



Annual Quality Report

RAE Region 5

State Fiscal Year 2022-2023

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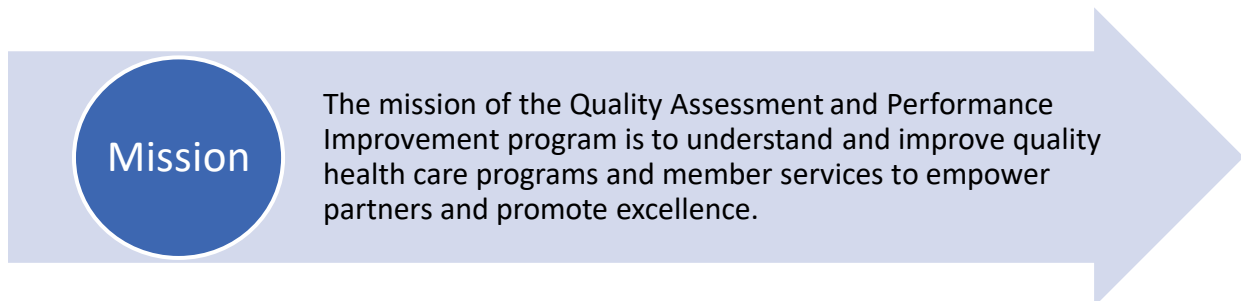
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Executive Summary

Quality Assessment and Performance Improvement Program

The philosophy of the Colorado Access Quality Assessment and Performance Improvement (QAPI) program is to ensure that members receive access to high-quality care and services in an appropriate, comprehensive, and coordinated manner that meets or exceeds community standards. Emphasis is placed on community-based, individualized, culturally sensitive services designed to enhance self-management and shared decisions among members, their families, and providers. The Colorado Access QAPI program promotes objective and systematic measurement, monitoring, and evaluation of services and work processes. Colorado Access is committed to the ongoing improvement of the quality of care that members receive through monitoring data and health outcomes. 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.

This report provides a reflection on key QAPI objectives, as well as Regional Accountable Entity (RAE) programs and activities that Colorado Access engaged in throughout the 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).



Key Accomplishments in SFY 2023

During SFY 2023, the quality program at Colorado Access used an array of measures and activities to monitor and improve the quality and effectiveness of clinical care and the quality of administrative services that make up managing a health plan. Performance improvement tools, including rapid-cycle methodology, were applied to address system, service, and/or clinical areas needing improvement. Key accomplishments and project highlights from SFY 2023 include the following:

- A fourth iteration of the member satisfaction survey was administered and analyzed. A qualitative survey was developed with the purpose of encouraging members to share their experiences, in their own words, regarding appointment scheduling and how Colorado Access can improve health services for members.

- A quality of care concern (QOC) training was developed for internal staff, which outlines obligations to report QOCs and the process to do so. This training has been incorporated into the care manager learning pathway and the learning path for new-hire care management staff to complete as a part of the onboarding process.
- Colorado Access implemented a tiered audit scoring system for behavioral health and substance use disorder (SUD) audits to promote provider education and training. Audit scores between 70.0 and 79.9% in any audit category no longer require the completion of a quality improvement plan but require the provider to complete an online training focused on documentation standards.
- Four rapid Plan, Do, Study, Act (PDSA) cycles were initiated to promote continuous quality improvement across the organization.
- A formal evaluation was conducted for the Virtual Care Collaboration and Integration (VCCI) program. Findings of this evaluation note that the VCCI program demonstrates a flexibly replicable model of integration with indices of success that may help expand the application of integrated care for Medicaid populations.
- Colorado Access successfully developed and began tracking a new performance metric, *oral evaluation, dental services*, in collaboration with multiple areas of the organization. A robust performance metric dashboard was also developed for real-time data trend monitoring, tracking, and evaluating of programming and interventions tied to this performance metric.

Throughout the state fiscal year, the quality improvement department launched numerous initiatives to enhance and promote a data-driven culture within Colorado Access and the provider network. These included the following areas of focus:

- Performance improvement projects
- Performance measurement
- Member experience of care
- Mechanisms to detect under- and over-utilization of services
- Quality, safety, and appropriateness of clinical care furnished to members with special health care needs
- Quality of care concern monitoring
- External quality review
- Advisory committees and learning collaboratives
- Quality and compliance monitoring activities

The QAPI program also focused on expanding internal capacity to monitor the quality of care for all Colorado Access members, promoting a data-driven culture internally within Colorado Access, and aligning quality initiatives with the requirements of the contract.

Within Region 5 (Denver County), Colorado Access partners with Denver Health Medicaid Choice (DHMC), a limited managed care plan operated by Denver Health Medical Plan. In SFY 2023, DHMC managed physical health benefits for up to 110,000 Health First Colorado (Colorado's Medicaid program) members. In June 2023, DHMC membership was 106,694, which is approximately 39% of Colorado Access membership in Region 5. Colorado Access has worked to establish a strong relationship with DHMC to ensure shared members are receiving the best possible care across the two organizations.

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 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.

Colorado Access will continue to develop its population management strategy that advances the goal of enhancing individual health by partnering with communities to create access to quality, affordable care. This strategy encompasses a comprehensive risk stratification framework and tailored, member-focused interventions delivered by clinical partners and care coordinators to ensure that all Health First Colorado members receive the right intervention at the right time. Colorado Access continues to build upon foundational work completed in prior years. This includes enhancing risk stratification by leveraging diverse datasets, expanding community and provider partnerships and payment models, refining interventions to better meet member needs, and applying a health equity lens to work across the entire enterprise. In the coming year, Colorado Access will place a greater focus on evaluating social determinants of health (SDoH) data to improve programming to address those inequities.

The quality improvement department's overarching goals in SFY 2024 will focus on:

- **Reducing over- and under-utilization of services**, a priority that 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 is 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.

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 several criteria, including patient safety, health risk factors or co-morbidities, the volume of members, the potential for improvement of health outcomes, project scale and ease of implementation, financial feasibility, available resources, and contract requirements.

Rapid-Cycle Performance Improvement Projects

Summary

Colorado Access launched a new behavioral health-focused rapid-cycle performance improvement project (PIP) during SFY 2021 following the early closure of the SFY 2019 PIP due to COVID-19. The new rapid-cycle PIP began in September 2020 following the PIP summit hosted by the Health Services Advisory Group (HSAG) and the Colorado Department of Health Care Policy and Financing (the Department). The SFY 2021 PIP cycle is behavioral health-focused with two separate but connected topics, as chosen by the Department and 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 due to alignment 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 through 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 supports 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 within these practices.

After building out the PIP metric code, the quality improvement and practice supports 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 Region 5 2020 PIP cycle due to the 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. Colorado Access worked closely with HSAG during SFY 2021 as the selection of two practices for a PIP is not the norm and therefore, all PIP module paperwork had to be altered. Colorado Access intentionally selected practices that operated and performed differently on these measures for PIP participation in an effort to maximize learning opportunities and region scalability at the conclusion of the PIP. Colorado Access created internal dashboards to be able to track, report, and evaluate the performance of each practice independently during monthly meetings.

Colorado Access wanted to incorporate the impacts of 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 Region 5 PIP are members ages 12 and older who had a well-visit at any Every Child Pediatrics or Inner City Health Center location during the baseline measurement period. If members screened positive for depression during a corresponding well-visit, the first follow-up service within 30 days counted toward meeting metric regardless of the location of the 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 Ages 12 and Older

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 final depression screening rate for the Region 5 PIP narrowed focus population was 88.83%. This rate showed improvement over the baseline PIP rate of 56.39% and surpassed the Specific, Measurable, Achievable, Relevant, Time-bound (SMART) Aim Region 5 goal of 61.99%, displaying statistically significant improvement. The success of this project was most influenced by programmatic interventions targeting depression screening coding changes. One clinic discovered their billing department was manually removing G codes

from depression screening claims. Once the programmatic intervention was implemented to educate the billing team on including G codes in claims, Colorado Access witnessed a significant improvement in the SMART Aim Region 5 depression screening rates.

Follow-Up within 30 Days after Positive Depression Screen for Members Ages 12 and Older

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 Region 5 PIP narrowed focus population was 42.16%. This rate did not improve from the baseline PIP rate of 44.18% and did not meet the SMART Aim Region 5 goal of 70.59%, and therefore did not display statistically significant improvement.

The two practices involved in this PIP performed significantly different for follow-up rates (Inner City Health Center – 51.02% compared to Every Child Pediatrics –33.96%). The billing team for Inner City Health Center was manually removing G codes (as mentioned in the depression screen section above), followed by the EHR auto-deleting G codes. This greatly impacted not only depression screening rates, but also follow-up rates, and was not addressed until March of 2021. While the coding resolution resulted in significant improvement of the monthly follow-up rates, it took longer to observe these improvements in the rolling 12-month follow-up rates. Small sample sizes continue to impact this measure, with the combined clinics totaling 102 positive depression screenings for Region 5 members during the last 12 months. In addition, it was found that Every Child Pediatrics primarily uses unlicensed providers for behavioral health follow-up visits, which were not being captured through claims data at that time and contributed greatly to the reduction in rates. Colorado Access overcame this barrier by enrolling the practice into a new credentialing pilot program at the end of the PIP, which allowed them to begin billing for behavioral health services completed by unlicensed providers.

While the SMART Aim Region 5 goal was not achieved, clinical and programmatic interventions made significant improvements in targeting this metric. These included: promoting the utilization of the 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 plans are required to initiate two PIPs, one clinical and one non-clinical. The non-clinical topic selected for all plans is SDoH screening. The RAEs have the option to choose from the following behavioral health clinical measures:

- Follow-up after emergency department (ED) visit for alcohol and other drug abuse or dependence
- Follow-up after ED visit for mental illness
- Follow-up after hospitalization for mental illness

PIP topic selections will be submitted to the state in July of 2023. Baseline data is currently being collected for July 1, 2022 through 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 the behavioral 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 at Colorado Access uses a wide range of data sources and measures to monitor health plan performance. Key among these include state-defined performance measures as written into the RAE contracts - key performance indicators (KPIs), behavioral health incentive measures (IMs), and performance pool measures. Colorado Access uses these measures to prioritize and drive systematic approaches to sustain quality improvement.

