Annual Quality Report

Child Health Plan Plus (CHP+) MCO

State Fiscal Year (SFY) 2023-2024

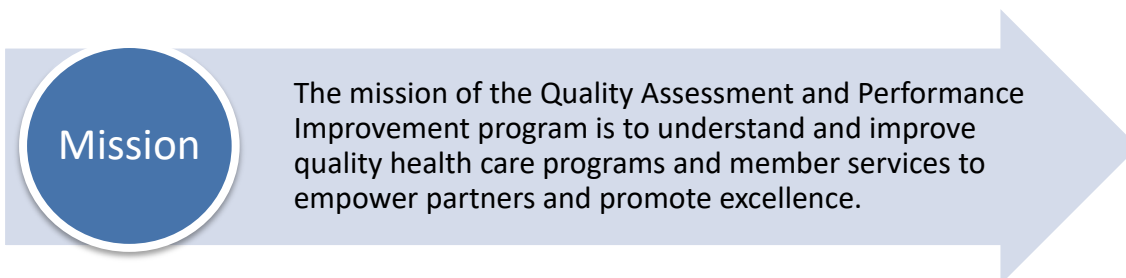## Table of Contents

Executive Summary

Quality Assessment and Performance Improvement Program

The Colorado Access Child Health Plan *Plus* Managed Care Organization (CHP+ MCO) is the largest CHP+ MCO plan in Colorado and has been providing services for more than 20 years. Colorado Access monitors data and health outcomes as a commitment to the ongoing improvement of the quality of care for CHP+ MCO members. This quality monitoring is driven by the mission of the Colorado Access Quality Assessment and Performance Improvement (QAPI) program. The philosophy of the QAPI program ensures members receive timely, high-quality care in a coordinated manner, meeting or exceeding community standards. It systematically monitors and evaluates service quality, utilization, and appropriateness, emphasizing culturally relevant, individualized care to promote self-management and shared decision-making. Using objective measurement and ongoing evaluation, Colorado Access is committed to improving care quality through continuous feedback and data-driven strategies, promoting whole-person health and equity.[1] In support of its mission to assist underserved Coloradans, Colorado Access continues to monitor and create specialized services for children and prenatal members through its CHP+ MCO program.

This report provides a reflection on key QAPI objectives, as well as programs and activities that Colorado Access engaged in throughout state fiscal year (SFY) 2024 (July 1, 2023, to June 30, 2024), including performance against goals. It also describes intended goals, strategies, and interventions to continuously promote quality in SFY 2025 (July 1, 2024, to June 30, 2025).

Mission

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

Key Accomplishments in SFY 2024

On July 1, 2023, the CHP+ MCO plan expanded benefits to include gender-affirming care for members. This benefit now includes coverage for services regarding behavioral health, hormone therapy, and surgical procedures. Colorado Access worked through several communication initiatives to ensure members and providers are aware of this change and able to utilize the benefit. During SFY 2024, Colorado Access prioritized health equity for members by completing the first iteration of the

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[1] National Academies of Sciences, Engineering, and Medicine. 2023. Achieving Whole Health: A New Approach for Veterans and the Nation. Washington, DC: The National Academies Press. doi.org/10.17226/26854

Health Equity Report deliverable that included a deep dive into member demographic data to help identify care gaps among different populations. Colorado Access has updated and incorporated social determinants of health (SDoH) questions into care management scripts, including health risk assessments (HRAs). Colorado Access has prioritized goals and strategies to decrease identified gaps in data and will continue to incorporate health equity initiatives into all areas of work.

Colorado Access has begun work in preparation for a new population of members coming January 1, 2025, through Cover All Coloradans, which was passed through House Bill (HB) 22-1289. Members who would have been CHP+ MCO eligible if not for their documentation status will now join CHP+ MCO membership. Colorado Access has been focused on internal communications, gathering questions, and preparing systems to intake this new population. In collaboration with the Department, Colorado Access has been a thought partner in voicing potential barriers that this population may run into with the health care system and is preparing solutions in advance. Colorado Access has created several workgroups, including a communications workgroup, data workgroup, and readiness committee that are working on this initiative.

Colorado Access has continued to collaborate with the Department and other managed care organizations (MCOs) throughout the unwinding of the Public Health Emergency (PHE). Much of SFY 2024 was dedicated to this work to ensure a smooth transition for members. Colorado Access remains committed to helping individuals and families maintain continuous coverage or transition to other sources of insurance, if necessary. Colorado Access employed multiple digital platforms, such as text messaging, web, and social media, to reach as many members as possible. For disproportionally affected members with complex needs, Colorado Access care management teams directly outreached these members each week to ensure they understood the actions they needed to take to continue coverage and provided support through the process. Colorado Access has a dedicated care management team that primarily focused on outreach to high-risk members as they were up for renewal through the "Take Action on Your Renewal" initiative. The goal of this telephonic outreach was to initiate a conversation about what the renewal packet is and the importance of filling it out timely. Colorado Access also focused efforts on digital engagement campaigns for all members with upcoming renewal dates, the development of instructional videos on taking action to keep coverage, and the creation of resources provided to practices to share with members while they are at the doctor's office. Beyond outreach informing members of potential transitions, Colorado Access has taken on many new CHP+ MCO members that were re-determined as CHP+ MCO eligible, and as a result, have navigated questions from members that have joined the Colorado Access CHP+ MCO plan to support them through the transition period.

Additionally, Colorado Access has been working to expand the network to include several new provider types to help increase maternal health, including updating credentialing and adding billing

codes to the scope of service for the new provider types of direct-entry midwives and doulas. This will expand services through provider types that were not previously available to CHP+ MCO members.

Key accomplishments and project highlights from SFY 2024 include the following:
- An expansion of benefits was implemented to include gender-affirming care.
- The CHP+ MCO membership doubled, and members were assisted through the complexities of the PHE Unwind.
- New deliverables, the health equity plan and language assistance, were successfully completed.
- Goals and strategies focused on demographic gaps in care that have been identified through data analysis and stratification.
- SDoH questions were introduced into all care management scripts, including HRAs.
- Much of SFY 2024 was dedicated to PHE Unwind efforts. Colorado Access launched several communication campaigns to ensure members do not incorrectly lose coverage, including the "Update Your Address" and "Take Action on Your Renewal" campaigns. The care management department has focused on outreaches to high-risk members to ensure appropriate action is taken on renewals.
- Preparation work to intake a new Cover All Coloradans population on January 1, 2025, was conducted. This has been a collaborative effort across Colorado Access with multiple departments and representatives from both CHP+ MCO and Regional Accountable Entity (RAE) lines of business.
- The network was expanded to include new maternal health provider types of direct-entry midwives and doulas.

Key Goals Moving into SFY 2025

SFY 2025 will bring continued focus on the internal Colorado Access quality measurement and performance improvement program. This will include conducting a full QAPI program self-assessment to identify key areas of strengths and areas of opportunity for the program and building action plans to address prioritized areas of opportunity. In the upcoming year, Colorado Access will focus on ensuring that new deliverables, reports, standards, and contract requirements are successfully implemented and executed. Colorado Access is working to continually enhance its population health and integrated care strategies by working cross-departmentally to analyze and stratify CHP+ MCO membership to further refine cost-savings strategies and ensure that members receive the right intervention at the right time, with the goal of improving health outcomes. This work will continue to be developed in SFY 2025 and beyond.

Additionally, Colorado Access plans to continue the concerted effort with the Department on the Cover All Coloradans initiative in response to HB 22-1289. This work will involve planning and preparing for expanding CHP+ MCO coverage to children and pregnant people who otherwise would

be eligible for CHP+ MCO if not for their documentation status. This project has been a priority in SFY 2024 and will continue through SFY 2025 and beyond to ensure a smooth and seamless process for these members. Colorado Access will continue working through test files to ensure a smooth intake of this new population on January 1, 2025.

The QAPI for SFY 2025 and beyond is focused on advancing whole-person, whole-family, and whole-community outcomes through integrated care and equitable access to high-quality services. Key priorities include embedding a health equity lens in all quality improvement initiatives, attaining formal National Committee for Quality Assurance (NCQA) accreditation to align with national standards, and establishing an analytics center of excellence to drive data-informed decision-making. To build organizational capacity, the program will also create a Colorado Access Improvement Academy to expand quality improvement skills and competencies and to create a culture of continuous learning across the organization. Specific strategies include developing comprehensive health and equity frameworks, enhancing cross-sector collaboration, expanding access to social services, implementing QAPI and governance structures to meet NCQA requirements, utilizing advanced analytics to monitor progress, and delivering training, mentorship, and collaborative learning opportunities for staff.

1. **Advance whole person, whole family, and whole community outcomes** by promoting integrated care that addresses the needs of individuals, families, and communities.
   - Strategies:
     - Develop and implement a comprehensive health strategy that focuses on equitable outcomes.
     - Enhance collaboration among health care providers, community organizations, and stakeholders.
     - Expand access to resources and support services that address social determinants of health.

2. **Embed a health equity lens in quality improvement initiatives** to ensure equitable access to high-quality care for all populations.
   - Strategies:
     - Integrate health equity principles into all quality improvement projects and initiatives.
     - Identify and address disparities in health outcomes across diverse populations.
     - Train staff on cultural competency and implicit bias to enhance patient-centered care.

3. **Achieve formal NCQA accreditation** to align with national standards for quality.
   - Strategies:
     - Implement an enhanced QAPI framework.

