrics to the impactable population in order to educate members.
- Continue to provide care coordination or extended care coordination, depending on the identified needs of the member in support of the expansion of the 12-month postpartum coverage.

## Asthma

### **Summary**

The Colorado Access CHP+ MCO 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+ MCO, ages 0 to 18, 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.

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.

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 engaged in the care management asthma program are identified as having high-risk asthma through the following methods: Colorado Access internal asthma registry, UM inpatient notifications, Contexture (formerly the Colorado Regional Health Information Organization (CORHIO)) admit, discharge, transfer (ADT) data, self-referral, provider referrals, or other internal care management referrals. Members are excluded if they are younger than five years old.

**SFY 2023 Goals**

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

**SFY 2023 Results**

Care Management

The care management department continues to partner with the CHP+ MCO program director and program manager to support the work and interventions related to members with asthma, including identification of opportunities for enhancement. In SFY 2023 Colorado Access was able to create a CHP+ MCO specific dashboard utilizing Contexture ADT data for ED and inpatient visits, this allows the care management staff to identify members in real time who have an asthma-related visit. Members identified as needing asthma-related care coordination are connected with care managers and receive, ongoing asthma-specific education, linkage with health care providers (PCPs and specialty care), connection to community resources, and medication education and reconciliation.

Digital Engagement

Colorado Access continued to operate asthma digital engagement program which provides education and resources to parents/guardians regarding the steps they can take to better control their child’s asthma symptoms or flare-ups. The table below details CHP+ MCO members included in the asthma digital engagement program in SFY 2023:

	Q1	Q2	Q3	Q4
<b>Engaged Members</b>	125	159	188	113
<b>Text Opt-In Rate</b>	42.4%	39.6%	37.2%	29%
<b>Total Number of Outreaches</b>	435	565	659	486

The AMR-Total measure for HEDIS MY2022 was calculated to be just shy of the 25th percentile, which does not meet the goal of the 90th or greater percentile. Colorado Access continues to conduct root-cause analyses for this metric to evaluate efficacy of interventions and pinpoint factors for the MY2022 rate decrease and will continue to enhance data collection to evaluate high-risk member outcomes in those diagnosed with asthma.

### ***SFY 2024 Strategies and Planned Interventions***

Colorado Access will continue to provide support to CHP+ MCO 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+ MCO program director, program manager, and other key internal partners. Ongoing analysis of the CHP+ MCO population will support continuous improvement to risk stratification methodologies. Additionally, Colorado Access will see opportunities to expand the use of Contexture ADT data for the CHP+ MCO population, as this data provides a potential opportunity for additional case management intervention for this population.

### ***SFY 2024 Goals***

- Continue to provide support to CHP+ MCO members with an asthma diagnosis through care management and digital engagement interventions.
- In partnership with the quality improvement department and the evaluation and health informatics department, explore opportunities to expand and enhance existing care management programming to better support CHP+ MCO members with asthma.

## Behavioral Health

### **Summary**

Colorado Access care management staff support CHP+ MCO behavioral health needs, primarily through the Pediatric Transition of Care (TOC) program. This 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 after 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 (SDoH). 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 SDoH 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 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+ MCO programs are screened for suicide when they are determined to be at-risk and/or according to program workflows.

### ***SFY 2023 Results***

Colorado Access continued to provide support to CHP+ MCO members who had a behavioral health-related inpatient admission. 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. In SFY 2023, the Colorado Access care management team continued to focus on the inpatient behavioral health CHP+ MCO inpatient admissions while the behavioral health registry is being built.

Care management staff continue to utilize the Ask Suicide-Screening Questions (ASQ), which 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 Colorado, 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 911 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.

### ***SFY 2024 Strategies and Planned Interventions***

Care management will continue to support members who have had a behavioral health admission and help connect them to the appropriate services to support their behavioral health needs. Staff will also continue to utilize the ASQ with members transitioning out of inpatient care, members assessed to be at high risk for suicide, or members experiencing a crisis. The care management department will work collaboratively with the Colorado Access CHP+ MCO program director and program manager to identify opportunities to increase support for CHP+ MCO members with behavioral health needs.

### ***SFY 2024 Goals***

- Work collaboratively with the Colorado Access CHP+ MCO program director and program manager to identify opportunities to increase support for CHP+ MCO members with behavioral health needs.

- Continue to use the ASQ suicide screening to ensure members enrolled in all CHP+ MCO programs are screened for suicide when they are determined to be at-risk and/or according to departmental crisis policies and program workflows.



## Health Risk Assessments

### **Summary**

Colorado Access continues to partner with the vendor Virgin Pulse (VP), formerly Welltok, to deliver Health Risk Assessments (HRAs) to newly enrolled CHP+ MCO 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+ MCO 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.

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 SDoH needs.

### **SFY 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.

### **SFY 2023 Results**

During SFY 2023, 10,081 total CHP+ MCO members completed the HRA, and, of this total, the care management coordinator team outreached 1,764 members to address identified health care concerns.