Key Performance Indicators, Behavioral Health Incentive Measures, and Performance Pool Measures

Summary

The QAPI promotes objective and systematic measurement, monitoring, and evaluation of performance on state-defined performance measures. These currently include six KPIs, five IMs, and a growing number of performance pool measures as defined by the Department. The below lists represent the performance metrics under the SFY 2023 RAE Pay for Performance program:

Key Performance Indicators	<ul style="list-style-type: none">• Behavioral health engagement• Child and adolescent well-visits• Oral evaluation, dental services• ED utilization• Prenatal engagement
Behavioral Health Incentive Measures	<ul style="list-style-type: none">• Engagement in outpatient SUD treatment• Seven-day follow-up after ED SUD visit• Follow-up after positive depression screening• Seven-day follow-up after inpatient hospital discharge for mental health condition• Behavioral health screening or assessment for children in foster care
Performance Pool Measures	<ul style="list-style-type: none">• Extended care coordination• Premature birth rate• Behavioral health engagement for members releasing from Department of Corrections (DOC)• Risk adjusted per member per month• Asthma medication ratio• Antidepressant medication management• Contraceptive care for postpartum women

SFY 2023 Goals

- Continue to collaborate with and support the Department's move toward more nationally recognized, standardized measures such as the Centers for Medicare & Medicaid Services (CMS) Core Measures.
- Continue to develop strategies and collaborations that align with the Department's priorities around performance metrics.
- Continue to develop new metrics internally to report, monitor, and intervene in areas of care aligned with state-defined performance metrics.
- Maintain existing and develop new dashboards for performance metrics to have performance measure data accessible to the organization for tracking and trending.
- Continue to expand and improve provider relationships by utilizing routine and ad hoc workgroups, learning collaboratives, and other venues to focus on sharing best practices and improving metric performance.
- Utilize new and existing sources of data to stratify and analyze race and ethnicity data in innovative and meaningful ways. This work will support equity-focused decisions aimed at addressing health disparities in marginalized communities.

SFY 2023 Results

In SFY 2023, the quality improvement department focused on continuing to monitor and report on the KPIs, IMs, and performance pool measures. Colorado Access has continued with a collaborative and multi-faceted approach to identifying and implementing strategies aimed at improving performance in the Department's defined performance metrics. These efforts include mechanisms and resources to develop the Department-defined performance metrics internally to continuously monitor and report performance on these indicators. These metrics are monitored in a variety of venues, with both internal and external stakeholders participating in bringing value to the goal of improving the health and care of Region 5 members. Quality improvement collaborates extensively with multiple departments across the organization to establish, report, and address areas where improvement is needed in the state-defined performance metrics. These departments include business intelligence, information technology, evaluation and health informatics (EHI), health programming, project management, provider network services (PNS), payment reform, finance, and Colorado Access leadership to manage all phases of implementation and reporting.

Colorado Access successfully developed and began tracking one new metric, *oral evaluations, dental services*, in collaboration with the multiple areas of the organization mentioned above. A series of robust performance metric dashboards were developed in SFY 2021 that continue to be used for real-time data trend monitoring, tracking and evaluating of programming and interventions tied to performance metrics, for the internal and external reporting with stakeholders, and for communicating data during routine meetings and collaboration with the

Department. These dashboards are maintained by quality improvement analysts and display up-to-date data. The benefits of robust data dashboards are to make performance metric data more accessible and convey complex data relationships and data-driven insights in a way that is easy to understand for stakeholders. Dashboards now include a stratification of race/ethnicity data that allows for a better understanding of the impact of population characteristics on health care outcomes. These insights help to better target segments of the member population who are disproportionately affected by health care disparities.

During SFY 2023, Colorado Access continued to operate digital engagement programs to reach members who might benefit from receiving certain health care reminders and useful health information. These digital engagement efforts included Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) newly enrolled, well-child check, and dental reminder programs, and align with the Department's corresponding performance metrics. Members receive messaging by interactive voice recognition (IVR) and/or short message service (SMS) text messages with important reminders and health and wellness information or are sent messaging via direct mail as an alternative for those with incomplete or missing phone numbers. Additionally, members engaged in prenatal and postpartum services are enrolled in the Colorado Access Healthy Mom, Healthy Baby (HMHB) program. Members who are identified as having a high-risk pregnancy score are connected to a care manager to ensure appropriate prenatal and postpartum care is accessed. Pregnant members who are not identified to be high-risk are enrolled in the HMHB digital engagement intervention and receive health and wellness tips related to pregnancy. Digital engagement interventions are one area where Colorado Access can increase member utilization of appropriate health care services and subsequent provider performance around the well-visit, dental, and prenatal engagement KPIs.

In addition to the work noted above, for the third year in a row, Colorado Access has produced a series of monthly workgroups with providers designed to address and improve on certain focused KPIs and other performance metrics. The KPI provider workgroups were originally developed as an effort to drive performance for the well-visit, dental, and behavioral health engagement KPIs. For SFY 2023, Colorado Access focused on behavioral health, with a specific effort to drive performance around depression screens and follow-up metrics. The provider workgroups were designed as a space for Colorado Access and providers to collaborate and share best practices to drive performance and inform opportunities to scale interventions across the network. The benefits of these workgroups are multifold: Colorado Access has identified barriers and areas of opportunity, gained significant knowledge on strengths and best practices, and strengthened provider alliances through these workgroups. The momentum of the workgroups will be continued into SFY 2024 to focus on metric improvement and provider collaboration.

Another area of new and innovative work is in the development and implementation of the metric steward program at Colorado Access. The metric steward program was implemented in July 2022 to ensure that Colorado Access is aligning and tracking current and future programming around performance metrics. The program assigns metric “leads” as part of a structured process for building, monitoring and reporting out programming and performance results. The goal of the program is to increase efficiency and alignment, improve tracking and documentation of current interventions and programming, build collaborative workgroups, improve metric performance, and increase awareness of existing and future work opportunities. The program has shown success around these areas, and as a result will be tied to SFY 2024 strategies and interventions.

SFY 2024 Strategies and Planned Interventions

In SFY 2024, the quality improvement department will continue to monitor and report on the KPIs, IMs, and performance pool measures. Colorado Access will continue to refine strategies to create measurable impacts on the Department-defined performance measures. Colorado Access intends to continue this collaborative approach to identify and implement strategies to improve performance on these metrics, and to continuously monitor performance on these indicators. In addition, with the recent focus of the Department to move to nationally recognized metrics and CMS Core Measures, Colorado Access will continue to support and collaborate with the Department around prioritization and implementation of new measures. Colorado Access will work diligently on the development and monitoring of new metrics. This will allow the organization to track important trends in health care outcomes and implement interventions, as needed, on a real-time basis.

Colorado Access will also continue to facilitate provider workgroups to develop more robust relationships with providers as well as strengthen provider-to-provider alliances. These workgroups will maintain the overall goal of improving performance on Department-defined performance metrics, while also expanding focus to include other areas of care, such as diabetes and asthma, to align with the Department’s initiatives and contractual obligations.

Colorado Access recognizes the importance of work that focuses on decreasing health disparities in underserved and vulnerable populations. Colorado Access will continue to develop unique approaches to the analysis of data, as well as the subsequent identification and implementation of interventions, to address the impact of social determinants of health on population health disparities and outcomes.

SFY 2024 Goals

- Continue to collaborate with and support the Department’s move toward more nationally recognized, standardized measures such as the CMS Core Measures and develop strategies and collaborations that align with the Department’s priorities around

performance metrics.

- Continue to develop new metrics internally to report, monitor, and intervene in areas of care aligned with state-defined performance metrics and maintain dashboards for performance metrics to allow for performance measure data to be accessible to the organization for tracking and trending.
- Continue to expand and improve provider relationships by utilizing routine and ad hoc workgroups, learning collaboratives, and other venues to focus on sharing best practices and improving metric performance.
- Utilize new and existing sources of data to stratify and analyze race and ethnicity data in innovative and meaningful ways. This work will support equity-focused decisions aimed at addressing health disparities in marginalized communities.
- Continue to innovate around performance metric management by standardizing tools and methodologies designed to evaluate the effectiveness of programming and interventions and improve upon strategies around managing performance metrics with the metric steward program.

Maternal Health

Summary

The HMHB digital engagement program is an SMS text message-based wellness program for pregnant adults ages 18 and older. SMS messages are intended for pregnant people, new parents with babies up to age one, and providers. HMHB provides educational messages timed to gestational age or birth age, as well as interactive surveys and reminders to improve maternal and child health outcomes. 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 provide education on topics such as 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. 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.

SFY 2023 Goals

- Continue to operate the HMHB digital engagement intervention and track associate process metrics.
- Continue to educate staff, providers, and community partners about the HMHB digital engagement program.
- Continue to provide care coordination or extended care coordination, depending on the identified needs of the member.

SFY 2023 Results

During SFY 2023, Colorado Access continued to employ the HMHB digital engagement program targeting pregnant and postpartum members ages 18 and older. Colorado Access utilized its internal pregnancy clinical utilization registry to identify eligible pregnant and postpartum members for digital outreach. If members used the Colorado Access care coordination phone number provided as part of their digital outreach, care coordinators assessed member needs and connected members with appropriate services, primary care medical providers (PCMPs), specialists, benefits information, and referrals to community resources. The below table shows the number of engaged members, the text opt-out rate, and the total number of outreaches for Region 5 members enrolled in the HMHB digital engagement program in SFY 2023:

	Quarter 1 (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
Engaged Members	359	335	81	393
Text Opt-Out Rate	1.95%	2.09%	0%	.51%
Total Number of Outreaches	1,376	1,764	938	1,429

SFY 2024 Strategies and Planned Interventions

Colorado Access will continue to operate and manage the HMHB digital engagement intervention in alignment with the Colorado Access SFY 2024 annual EPSDT outreach strategic plan. Additionally, Colorado Access will continue to utilize its internal pregnancy clinical utilization registry to identify appropriate targets for digital outreach. If members use the Colorado Access care coordination phone number, care coordinators will provide care coordination or extended care coordination services based on the member’s level of need, including care planning and additional support related to special health care needs.

SFY 2024 Goals

- Continue to operate the HMHB digital engagement intervention and track associated process metrics for 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.