- o Implement an enhanced governing committee structure that adheres to NCQA standards and contractual guidelines.
- o Use NCQA standards, processes, and deliverables as a road map to institutionalize and align improvement efforts across Colorado Access and conduct regular assessments and audits to ensure compliance with accreditation requirements.
- o Develop an annual quality improvement work plan to include:
    - i. Scope of the QAPI plan with yearly objectives
    - ii. Reporting schedule with planned activities
    - iii. Evaluation of effectiveness of quality improvement, population health, member experience, care management, utilization management, and equity programs

4. **Establish an analytics center of excellence** to enhance data-driven decision-making and performance evaluation
   - Strategies:
     - o Develop an analytics center of excellence focusing on the new Health Plan Reporting Tool (HPRT) through Innovaccer.
     - o Utilize performance data to identify opportunities to eliminate care gaps and improve metric performance.
     - o Utilize advanced analytics to monitor progress, identify trends, and inform strategic planning.
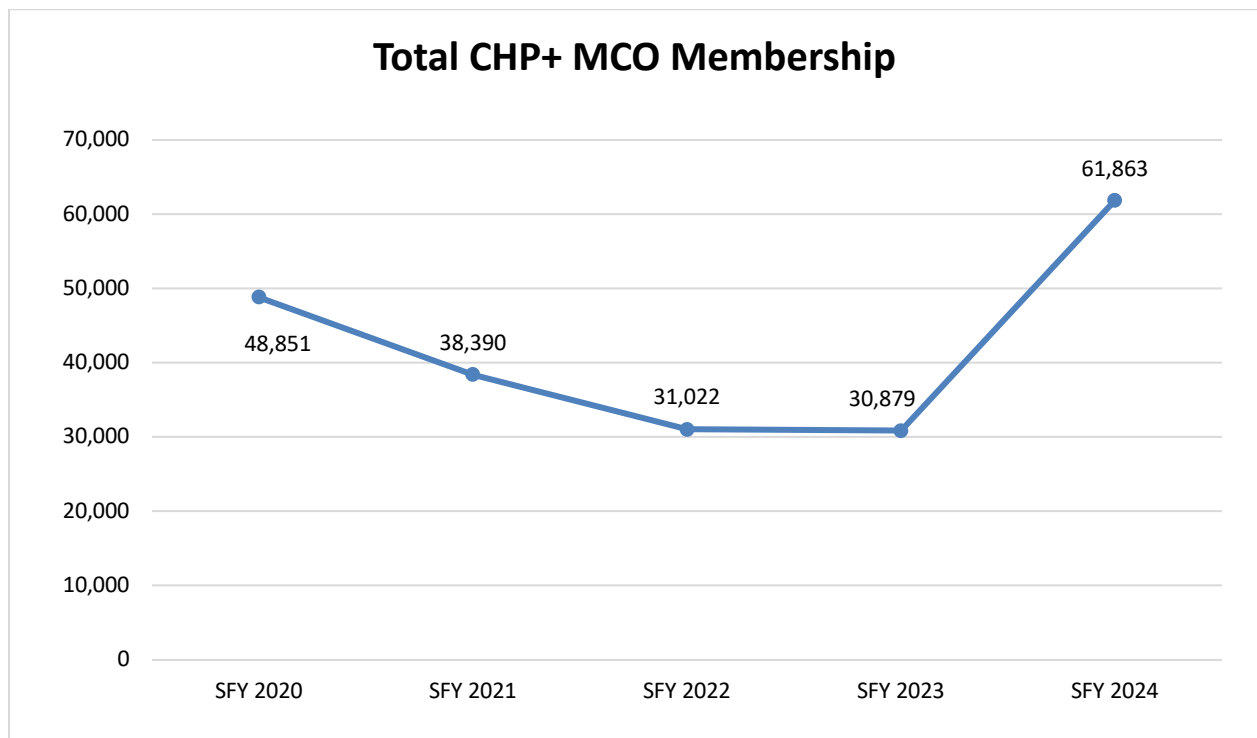
5. **Establish an Improvement Academy** to expand quality improvement, capability, and competencies across the organization.
   - Strategies:
     - o Develop a comprehensive curriculum by creating a robust training program that covers essential quality improvement methodologies, tools, and best practices to enhance staff skills.
     - o Foster a culture of continuous learning by encouraging ongoing professional development and knowledge sharing by offering workshops, seminars, and quality improvement certification opportunities.
     - o Leverage expert facilitators by empowering quality improvement experts to deliver targeted training sessions and mentorship programs.
     - o Implement collaborative learning initiatives by facilitating cross-functional teams and projects to apply quality improvement concepts in real-world scenarios, driving innovation and problem-solving.
     - o Measure and evaluate impact to regularly assess the effectiveness of Improvement Academy programs and make data-driven adjustments to optimize learning outcomes.

Membership

CHP+ MCO Membership

Membership for CHP+ MCO saw a drastic increase in SFY 2024, increasing from 30,879 members in SFY 2023 to 61,863 members in SFY 2024. CHP+ MCO membership doubled in SFY 2024 due to the PHE Unwind. Colorado Access saw nearly a 7% month-over-month membership increase since the beginning of the PHE Unwind in June of 2023 and throughout the remainder of SFY 2024. CHP+ MCO membership has surpassed pre-pandemic numbers. Membership data is derived from Colorado Access business intelligence (BI) monthly statistics and is calculated as of June, at the end of each SFY. The two graphs below show CHP+ MCO total membership year-over-year and CHP+ MCO membership by age group.

Total CHP+ MCO Membership

SFY	Membership
SFY 2020	48,851
SFY 2021	38,390
SFY 2022	31,022
SFY 2023	30,879
SFY 2024	61,863

CHP+ MCO Membership by Age

	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Age 19+ (Prenatal)			452	912	1,526
Age 7-18	32,958	27,128	22,619	22,134	40,977
Age 2-3	13,293	9,773	6,745	6,331	15,827
Age 0-1	2,600	1,489	1,206	1,502	3,533

Legend: Age 0-1, Age 2-3, Age 7-18, Age 19+ (Prenatal)
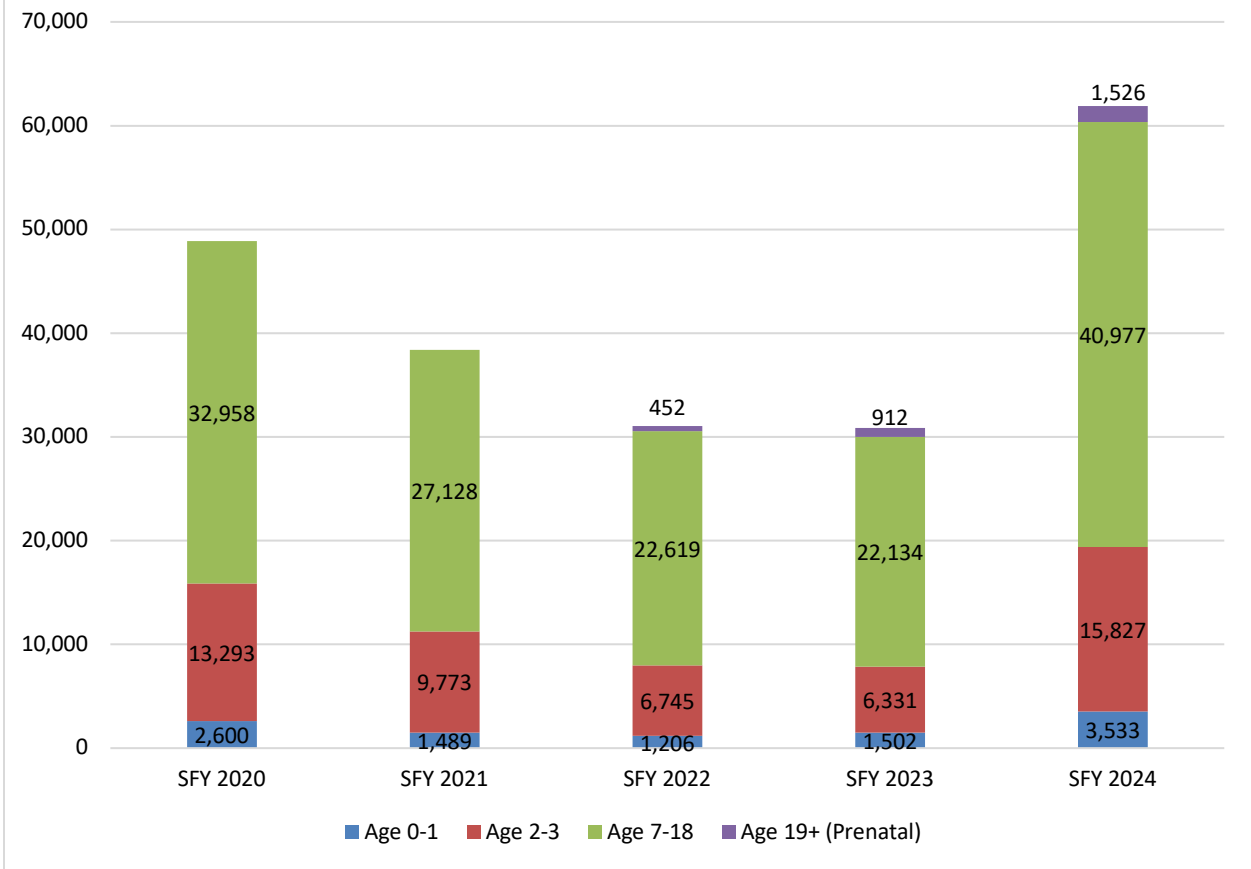
Performance Improvement Projects

Colorado Access uses a comprehensive, data-driven approach to identify and prioritize performance improvement projects (PIPs) focused on relevant high-volume, high-risk, and priority population data. Selection criteria include patient safety, health risk factors or co-morbidities, contractual requirements, potential for improved outcomes, project scale and ease of implementation, financial feasibility, available resources, and likelihood of success. The overall QAPI strategy guides the selection criteria to enhance the success of PIPs. These projects are aligned with Department requirements and program metrics, such as key performance indicators (KPIs) and behavioral health incentive measures (BHIMs), ensuring efforts are targeted toward meaningful outcomes and aligned with broader program objectives. An annual evaluation of each PIP ensures accountability and provides valuable insights into the effectiveness of interventions, allowing for adjustments and refinements to drive continuous improvement in care delivery.