	Q1	Q2	Q3	Q4
<b>Total Number of Newly Enrolled Members</b>	4095	2058	3092	2155
<b>Number of Members Needing Follow-Up</b>	576	328	465	494
<b>Total Number of Care Management Outreaches</b>	576	328	465	494

To meet 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. Care coordination activities include education regarding vaccination adherence, assisting members with finding providers (primary care, specialists, behavioral health providers, and dentists,

etc.) appointment setting with providers, and connections to community-based organization to support social needs.

***SFY 2024 Strategies and Planned Interventions***

Colorado Access will continue to administer HRAs within the first month of members enrolling in the CHP+ MCO plan. Results will be used to ensure each member’s health care needs are met with member-driven, appropriate, and comprehensive care coordination interventions. Care managers will use HRA responses to drive interventions and care coordination activities, including, but not limited to, connecting members to PCPs, bridging primary care appointments, establishing behavioral health services, connecting members to dental and specialty care providers, and assessing SDoH needs and providing subsequent resources.

***FY 2024 Goals***

- Continue to utilize HRA member findings to provide targeted care coordination outreach that is tailored to address the unique health care needs of each member who completed the assessment.
- Continue to 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.

## 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<sup>®2</sup>) 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 CAHPS survey, which assesses member and caregiver satisfaction with the 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 2023 Goals**

- Continue customer service-focused quality monitoring programs including the monitoring of Net Promoter System (NPS) satisfaction scores and increasing 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.

#### **SFY 2023 Results**

At the time this report was written, SFY 2023 CAHPS survey results have not been received from the Department. The next section of this report outlines the Colorado Access plan for the next steps in the CAHPS process.

In lieu of CAHPS results, Colorado Access continues to gain feedback on member experience. The quality improvement department collected and analyzed data from a fourth iteration of the member satisfaction survey in SFY 2023. This was a qualitative survey administered in June 2022 that included questions that focus on scheduling and appointment access, and what Colorado Access could improve for members. Additional details and analysis of the fourth survey are included in the Member Satisfaction survey section of this report. A fifth survey iteration was implemented in March 2023 with survey questions that explored how members identify racially, culturally, and ethnically

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<sup>2</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

and how that impacts their health care experience, and how Colorado Access can improve the member experience. Data collection for the fifth iteration of the member satisfaction survey closed in June 2023. Responses are currently being analyzed and results for that survey will be reported in SFY 2024.

The Colorado Access average monthly NPS satisfaction score for the review period was 75. 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 2024 Strategies and Planned Interventions***

Once SFY 2023 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 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 2024 Goals***

- Continue customer service-focused quality monitoring programs including the monitoring of NPS scores and increasing 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.
- Continue CAHPS communication strategies to increase CAHPS response rates by working across departments, including marketing.
- Continue analysis of respondent-level responses to identify more meaningful intervention identification and implementation.

## Member Grievances

### Summary

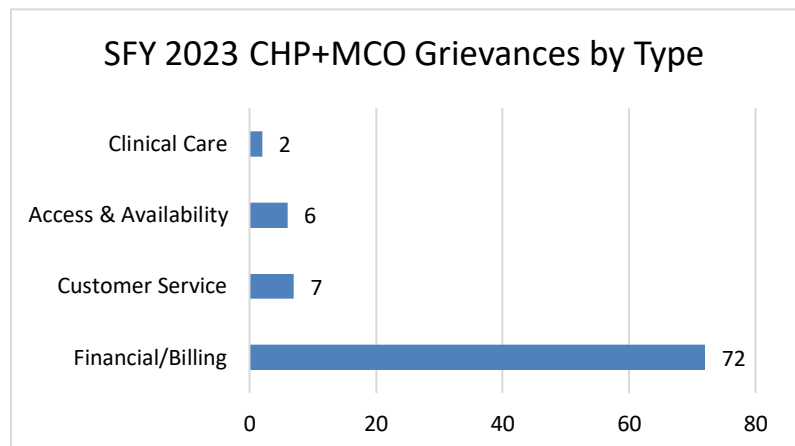
One way that Colorado Access monitors member experience is through the member grievance process. Members have the right to submit grievances to Colorado Access regarding any aspect of the operations, activities, or behavior of the health plan or the Colorado Access contracted provider network. The customer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

### SFY 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.

### SFY 2023 Results

During SFY 2023, a total of 87 member grievances were filed by CHP+ MCO members. Financial/billing grievances accounted for 83% of grievances for SFY 2023. Other grievances fell into the Customer Service, Access & Availability, and Clinical Care categories. All grievances were resolved in a manner considered satisfactory by the member.



Out of the 87 grievances, one was not processed timely due to a non-participating provider being uncooperative and unwilling to resolve this grievance in a timely manner. This grievance resulted in Colorado Access falling shy of 100% compliance with the contractually required grievance timeline. Colorado Access will continue identifying opportunities to train and educate staff and continue grievance monitoring through the quality monitoring program described below.