Member Experience of Care

Colorado Access continuously assesses member experience of care using a combination of data sources, with an emphasis on the member's voice. These include the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®1}) 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 yet 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. Results from the fourth iteration of the member

¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

satisfaction survey can be found in the Member Satisfaction Survey section of this report. A fifth survey iteration was administered in March 2023 with survey questions that explore how members identify racially, culturally, and ethnically 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 75 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 will 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

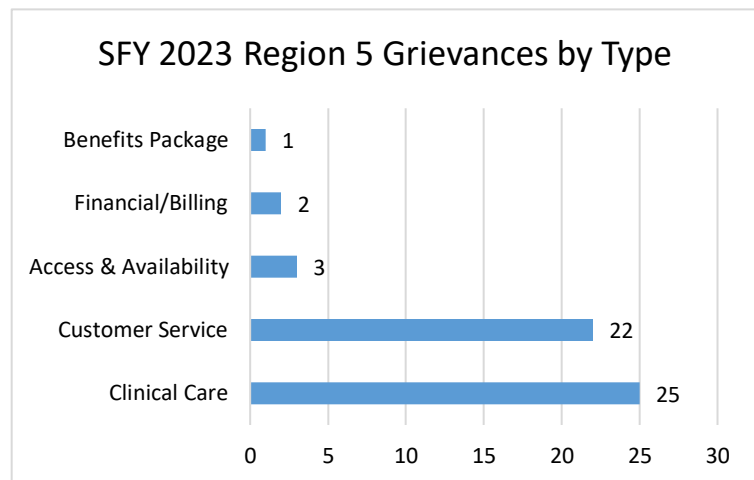
One way that Colorado Access monitors member experience is through the member grievance process. Members have the right to submit grievances to Colorado Access regarding any aspect of the operations, activities, or behavior of the health plan or the Colorado Access contracted provider network. Customer service staff monitor 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 53 grievances were filed by Region 5 members. Clinical Care grievances accounted for 47% of the grievances for SFY 2023. Other grievances fell into the Customer Service, Access and Availability, Financial/Billing, and Benefits Package categories. All grievances were resolved in a manner considered satisfactory by the member.



Out of the 53 grievances, all were worked timely, resulting in Colorado Access meeting the goal of 100% compliance for contractually required grievance timeframes. Colorado Access will continue identifying opportunities to train and educate staff and continue grievance monitoring through the quality auditing program. Colorado Access utilizes a grievance quality auditing program to monitor the timeliness of grievance resolutions, the content of letters sent to members, letter readability, and case documentation in the grievance tracking tool. Five cases per grievance coordinator are audited for quality each month, and the supervisor provides timely feedback based on audit findings to grievance coordinators. 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 audited through the grievance quality monitoring program, 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 timely.

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 audit 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

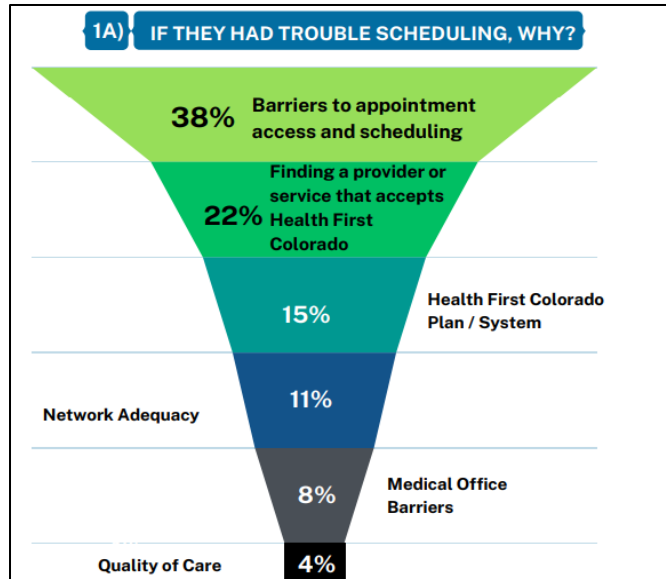
The fourth iteration of the member satisfaction survey was administered in June 2022. A qualitative survey was developed with the purpose of encouraging members to share their experiences in their own words. Members were asked two questions:

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

In an effort 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 PCMP, 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 PCMP 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 PCMP, 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 and turnaround time, Secret Shopper activities, monitoring of behavioral health penetration rates and network adequacy, promoting telehealth services, and through the implementation of the Client Over-Utilization Program (COUP).

Utilization Management

Summary

The Colorado Access utilization management (UM) department continuously monitors the quality and 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 their needs. Appeal rates are also closely monitored for patterns and opportunities to improve the UM decision-making process. 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

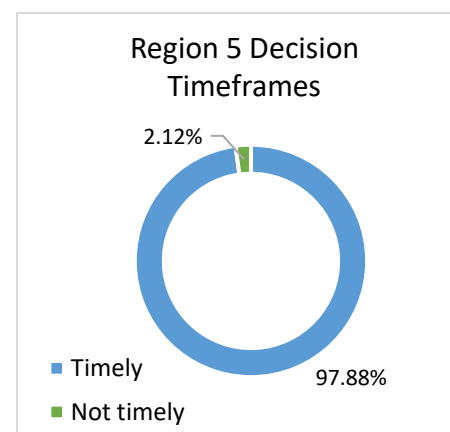
- Maintain compliance with contractual UM turnaround times at 95% or higher.
- Maintain IRR scores of 90% or higher for all UM staff.
- Monitor appeal rates for opportunities to improve UM decision-making.
- Assure high quality of clinical and administrative documentation of all utilization management 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 decision turnaround time for Region 5 was 97.88%. UM continues to work on performance improvement regarding data entry mistakes, as a majority of the delinquent decisions (2.12%) 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 received additional training and passed on their second attempt. Therefore, 100% of staff passed within two IRR attempts.
- Two intake coordinator staff members obtained an IRR score of 90% or higher on their second attempt, after receiving additional training. Therefore, 100% of staff passed within two IRR attempts.

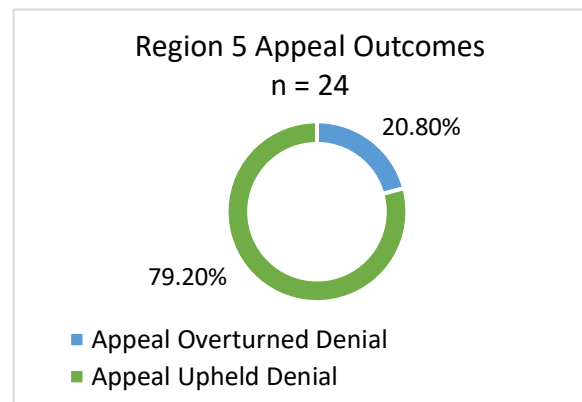
The UM team works diligently to assure that criteria are applied in a consistent, reliable manner and efforts are in place to increase the number of staff who can pass their IRR exercise in the first attempt. Because all staff members met their IRR standards in two or fewer attempts, the UM team considers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

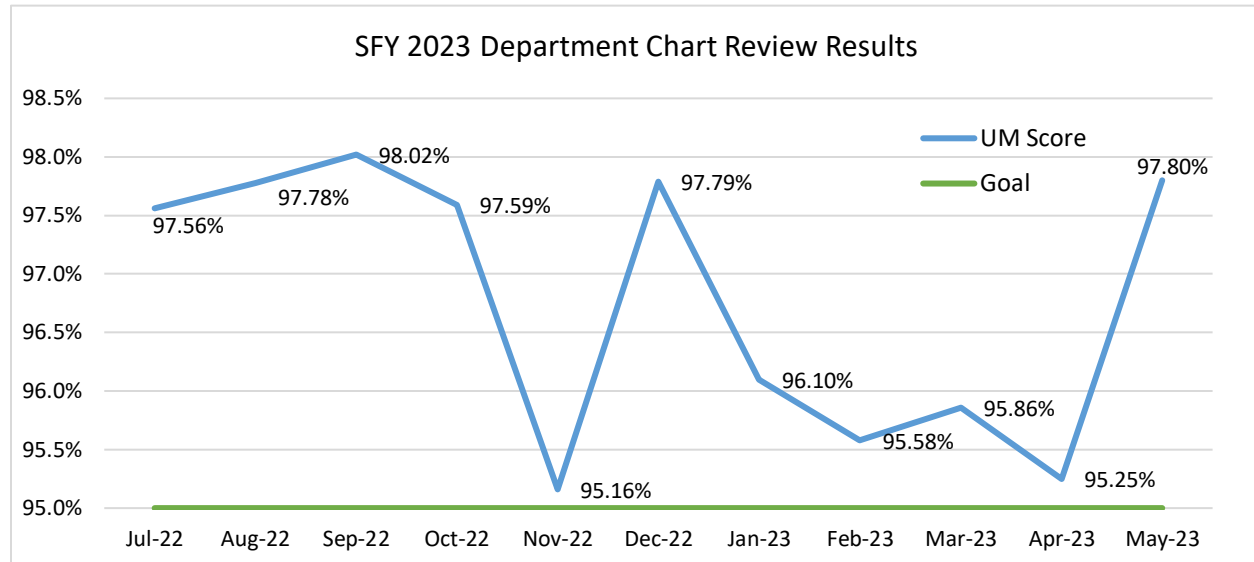
	Total Decisions	Denials	Denial Rate	Appeals Filed	% ABD Decisions Appealed
Region 5	9,432	592	6.28%	24	4.1%

All appeals are tracked by appeal outcome to determine if there are patterns or opportunities to improve the UM decisions being made. The appeal outcomes for Region 5 are shown to the right. The most common services that generate appeals are behavioral health inpatient and residential levels of care; however, no other patterns with appeals were identified.



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 UM 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.

SFY 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.

Early and Periodic Screening, Diagnostic, and Treatment Coordination

Summary

Colorado Access care management helps to coordinate the provision of EPSDT benefits for children and adolescents younger than 21 years old. Outreach is focused on providing members and/or their family representatives information on their benefits and connecting them to care. Programming is offered to specific sub-populations including newly enrolled members, pregnant and postpartum members, members overdue for a well-child visit, members overdue for a dental visit, and Children and Youth with Special Health Care Needs (CYSHCN). Eligible members are enrolled in member-level care management interventions and/or a population-level digital engagement through IVR, SMS text message, or mailing intervention, depending on their needs and circumstance.

SFY 2023 Goals

- Improve care coordination workflows and scripts specific to EPSDT aimed at strengthening relationships with county child welfare agencies, care management agencies (CMAs), and other key community agencies.
- Implement quality improvement efforts through review and updates to workflows and scripts when EPSDT changes are implemented, or new requirements are communicated by the Department.
- Continue to provide medically necessary services, referrals, and appropriate clinical and extended care coordination to children and adolescents accessing EPSDT services within the capitated behavioral health benefit.
- Continue to assist members with accessing EPSDT benefits, including those covered by Fee-for-Service (FFS), such as residential services for members diagnosed with intellectual or developmental disabilities (IDD).
- Continue to educate staff, members, providers, and community partners about EPSDT benefits.