Rapid-Cycle Performance Improvement

Summary

The SFY 2024 PIP cycle focused on physical health, with the Department and the Health Services Advisory Group (HSAG) releasing the PIP topic options for the new PIP cycle. All subject plans were required to initiate two PIPs, one clinical and one non-clinical. The non-clinical topic chosen for all plans was improving Social Determinants of Health (SDoH) screening rates. The CHP+ MCOs had the option to choose from the following physical health clinical measures:

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

SFY 2024 Goals

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

SFY 2024 Results

Child and Adolescent Well-Care Visits

PIP topic selections were submitted to the state in July 2023, with Colorado Access selecting Child and Adolescent Well-Care Visits (WCVs) as the CHP+ MCO physical health clinical measure. Baseline data was collected for July 1, 2022, to June 30, 2023, and reported to the state in October 2023. PIP project interventions officially began on July 1, 2023, and will run through June 30, 2025.

In SFY 2024, Colorado Access reported a child and adolescent WCV baseline rate of 42.37%, with an aim to use targeted WCV interventions to increase the percentage of visits among CHP+ MCO members aged 3 to 21 from 42.37% to 44.55% by June 30, 2025. Colorado Access utilized the Healthcare Effectiveness Data and Information Set (HEDIS®[2]) Quality Compass to determine an appropriate Specific, Measurable, Attainable, Realistic, Time-bound (SMART) aim goal. The baseline rate of 42.37% exceeded the 25th percentile national benchmark for the HEDIS Medicaid WCV metric, which includes CHP+ MCO performance. Therefore, Colorado Access chose the 33.33rd percentile national benchmark of 44.55% as the goal and verified that this goal would yield statistically significant (95 percent confidence level, $p<0.05$) improvement over the baseline performance. As of June 2024, the current CHP+ MCO child and adolescent WCV rate is 51.72%. However, this rate is subject to change with claims runout, and the official rate will be reported in the PIP submission forms to be submitted to the Department in October 2024.

Colorado Access observed that the expiration of the COVID-19 PHE impacted member demographics during SFY 2024. States began to terminate enrollment for individuals no longer eligible starting in May 2023, affecting the demographic populations of CHP+ MCO members during SFY 2024. This was reflected in Colorado Access data, with the member population doubling. Although the CHP+ MCO member population significantly increased, the CHP+ MCO WCV denominator for the PIP remained steady due to strict HEDIS measure specifications regarding continuous enrollment, which meant new members did not meet the eligibility criteria for the WCV measure. Colorado Access anticipates a significant shift in the PIP WCV denominator in SFY 2025 due to the increase in overall Colorado Access CHP+ MCO membership. Ultimately, the PHE changes have significantly impacted Colorado Access membership as expected, but the child and adolescent WCV rate will likely not reflect these changes until SFY 2025 when continuous enrollment has been stabilized.

The improvement of this rate is encouraging and influenced by programmatic interventions targeting WCVs. Colorado Access recently engaged in three key interventions aimed at enhancing WCVs:

1. KPI Provider Workgroups: In SFY 2024, Colorado Access revamped and reintroduced a series of bi-monthly workgroups with providers to address and improve prioritized KPIs. This year, the KPI provider workgroups focused on driving performance for the well-visit, A1c, and depression screening KPIs. These venues were designed as collaborative spaces for sharing best practices, driving performance, and identifying opportunities to scale interventions across the network. The benefits of these workgroups are multifold: Colorado Access

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

identified barriers and areas of opportunity, gained significant knowledge on strengths and best practices, and strengthened provider alliances. The momentum of the workgroups will continue into SFY 2025, focusing on metric improvement and provider collaboration. The workgroups will conclude in October 2024, followed by an analysis to assess their impact on each of the KPI metrics, including child and adolescent WCVs.

2. Text Message and Postcard Initiative: Colorado Access has launched a new well-child digital engagement program aimed at conducting targeted outreach to members, or their parents/guardians, ages 0 to 21 who are overdue for their annual well visit appointment. Members eligible to receive text messages from Colorado Access received a reminder to use the free wellness visit covered by Medicaid and CHP+ MCO. The text message not only reminded members of their annual insurance coverage but also informed them, or their parents/guardians, about the benefits of a wellness checkup, such as disease prevention and healthy growth. The program's goals include:
   1. Increase the number of members ages 0 to 20 who receive their annual WCV.
   2. Increase the percentage of members who are actively engaged in their health.

   In May 2024, Colorado Access sent text messages to 5,692 eligible RAE and CHP+ MCO members due for a well-care visit and mailed follow-up postcards to 12,000 RAE and CHP+ MCO members who were unable to receive a text message and were due for a well-care visit. These interventions are ongoing and will be further analyzed to determine their individual impact on the improvement of child and adolescent WCV rates.

3. Revamped the CHP+ MCO HRA for newly enrolled members: Upon enrollment, newly enrolled CHP+ MCO members receive an HRA. The results are used by care managers to gain a comprehensive understanding of each member's individual health care needs, including current risk factors and care gaps. Colorado Access has overhauled the CHP+ MCO HRA to enhance the questions and language for newly enrolled members, ensuring a more effective assessment process. Specifically, regarding WCVs, Colorado Access asks targeted questions about members needing assistance in finding a doctor or specialist and scheduling an appointment for their child.

Social Determinants of Health Screening
In SFY 2024, Colorado Access developed an organization-wide comprehensive strategy to address SDoH in partnership with communities and members to create an aligned approach and standardized processes for evaluation. Colorado Access reviewed an existing inventory of SDoH initiatives within the organization and determined the opportunity to improve SDoH screenings completed with members internally by the care management team within Colorado Access.

Baseline data was collected for July 1, 2022 to June 30, 2023, and reported to the state in October 2023. In SFY 2024, Colorado Access reported a SDoH screening baseline rate of 0%, with an aim to use targeted interventions to increase the percentage of SDoH screenings among CHP+ MCO members from 0% to 90% by June 30th, 2025. Colorado Access utilized previous care management call center data to determine an appropriate SMART aim goal. The baseline data showed that care management completed at least one SDoH question from the five core domains (food, housing, transportation, utilities, and interpersonal safety) in over 90% of calls. Therefore, Colorado Access determined that a 90% screening rate would be feasible once a standardized SDoH screening tool was incorporated into all relevant care management scripts. This target was verified to result in a statistically significant improvement over the baseline performance of 0%, with a confidence level of 95% and p-value < 0.05.

PIP project interventions began on July 1, 2023, and will run through June 30, 2025. SDoH questions from the Core Determinants of Health Screening Tool (CORE 5) and the Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) screening tool were implemented into all applicable care management scripts on May 8, 2024. Colorado Access is currently monitoring SDoH screening rates, and the official rate will be reported in the PIP submission forms to be submitted to the Department in October 2024.

SFY 2025 Strategies and Planned Interventions
Colorado Access will continue to collaborate and focus on previously described interventions. Colorado Access plans to evaluate the return on investment of the text message and postcard initiative. If proven effective, this intervention may be repeated and expanded to more members and applied to other relevant metrics. The KPI Provider Workgroups will also be assessed to determine if another round should be conducted SFY 2025, and which metrics should be prioritized.

SDoH screening rates will be continuously monitored, and barriers will be addressed if the rates do not meet the goals. Beyond this PIP, Colorado Access aims to better understand its membership by identifying how many members interacting with care management experience health-related social needs (HRSN) and ensuring the availability of appropriate resources and referrals.

Colorado Access will persist in improving the rates, innovating new ideas, and implementing PIP project interventions through June 30, 2025.

SFY 2025 Goals
- Collaborate with both external and internal partners on the PIP, as directed by HSAG.
- Create and monitor projects targeting the improvement of selected PIP topics.
- By June 30th, 2025, the Colorado Access care management team will utilize targeted interventions to increase the percentage of SDoH screenings among CHP+ MCO members from 0% to 90%.
- By June 30th, 2025, use targeted WCV interventions to increase the percentage of WCVs

among CHP+ MCO members aged 3 to 21 from 42.37% to 44.55%.

Collection and Submission of Performance Measurement Data

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

HEDIS Performance

Summary

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

SFY 2024 Goals

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

SFY 2024 Results

The HEDIS naming convention is Measurement Year 2023, stylized as MY2023, indicating that calendar year 2023 was the measurement year for the reported rates. For HEDIS MY2023, all HEDIS measures were reported using the administrative methodology in which only claims data was used to calculate each measure. As a result, medical record reviews and Electronic Clinical Data Systems (ECDS) were not a part of the HEDIS process. Additionally, Colorado Immunization Information System (CIIS) data from the Colorado Department of Public Health and Environment (CDPHE) was used as a supplemental data source for immunization measures to paint a more accurate and complete picture of immunization trends within the population. Capturing complete and accurate HEDIS data can be a challenge due to open network access, member turnover, inconsistencies in provider coding claims, and/or providers not participating in CIIS. Colorado Access reported measures noted on the Centers for Medicare & Medicaid Services (CMS) Core Measure child set, including four non-HEDIS measures, according to contractual requirements. Colorado Access historical and current performance on CHP+ MCO HEDIS measures can be seen in the tables below.