Colorado Access utilizes a grievance quality monitoring 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 quality reviewed monthly, and the supervisor provides timely feedback to the grievance coordinator. Due to staff turnover in SFY 2023, Colorado Access fell short of auditing five grievances per grievance

coordinator each month. Additionally, the implementation of grievance phone call auditing was placed on hold until a new grievance auditor was hired and fully onboarded. This position has since been filled, and the development and integration of this auditing workflow will continue into SFY 2024. In SFY 2023, 55 grievances were reviewed, with an average quality review score of 98%. Colorado Access exceeded the goal of a quality audit score of 95% or greater and will continue to utilize the quality monitoring program to ensure grievance processes are followed and grievances are closed out in a timely manner.

In SFY 2023, grievance procedures and training materials were reviewed and updated by grievance leadership and to documentation accurately reflect current policies workflows. The updated training materials were reviewed by current grievance staff and provided to a new grievance staff member during the onboarding process.

### ***SFY 2024 Strategies and Planned Interventions***

Colorado Access has begun the implementation of upgrading the current system, Guiding Care, used to process and record grievances. The upgrade will provide enhancements, ease of use, and revised workflows to support quality and efficiency to sustain continued success. Colorado Access will add to the training program to modernize the processes and procedures, broadening the scope of knowledge for current employees and future new hires. 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 2024 Goals***

- Achieve 100% compliance for contractually required grievance timeframes.
- Maintain an average quality monitoring score of 95% or higher.
- Effectively execute the upgrade of the Guiding Care system used to process and track grievances and train all grievance staff on resulting changes to system use and revised workflows.
- Create and implement a revised training program and associated training materials, including improvements to the Guiding Care system, that will educate current staff and new hires.

## Member Satisfaction Survey

### **Summary**

In collaboration with customer service and other member facing internal stakeholders, the quality improvement department develops a biannual 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 2023 Goals**

- Analyze results of the fourth iteration of the member satisfaction survey.
- Present the results of the member satisfaction survey to the Member Advisory Council (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 around member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.

### **SFY 2023 Results**

The fourth iteration of the member satisfaction survey was administered in June 2022. A qualitative survey was developed with the purpose of encouraging members to share their experiences in their own words. Members were asked two questions:

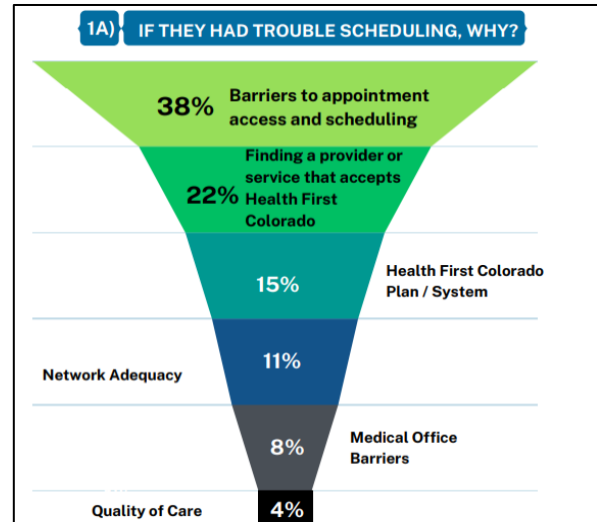
1. Have you had trouble scheduling an appointment in the last 6 months at any of the doctor's offices you have gone to?
  - a. If yes, what was the difficulty you experienced?
2. What could Colorado Access improve service on for its members?

Over 500 members participated in this survey, and the collection of demographic information expanded in SFY 2023. Most participants were female (61%) with the 20 to 45-year-old age range making up the highest amount of survey participants. In terms of race and ethnicity, the largest category of survey participants was white (38%), closely followed by Hispanic or Latino (31%). The member satisfaction survey included participation from members across all lines of business.

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.

Results from the first survey question found that 20% of members had trouble scheduling an appointment in the past six months. When asked what difficulty members experienced, six themes emerged as follows: 1) barriers to appointment access and scheduling, 2) finding a provider that accepts Health First Colorado insurance, 3) Health First Colorado plan or system barriers, 4) network adequacy related issues, 5) medical office barriers, and 6) quality of care barriers.

Results from the second survey questions found that that 49% of members did not have any feedback for improvement. However, nine themes were identified for the 51% of responses that did have feedback on how Colorado Access can improve services for members, which are listed below.



- |   |  |
|---|--|
| <p><b>01</b> Better explanation of Colorado's Health First Colorado coverage, benefits, providers they can see, and RAE/CHP+ nuances.</p> | <p><b>06</b> Help finding Specialty Care Providers (BH, Specialty).</p>      |
| <p><b>02</b> Needing more providers to accept Health First Colorado.</p>  | <p><b>07</b> Improved communication when coverage status or RAE changes.</p> |
| <p><b>03</b> Who to call for help<br/>Example: Do we call Colorado Access, or Health First Colorado?</p>                                  | <p><b>08</b> Improve functionality of Colorado Peak App/Website</p>          |
| <p><b>04</b> More provider options available in the member's area.</p>  | <p><b>09</b> Improve accuracy of Colorado Access "Find a Provider" Tool.</p> |
| <p><b>05</b> Help finding Primary Care Providers (PCPs).</p>  |  |

To continuously improve the member satisfaction survey, the fourth iteration of the survey tracked referrals that customer service made during the call. Referrals are defined as the places or services that members are referred to when helping members navigate questions or issues. The member satisfaction survey offers a unique opportunity to connect members to resources that may not have otherwise been requested without being asked to reflect on their experience. The three most common referral types included 1) grievances, 2) helping members find a provider, and 3) referring members to Health First Colorado. Of the members that need help finding a provider, 45% needed help with finding a PCP, followed by behavioral health/SUD (34%), and specialty care (21%).