SFY 2023 Results

Care Management Intervention

During SFY 2023, Colorado Access continued to prioritize educating members, providers, staff, and community partners about EPSDT benefits and procedures through a variety of interventions and communication channels. Care management ensures staff are trained on EPSDT to best support the members they engage with. Colorado Access continued strengthening communication through routine communication with the Department and the Department's program administrator. This line of communication continues to ensure that Colorado Access is kept up to date on EPSDT changes and requirements and that all changes are understood by staff.

In addition, care management continued to work with members who required EPSDT exceptions. These members could not utilize FFS, Health First Colorado benefits, or other funding sources for the treatment of diagnoses not covered under the capitated behavioral health benefit. This work included educating members, their families, treatment providers, and multiple agencies involved with these cases on EPSDT funding. Care managers coordinated the completion of EPSDT request forms, worked closely with the Department for approval, and continued to lead the coordination of services for the member once the authorization was in place. Colorado Access care management staff followed members through placement and provided coordination for discharge services. Additionally, Colorado Access supported and educated newly contracted treatment facilities on EPSDT requirements. Colorado Access also entered a partnership with family Voices in January 2023 to serve as a cultural broker and navigator to identify areas to improve in supporting CYSHCN.

Digital Engagement Intervention

During SFY 2023, Colorado Access continued to operate the digital engagement and direct mail interventions for EPSDT members, including the EPSDT newly enrolled, well-child check, dental reminder, and HMHB programs. Each month, these programs enroll eligible members using weekly, Department-supplied, newly enrolled member lists and claims data. Members receive messaging by IVR and/or SMS, depending on their respective program. EPSDT members who do not have accurate contact information (i.e., incomplete or missing phone numbers, on the do not call list) are enrolled in the Colorado Access EPSDT direct mail interventions. Members in the direct mail interventions receive the same messaging that is provided to members enrolled in the digital engagement components. Members engaged in prenatal and postpartum services are enrolled in the Colorado Access HMHB program. Of those members identified as having a high-risk pregnancy score, they are connected to a care manager to ensure access and understanding of appropriate prenatal and postpartum care. Members not identified to be at high-risk are enrolled in the HMHB digital engagement intervention and receive health and wellness tips related to pregnancy. The below table shows EPSDT data for newly enrolled, well-child check, and dental reminder digital engagement programs, including engaged members and total outreaches:

	Q1	Q2	Q3	Q4
Engaged Members	19,047	12,211	8,240	6,442
Total Number of Outreaches	23,140	13,767	9,992	9,635

During SFY 2023, the following EPSDT services were provided under the capitated behavioral health benefit in Region 5:

- Vocational services: 98 members received 128 services
- Prevention/early intervention services: 5,723 members received 11,120 services

- Clubhouse and drop-in center services: 11 members received 20 services
- Recovery services: 28 members received 142 services
- Residential services: 55 members received 229 services

SFY 2024 Strategies and Planned Interventions

Colorado Access will continue to operate and manage all care management and digital engagement interventions in alignment with the Annual EPSDT Outreach Strategic Plan. Additionally, Colorado Access will continue to improve workflows and scripts specific to EPSDT and will continue to strengthen relationships with county child welfare agencies, CMAs, and other key community agencies to ensure EPSDT trainings are in place. Care coordinators will assess member needs and connect members with PCMPs, specialists, EPSDT benefit information, and referrals to community resources. If members require more intense and prolonged assistance, care managers will provide members with extended care coordination including care planning and additional support related to special health care needs.

SFY 2024 Goals

- Continue to provide medically necessary services, referrals, and appropriate clinical and extended care coordination to children and adolescents accessing EPSDT services within the capitated behavioral health benefit.
- Continue to assist members with accessing EPSDT benefits, including those covered by FFS, such as residential services for members diagnosed with IDD.
- Continue to educate staff, members, providers, and community partners about EPSDT benefits.
- Continue to operate the EPSDT digital engagement and direct mail interventions and track associated process metrics.

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 PNS.

SFY 2023 Goals

- Train 15 providers per quarter via the Access to Care training module. Ensure representation among physical health, behavioral health, and SUD 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 SUD 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 PNS departments collaborated to optimize the process for a tailored access to care training. This training was created and is implemented by Colorado Access 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 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 PNS department to use the evidence-based measure of 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 SFY 2023, a TNAA model was also piloted as the primary method of assessment for a subset of physical health practices with PCMP 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. In SFY 2023, 40 behavioral health and SUD practices were enrolled in the Access to Care program and 21 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 on 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 SUD 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 SUD providers.
- Issue at least one reminder of access to care timeliness standards and provider requirements in a provider newsletter.
- Explore program limitations and develop PDSA opportunities to improve limitations.
- Pilot a TNAA measurement request within the Colorado Access annual PCMP assessment to gain a point-in-time measure of appointment availability for the PCMP network.

Behavioral Health Penetration Rates

Summary

Behavioral health penetration rates are calculated annually to measure the percentage of members who have received one or more behavioral health services. These rates are an important indicator of the utilization of behavioral health services and help to ensure that members are accessing needed services.

SFY 2023 Goals

- Maintain the overall behavioral health penetration rate across Region 5.
- Look for opportunities to expand capacity for behavioral health services.

SFY 2023 Results

Colorado Access monitored behavioral health penetration rates in alignment with the KPI of behavioral health engagement. In Region 5, there were 309,726 members who were enrolled for at least one month during the state fiscal year. Of these members, 16.4% received one or more behavioral health service. Penetration rates decreased slightly from 17.2% in SFY 2022 to 16.4% in SFY 2023, for a total decrease of 0.8%.

SFY 2024 Strategies and Planned Interventions

Colorado Access will seek to maintain behavioral health penetration rates through the public health emergency (PHE) unwind by promoting behavioral health services and provider contracting.

SFY 2024 Goals

- Maintain the overall behavioral health penetration rate across Region 5 throughout the PHE unwind.
- Look for opportunities to expand capacity for behavioral health services.

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 well positioned to meet and exceed the network adequacy standards established by the RAE contract for Region 5 and is focused on growing and improving the network. In addition to an established network that meets the network adequacy standards set forth in the contract, the intent is to use data, payment methodologies, and practice supports to help make the network more effective and impactful for the diverse membership. Network adequacy is not only about provider-to-member ratios, but also about supporting and allocating resources to network providers. Colorado Access continually monitors its network adequacy, and the contracting and PNS teams work closely with the care management department to address any areas of concern. When there is a need in the network, Colorado Access actively recruits providers in those areas.

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

Colorado Access also continues to receive requests from new providers wanting to join the network; and if eligible, Colorado Access makes every effort to add them to its panel of providers. Colorado Access has 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 Health First Colorado 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 the better understand the provider network and determine active and inactive participating (PAR) providers. In an effort 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.

In addition to the recruitment strategies mentioned above that aim to strengthen the Colorado Access provider network and recruit additional providers with cultural and linguistic diversity, Colorado Access is currently working with the Department of Social Work at Metro State University (MSU) in Denver to fund behavioral health workforce development programs. Colorado Access has agreed to fund a scholarship program for social work students at MSU who reflect the Colorado Access member population and who have an interest in pursuing a career in culturally responsive behavioral health care. The goal of the program is to provide viable career paths for students from historically marginalized backgrounds and create systems of support for students and young professionals entering their careers. Colorado Access believes that investing in students early on is important in building the talent pipeline of qualified, representative, and culturally responsive behavioral health providers. The first MSU Social Work scholars' cohort is anticipated to begin in the fall of 2023. Colorado Access has partnered with local organizations such as Maria Droste Counseling Center and Centus Counseling to provide internship and mentoring opportunities for scholarship students. Colorado Access plans to expand upon this work and build similar partnerships with other higher education institutions and local health care providers within Region 5.

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. The 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.

In an effort 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.
 - Work with MSU Denver to fund school of social work scholarship program, enhancing/diversifying the behavioral health career pipeline. Begin first cohort of scholars in August/September 2023.
- 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.

Telehealth

Summary

Colorado Access, through its subsidiary, AccessCare Services (ACS), created the VCCI program, a short-term treatment program designed to increase access to behavioral health care, including psychiatry and clinical counseling, for members and providers through telemedicine technology. The goal of this program is to develop and implement innovative clinical delivery models and services that leverage technology to facilitate greater access to behavioral health care and promote care coordination and collaboration between members, providers, and systems. The VCCI program provides provider-to-provider consultations between the VCCI behavioral health team and primary care providers, eConsults, as well as direct telehealth encounters with patients, with an emphasis on collaborative and team-based care. The telehealth encounters are rendered either in the primary care setting or in the member's home or safe space, and that determination is made collaboratively by members and providers to best support the member's ability to access services. The VCCI program also works with Colorado Access care managers to facilitate connections and warm hand-offs to longer-term, higher acuity levels of care for members in need of greater behavioral health support.

In addition to the VCCI program, ACS has launched other telehealth programs that further the goal of extending services to meet the behavioral health needs of vulnerable member populations. The VCCI Direct Care (DC) program allows Colorado Access care managers to refer eligible members to the VCCI program to receive behavioral health care directly in their homes over telehealth. In 2020, ACS also started an ongoing partnership with The Delores Project, which provides shelter and services for unaccompanied women and transgender experiencing homelessness in Denver, to implement the delivery of on-site telehealth services to their residents. In 2021, ACS entered into an ongoing partnership with Catholic Charities to implement the delivery of on-site telehealth services to Samaritan House, a homeless shelter in downtown Denver that serves men, women, and children facing homelessness.

SFY 2023 Goals

- Perform 40 eConsults in SFY 2023.
- Identify a partnership with an entity like The Delores Project and Catholic Charities that will increase access to behavioral health care for Region 5 members.
- Produce a formal evaluation report of the VCCI program.