Immunizations

For HEDIS MY2023, all 13 Childhood Immunization Status (CIS) immunization rates increased compared to MY2022, with an average increase of 8.43%. Hepatitis B and Combination 3 vaccinations experienced the largest rate increases compared to MY2022, each with increases of more than 13%. All three combinations were benchmarked in 75th to 90th percentiles, meaning that CIS combination

immunization rates for Colorado Access are higher than 75 to 90 percent of Medicaid health plans nationally. Additionally, all singular immunizations, with the exception of hepatitis B and MMR, benchmarked at the 75th to 90th percentile, showing strong performance and improvement from MY2022.

Childhood Immunization Status	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023
DTaP	78.13%	78.26%	70.61%	66.42%	76.63%
IPV	86.60%	87.97%	84.19%	80.81%	88.99%
MMR	88.37%	88.27%	83.55%	80.07%	87.08%
HiB	88.62%	87.46%	84.03%	79.70%	87.53%
Hepatitis B	84.58%	87.06%	83.71%	75.28%	88.43%
VZV	86.09%	86.55%	82.43%	79.52%	87.64%
Pneumococcal Conjugate	78.76%	80.89%	76.52%	70.48%	79.33%
Hepatitis A	83.44%	82.81%	79.87%	78.23%	85.51%
Rotavirus	74.46%	77.15%	72.04%	68.82%	76.97%
Influenza	63.08%	66.73%	62.30%	51.48%	52.25%
Combination 3	70.04%	72.50%	65.97%	57.93%	71.01%
Combination 7	59.92%	65.12%	57.35%	52.58%	64.61%
Combination 10	46.78%	53.69%	46.81%	37.64%	42.58%

Immunizations for Adolescents (IMA) rates held steady in MY2023. HPV and Combination 2 immunization rates increased slightly, while Meningococcal, Tdap, and Combination 1 immunization rates each decreased by less than two percent. The two top-performing IMA measures were HPV and Combination 2, which benchmarked in the 50th to 66th percentile and 33rd to 50th percentile respectively.

Immunizations for Adolescents	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023
Meningococcal	78.14%	77.81%	77.26%	72.57%	69.93%
Tdap	87.59%	87.87%	85.20%	82.00%	80.22%
HPV	44.04%	44.58%	40.39%	35.45%	36.98%
Combination 1	76.14%	76.97%	76.45%	71.79%	68.92%
Combination 2	40.19%	41.81%	37.74%	33.31%	34.24%

Well-Child Visits

The Well-Child Visits in the First 30 Months of Life (W30) measure showed an average rate increase of 11.89% for both sub-measures. The 0 to 15-month sub-measure benchmarked in the 66th to 75th percentile, and the one to 30-month sub-measure benchmarked in the 50th to 66th percentile. The WCV Total measure increased in MY2023 with more than a 6% increase compared to the MY2022 rate, benchmarking in the 50th to 66th percentile.

Well-Child Visits in the First 30 Months of Life	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY2023
0 to 15 months	-	54.92%	61.19%	52.51%	62.64%
15 to 30 months	-	75.31%	65.48%	55.06%	68.70%
Child and Adolescent Well-Care Visits- Total	-	47.69%	48.16%	41.86%	48.28%

Rate increases for immunization and well-visit measures are likely attributed to the end of the PHE and subsequent churn between Health First Colorado (Colorado's Medicaid program) and CHP+ MCO. The CHP+ MCO population increased significantly over the course of MY2023, and as such, a subset of members moved from the Colorado Access Health First Colorado plan to the Colorado Access CHP+ MCO plan. To adequately account for services obtained prior to a member enrolling on CHP+ MCO, Colorado Access included applicable services rendered while members were on Medicaid to members who rolled to CHP+ MCO, in alignment with NCQA and HEDIS specifications to more accurately capture true HEDIS performance. This is likely one contributing factor for improved rate performance in MY2023. Additionally, Colorado Access has developed a robust immunization and well-child visit digital engagement program to help parents and/or guardians understand the importance of routine vaccinations and regular well child visits. Based on communication preferences, parents and/or guardians of CHP+ MCO members ages 0 to 17 receive either interactive voice recognition (IVR) calls, short message service (SMS) text messages, or mailers with information and resources on childhood immunizations. Communication includes well visit exam and vaccination reminders and provides information on vaccines required for children to start school. This program was developed utilizing HEDIS measure specifications with the goal of increasing routine vaccination and well-child visit rates for the CHP+ MCO population.

Disease Management

The Asthma Medication Ratio (AMR) Total measure for HEDIS MY2023 increased by 8.74% percent compared to MY2022, benchmarking in the 50th to 66th percentile. Although AMR performance improved compared to MY2022, the rate for this measure is still lower than pre-pandemic performance. Colorado Access continues to conduct root-cause analyses for this metric to evaluate the efficacy of interventions and pinpoint factors contributing to decreased performance post-pandemic.

	HEDIS 2020	HEDIS MY2020	HEDIS MY2021	HEDIS MY2022	HEDIS MY202
Asthma Medication Ratio- Total	81.11%	79.39%	75.29%	58.51%	67.25%

SFY 2025 Strategies and Planned Interventions

During SFY 2025, Colorado Access will work in collaboration with the Department to run the CMS Core Measures included in the child core set, which includes both HEDIS and non-HEDIS measures. Colorado Access will benchmark the 2024 calendar year (HEDIS MY2024) HEDIS rates against regional

and national results to identify opportunities for performance improvement. In the second half of SFY 2025, Colorado Access will finalize HEDIS MY2024 rates and CMS Core Measure rates for CHP+ MCO and analyze year-over-year trends. Colorado Access will continue to monitor HEDIS and CMS Core Measure data and will create programming and interventions based on findings and identified opportunities for rate improvement. Additionally, Colorado Access will implement the HPRT which will provide Colorado Access with increased oversight of HEDIS and CMS Core Measures and will allow for prospective rate reporting, dynamic drill-down capabilities, and the capability to run robust reports to increase gap closure and improve overall rate performance.

SFY 2025 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target performance improvement throughout the state fiscal year.
- Implement a HPRT solution to allow for prospective rate monitoring and increased oversight of HEDIS and CMS Core Measures.

Maternal Health

Summary

The Healthy Mom, Healthy Baby (HMHB) program is a multi-modal, wraparound prenatal and postpartum program designed to reduce poor health outcomes for both mother and baby, specifically focused on low birth weight, premature deliveries, and other adverse health outcomes from lack of prenatal care and education. Colorado Access provides a robust care management program, an evidence-based digital engagement program called Text4Baby that lasts from gestational age or delivery date up to the baby's first year, as well as a HMHB digital landing page that provides additional education and resources to members.

Care coordinators outreach all newly enrolled pregnant and postpartum members within seven business days of identifying a pregnant member to ensure a prenatal HRA is completed. The responses to the assessment trigger appropriate care plans that the coordinator can address and resolve while on the call. The screening also identifies high-risk pregnancies that may benefit from ongoing extended care coordination provided by a clinical care manager.

Members who choose to opt-in to the digital engagement program component of the program receive about three SMS messages per week. Messages provide education on topics such as the importance of prenatal and postpartum visits, addressing barriers to prenatal and postpartum visits, the 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, child care, family planning, postpartum depression resources, and more. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. Messages encourage users to obtain more information on a topic by clicking on embedded Uniform Resource Locators (URLs). Members are provided the Colorado Access care coordinator number as part of the digital outreach and may call in if they require more intense and prolonged assistance. Furthermore, program messages are provided up to the baby's first year and are offered in both English and Spanish. Members with past pregnancy history, complications, and other conditions or behaviors that could contribute to a high-risk pregnancy are identified as high-risk and are integrated into the care management program.

At a minimum, a care manager contacts the member during each trimester (more follow-ups may be needed throughout depending on the member's needs) to conduct a pregnancy-specific assessment related to the member's trimester or postpartum status, the care plan is generated, and the care manager supports the member in mitigating barriers and addressing the member's needs. Upon delivery, the member receives a postpartum call to assess the needs of the mother and baby, encourage postpartum care, and establish a medical home for the baby.

Members in the care management program are encouraged to visit the HMHB digital landing page, designed to complement the digital engagement and care management program. It includes education and local resources for pregnant and postpartum members.

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

Members are identified for the program via the following methods:
- A maternity clinical registry that identifies high-risk maternity through a stratification score.
- Utilization management (UM) pregnancy-related admissions and deliveries.
- Member self-referral through new member prenatal welcome calls, prenatal Health Risk Assessment (HRA), and/or referrals received by customer service.
- Direct referrals from providers and other community partners.

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

SFY 2024 Goals
- Continue to operate the Text4Baby digital engagement intervention and track associated process metrics to the impactable population to educate members.
- Continue to provide care coordination or extended care coordination, depending on the identified needs of the member, in support of the expansion of the 12-month postpartum coverage.

SFY 2024 Results

Care Management

Colorado Access continued to provide care management support to CHP+ MCO members throughout their pregnancy and during the postpartum period. With the addition of the breast pump benefit, Colorado Access ensured that staff continued supporting this population, including reminding members of the benefit during interactions. The prenatal HRA was revised in Q4 of SFY 2024 to ensure questions were more applicable to members and included addressing SDoH needs. The questions were regrouped to improve the flow with the goal of enhancing the members' experience and increasing the chances of a member fully completing the assessment with the care coordinator facilitating the live call.

Digital Engagement

In SFY 2024, the Text4Baby digital engagement program continued to provide support through a SMS-based digital wellness program for members aged 18 and older who were identified as newly pregnant or recently delivered. The program provides educational messages timed to gestational age or birth age, as well as interactive surveys and appointment reminders to improve maternal and child health outcomes. SMS messages are intended for pregnant people and new parents with babies up to age one. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. The table below shows the number of engaged members in the Text4Baby program in SFY 2024, the text opt-out rate, and the total number of member outreaches, per quarter.