Potential drivers of access to care issues were also analyzed to determine correlations between distance between a member and their PCP or member demographics. It was found that there is no difference in reporting of access to care issues based upon the distance between a member and their PCP, and no correlation existed between access issues and member demographics.

### ***SFY 2024 Strategies and Planned Interventions***

Quality improvement utilizes internal focus groups and the MAC to gather feedback on the survey questions, engage members and address gaps in the survey, and provide members with data around member experience. Colorado Access will continue to solicit feedback from these groups to make future iterations of this survey more actionable and tailored to members. The third and fourth iterations of the member survey allowed for Colorado Access internal teams to identify member-facing areas for improvement, including improving the member-facing portion of the Colorado Access website and the creation of a provider directory report form. Quality improvement launched the fifth iteration of the member satisfaction survey in March 2023. Survey questions focus on how members identify racially, culturally, and ethnically and how that impacts their health care experience, as well as identifying improvement opportunities for Colorado Access. Results of the fifth iteration of the member satisfaction survey will be analyzed in SFY 2024.

### ***SFY 2024 Goals***

- Analyze results of the fifth 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 around member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.

## Under and Over-Utilization of Services

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

#### **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.

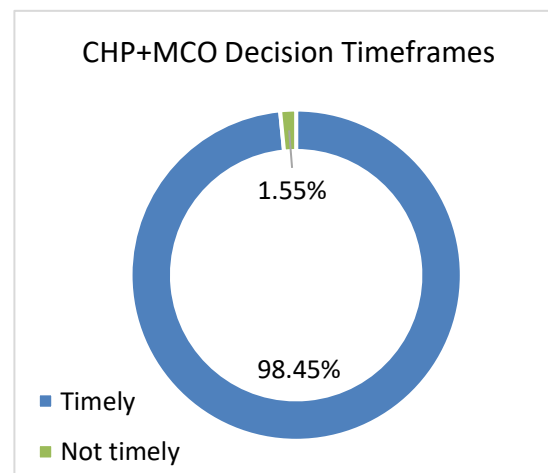
#### **SFY 2023 Goals**

- 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.

#### **SFY 2023 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+ MCO was 98.45%, an increase from 96.79% in SFY 2022. In SFY 2023, it was found that the majority of delinquent decisions (1.55%) 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 2023, 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 UM 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-three behavior health UM staff members obtained an IRR score of 90% or higher on their first IRR attempt. One staff member did not pass on their first attempt; this staff member received additional training and passed on their second attempt. Therefore, 100% of the staff passed within two IRR attempts.
- Two intake staff coordinators did not pass on their first attempt; these staff members received additional training and passed on their second attempt. Therefore, 100% of the staff passed within two IRR attempts.

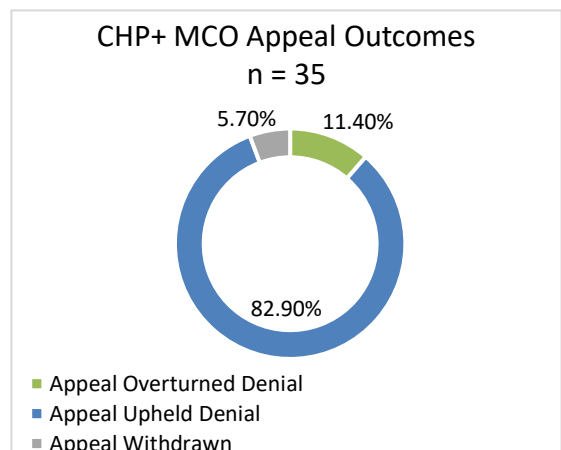
The UM team works diligently to assure that criteria are applied in a consistent, reliable manner and efforts are in place to increase the number of staff who can pass their IRR exercise on the first attempt. Because all staff members met their IRR standards in two or fewer attempts, the UM team considers the goals for SFY 2023 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+ MCO	7133	341	4.82%	35	10.2%