SFY 2023 Results

ACS met its goal of performing 40 eConsults in SFY 2023 with a total of 42 performed. These eConsults were specific to psychiatric questions with over 90% directly related to questions around medication management, with most medication related to anxiety and depression. ACS continues to look for a community partner in Region 5 to increase access to behavioral health

care through its VCCI services. In SFY 2023, ACS met with various community organizations, including Shiloh House, Ready to Work, Safe Outdoor Space, PATH, and Recovery Works, to market its services and try to identify a collaborative partner. Although a partner has not yet been identified, this work is ongoing, and ACS is currently working with Stride to facilitate further conversations in this space. Barriers to this work have centered around staffing and resource deficiencies at the partner sites, and ACS is working in collaboration with Colorado Access to explore possible funding opportunities to advance this work. A formal evaluation was produced for the VCCI program and the results have been summarized in a manuscript entitled *The Value-Based Proposition of an Adapted Integrated Care Telehealth Services for Members of a Medicaid Health Plan*, which has been submitted for publication. The results of the evaluation showed that VCCI participation was associated with a significant change in the distribution of health care costs by category and the time-to-treatment results point to the promise of virtual integrated care to speed access to behavioral health treatment for patients in need. The evaluation also noted that the VCCI program demonstrates a flexibly replicable model of integration with indices of success that may help expand the application of integrated care for Medicaid populations.

SFY 2024 Strategies and Planned Interventions

ACS will add an additional component to its services in SFY 2024 through its VCCI Behavioral Health Transitions of Care (VCCI BH TOC) program. This program was created in collaboration with the Colorado Access UM team and will be available to Colorado Access members that are being discharged from bed-based behavioral levels of care. The VCCI BH TOC program is designed for members that may need time-limited medication management until they can be established with a long-term outpatient psychiatrist. ACS is also planning to expand its virtual therapy to support long-term care starting in August 2023. Traditionally, VCCI has offered short-term therapy, generally limited to six to eight telehealth sessions, and then facilitates a warm handoff to the next level of care. Feedback from participating VCCI practices prompted this model change, with practices specifically stating that the short-term model was not effective to meet the increased complexity of patient conditions that have emerged post-pandemic, especially in the adolescent space. Practices expressed that they were reluctant to make a short-term referral knowing the patient needed long-term care, this model change will allow the ACS therapists to work directly with the patient and PCMP to determine the appropriate number of VCCI therapy sessions, without limitation.

SFY 2024 Goals

- Engage 15 members through the VCCI BH TOC program.
- Implement a model change to long-term VCCI therapy services, and track results along with utilization.

- Establish a customer satisfaction monitoring process that includes surveys, feedback collection, and data analysis to measure and improve customer satisfaction levels within the VCCI program.
- Continue to explore opportunities to identify a community partner to work with ACS to increase access to behavioral health care for Region 5 members.

Client Over-Utilization Program

Summary

COUP, also known as Lock-In, is a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of care or services by Health First Colorado members. The COUP design plan provides an opportunity for intervention with clients who have over/inappropriate utilization of pharmaceuticals and demonstrate signals that they may be struggling to properly manage their medical conditions and who could benefit from care coordination and other interventions, including indicators of inappropriately utilizing health services and shopping for prescription medications. The Colorado Access care management department outreaches members who have been identified on the COUP list to provide appropriate care coordination services. Colorado Access care management utilizes care management programming to identify members that would benefit from the COUP Lock-In program.

SFY 2023 Goals

- Care management will obtain access to Colorado’s Homeless Management Information System (HMIS) to better identify and improve collaborative care management and service coordination for COUP classified members.
- Care management will create and implement care coordination workflows and HMIS staff training for the purpose of strengthening care management and service coordination for COUP classified members.

SFY 2023 Results

Colorado Access addressed the needs of members identified as having high utilization using care management and Lock-In providers.

Activities	Q1	Q2	Q3	Q4	Total
# of Members in Lock-In status	1	1	1	1	4
# of Lock-In Providers	1	1	1	1	4
# of Appeals for Lock-In	0	0	0	0	0

Care Management

The Colorado Access COUP intervention strategy is designed to assist members by addressing overutilization patterns. Care management continues to identify and outreach members who appear on the monthly Cost Control and Quality Improvement (CCQI) file with the COUP flag. Care managers prioritize complex members, using the Colorado Access internal complex definition, and other risk factors that have occurred within a three-month time period such as overutilization of ED services by having four or more ED visits, use of six or more high-risk prescriptions, and having three or more prescriptions written or filled by three or more different prescribers or pharmacies. Outreach to prioritized members are made by phone, mail, or through the offer of a virtual visit with a care manager. Once members are reached, care

managers communicate with members to complete a comprehensive health assessment to identify the root of the member's ED utilization, high-risk prescription utilization, identify gaps in care, and determine social needs that may be driving their behavior.

Care managers continue to work with members to connect them back to their primary care and/or specialty care providers and work with the member to develop care plans to address their needs. During this reporting period, cross-departmental collaboration meetings occurred quarterly to ensure operational alignment within Colorado Access for COUP programming. Leadership from the care management and PNS teams worked together to establish and strengthen relationships with PCMPs identified to be providing care to members meeting COUP criteria.

Lock-In Providers

The Colorado Access NPS department works to recruit PCMPs to serve as Lock-In providers for members for the COUP program. If a provider has concerns about the member's specialty care, a Colorado Access medical director facilitates doctor-to-doctor interfacing between the Lock-In PCMP and other providers. The medical director educates the provider on the Lock-In program and identifies the member's health and specialty care needs. Some providers are uncomfortable with taking on the high level of responsibility and patient management that COUP requires, and this is especially true when the provider does not have an established relationship with the member. Additionally, the lack of an established relationships between the PCMP and the member's specialists have caused some providers to shy away from working with the Lock-In program.

SFY 2024 Strategies and Planned Interventions

Colorado Access will continue to address the needs of members identified as having high utilization using two strategies: care management and Lock-In providers. Additionally, Colorado Access will leverage Colorado's HMIS to develop trainings to strengthen care management and service coordination for COUP classified members, strengthen communication, and reduce duplicative service offerings.

SFY 2024 Goals

- Care management will create and implement care coordination workflows and Colorado's HMIS staff training for the purpose of strengthening care management and service coordination for COUP classified members.
- Care management will utilize HMIS to collaborate with external partners and other organizations to strengthen communication and to further reduce duplicative service offerings.

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 and SUD medical records to ensure high-quality services are delivered and treatment is properly documented for this population. Provider selection for behavioral health and SUD 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 and SUD services by conducting chart audits and provide feedback based on the behavioral health and SUD chart audit tools to improve documentation of charts.
- Evaluate the current CAP process and audit passing threshold and implement a tiered audit scoring system with an enhanced focused 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. Historically, facilities were placed on a CAP after the failure of a documentation audit. 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. 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 Region 5 facilities were selected for this audit and 19 charts in total were reviewed. Two facilities were required to complete the behavioral health documentation training because of audit scores between 70.0% and 79.9%, and one facility was required to complete a quality improvement plan due to audit scores below 70.0%. This quality improvement plan was resolved timely, and the charts provided post-quality improvement plan met minimum documentation standards. Additionally, two Region 5 facilities were selected for SUD documentation audits and eight charts in total were reviewed. Both facilities selected for the SUD audits passed with scores in all audit categories of eighty percent or greater, and therefore documentation training and/or quality improvement plans were not required.

SFY 2024 Strategies and Planned Interventions

In SFY 2024, Colorado Access will continue to conduct behavioral health and SUD documentation audits on providers billing for assessment, psychotherapy, 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 and 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 and SUD services by conducting chart audits and provide feedback based on the behavioral health and SUD chart audit tools to improve the documentation of charts.
- Seek opportunities to increase co-audits with the Colorado Access compliance team to decrease the audit burden on providers.

Denver Health Collaboration

Summary

Beginning January 1, 2020, DHMC subcontracted Colorado Access to administer the capitated behavioral health benefit for members. This relationship has served to strengthen mental health care coordination services provided to DHMC members. Specifically, Denver Health staff and Colorado Access care management teams jointly review and identify opportunities to strengthen collaboration of care management and mental health care coordination activities between the two organizations. Joint oversight of these services provides an opportunity for strengthening the roles and responsibilities related to serving Denver Health members with mental health needs by aligning regional strategies aimed at coordinating initial and ongoing coordination of member interventions, upholding continuity of member care, advancing positive health outcomes, and supporting effective cost containment.

Denver Health and Colorado Access leadership continue to meet quarterly to ensure continuous oversight and improvement of service delivery and to align regional strategies aimed at coordinating initial and ongoing coordination of member service plans to improve health outcomes and assure shared members have a seamless experience of care. Colorado Access and Denver Health Medical Plan leadership representatives continuously review and identify opportunities to strengthen the collaboration of care management between the two organizations, including investigation of activities and status of members referred to Colorado Access for engagement in behavioral health services. All identified program design and advancements are administered and delivered in alignment with the Colorado Access and Denver Health Medical Plan behavioral health services subcontract and statement of work. Committee participants include the director, manager, and supervisor of Colorado Access care management, as well as the Denver Health Medical Plan manager of government products, director of health plan care management, and director and manager of utilization management.

Colorado Access care management continues to offer direct care management support to Health First Colorado members receiving services in the Denver Health psychiatric emergency services (PES) unit and adult inpatient psychiatric unit. Colorado Access care staff work directly with members and Denver Health staff to explain the role and function of care coordination, discuss available outpatient services, schedule community-based follow-up appointments, foster member engagement, mitigate barriers to care, and facilitate connections with the member's care team and medical home. The Colorado Access care manager conducts an individualized assessment of needs and thorough chart review to evaluate holistic and salient member needs, including behavioral health, substance use, and SDoH. This information is used to design care plan goals, address SDoH needs, and to reconnect members with previously established and/or new community providers as appropriate. Accessibility to Denver Health's EHR, EPIC, supports more effective care team collaboration and communication. EPIC offers a

secure chat feature that allows Denver Health staff and the Colorado Access care management team to directly interact in a live setting, which in turn promotes seamless interactive messaging and care coordination using a virtual platform.

Colorado Access credentialed an additional care manager in EPIC to ensure seamless support is provided to the Denver Health PES when coverage needs arise. The placement of Colorado Access care managers at Denver Health continues to significantly contribute to building strong partnerships that are jointly focused on optimal member care. On a daily basis, the assigned Colorado Access care managers work in direct alliance with Denver Health psychiatrists, physician assistants, and nurses to gather and review collateral information, identify and submit provider referrals, schedule follow-up appointments, and formulate member discharge plans. This active working relationship positively impacts members in many ways, including timely identification of member needs and care plan design; efficient scheduling of same and/or next day provider follow-up appointments; judicious exchange of member information with Denver Health care team members; and effective connections between Denver Health staff and outpatient providers.