	Quarter 1 (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
Engaged Members	9	6	1	2
Text Opt-Out Rate	0.00%	1.88%	0.00%	0.00%
Total Number of Outreaches	299	213	145	181

In June 2024, no outreaches occurred for the Text4Baby digital engagement intervention. This was due to challenges loading member eligibility data while transitioning the program hosting platform. June member outreach data that was sent from Colorado Access to the vendor was successfully loaded, however, there were technical difficulties loading the 'do not contact' information from the previous hosting platform. This would have prevented filtering out members who are no longer eligible or who may have opted out of the Text4Baby program. This challenge is actively being addressed, and it is anticipated that members will be outreached with the July cohort.

SFY 2025 Strategies and Planned Interventions

Colorado Access will continue to operate and manage the Text4Baby digital engagement intervention and outreach high-risk pregnant people to assess needs, ensure proper prenatal care, and connect

them to appropriate resources. Colorado Access will also continue timely outreach to members after delivery to assess needs and ensure appropriate postpartum care to high-risk members. The care management department will implement adjusted care coordination workflows to support the 12-month continuous postpartum coverage that became effective July 1, 2022. Colorado Access will also continue timely outreach to members after delivery to assess needs and ensure appropriate postpartum care to high-risk members. The care management department will review and optimize workflows to support members who are pregnant and explore how the HPRT, through Innovacer, can support improved stratification for identifying high-risk members who are pregnant.

SFY 2025 Goals
- Continue to operate the Text4Baby digital engagement intervention and track associated process metrics to the impactable population to educate members.
- Work with consulting group Anoteros to optimize workflows supporting members who are pregnant.
- Care management will explore how the HPRT through Innovaccer can support improved stratification for identifying high-risk members who are pregnant.

Asthma

Summary

The Colorado Access CHP+ MCO asthma program includes both care management and digital engagement interventions. The digital engagement intervention aims to reach parents and/or guardian(s) of members of CHP+ MCO, ages zero to 18, regarding the steps they can take to better control their child's asthma symptoms or flare-ups. Additionally, it provides parents and/or guardian(s) of members with important asthma messaging via IVR calls and SMS texting. Messaging includes ways to influence their child's asthma symptoms, the importance of communicating with the child's primary care provider (PCP), and tools and resources to better control future asthma flare-ups. Additionally, messaging reminds members to utilize the care coordinator team when trying to find a PCP. Care management programming and interventions consist of outreach designed to educate high-risk members and/or guardian(s) about the diagnosis and effective management of asthma. Through an asthma-specific assessment, the care manager assists in the identification of member health needs and/or social barriers to successful treatment. A care plan is crafted to reflect member and/or caregiver preferences.

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

Extended care coordination activities focus on care plan goal attainment, ongoing asthma-specific education, linkage with health care providers (PCPs and specialty care), connection to community resources, and medication reconciliation. In addition to the interventions afforded by internal care staff, Colorado Access has partnered with Navitus, the pharmacy benefit manager, to provide additional programming to both providers and members. The Navitus asthma program includes notifications sent to member guardian(s) and the prescribing physician with a member-specific asthma medication profile and a reminder to schedule a medication management appointment.

Members may be contacted by either the Colorado Access care management asthma program and/or the Navitus asthma program. The Navitus asthma program identification criteria includes meeting one or both of the following criteria:
- Asthma medication ratio of *less than* or *equal to* 0.5, or
- Filling six or more short-acting beta-agonist prescriptions.

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

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

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

SFY 2024 Goals

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

SFY 2024 Results

Care Management

Colorado Access care management continued to support CHP+ MCO members with asthma in SFY 2024. Due to organizational restructuring, the evaluation and health informatics department at Colorado Access was eliminated, and new roles within the quality department were created to support health outcomes and program analytics. This delayed work with expanding existing programming. Colorado Access partnered with Results Lab, a group that supports creating an impact and measurement plan to improve measurement outcomes within the care management department, The measurement plan for members with asthma was completed in July 2024, and subsequent findings and recommendations will be reported on in SFY 2025.

Digital Engagement

Colorado Access continued to operate an asthma digital engagement program that provides education and resources to parents/guardians regarding the steps they can take to better control their child's asthma symptoms or flare-ups. The table below details CHP+ MCO members included in the asthma digital engagement program in SFY 2024:

	Q1	Q2	Q3	Q4
Engaged Members	55	122	309	199
Text Opt-In Rate	100%	100%	100%	99.90%
Total Number of Outreaches	183	524	1527	955

SFY 2025 Strategies and Planned Interventions

Colorado Access will continue to provide support to CHP+ MCO members with an asthma diagnosis through care management and digital engagement interventions. Care staff will continue to assess member needs, connect members with needed resources, and ensure members understand best practices for successful asthma self-management. Colorado Access will look at opportunities to enhance data collection to evaluate member outcomes for individuals diagnosed with asthma and utilize the measurement plan created by Results Lab. Colorado Access will continue program enhancements as needed through collaboration with the CHP+ MCO program director, program manager, and other key internal partners. Ongoing analysis of the CHP+ MCO population will support continuous improvement to risk stratification methodologies. Additionally, Colorado Access will see opportunities to expand the use of Contexture ADT data for the CHP+ MCO population, as this data provides a potential opportunity for additional case management intervention for this population.

SFY 2025 Goals

- Continue to provide support to CHP+ MCO members with an asthma diagnosis through care management and digital engagement interventions.
- Care management will explore how the HPRT through Innovaccer can support improved stratification for members most appropriate for asthma care management intervention.
- Incorporate outcomes measures identified in the Results Lab measurement plan for CHP+ MCO members with asthma.

Behavioral Health

Summary

Colorado Access care management staff supports CHP+ MCO behavioral health needs, primarily through the Pediatric Transition of Care (TOC) program. This program is designed to identify and intervene with pediatric members utilizing inpatient behavioral health care to connect them with appropriate outpatient behavioral health services. During the member's inpatient hospital stay, the care manager coordinates with the member's guardian(s), outpatient care providers, PCP, and the treating facility to plan for discharge, which includes scheduling the member for an outpatient visit within seven days after hospital discharge.

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

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

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

SFY 2024 Goals

- Work collaboratively with the Colorado Access CHP+ MCO program director and program manager to identify opportunities to increase support for CHP+ MCO members with behavioral health needs.
- Continue to use the ASQ suicide screening to ensure members enrolled in all CHP+ MCO programs are screened for suicide when they are determined to be at-risk and/or according to departmental crisis policies and program workflows.

SFY 2024 Results

Care management leaders met regularly with CHP+ MCO program director and program manager throughout SFY 2024. Enhancements were made to the SDoH questions in the TOC script to ensure that members' SDoH needs were met through the TOC intervention. In this reporting period, 60 ASQ suicide screenings were completed with CHP+ MCO members. After the screening, all members were provided with resources to prevent suicide and receive further assessment if needed, including the Colorado Crisis Line phone number and local walk-in crisis centers.

SFY 2025 Strategies and Planned Interventions

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

SFY 2025 Goals

- Modify the TOC script to incorporate a valid screening tool for substance use, including tobacco use, to ensure that members with co-occurring behavioral health disorders are connected to appropriate provider resources.
- Support the behavioral health needs of self-referred CHP+ MCO members and their families through the expansion of the care management program.

Health Risk Assessments

Summary

Colorado Access continues to partner with the vendor Virgin Pulse, formerly Welltok, to deliver HRAs to newly enrolled CHP+ MCO members within their first month of enrollment. The HRA asks a series of questions pertaining to the member's overall health and wellness. The aim of the assessment is to help target care coordination outreach efforts to members who may need resources for social services, referrals for providers or specialists, and/or education on the benefits and services available to them within the CHP+ MCO health plan. HRA results are electronically loaded into the Colorado Access care management tool, and all member responses that indicate the need for follow-up care are assigned to a care coordinator for outreach. Targeted care coordination activities include a broad range of care plan goals and interventions including, but not limited to, bridging primary care appointments, establishing behavioral health services, scheduling dental visits, assisting members with establishing relationships with necessary specialty providers, and mitigating gaps related to SDoH needs.

SFY 2024 Goals

- Continue to utilize HRA member findings to provide targeted care coordination outreach that is tailored to address the unique health care needs of each member who completed the assessment.
- Continue to provide extended care coordination to members requiring a higher level of care coordination intervention due to member-driven identification of unaddressed special health care needs.

SFY 2024 Results

During SFY 2024, 21,028 newly enrolled CHP+ MCO members received the IVR call with the HRA. The table below details volumes for newly enrolled members, care management outreaches, and members needing follow-up for each quarter in SFY 2024.

	Q1	Q2	Q3	Q4
Total Number of Newly Enrolled Members	4,681	1,191	4,377	10,779
Number of Members Needing Follow-Up	860	609	1,434	1,418
Total Number of Care Management Outreaches	422	335	578	439

To meet contract requirements, strengthen efficiencies, improve targeted outreach, and enhance the overall quality of care coordination service delivery, HRA member outreach workflows have been adjusted. Additionally, Colorado Access has added a question that explicitly evaluates the special health care needs of all newly enrolled members. The retooled approach allows for optimal resourcing and ensures that members receive the services they need in a timely and effective manner. Care coordination activities include education regarding vaccination adherence, assisting

members with finding providers (primary care, specialists, behavioral health providers, dentists, etc.), appointment setting with providers, and connections to community-based organizations to support social needs.