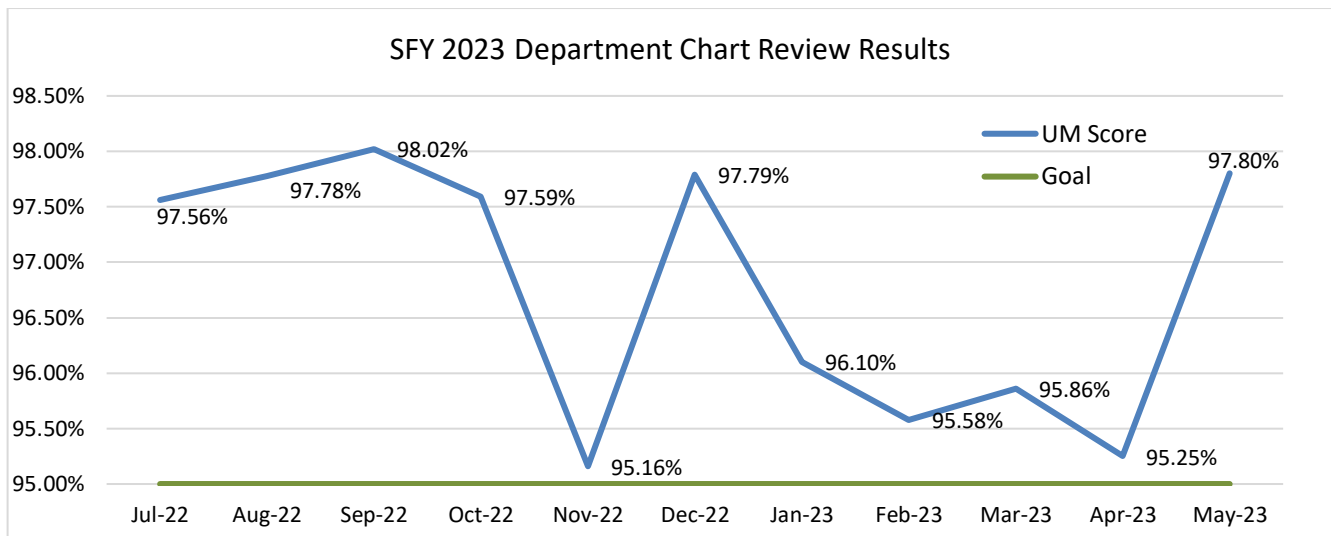
All appeals are tracked by appeal outcome to determine if there are patterns or opportunities to improve the UM decisions being made. When investigating the volume of appeals that overturned the original denial, it was identified that in most of these cases, new or different clinical information was 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 2023, the UM team has maintained performance at 95% or higher each month.



**SFY 2024 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 2024 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 trains practice office staff and 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. On a quarterly basis, Colorado Access provides training and assesses member access to care by mock appointment request telephone calls, 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 (PNS).

### **SFY 2023 Goals**

- Train 15 providers per quarter via the 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 a 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.

### **SFY 2023 Results**

The quality improvement team continued making improvements to the Secret Shopper program throughout SFY 2023. The quality improvement and provider network services departments collaborated to optimize the process for a tailored access to care training. This training was created and is implemented by Colorado Access for providers to train providers on access to care standards ahead of testing for compliance to these standards. This training is hosted on the 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 began in SFY 2022 and was continued in SFY 2023. Once providers have been offered this training, they are considered enrolled in the Access to Care program and are eligible for assessment to test their compliance with access to care standards.

In most scenarios, providers will receive 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 Plan if determined necessary. Historically, practices were placed on a corrective action plan (CAP) after the failure of a Secret Shopper inquiry. Due to the system levels barriers that exist and have heightened since the COVID-19 pandemic, such as workforce shortages, language was changed from CAP to a Quality Improvement Plan. 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 access 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 Plan 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 a Third Next Available Appointment (TNAA) if needed in the case of a failed Secret Shopper call or if additional information is required to assess the provider. In SFY23, a TNAA model was also piloted as the primary method of assessment for a subset of physical health practices with PCP clinics. Practices that were chosen for this activity were large entities with high claim volume. Practices of this magnitude typically have call centers and multiple clinic locations, so a TNAA request was piloted rather than making Secret Shopper calls to assess the success of a TNAA assessment style. These practices were asked to provide a TNAA measure for new and existing patients and were asked if their practice offers sick/urgent patient appointments. Practices were also given a chance to report any workforce challenges or issues that were affecting appointment availability during this request. At the time of writing this report, 40 behavioral health and SUD practices have been enrolled in the Access to Care program and 25 physical health practices were enrolled.

In addition, the development of the provider network adequacy workgroup and workflow processes were successful in SFY 2023. Quality improvement implemented a new system to document, track, and act on real-time provider network inaccuracies and follow-up to access to care concerns. This system collects feedback to improve the accuracy of data within the Colorado Access provider network via a reporting tool that is located on the Colorado Access website, and available to members, providers, and internal staff to report issues with accessing care or discrepancies within the provider network.

### ***SFY 2024 Strategies and Planned Interventions***

The roll-out for the improved access to care training and monitoring program has highlighted programmatic limitations including non-communicative providers, inaccuracies in provider data such as outdated point of contacts, the dynamic nature of behavioral health and SUD practice availability and panel size, and the high demand of resources that the program requires. In SFY 2024, Colorado

Access plans to further analyze the root cause of these program limitations and develop processes for improvement. Colorado Access will continue to monitor the process changes and enhancements made to the Secret Shopper program in SFY 2023 and make improvements in SFY 2024, when necessary. Colorado Access is exploring lowering the quarterly goal of 15 providers to 10 to increase staff capacity and resources so that other access to care improvement projects can be further optimized, such as zero claims reporting and increased TNAA monitoring. Improved processes should allow for increased interdepartmental collaboration, as well as increased support to providers. Colorado Access will continue to monitor 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.