SFY 2023 Goals

- Colorado Access and Denver Health Medical Plan will repurpose the existing quarterly meetings to identify opportunities to collaborate to improve behavioral health IM performance areas, including: engagement in outpatient SUD treatment, follow-up appointment within 7 days after an inpatient hospital discharge for a mental health condition, follow-up appointment within 7 days of an ED visit for SUD, follow-up after a positive depression screen, and behavioral health screening or assessment for children in foster care.
- Both organizations will continue to review program integrity, ensure collaboration between agencies, and monitor activities and status of members referred to Colorado Access for engagement in mental health services, including behavioral health, SUD, and DOC populations. Topics for review include the following work on mental health programming and service delivery: current strengths, process improvement needs, risk management considerations, and inter-agency collaboration opportunities.
- Continue tracking member referrals from Denver Health Medical Plan to Colorado Access within the electronic health record.

SFY 2023 Results

In SFY 2023, Colorado Access and Denver Health met quarterly to review behavioral health program referral follow-ups, program strengths and successes, and opportunities for process improvement. Colorado Access continues to utilize an electronic record tracking system to provide leadership with a tool to readily monitor and quantify member referrals submitted

between Denver Health Medical Plan and Colorado Access. Specifically, a DHMC incoming and outgoing referral activity type is used in the Guiding Care electronic health record, which care staff select upon receiving and sending DHMC member referrals. Selection of the incoming referral activity type triggers an automated referral of the member record to the care management inboxes, which supervisors' access to assign incoming member referrals to a care team based on each members' individualized needs. Following the implementation of the DHMC automated electronic record tracking system, Colorado Access has received 114 mental health referrals from Denver Health and submitted 162 physical health referrals to Denver Health for follow-up care.

SFY 2024 Strategies and Planned Interventions

Colorado Access and Denver Health Medical Plan will continue to jointly review and identify opportunities to strengthen collaboration of care management between the two organizations. Colorado Access will also continue to monitor referrals from Denver Health to ensure referrals are assigned and addressed in a timely manner and assess opportunities for improved communication practices. In addition, to address the DHMC and Colorado Access behavioral health IMs calculation split, Colorado Access care management, quality improvement, member affairs, practice supports, and behavioral health teams will begin to meet regularly with DHMC leadership to review performance, progress, obstacles, and design system improvements.

SFY 2024 Goals

- Colorado Access and Denver Health Medical Plan will continue scheduled meetings to identify opportunities to further collaborate to improve behavioral health IM performance areas, including: engagement in outpatient SUD treatment, follow-up appointment within 7 days after an inpatient hospital discharge for a mental health condition, follow-up appointment within 7 days of an ED visit for SUD, follow-up after a positive depression screen, and behavioral health screening or assessment for children in foster care.
- Both organizations will continue to review program integrity, ensure collaboration between agencies, and monitor activities and status of members referred to Colorado Access for engagement in mental health services, including behavioral health, SUD, and DOC populations. Topics for review include the following work on mental health programming and service delivery: current strengths, process improvement needs, risk management considerations, and inter-agency collaboration opportunities.
- Continue tracking member referrals from Denver Health Medical Plan to Colorado Access within the electronic health record.

Care Management for Members with Special Health Care Needs

Summary

The Colorado Access care management department operates numerous interventions aimed at addressing members with special health care needs. Populations who are targeted include but are not limited to: complex adults and children with chronic conditions, adults (IDD and non-IDD), children (IDD and non-IDD), justice involved, children in foster care/child welfare, members transitioning from hospital to home for physical or behavioral health conditions, members with identified substance use disorders, and pregnant women. Care managers conduct comprehensive health assessments with members focused on identifying care gaps, including barriers in access to care, SDoH, self-management knowledge and treatment adherence, and medication compliance. Following the assessment, a care plan is developed with the member to address gaps in care and identify action steps to promote improved health outcomes. Care managers may also provide the member with condition-focused health education as well as medical and social referrals.

SFY 2023 Goals

- Increase care management engagement/enrollment of members with special health care needs by expanding the care management/practice supports hybrid model.
- Advance intentional relationship building with key external partners (counties, CMAs, other community organizations) to support collaborative care coordination for members with special health care needs.

SFY 2023 Results

During SFY 2023, the care management department hired additional FTEs to support a care management and practice support hybrid model. However, due to increased resource needs within the behavioral health and SUD related interventions, this work was temporarily paused. Although this work has been paused, the care management department has leveraged the care coordinator team to support outreach to complex members to increase care coordination and engagement.

Colorado Access care management also continues to build and strengthen relationships with external partners to support work with members with special health care needs, which includes, but is not limited to, monthly meetings with the CMA's within the Colorado Access regions, monthly care management representation at the Children's Disability Advisory Committee (CDAC), active participation in monthly county collaboration meetings, monthly meetings with Momentum (a Rocky Mountain Human Services program), continuous collaboration with the community mental health centers in the region, as well as quarterly meetings with Signal Behavioral Health Network, the HRCC Collaborative Forum (HCPF, RAEs, Child Welfare, Counties), and the Delores Project.

SFY 2024 Strategies and Planned Interventions

Colorado Access will continue to expand and fine tune care management workflows, as needed, to ensure members with special health care needs receive appropriate resources, education, and support. Care coordinators will assess member needs and provide support in connecting members to benefit information, PCMPs, specialists, and referrals to community resources. If a member requires more intense and prolonged assistance, they will be referred to a care manager who will provide direct assistance with care planning and care coordination related to special health care needs. Colorado Access will continue to explore ways to increase engagement/enrollment of members with special health care needs into care management support and interventions. Through partnerships with Family Voices and Colorado Cross-Disability Coalition (CCDC), there will be an evaluation of the current state of Colorado Access as it relates to supporting members with special health care needs. Additionally, the evaluation will provide recommendations for improvements and structure in a future state, including recommended training to support Colorado Access staff, providers, families, and community partners, as well as increased support to navigate and build relationships with additional key stakeholders to support this population.

SFY 2024 Goals

- In partnership with Family Voices and CCDC:
 - Family Voices and CCDC will complete a current state evaluation and create a list of current state pain points and opportunities to improve in future state to support for members with special health care needs.
 - Family Voices and CCDC will recommend and develop training to support Colorado Access staff, providers, families, and community partners.
 - Colorado Access will continue to build relationships with additional key stakeholders and increase support to navigate working with special health care needs.

Quality of Care Concerns

Quality of Care Concerns

Summary

The Colorado Access QOC process identifies, investigates, and addresses potential quality of care concerns. QOCs can be raised by the Department, providers, or Colorado Access staff, and are defined as evidence of harm 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 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 QOCs.
- Develop a QOC training and distribute 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 57 QOCs submitted for Region 5 in SFY 2023. This volume is similar to the 60 Region 5 QOCs submitted in SFY 2022. Of the 57 QOCs submitted, only one was not closed out within 90 days of submission. This resulted in a timely closeout rate of 98%, exceeding the goal 90% of QOCs closed within 90 days of submission. Delays with closing out the one QOC resulted from

an extended turn-around time in obtaining an autopsy report, which ultimately caused a delay in the timely closure of this QOC. To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality improvement works closely with medical leadership 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. The two most common categories of QOCs submitted for Region 5 in SFY 2023 included *unexpected death* and *lack of follow-up/discharge planning*.

Colorado Access has implemented a proactive approach in notifying providers of QOC trends to educate providers on quality standards to address QOC trends before they become problematic and reduce the likelihood of a CAP. In April, Colorado Access quality, care management, and practice support staff met with clinic leadership at one facility after an increase in QOCs had been submitted against this provider for lack of coordination of care/services, lack of follow-up/discharge planning, provider non-compliant with regulations, and lack of communication. This provider was not properly documenting seven-day follow-up appointments, resulting in QOCs being submitted. During this meeting, Colorado Access staff discussed the importance of scheduling and documenting seven-day follow-up appointments and reiterated seven-day follow-up standards. Since this meeting, QOC trends at this facility have decreased. Colorado Access continues to monitor QOC volumes at this facility to ensure adherence to clinical quality standards. As a result of this proactive approach, no Region 5 facilities were placed on a CAP as a result of a QOC investigation in SFY 2023.

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. Additionally, 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 in alignment with the Region 5 contract and update all applicable training, documentation, and process documents to ensure a smooth and seamless transition.

External Quality Review

External Quality Review Organization (EQRO) Audit

Summary

Colorado Access participates in an annual external independent review of quality outcomes, timeliness of, and access to services covered under its contracts. 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 Health First Colorado 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.

The below table summarizes audit scores for each standard included in the audit.

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
I. Coverage and Authorization of Services	32	32	28	4	0	0	88%
II. Adequate Capacity and Availability of Services	14	12	12	0	0	0	100%
VI. Grievance and Appeals Systems	35	35	34	1	0	0	97%
XII. Enrollment and Disenrollment	5	5	5	0	0	0	100%
Totals	86	86	81	5	0	0	94%

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

Record Reviews	# of Elements	# of Applicable Elements	# Met	# Not Met	# Not Applicable	Score (% of Met Elements)
Denials	100	71	64	7	29	90%
Grievances	60	56	56	0	4	100%
Appeals	60	53	53	0	7	100%
Totals	220	180	173	7	40	96%

SFY 2024 Strategies and Planned Interventions

Colorado Access is implementing additional checks and safeguards to ensure the organization is compliant with 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.

411 Encounter Data Validation Audit

Summary

Each year the Department requires all RAEs to conduct a data validation project for behavioral health encounters. In SFY 2023, Denver Health was also included in the 411 sample. As part of this data validation, the Department selects a sample of 411 behavioral health encounters, consisting of 137 encounters in three service categories which include inpatient, outpatient psychotherapy, and residential. The compliance team manages this project as one element of the fraud, waste, and abuse efforts of the Colorado Access compliance program.

SFY 2023 Goal

- Colorado Access will utilize the results of the 411 encounter validation audit to identify potential fraud, waste, and abuse issues that can be integrated into the audit plan for the next state fiscal year.

SFY 2023 Results

All 411 encounters are validated by comparing claims data with the medical record documentation submitted by the provider. This process allows Colorado Access to validate previously paid claims and monitor provider billing compliance. Colorado Access conducted the 411 encounter validation audit for Denver Health in SFY 2023 and results are included with Region 5 reporting. See below for a summary report on the calculation and validation of encounter data validation results for each service category for Region 5 and Denver Health.