Colorado Access continued to use the HRA data to support members with care coordination outreach and provided extended care coordination to those members needing a higher level of care coordination intervention. Late in SFY 2024, all HRA questions were revised to be more member-focused, easier to understand, and include all social determinants of health factors. Additionally, Colorado Access launched a new telecom system. The new telephone system allows for increased connectivity and stability of calls. Members and staff have reported fewer dropped calls, much better audio, and an overall enhanced member experience.

SFY 2025 Strategies and Planned Interventions
Colorado Access will continue to administer HRAs within the first month of members enrolling in the CHP+ MCO plan. Results will be used to ensure each member's health care needs are met with member-driven, appropriate, and comprehensive care coordination interventions. Care managers will use HRA responses to drive interventions and care coordination activities, including, but not limited to, connecting members to PCPs, bridging primary care appointments, establishing behavioral health services, connecting members to dental and specialty care providers, assessing SDoH needs, and providing subsequent resources.

The new telephone system allows for outbound preview dial campaigns, which will be implemented in Q2 of SFY 2025. The outbound preview dial feature will improve the efficiency and productivity of care coordinators making calls. Additionally, the campaign provides care coordinators with scripted verbiage within the phone platform, reducing the need to memorize how to engage members on the phone.

FY 2025 Goals
- Continue to utilize HRA results to provide targeted care coordination to newly enrolled CHP+ MCO members, including those identified as having special health care needs.
- Improve efficiency, productivity, and health record reporting by streamlining the CHP+ MCO HRA documentation workflow by implementing the telecom outbound preview dial campaign in the new telephone system.
- Incorporate health-related social needs questions into HRAs to better understand member needs and to connect members and families with the appropriate care and resources.

Member Experience of Care

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

Consumer Assessment of Healthcare Providers and Systems Survey

Summary

The Department collects data about member experience through the CAHPS survey, which assesses member and caregiver satisfaction with 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 2024 Goals

- Continue customer service-focused quality monitoring programs including the monitoring of Net Promoter Score (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.

SFY 2024 Results

Colorado Access received the 2023 CAHPS survey results from the Department in September 2023, during the SFY 2024 reporting period. As of the writing of this report, 2024 CAHPS survey results have not been received from the Department. The following section pertains to the 2023 CAHPS results which were collected from December 2022 to May 2023.

The 2023 CAHPS results were analyzed and shared with internal collaborators and presented during the Department's CAHPS learning collaborative in November 2023. CAHPS ratings for CHP+ MCO global and composite measures have been trended over the last six years to monitor progress and identify changes. Ratings for all health care, specialists seen most often, getting care quickly, and personal doctor improved compared to the 2022 measurements. However, health plan rating, getting needed care, how well doctors communicate, and customer service measures decreased from the

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

previous year. Areas of strength and improvement were identified by an internal CAHPS collaboration group, highlighting categories that showed improvement, as well as addressing response rates and potential barriers to achieving CAHPS results. The 2023 CAHPS results were also presented to both internal and external collaborators during the annual Colorado Access member survey summit meeting. The CAHPS communication plan, reviewed and implemented annually, includes dissemination of information about CAHPS through a monthly provider newsletter, member newsletter, and to relevant internal teams.

Once 2024 CAHPS results are obtained, Colorado Access will review the results and perform additional analyses if needed. Colorado Access anticipates that improved race and ethnicity data for CHP+ MCO populations, sourced from the Department's CCQI file and a new Colorado Access data table, will contribute to higher response rates for the 2024 CAHPS sample frame.

In addition to CAHPS results, Colorado Access continues to gather supplemental feedback on member experience. Member satisfaction surveys are developed collaboratively with input from members and member-facing teams, acknowledging diverse member experiences and needs. Questions are tailored to provide actionable insights. Engagement with the Member Advisory Council, internal customer service and care management teams, and population health data guide survey development. Each survey iteration includes a recurring question to track trends over time and two exploratory questions to capture current events or issues. For instance, during the onset of the COVID-19 pandemic, Colorado Access inquired about member attitudes toward telehealth.

A fifth survey iteration was administered in the spring of 2023, featuring 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. The sixth iteration of the survey was conducted in the spring of 2024. The recurring question continues to ask members how Colorado Access can improve their health care experience, while the exploratory questions seek to understand HRSNs in a member-friendly manner. Further details regarding analysis and interventions associated with these surveys are included in the member satisfaction survey section of this report.

During the review period, the Colorado Access customer service department achieved an average monthly NPS satisfaction score of 77. NPS scores, which range from -110 to 100, are evaluated by Bain & Company (bain.com), the creators of NPS. They suggest that a score of 50 is excellent, and anything above 80 is considered world-class. Compared to other health plans using NPS to monitor customer experience, Colorado Access ranks in the 100th percentile with a score of 77. Approximately 20% of member calls answered by the Colorado Access customer service department participate in the NPS survey each month. It's important to note that NPS data collection was temporarily suspended from January to March of SFY 2024 due to a vendor data breach. This issue has been resolved, and the survey process resumed as usual from April to June.

In SFY 2024, Colorado Access enhanced its ability to collect NPS survey data. This was facilitated by an NPS vendor change and improved integration with the new Colorado Access call center platform. Beginning in April 2024, the care management department also began collecting NPS surveys, achieving an average score of 80. Both departments now benefit from enhanced dashboard capabilities, enabling tracking of survey completion rates, abandonment rates, and other qualitative data showcasing member feedback. New features include direct staff access to completed survey responses, member opt-in for surveys when calling the customer service or care coordination lines rather than staff having to remember to offer the survey, and the availability of the survey in Spanish. Members will continue having access to a call-back program within two business days for further feedback. This increased capability has enhanced understanding of member needs, promoted departmental collaboration, and facilitated cross-functional data sharing.

SFY 2025 Strategies and Planned Interventions

Once SFY 2024 CAHPS survey results are received, Colorado Access plans to review and share this data to identify any relevant quality improvement opportunities related to member experience or the provider network.

Colorado Access will continue its customer service quality monitoring program, which includes ongoing monitoring of NPS scores, collaboration between customer service representatives and care management teams, and administration of internal member satisfaction surveys. The Colorado Access Member Advisory Council will regularly consult on CAHPS and member survey processes, results, and interventions. If trends are identified through any feedback channels, relevant departments will receive training and education.

Additionally, the quality department collaborates with the Colorado Access member experience department, which is developing an enhanced community feedback plan. This initiative involves assessing the current state, piloting an improved feedback loop model, and exploring incentive models for member and community participation.

SFY 2025 Goals
- Continue quality monitoring programs including the monitoring of NPS scores and increasing interdepartmental collaboration and learning from customer service and care management departments.
- 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.
- Continue the cross-collaboration between the member experience and quality improvement departments to enhance the methods of assessing member feedback.

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 2024 Goals

- Achieve 100% compliance for contractually required grievance timeframes.
- Maintain an average quality monitoring score of 95% or higher.
- Effectively execute the upgrade of the GuidingCare 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 GuidingCare system, that will educate current staff and new hires.

SFY 2024 Results

During SFY 2024, a total of 115 member grievances were filed by CHP+ MCO members. Financial/billing grievances accounted for 91% of grievances for SFY 2024. Other grievances fell into the categories of customer service, clinical care, benefits package, and access & availability. All grievances were resolved in a manner considered satisfactory by the member.

CHP+ MCO Grievances by Type

Type	Count
Financial/Billing	105
Clinical Care	3
Customer Service	4
Benefits Package	1
Access & Availability	2
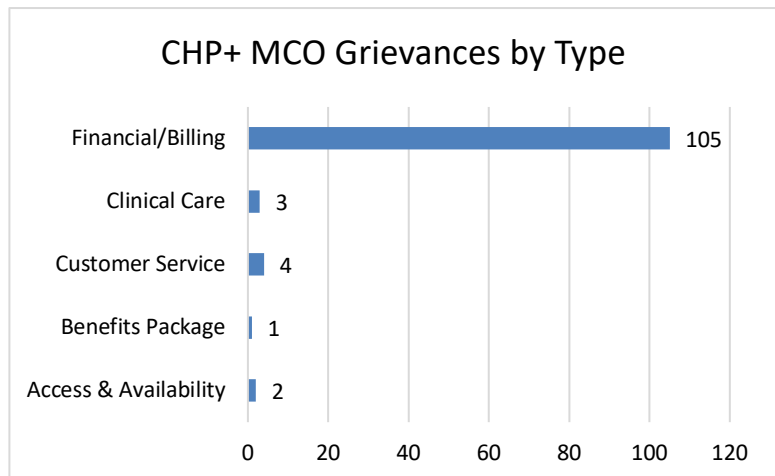
Out of the 115 grievances, three were not processed timely due to the providers being uncooperative and unwilling to resolve this grievance in a timely manner. All extension letters were sent timely, and the grievances were resolved within the extension time frame. Colorado Access met 100% compliance with the contractually required grievance timeline.

Colorado Access utilized a grievance quality monitoring program to monitor the timeliness of grievance resolutions, the content of letters sent to members, letter readability, and case documentation in the grievance tracking tool. Five cases per grievance coordinator are reviewed for quality monthly, and the supervisor provides timely feedback to the grievance coordinator. Due to the auditor's extended absence and a grievance coordinator's maternity leave, Colorado Access was not able to audit five grievances per grievance coordinator each month in the SFY 2024. In SFY 2024,

70 grievances were reviewed, with an average quality review score of 99%. Colorado Access exceeded the goal of a quality audit score of 95% or greater.

In SFY 2024, Colorado Access implemented a new phone system, Genesys, for managing and monitoring of calls. This powerful tool has enhanced quality monitoring, providing grievance coordinators with increased opportunities to deliver excellent customer service. Colorado Access continued implementation of the upgraded GuidingCare system, which processed and tracked grievances. Training for the grievance coordinators on the system's changes and upgrades was continued, enhancing their ability to work more efficiently and independently. A revised training program with associated materials, including any recent improvements to systems, was continued to educate current staff and new hires.