***SFY 2024 Goals***

- Train 10 providers per quarter via the access to care training module. Ensure representation among physical health, behavioral health, and substance use disorder providers.
- Enroll 10 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 a provider newsletter.
- Explore program limitations and develop Plan, Do, Study, Act (PDSA) opportunities to improve limitations.
- Pilot a TNAA measurement request to gain a point-in-time measure of appointment availability for the PCP network.

## 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 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 a 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.

### **SFY 2023 Results**

Building on the foundation of the existing CHP+ MCO network, Colorado Access continued to use various resources to further target potential additions and grow the network of providers.

It is important to note that Colorado Access is dedicated to contracting with every willing state-validated provider to become part of the CHP+ MCO network, regardless of their location, provided they meet the credentialing and contracting criteria. In SFY 2023, Colorado Access hired a provider recruitment program manager to develop, implement, and direct a data driven strategy to recruit and maintain a provider network of culturally responsive providers based on the needs of Colorado Access members in their communities.

Through a data driven process, the provider recruitment program has worked to determine the status of all providers with a particular focus on primary care and behavioral health. The PNS team continues to outreach providers that have not submitted a claim in the last 18 months to ensure they are still in business and accepting CHP+ MCO members, and to discuss what their capacity is for increasing access to appointments. This information is shared with care management, customer service, and utilization management departments to increase referrals to these identified providers. Colorado Access also works with enhanced clinical partners (ECPs) to creatively address the recent



workforce challenges experienced by many integrated care practices through collaboration in the governing council.

### ***SFY 2024 Strategies and Planned Interventions***

In SFY 2024, Colorado Access plans to continue building its provider recruitment strategy and expanding behavioral health services and workforce within the state of Colorado. The organization will continue to direct a data-driven strategy to recruit and maintain a provider network of culturally and ability aligned providers based on the needs of Colorado Access members and their communities. The Colorado Access provider recruitment manager plans to implement an integrated recruitment strategy in collaboration with all provider-facing teams, recognizing the need for more alignment and collaboration in efficiently identifying and addressing network gaps. In support of this effort, the Colorado Access behavioral health team will more intentionally partner with community cultural navigator(s) to recruit and build relationships with bilingual providers. This organization-wide approach will empower various staff and teams to prioritize and support recruitment, with an intentional focus on growing a network of trusted culturally responsive providers from diverse backgrounds. To better understand gaps in the provider network, Colorado Access will also utilize heat maps to look at the geographic overlay of members to providers, and will utilize claims data to better understand the provider network and determine active and inactive participating (PAR) providers. To increase provider diversity and linguistic competency, Colorado Access will also implement an initiative to enhance reimbursement to providers for providing services in languages other than English. In support of this effort, the Colorado Access behavioral health team will more intentionally partner with community cultural navigator(s) to recruit and build relationships with bilingual providers.

In SFY 2024, Colorado Access specifically plans to focus its recruitment efforts on culturally responsive and diverse providers, respite providers, SUD providers, eating disorder providers, long-term residential mental health and SUD treatment for adolescents. The organization's recruitment strategies focus on short-term and long-term solutions to building both the physical and behavioral health provider networks. However, Colorado Access recognizes the increased need for behavioral health providers with varying specialties in recent years and plans to utilize many of its resources to maintain and grow its behavioral health provider network. To enhance incentives for behavioral health providers, Colorado Access plans to implement rate increases and fee structure increases. Innovative, value-based agreements represent an important step toward a health care system centered on improved patient outcomes and reduced medical spending. Value-based agreements drive this shift from transactional care to a system where payers, health systems, and doctors are incentivized by the value of care and patient outcomes, not the volume of care provided.

Colorado Access acknowledges that there may be existing and perceived barriers to becoming a network provider and is actively assessing and identifying barriers to contracting. Colorado Access

practice support, provider affairs, and contracting teams will work together to help new and existing providers understand the requirements of validating with the Department and how to engage more fully within Colorado's behavioral health system.

To improve member engagement and increase access to care, Colorado Access also plans to utilize DEI data collected during the credentialing process to enhance the Colorado Access provider directory. Colorado Access will ensure that all credentialed providers are listed in the Colorado Access internal directory with information related to cultural competency, race/ethnicity, gender, Americans with Disabilities Act of 1990 (ADA), and languages spoken. Available DEI information will be made accessible to members in the provider directory to give members a better understanding of who they are seeking care from and help them find a provider that best fits their specific medical, social, and cultural needs. Colorado Access will also continue to ensure that the directory shows all providers accepting patients at the practitioner level, rather than solely at the practice level. This will enable members and care managers to better access available providers with preferred backgrounds, cultural competency, and will improve the overall member experience.