Region 5				
Requirement/Field Name	Service Category	Numerator	Denominator	%
Primary Diagnosis Code	Inpatient	128	137	93.4%
Revenue Code	Inpatient	132	137	96.4%
Discharge Status	Inpatient	123	137	89.8%
Start Date	Inpatient	134	137	97.8%
End Date	Inpatient	134	137	97.8%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Psychotherapy	120	137	87.6%
Diagnosis Code	Psychotherapy	131	137	95.6%
Place of Service	Psychotherapy	106	137	77.4%
Service Category Modifier	Psychotherapy	120	137	87.6%
Unit	Psychotherapy	135	137	98.5%
Start Date	Psychotherapy	135	137	98.5%
End Date	Psychotherapy	135	137	98.5%
Appropriate Population	Psychotherapy	135	137	98.5%
Duration	Psychotherapy	127	137	92.7%
Staff Requirement	Psychotherapy	135	137	98.5%

Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Residential	133	137	97.1%
Diagnosis Code	Residential	136	137	99.3%
Place of Service	Residential	136	137	99.3%
Service Category Modifier	Residential	133	137	97.1%
Unit	Residential	136	137	99.3%
Start Date	Residential	136	137	99.3%
End Date	Residential	135	137	98.5%
Appropriate Population	Residential	136	137	99.3%
Duration	Residential	136	137	99.3%
Staff Requirement	Residential	136	137	99.3%

Denver Health				
Requirement/Field Name	Service Category	Numerator	Denominator	%
Primary Diagnosis Code	Inpatient	116	137	84.7%
Revenue Code	Inpatient	133	137	97.1%
Discharge Status	Inpatient	126	137	92.0%
Start Date	Inpatient	131	137	95.6%
End Date	Inpatient	133	137	97.1%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Psychotherapy	114	137	83.2%
Diagnosis Code	Psychotherapy	127	137	92.7%
Place of Service	Psychotherapy	119	137	86.9%
Service Category Modifier	Psychotherapy	114	137	83.2%
Unit	Psychotherapy	132	137	96.4%
Start Date	Psychotherapy	132	137	96.4%
End Date	Psychotherapy	132	137	96.4%
Appropriate Population	Psychotherapy	132	137	96.4%
Duration	Psychotherapy	130	137	94.9%
Staff Requirement	Psychotherapy	120	137	87.6%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Residential	133	137	97.1%
Diagnosis Code	Residential	137	137	100%
Place of Service	Residential	137	137	100%
Service Category Modifier	Residential	133	137	97.1%
Unit	Residential	137	137	100%
Start Date	Residential	136	137	99.3%
End Date	Residential	135	137	98.5%
Appropriate Population	Residential	137	137	100%

Duration	Residential	137	137	100%
Staff Requirement	Residential	137	137	100%

SFY 2024 Strategies and Planned Interventions

Colorado Access will utilize multiple interventions to address provider billing errors identified in the 411 encounter validation audit.

The first intervention Colorado Access will employ is the implementation of CAPs for outpatient psychotherapy and residential service providers. Providers with five or more claims audited who score below 95% in any category are required to submit a CAP addressing any deficiencies discovered during the audit, including repayment of failed claims/encounters. Colorado Access works with the provider to conduct a root-cause analysis of the errors and implement corrective action which may include, but is not limited to, staff training, electronic medical record system modifications, and implementation of provider-level monitoring such as a program of internal auditing. Progress is monitored and the CAP is closed once the issue is resolved based on evidentiary documentation and/or additional audits. Four providers will be on corrective action plans for this audit.

The second intervention is education and training. Providers who had less than five files audited are given recommendations for results and improvements, a documentation training PowerPoint, and must sign an attestation form acknowledging completion of the training. However, Colorado Access does not require a formal CAP for these providers, as the sample size is too small to determine if the issues are widespread or systemic.

The third intervention is remediation plans. Providers who did not pass the 411 audit and are already on a CAP for another Colorado Access initiated provider audit, a remediation plan will be implemented. Remediation plans set a regular cadence of meetings with the provider and offer targeted training and support. Support is multi-faceted and involves connection to the Colorado Access PNS, practice support, quality improvement, and compliance teams. Providers are encouraged to adopt trainings as part of their own onboarding and training processes. Colorado Access also will recommend providers to establish their own internal control system for auditing and monitoring purposes. Lastly, low-scoring providers will be monitored on a regular basis.

Colorado Access will also be participating in a quality improvement project (QuIP) with the guidance of HSAG to examine further opportunities for improvement. During this process, an intervention will be completed for any category that scored under 90% compliance in the 411 encounter data validation audit. The QuIP process involves identifying a provider that would benefit from an intervention, identifying failure modes, priority ranking those failure modes, and designing an intervention that will have an impact on improving subsequent scores in the 411 encounter data validation audit.

It is important to note there is a significant lag time in the 411 processes. By the time the selected claims are identified by the Department and reviewed by Colorado Access and HSAG, the next cycle of potential claims is underway. The corrective action process and QuIP are generally not initiated or completed until the end of the year, which coincides with the next 411 sample universe. This means provider scores generally do not show an improvement for two cycles of this audit since encounters that will be included in the sample for the next 411 audit have already been billed before interventions can be initiated.

SFY 2024 Goal

- Colorado Access will utilize the results of the 411 encounter validation audit to identify potential fraud, waste, and abuse issues that can be integrated into the audit plan for the next fiscal year.

Advisory Committees and Learning Collaboratives

Learning Collaboratives

Summary

Colorado Access participates in multiple learning collaboratives with the Department, community partners, other RAE regions, and members. Learning collaborative meeting topics can include value-based payment, health equity, population management, potentially avoidable costs, member engagement, long-term services and supports, and transitions of care programs, among others.

SFY 2023 Goals

- Continue to attend learning collaborative meetings with appropriate Colorado Access representation, contribute where appropriate, and identify areas for collaboration.
- Continue to work with the Department to identify topics for discussion and facilitate sessions of the learning collaborative on a rotating basis.
- Continue quality learning collaborative meetings with Denver Health Medical Plan and Colorado Access quality staff to share best practices and identify areas for collaboration.

SFY 2023 Results

During SFY 2023, Colorado Access participated in 11 RAE learning collaborative meetings, ranging in topic from member experience of care and member satisfaction, health equity, quality of care concerns, third next available appointments, housing, hospital transformation program, and planning for the end of the COVID-19 continuous coverage requirement, as well as others. Learning collaboratives also contained other topics embedded within these but focused largely on informing and improving services overall. The learning collaborative held in January 2023 focused on QOCs. During this learning collaborative, the Colorado Access quality improvement department shared a strengths, weaknesses, opportunities, and threats (SWOT) analysis of the QOC process with the other RAEs. This learning collaborative also allowed the RAEs to discuss QOC best practices and QOC barriers, such as obtaining medical records timely for QOC investigations.

Denver Health Medical Plan and Colorado Access quality staff participated in monthly Integrated Quality Improvement Committee (IQIIC) meetings facilitated by the Department. IQIIC meetings allowed for the discussion of barriers and best practices relating to HEDIS measures, PIPs, CAHPS, and member experience of care, and facilitated information sharing and collaboration between the RAEs. Additionally, quarterly meetings were held with Colorado Access leadership and Denver Health quality staff which focused on coordinating communications that go to shared members and providers, including COVID-19 information resources, onboarding new providers, and reviewing behavioral health utilization data.

SFY 2024 Strategies and Planned Interventions

Colorado Access will participate in multi-disciplinary, statewide learning collaboratives by actively contributing to agenda topics, helping facilitate meaningful discussion, and collaborating with the Department and other participating partners to identify meaningful topics of discussion and areas for collaboration.

Colorado Access and Denver Health Medical Plan will continue to participate in learning collaborative meetings to enhance collaboration and share best practices between the two organizations. This learning collaborative enhances both organizations' ability to effectively ensure high-quality and appropriate care is delivered to shared members.

SFY 2024 Goals

- Continue to attend learning collaborative meetings with appropriate Colorado Access representation, contribute where appropriate, and identify areas for collaboration.
- Continue to work with the Department to identify topics for discussion and facilitate sessions of the learning collaborative on a rotating basis.

Provider Support

Summary

The Colorado Access PNS team conducts learning opportunities for providers throughout each fiscal year, including provider forum meetings, virtual meetings, in-office training, and ad hoc support, as needed. Although provider forums are scheduled on an ad hoc basis, they are held at least quarterly and are scheduled based on provider interest in discussion topics. Provider forums provide enhanced opportunities for Colorado Access and the provider network to collaborate and share best practices on various topics, such as how to speak with patients and/or parents who are vaccine hesitant to increase vaccine uptake, how to implement motivational interviewing techniques, and how increase performance for value-based payment model metrics and other quality programs. Additionally, a team-based care model has been established between the PNS and practice support teams to maximize collaboration around provider engagement. This model provides high-touch, personalized provider service and aims to be a people-centered solution to provider engagement that allows the provider network to contact anyone on PNS and practice support teams to ensure seamless support and assistance.

SFY 2023 Goal

- Continue supporting providers by facilitating provider forums, virtual meetings, trainings, and education opportunities focused on clinical and administrative functions to increase provider resources, compliance, and satisfaction.

SFY 2023 Results

During SFY 2023, the Colorado Access PNS team engaged in 18,826 provider interactions. The following categories comprised most of the interactions: 1) enrollment/revalidation, 2) credentialing/network status, 3) reimbursement, 4) attribution methodology, 5) education around policies and procedures, 6) PHE unwind activities, 7) telehealth use, and 8) claims data and claims processing. The introduction of new claims and payor systems in SFY 2023 was the leading cause of the high volume of provider outreaches.

Colorado Access Provider Resource Group (PRG) Series

In SFY 2023, the Colorado Access practice support team revamped the PRG series. In February 2023, a PRG took place on the PHE unwind that aimed to educate and support providers through the transition. The PRG included education around existing resources, such as the availability of member communications in the form of posters or postcards that could be ordered through Colorado Access. This venue also provided additional opportunities to communicate the Colorado Access member outreach plan as well as data resources available that identify member redetermination dates.