SFY 2025 Strategies and Planned Interventions

Colorado Access will continue to utilize the quality monitoring program to ensure grievance processes are followed, and grievances are closed out in a timely manner. Moving into SFY 2025, grievance coordinators will receive detailed insights from quality audits and automated reviews, allowing the Genesys system to analyze conversations and identify improvement areas, leading to increased member satisfaction and overall quality improvement.

Colorado Access is in the process of reviewing its grievance website sections and has formed a process improvement team to enhance accessibility for English and Spanish-speaking members. Recognizing the need for improvement, identifying information will be added to the website to help Spanish-speaking members navigate the grievance section. This will streamline the member experience, promote transparency, and encourage engagement. Examples of improvements include an online Spanish grievance submission form and a booklet outlining the timeline and important information regarding grievances. Colorado Access will continue its commitment to modernizing its training program to enhance the knowledge of current employees and future new hires. Colorado Access will continue to focus on effectively capturing member grievances from customer service, care management staff, and member affairs to ensure member satisfaction issues are identified, tracked, and resolved promptly.

SFY 2025 Goals

- Achieve 100% compliance for contractually required grievance timeframes.
- Maintain an average quality audit score of 95% or higher.
- Utilize the new phone system to enhance customer service by providing coordinators with quality audits and conversation analysis, leading to improved member satisfaction, efficiency, and overall high-quality experience.

- Improve accessibility of the Colorado Access website's grievance section for Spanish-speaking members by adding identifying information and developing supportive tools to streamline the member experience and encourage engagement.

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 with care. The custom-designed member satisfaction survey administered by telephone allows team members to connect members to resources in real time to satisfy the needs identified during the calls.

SFY 2024 Goals
- Analyze the results of the fifth 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 about member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.

SFY 2024 Results

The fifth iteration of the member satisfaction survey was developed with input from members and member-facing teams, recognizing diverse member experiences and needs, and questions tailored to provide actionable information. Colorado Access engaged its Member Advisory Council, internal customer service and care management teams, and population health data to develop the survey and share results with. Each survey iteration includes a recurring question to allow for trending over time and two exploratory questions. The exploratory questions allow Colorado Access to understand current events or issues.

A fifth iteration of the survey was administered in the spring of 2023 and 529 members participated. The survey explored how members identify racially, culturally, and ethnically, how that impacts their health care experience, and how Colorado Access can improve their experience.

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 (31%) and Hispanic (31%) followed by other/unknown (20%). The member satisfaction survey included participation from members across all lines of business.

When members were asked to self-identify their racial, ethnic, and cultural identity, 46 unique categories were identified. This number exceeds the 13 categories available on the health insurance application. Additionally, 12 participants (less than two percent) declined to provide their identity.

In response to the question, "Does your ethnic, racial, or cultural identity affect your health care?" 83% of respondents stated it did not, while 11% indicated it did. Additionally, 6% of participants refused to answer, were unable to define their response, or were categorized as unsure. It is important to acknowledge that there are limitations to these survey questions, as answering them may feel personal or uncomfortable for some individuals. Quotes from some survey respondents related to this survey question are included on the right.

In response to the question, "What is the #1 thing Colorado Access can do so that you have a better experience as a Health First Colorado or CHP member?" 47% of respondents had no suggestions for improvement, while 53% provided feedback. These responses were qualitatively analyzed, categorized into themes, and trended from past years.

> "More Spanish Speaking Facilities"
>
> "Hard time find providers in my area that understand my cultural and racial background"
>
> "Being judged based on my culture because we are raised differently and when you voice the concerns, they dismiss my health concern."
>
> "Family members are first generation Latinos there is a large need for coverage and communication for enrolling."
>
> "Being in the state there is not as many Asian providers."

The most common themes were:

1. Benefits and coverage: Responses included desires for a better understanding of what is covered under their insurance plan, a desire for expansion of coverage, and an easier process to confirm eligibility and enrollment.
2. Availability of Medicaid and CHP + MCO providers: Members wanted more providers who accept Health First Colorado or CHP+ MCO to be available.
3. Appointment timeliness: Members wanted improvements in the timeliness of appointments.

Additionally, new themes emerged in this survey iteration:

1. Insurance communication: Members wanted improved, accurate communication and more consistent communication across entities.
2. Increased member advocacy: Members expressed a desire for greater advocacy, particularly when billing or coverage issues arise, and for receiving prompt assistance when needed.
3. Enhanced cultural responsiveness: Members advocated for improved cultural responsiveness and equitable treatment for HFC and CHP members. This includes access to providers who speak their language, options for correspondence in other languages, and a desire to feel valued by providers as members with this insurance.

The survey tracked referrals or resources 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. Seventy percent of survey participants were connected to help. The three most common referral types included 1) finding a provider or clinic, 2) Health First Colorado, and 3) billing/claims questions/assistance.

Colorado Access presented its member experience data at three conferences during SFY 2024: the Culture of Data conference hosted by the Colorado Public Health Association, the American Public Health Association conference in Atlanta, Georgia, and the Institute for Healthcare Improvement Quality conference in Orlando, Florida. External presentation of the data facilitated networking opportunities, knowledge exchange, and feedback on survey methodology, contributing to ongoing learning and refinement.

The survey results have highlighted an opportunity for the marketing team to explore the enhancement of new member packets for members, moving from a collection of flyers to a cohesive booklet. The improved booklet will include benefit information, introduce services, and provide tools like a health care glossary and personalized documents. Marketing is also expanding animated explainer videos, introducing quick response (QR) codes within member booklets, to be produced in multiple languages. These videos aim to improve member engagement across platforms like social media and newsletters. These initiatives align with survey feedback and are part of broader efforts to enhance member experience and brand communication.

SFY 2025 Strategies and Planned Interventions
Quality improvement will continue to utilize internal focus groups and the MAC to gather feedback on future survey questions, engage members and address gaps in the survey, and provide members with data about 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. Quality improvement launched the sixth iteration of the member satisfaction survey in the spring of 2024. The recurring question asked members what Colorado Access could do to improve their health care experience. The two exploratory questions were designed to elicit information about HRSNs in a member friendly way. Survey analysis will be completed in SFY 2025.

SFY 2025 Goals
- Analyze results of the sixth iteration of the member satisfaction survey.
- Present the results of the member satisfaction survey to the MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data about member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access

to improve care.
- Collaborate with member experience teams to operationalize plans and begin piloting the new Community Feedback Loop model.

Under and Over-Utilization of Services

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

Utilization Management

Summary

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

SFY 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.

SFY 2024 Results

Decision Turnaround Times

Colorado Access is committed to making UM authorization decisions in the most expeditious manner possible to assure the quickest accessibility to services. The aggregate turnaround time for CHP+ MCO was 98.46%, a slight increase from 98.45% in SFY 2023. In SFY 2024 it was found that the majority of delinquent decisions (1.54%) 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 2024, 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.

CHP+ MCO Decision Timeframes

1.54%

98.46%

- Timely - Not timely
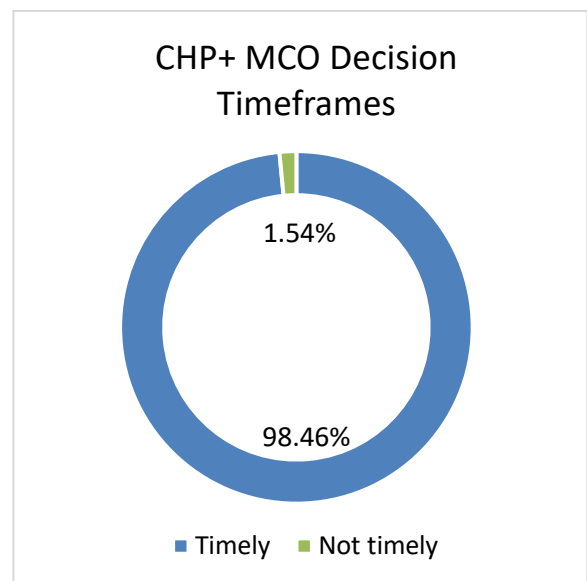
Inter-Rater Reliability

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-one behavior health UM staff members obtained an IRR score of 90% or higher on their first IRR attempt. Four staff members did not pass on their first attempt; these staff received additional training and passed on their second attempt. Therefore, 100% of the staff passed within two IRR attempts.
- Two intake staff coordinators did not pass on their first attempt; these staff members received additional training and passed on their second attempt. Therefore, 100% of the staff passed within two IRR attempts.

The UM team works diligently to ensure that criteria are applied in a consistent, reliable manner and efforts are in place to increase the number of staff who can pass their IRR exercise on the first attempt. Because all staff members met their IRR standards in two or fewer attempts, the UM team considers the goals for SFY 2024 to be met.

Denials and Appeals

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

	Total Decisions	Denials	Denial Rate	Appeals Filed	% ABD Decisions Appealed
CHP+ MCO	19,754	1,034	5.23%	143	13.83%

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

<u>Utilization Management Documentation</u>

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 2024, the UM team maintained an average performance of 96.79%, exceeding the goal of 95%.

SFY 2025 Strategies and Planned Interventions

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

FY 2025 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.
- Ensure high quality of clinical and administrative documentation of all utilization management activities, with average chart review performance of 95% or higher.