### ***SFY 2024 Goals***

- Direct a data-driven strategy to recruit and maintain a provider network of culturally and ability-aligned providers based on the needs of Colorado Access members in their communities.
  - Implement an integrated recruitment strategy in collaboration with all provider-facing teams.
  - Utilize heat maps to look at geographic overlay of members to providers.
- Expand and diversify the behavioral health workforce.
  - Focus recruitment efforts on DEI, respite providers, SUD providers, long-term residential mental health and SUD treatment for adolescents, and eating disorder treatment providers. Partner with community cultural navigator(s) to recruit and build relationships with bilingual providers.
- Utilize DEI data collected in the credentialing process to enhance and increase the accessibility of the provider directory and improve member engagement.
  - Ensure credentialed providers are listed in the Colorado Access internal directory with information related to cultural competency, race/ethnicity, gender, ADA, and languages spoken, and that members can easily access this information when searching for a provider.
  - Ensure that the provider directory shows all providers accepting patients at the practitioner level, rather than at the practice level to improve access and timeliness of services.

## 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+ MCO 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+ MCO adolescent members receiving a depression screen in SFY 2022. Colorado Access provided CHPA clinics a \$1.25 per-member per-month (PMPM) incentive to support care coordination for their attributed members, paid quarterly. In SFY 2023, Colorado Access retired the previous version of the CHPA incentive payment program due to plateauing results. Colorado Access has initiated a new program with CHPA to create coding and risk adjustment resources and trainings for participating practices in the Colorado Access provider network. These trainings and resources will focus on the following metrics: depression screening, contraceptive counseling, timeliness of prenatal/ postpartum care, and SDoH. Colorado Access will have access to these materials following the trainings to share information with in-network providers that are not participating with CHPA.

### **SFY 2023 Goal**

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

### **SFY 2023 Results**

During SFY 2023, Colorado Access did not initiate a new value-based payment model with CHP+ MCO practices due to competing priorities. Colorado Access was able to initiate a new scope of work with CHPA that better aligns with currently identified areas of improvement in coding and risk adjustment.

### **SFY 2024 Strategies and Planned Interventions**

Colorado Access will continue working with CHPA and the provider network through the resources developed by CHPA to improve coding, risk adjustment, and clinical performance on the metrics mentioned above. Colorado Access has not yet developed a new value-based payment model for CHP+ MCO practices. Therefore, this section will not be included in future reports.

## Quality and Appropriateness of Care Furnished to Members

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 PNS.

#### **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.

#### **SFY 2023 Results**

In SFY 2023, quality improvement implemented a tiered audit scoring system to promote provider education and training. In the previous scoring system, audit scores of eighty percent or greater in all audit categories (general documentation, assessment, treatment plan, progress summary) was considered a passing score and no additional action was required of the provider. Audit scores of less than eighty percent in any audit category required providers to complete a CAP. The tiered audit scoring system rolled out in early SFY 2023 is noted below.

- Audit scores of 80.0% or greater in all categories are considered the passing rate for quality documentation audits.
- Audit scores between 70.0 and 79.9% in any category require the provider to complete an online training focused on documentation standards.
- Any scores below 70.0% in any category require the completion of a quality improvement plan (formerly CAP) to assist the provider in improving documentation practices.

In addition to the changes to audit scoring noted above, Colorado Access also re-branded CAPs to quality improvement plans to promote support, education, and resources in process improvement planning and implementation. Quality improvement plans also encourage and empower facilities to take ownership of their internal training, create strong correction plans to strengthen processes, eliminate weaknesses, and ultimately improve their documentation.

For the behavioral health medical records review audits, five CHP+ MCO facilities were selected for this audit and 42 charts in total were reviewed. Four facilities passed the audit, and one facility was required to complete the behavioral health documentation training because of audit scores between 70.0% and 79.9%. The behavioral health documentation training was completed timely and post-training the facility provided evidence of EHR updates showing how minimum documentation would be met moving forward.

### ***SFY 2024 Strategies and Planned Interventions***

In SFY 2024, Colorado Access will continue to conduct behavioral health documentation 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. Provider documentation trainings will also be updated regularly to ensure they provide the most up-to-date information on documentation standards and are easy for providers to follow. To streamline provider audits to reduce the administrative burden on providers, the Colorado Access quality team will work closely with the compliance team to increase opportunities for co-audits.

### ***SFY 2024 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.
- Seek opportunities to increase co-audits with the Colorado Access compliance team to decrease the audit burden on providers.

## Quality of Care Concerns

### Quality of Care Concerns

#### **Summary**

The Colorado Access quality of care concern (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 or potential 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 medication dispensing 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 the QOC did 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 be referred to the credentialing committee for consideration for provider termination.

#### **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+ MCO 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.

#### **SFY 2023 Results**

There were four CHP+ MCO QOCs filed in SFY 2023. All four QOCs were closed out within 90 days of submission to the quality improvement department. QOC volume decreased significantly from the nine QOCs in SFY 2022. QOC volumes for CHP+ MCO spiked unexpectedly in SFY 2022, and the volume of SFY 2023 QOCs is comparable to pre-SFY 2022 QOC volumes. The most common QOC category submitted for CHP+ MCO members in SFY 2023 was *medication dispensing error*. Three of

the QOCs submitted were found to be unsubstantiated and one was trended and monitored to ensure the concern was not an identifiable pattern. 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.