In May 2023, a PRG was held that focused on the Colorado Access administrative payment model. The session reviewed the different value-based payment model types for three PCMP

types in the Colorado Access provider network. The Colorado Access payment reform team was the featured presenter, and they covered details on the adjustments to the definition of pediatric complex member, programmatic changes and investment, and administrative payment model metrics. The last portion of the PRG discussed details on a funding opportunity for providers who serve vulnerable populations. The design process for the SFY 2024 administrative payment model involved significant provider collaboration and communication. Colorado Access held nine provider stakeholder meetings, including input from more than 20 provider entities. These stakeholder meetings allowed providers to engage in the model design process, debate the value and reasonability of selected measures, and negotiate adjustments to target populations. The resulting models for pediatric, adult internal medicine, family medicine, and reproductive health providers encompass shared priorities for providers and members. Provider forums were also held to roll out the new models to corresponding providers.

In June 2023, the Colorado Access practice support team partnered with the University of Colorado Anschutz Medical Campus Behavioral Health & Wellness Program (BHWP) team and held a PRG titled “Reset Your Vaccine Conversations.” Since the pandemic, vaccine uptake has declined, and providers in the Colorado Access network have experienced vaccine conversation fatigue, which inspired this PRG. The BHWP team provided an opportunity to reduce the lingering effects of the pandemic on vaccine acceptance and discussed ways to integrate vaccine conversations into daily workflows. From the front office to provider conversations, strategies were explored to address conversations with patients who have questions or are vaccine hesitant. During the session, a video to demonstrate these strategies was shared with the participants. Free resources for both patients and providers were also shared to initiate and support vaccine conversations.

Provider Onboarding and Training

PNS collaborated with internal business partners to develop comprehensive provider onboarding training. When a provider contract is executed, a PNS representative conducts a phone introduction to initiate onboarding, provides an electronic orientation package, and periodically checks in to answer questions. The PNS representatives aim to provide training for all new practices within 60 days of contracting and offer ongoing and targeted training to providers who request it. Providers can access all provider-related training through the Learning Management System (LMS). In SFY 2023, the number of provider training completions was higher compared to past years, mainly due to the implementation of two new trainings, which include access to care cultural responsiveness trainings. The resources, communication, and training given by the PNS team supports the provider network with the tools, resources, and knowledge to be administratively successful in their care for members, leading to improved outcomes and care experiences for their patients. Training, issues, and provider communication are logged in the contact database to track and monitor progress and issue trends.

Documenting these activities allows Colorado Access to make ongoing improvements to the onboarding program.

Internal Collaboration with DEI

In collaboration with DEI, the PNS team began working closely with a group of behavioral health providers who specialize in working with individuals and families whose primary language is Spanish. This group of 21 providers is bilingual and self-identify as part of the Hispanic/Latinx community, culturally and linguistically. They consider themselves cultural brokers on behalf of their beloved community, serving as a bridge to quality behavioral health services and support.

SFY 2024 Strategies and Planned Interventions

Colorado Access will continue to leverage multiple avenues for reaching providers, including virtual and in-person meetings, electronic newsletters, and ad hoc support. PNS will continue to support providers by supplying pertinent education opportunities and guest speakers to ensure the provider network promotes clinical quality and best practices and provides the network with up-to-date information on trends and changes.

SFY 2024 Goal

- Continue supporting providers by facilitating provider forums, virtual meetings, trainings, and education opportunities focused on clinical and administrative functions to increase provider resources, compliance, and satisfaction.
- Incorporate NPS satisfaction scores into PNS workflows and conduct quarterly provider surveys to improve team processes and continuously maintain high levels of support.
- Utilize quarterly provider survey results during check-ins to address any issues or barriers to provider engagement, engagement frequency, data utilization, and overall experience.

Performance Improvement Advisory Committee

Summary

The Region 5 Performance Improvement Advisory Committee (PIAC) is composed of participants from diverse organizations across the region that cover a broad array of programming and services such as primary care, behavioral health, hospitals, family services, criminal justice, local public health, and Health First Colorado members, as well as their families and caregivers. The PIAC supports the development of regional health programming and plays an integral role in ensuring that the values, culture, and priorities of members and their families, providers, and the community are woven into the Colorado Access strategy. The PIAC's required responsibilities include the review of the contract deliverables, member materials, performance data, and discussions regarding policy changes. Member materials are also reviewed by the Colorado Access MAC, which includes PIAC members who hold liaison roles in both groups. The purpose of the PIAC is to engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of members and providers in Region 5. Two members of the Region 5 PIAC, who also served as liaison members on the MAC, passed away in SFY 2023. The MAC created the Caring Heart Award to recognize members who are strong advocates for other members, and both PIAC members were recognized with this award. New members were added to represent hospital partners and refugee resettlement agencies. Region 5 has a vacancy for the liaison to the State PIAC role and is always recruiting new PIAC members.

SFY 2023 Goals

- Offer a survey to PIAC members to solicit feedback on upcoming topics, preferences regarding in-person meetings and locations, and opportunities for increased collaboration.
- Develop onboarding materials for new PIAC members to streamline the orientation process and allow members to move into their roles with confidence.

SFY 2023 Results

PIAC members were provided a meeting survey designed to provide feedback to staff, speakers, and facilitators regarding meeting topics and outcomes following every quarterly and combined meeting throughout SFY 2023. Survey responses are anonymous and voluntary so that comments and recommendations can be implemented by the following meeting. Overall feedback and comments favored in-person meetings over virtual meetings and supported the preferred times and dates of the meetings. PIAC members were also surveyed regarding topics for the upcoming calendar year. Responses provided ample topics for future meetings, with some topics being repeated and others being new. Network adequacy, provider supports, and member services topics came out on top with overwhelming survey responses. New topics

included creating a more diverse behavioral workforce pipeline, health equity, Black birthing inequities, PHE unwind, and member satisfaction.

The PIAC's new member orientation is provided whenever new members join. The presentation has been modified and updated and includes an emphasis on clearly establishing expectations for offering thoughts and recommendations at the meetings. A fun new message was added to this material, "QUAP" or "Quit Using Acronyms Please," so that PIAC members are more attuned to language relevancy. Onboarding materials available include the roster of partner members, the official PIAC responsibilities from the RAE contracts, and an application form and accommodations request form to assure member needs are met. PIAC members are sent PIAC partner updates when there are updates from the Department occur and when training opportunities and/or valuable community resources are identified.

SFY 2024 Strategies and Planned Interventions

The PIAC recommendation process was slightly disrupted due to internal Colorado Access staff changes that created new feedback and reporting pathways. As Colorado Access staff in new roles are oriented to the PIAC, their responsibilities will be in part to ensure that PIAC recommendations are heard and considered, and most importantly, responded to in future PIAC meetings. By more clearly and formally documenting the PIAC recommendation process, Colorado Access can ensure the process is understood and roles and responsibilities are defined. With new work structures at Colorado Access, new opportunities have emerged for sharing and disseminating the PIAC's work, including at the internal program operations steering committee which meets to align priorities across departments and workflows. SDoH perspectives are often reflected in PIAC work and have a place in emerging discussions regarding the role of the RAEs in addressing SDoH factors. Additionally, the PHE unwind has drawn attention to methods that can be employed to assist members and their family members retain coverage for which they are eligible.

Some members of the Region 5 PIAC seek opportunities to engage more deeply in essential work, including the community giving program, incentive funding, and assessing needs post-pandemic. Topics that have emerged as possible purpose-driven workgroups include health literacy, especially with care management resources, updated definitions of member satisfaction, and additional expansion of behavioral health services and resources. Colorado Access will explore those possibilities as opportunities to engage the PIAC more deeply in SFY 2024.

SFY 2024 Goals

- Actively close the feedback loop between PIAC meeting recommendations and what happens to those recommendations once they have been recorded and shared.

- Present the work of the PIAC to Colorado Access staff such as population health, the SDoH framework team, and the PHE unwind workgroup to ensure that the community voice of the PIAC is offered to staff responsible for implementing the work.
- Create opportunities for PIAC subcommittees to pursue topics in a deeper manner than a two-hour meeting allows.

Member Advisory Council

Summary

The Colorado Access MAC is a group of Health First Colorado members, family members, and/or caregivers. Currently, the MAC is comprised of seven members, four of whom are from Region 5. The MAC gives members a voice in Colorado Access projects, programs, and member-driven materials. The MAC provides Colorado Access with invaluable feedback, diverse perspectives, and innovative ways to think about member education, member needs, service challenges, and how to work with community partners. The MAC meets on the third Tuesday of every month for two hours. In addition to normally scheduled meetings, members have an optional biweekly check-in, if needed.

SFY 2023 Goals

- Recruit and retain a diverse group of MAC members by attending community events that Colorado Access supports to engage and recruit diverse and underrepresented members to serve on the MAC.
- Work directly with the DEI department at Colorado Access to recruit a diverse group of member representatives and leverage their current partnerships to complete this area of work.
- Increase MAC visibility and awareness within the community by having current MAC members continue recruiting for new MAC members by attending community events which include, but are not limited to, gala's, award ceremonies, and partner events. Current MAC members will speak about what the MAC is, along with providing a member-driven MAC outreach card (small business type card that explains the purpose of the MAC and how to apply) outlining how they are able to get involved with Colorado Access.

SFY 2023 Results

In SFY 2023, existing MAC members recruited three additional members from diverse backgrounds, including LGBTQ+, caregivers, and members from the black, indigenous, people of color (BIPOC) community. However, due to competing priorities, one member resigned from the MAC during SFY 2023. Efforts will be made to replace this member in SFY 2024 through established recruiting pathways. Throughout SFY 2023 the MAC gained visibility in the community by attending various events, such as the Department's PIAC subcommittee, regional PIACs, and community events including events sponsored by Colorado Access. At these events, existing MAC members passed out business cards and handouts to aid in recruiting efforts, which included information about the intent and purpose of the MAC and the MAC's importance and value within Colorado Access and the community.

SFY 2024 Strategies and Planned Interventions

In SFY 2024 Colorado Access will continue to leverage the MAC to generate and validate ideas for creating effective outreach and programming for members. Moving into SFY 2024, this group will be utilized to provide insight on member lived experience as an approach to creating targeted and effective programming. Additionally, the MAC will focus on expanding outreach to the larger community to ensure individuals who qualify but are not connected to Health First Colorado are provided with resources and support to connect them to care and better overall health.

SFY 2024 Goals

- Recruit and retain a diverse group of MAC members by attending community events that Colorado Access supports to engage and recruit diverse and underrepresented members to serve on the MAC.
- Connect all MAC members to an additional group, council, committee, or stakeholder group. This goal is to have the MAC engage with the community at large as well as bring information back from a member perspective to Colorado Access.

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, network adequacy, the Colorado Access member-facing website, 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 is 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 PCMPs.

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.