In December of 2022, quality improvement reviewed and updated the QOC reporting form. Providers were notified of the updated QOC form through a notification in the December provider newsletter. An internal update was also sent out to all Colorado Access staff notifying staff of the updated form, explaining how to access the updated QOC form, and outlining staff reporting obligations for QOCs. A QOC training was developed for internal staff which outlines obligations to report QOCs and the process to do so. This training was incorporated into the care manager learning pathway and was completed by all Colorado Access care management staff in January 2023. The training has also been incorporated into the learning path for new-hire care management staff to complete as a part of the onboarding process.

#### ***SFY 2024 Strategies and Planned Interventions***

The quality improvement department 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. 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 for investigation. When the Department rolls out the quality of care grievance (QOCG) process in early SFY 2024, Colorado Access will update all existing QOC trainings, documentation, and process documents to reflect the QOCG process and maintain close communication with the Department to ensure a seamless transition.

#### ***SFY 2024 Goals***

- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Maintain timely and efficient communication with the Department regarding QOCs.
- Implement a QOCG monitoring process and update all applicable training, documentation, and process documents to ensure a smooth and seamless transition.

## External Quality Review

### 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+ MCO 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+ MCO recipients.

#### **SFY 2023 Goal**

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

#### **SFY 2023 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.

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
I. Coverage and Authorization of Services	34	34	30	4	0	0	88%
II. Adequate Capacity and Availability of Services	14	14	14	0	0	0	100%
VI. Grievance and Appeal Systems	31	31	28	3	0	0	90%
XII. Enrollment and Disenrollment	6	6	6	0	0	0	100%
<b>Totals</b>	<b>85</b>	<b>85</b>	<b>78</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>92%</b>

The below table summarizes the audit scores for record reviews included in the audit.

Description of the Record Review	# of Elements	# of Applicable Elements	# Met	# Not Met	# Not Applicable	Score (% of Met Elements)
Denials	100	70	56	14	30	80%
Grievances	60	51	51	0	9	100%
Appeals	60	57	52	5	3	91%
<b>Totals</b>	<b>220</b>	<b>178</b>	<b>159</b>	<b>19</b>	<b>42</b>	<b>89%</b>



***SFY 2024 Strategies and Planned Interventions***

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

***SFY 2024 Goal***

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

## Quality and Compliance Monitoring Activities

### 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 2023 Goal**

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

#### **SFY 2023 Results**

Colorado Access initiated four rapid-cycle PDSAs in SFY 2023 focusing on member satisfaction surveys, the Colorado Access member-facing website, network adequacy, and access to care. The quality improvement department met with stakeholders in each area to examine problems and identify opportunities for improvement.

#### Member Satisfaction Survey

Quality improvement and customer service teams optimized the internal member satisfaction survey by creating a standardized process to develop and distribute the survey two times per year. Quality improvement hosted a member survey summit to galvanize member experience work across Colorado Access. The member survey summit was the first of its kind, comprised of stakeholders who regularly interface with members. Quality improvement was able to gather feedback around focus areas and questions for future iterations of the member survey. These focus areas were brought to members via MAC meetings to finalize the creation of the fifth member satisfaction survey. Additionally, quality improvement and internal partners explored how to utilize a mixed-methods approach to data analysis during SFY 2023. Existing quantitative data was paired with the qualitative survey responses to communicate a more complete picture of member experience.

#### Network Adequacy

Internal member survey data from SFY 2023 and anecdotal evidence from customer service and care management teams indicated that members experience inaccuracies while searching for providers within the Colorado Access provider directory tool. Members had no way to report provider data

issues or access issues when they encountered them using this tool. Quality improvement implemented a new system to document, track, and act on real-time provider network inaccuracies. Over ten internal teams were identified as stakeholders to develop this system. The system collects feedback to improve the accuracy of data within the Colorado Access provider network. The reporting tool is located on the Colorado Access website, and available to members, providers, and internal staff to report issues with accessing care or discrepancies within the provider network. Quality improvement developed an automated process that includes notifying internal staff when issues are submitted, monthly data reports to internal teams that describe the status of submissions and created a dashboard to analyze data instantaneously as it's submitted. As of June 30, 2023, Colorado Access has received 64 submissions.

#### Colorado Access Member-Facing Website

Internal member survey data indicated that members often need clarification around who they should contact for issues and questions and indicate that navigating Health First Colorado can be difficult. Quality improvement, marketing and other internal teams established a workgroup to redesign the member services webpage on the Colorado Access website to act as a member resource guide. This webpage now better reflects what department or organization to outreach depending on what resource or question a member needs assistance with.

#### Access to Care

A limitation identified in SFY 2023 within the access to care program was that current Secret Shopper methodology utilized phone calls as the method to contact a practice for an appointment (posing as a member), rather than online or email inquiries for formats of communication for appointment availability. These digital outreach components were included in late SFY 2023 to better mimic member behavior for appointment requests. Quality improvement conducted a literature review on best practices around monitoring access to care that could be used in addition to Secret Shopper methodology. Current improvement initiatives include streamlining processes for zero claims provider monitoring for behavioral health providers and increasing TNAA monitoring for PCPs.

#### ***SFY 2024 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 2024 Goal***

- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2024.