Secret Shopper

Summary

The quality improvement department maintains a systematic process to monitor and fulfill access to care standards and metrics for contractual requirements. Colorado Access trains practice staff and monitors various provider timeliness categories, including physical health and behavioral health services, to ensure 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 and online inquiries, otherwise known as Secret Shopper calls, to providers that mirror common member behavior to test the consistency of provider behavior and availability of services. Provider selection for Secret Shopper calls is based primarily on random selection from quarterly claim volume stratification. However, quality improvement may also select providers based on information received from other internal departments, including, but not limited to, care management, customer service, compliance, and provider network services (PNS).

SFY 2024 Goals

- Train 10 providers per quarter via the access to care training module. Ensure representation among physical health, behavioral health, and substance use disorder providers.
- Enroll 10 providers per quarter in the Secret Shopper program to assess member experience and access to care compliance. Ensure representation among physical health, behavioral health, and substance use disorder (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 Plan-Do-Study-Act (PDSA) opportunities to improve limitations.
- Pilot a Third Next Available Appointment (3NA) measurement request within the Colorado Access annual primary care provider (PCP) assessment to gain a point-in-time measure of appointment availability for the PCP network.

SFY 2024 Results

The quality improvement team maintained past improvements to the Secret Shopper program throughout SFY 2024. Additionally, the quality improvement and PNS departments have continued collaborating to implement provider access to care training, created and hosted by Colorado Access on the Learning Management System (LMS). This training began in SFY 2022 and has continued through SFY 2024. Providers offered this training are considered enrolled in the Access to Care program and are eligible for assessment to test their compliance with access to care standards.

Providers receive a summary report of their performance following a Secret Shopper inquiry. Findings that fall outside access to care contractual standards result in a quality improvement plan, if necessary. Historically, practices were placed on a Corrective Action Plan (CAP) after failing a Secret

Shopper inquiry. However, due to systemic barriers and a commitment to shared accountability, this was changed to a Quality Improvement Plan in SFY 2023. This change aims to promote the plan as an opportunity for support, education, and resource provision. Practices have a chance to communicate any barriers impacting their ability to meet access standards, allowing for the creation of an individualized improvement plan.

Colorado Access assists practices in completing and approving a Quality Improvement Plan within approximately 30 days of receiving results, with implementation within 60 days of approval. Additionally, Colorado Access continues to use the evidence-based measure of 3NA, if needed, after a failed Secret Shopper call or if additional information is required. In SFY 2024, 38 practices were enrolled in the Access to Care program, including 19 behavioral health and SUD practices and 19 physical health practices.

While the provider newsletter, "Navigator," was redesigned this year, providers were reminded of access to care standards through their updated, user-friendly provider manual. Access to care programming often highlights network limitations, including non-communicative providers, inaccuracies in provider data (such as outdated points of contact), and the fluctuating availability and panel size of behavioral health and SUD practices. Colorado Access has continued using a 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 data accuracy within the Colorado Access provider network via a reporting tool on the Colorado Access website, available to members, providers, and internal staff. In SFY 2024, 59 form submissions were investigated and acted upon.

In addition, further exploration of access to care was conducted. Colorado Access conducts an annual survey of all contracted PCPs to evaluate compliance with contractual requirements. The September 2023 survey included exploratory questions to enhance Colorado Access' knowledge of the provider network. In SFY 2024, Colorado Access added questions to evaluate 3NA, marking the first time a substantial subset of providers was assessed in this area. The survey revealed significant variation in providers' ability to track and report 3NA, affecting data validity. This variability in appointment standards ranged from robust policies to brief responses. These survey questions align with the Department's Alternative Payment Model (APM) language but could benefit from more specific inquiries into same-day appointment frequency and access standards. This pilot project highlighted the need for ongoing education to enhance 3NA monitoring awareness among providers.

SFY 2025 Strategies and Planned Interventions
During SFY 2025, Colorado Access will enroll eight providers into the access to care program per quarter. Enhanced processes will foster increased interdepartmental collaboration and support for providers. Monitoring will extend beyond appointment availability and timeliness standards to include member ease of access, staff education, panel notification processes, and other systemic

barriers affecting member access to services. Additionally, a zero-claims dashboard will be used to monitor providers who have not submitted claims in the past year.

SFY 2025 Goals

- Train eight providers per quarter via the access to care training module. Ensure representation among physical health, behavioral health, and SUD providers.
- Enroll eight 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.
- Continue exploring best practice methodologies to monitor member access to care and the provider network.

Network Adequacy

Summary

Colorado Access is committed to providing members with access to timely and appropriate health care. Colorado Access is dedicated to the delivery of comprehensive health care choices to members as they seek providers and resources that best meet their unique health care, social, and cultural needs. Building upon a history of partnership, engagement, and network development, Colorado Access is focused on growing and improving the network and using data, payment methodologies, and practice supports to help make the network more effective and impactful for Colorado Access' diverse membership. Network adequacy is not only about provider-to-member ratios, but also about supporting and allocating appropriate resources to network providers. Colorado Access continually monitors its network adequacy and contracting, and the PNS team works closely with member-facing teams to address any areas of concern. Colorado Access continuously identifies gaps in its network and actively recruits providers in those areas.

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.
  - o Implement an integrated recruitment strategy in collaboration with all provider-facing teams.
  - o Utilize heat maps to look at the geographic overlay of members to providers.
- Expand and diversify the behavioral health workforce.
  - o Focus recruitment efforts on DEI, respite providers, SUD providers, long-term residential mental health and SUD treatment for adolescents, and eating disorder treatment providers. Partner with community cultural navigator(s) to recruit and build relationships with bilingual providers.
- Utilize DEI data collected in the credentialing process to enhance and increase the accessibility of the provider directory and improve member engagement.
  - o Ensure 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, and that members can easily access this information when searching for a provider.
  - o 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.

SFY 2024 Results

Building on the foundation of the existing CHP+ MCO network, Colorado Access continues to direct a data-driven strategy to recruit an accessible and culturally responsive provider network based on the

needs of Colorado Access members and their communities. It is important to note that Colorado Access is dedicated to contracting with every willing state-validated provider to become part of the CHP+ MCO network, regardless of their location, provided they meet the credentialing and contracting criteria. Recruitment efforts are grounded in data utilization and engagement of cross-departmental teams, including care management, community engagement, customer service, quality improvement, DEI, member services, contracting and credentialing, practice support, and PNS. The provider recruitment team uses information collected through these channels to identify gaps and opportunities for outreach and recruitment based on feedback from members, community partners, and the health neighborhood. Colorado Access is dedicated to contracting with providers with diverse backgrounds, language abilities, and specializations to build a high-performing, high-quality network.

Colorado Access invested significant resources to support the expansion of behavioral health services. Colorado Access has worked extensively within Colorado's behavioral health network which has positioned Colorado Access to effectively identify gaps in treatment options and viable opportunities for investment. Colorado Access is committed to addressing the short-term and immediate needs within the behavioral health space, as well as developing long-term systems-level changes. In 2023, Colorado Access invested over $4 million in youth and adolescent intensive in-home service expansion. Providers that received expansion funding included CBR Youth Connect, Cornerstone Community Counseling, Denver Area Youth Services, Denver Children's Home, Mount Saint Vincent, Centus Counseling, Kaleidoscope Therapy Services, and High Mountain Counseling. Colorado Access also provided funding to support the expansion of the Mile High Behavioral Health adolescent drop-in center, Jefferson Hills Crisis Stabilization Unit, and Mount Saint Vincent outpatient and psychiatry services.

Access to providers who speak languages beyond English is essential in supporting members in both primary care and behavioral health settings. Languages spoken data collected through the provider application allows for more insight, accuracy, and accessibility of linguistic ability within the provider network. In response to the shortages in network capacity for behavioral health services in languages other than English, Colorado Access developed the Behavioral Health Language Services Initiative program, which was piloted in the fall of 2023 and has since moved into full programming. This initiative allocates additional funding for behavioral health providers who provide services in languages other than English. Colorado Access recognizes that the health care system is biased towards English proficiency, and this financial incentive supports providers' culturally responsive efforts of recruitment, staffing, and other clinical operations. Organizations that meet provider eligibility requirements and service qualifications are eligible for a 10% increase from traditional reimbursement rates on qualified services upon completion of online training (including how to use the billing modifier) and attestation form. This initiative was developed to better support practices with a multi-lingual workforce and was launched as a direct result of provider feedback received through the Colorado Access *Sobremesa* provider group.

Additionally, Colorado Access established a partnership with the MSU Denver Social Work Department in order to diversify the behavioral health workforce in SFY 2024. A cohort of 24 scholars were funded by Colorado Access to complete their bachelor's and master's degrees in social work. In addition to ensuring academic, social, and financial support leading to students' graduation, the next phase of the partnership is designed to ensure assistance with students' professional development including their placements into field experiences, paid internships, and entry-level positions. Assistance with clinical supervision leading to licensure and credentialing will also be provided. A new partnership with Regis University has resulted in the Center for Counseling, Family and Play Therapy becoming in-network with Medicaid and contracted with Colorado Access. This partnership aligns with the Center's commitment to providing low to no-cost counseling services to members of the surrounding communities through sessions with master's level therapists-in-training. A key objective of the partnership is to generate revenue to support one or more paid internships for diverse master's level therapists-in-training. The Behavioral Health Career Pathway community of practice aims to intentionally connect stakeholders from education and industry to develop a networking platform to strengthen Colorado's behavioral health workforce pipeline from the K-12 Space. In addition to professional networking among bicultural and bilingual providers, the collaboration is working to engage mental health providers serving the Latinx and Spanish-speaking community to develop the next generation of Latinx therapists.

Finally, credentialing and provider data maintenance teams at Colorado Access enter provider data into a credentialing database using several different sources including information provided through the provider application and required appendix, as well as Council for Affordable Quality Healthcare (CAQH) summaries. All credentialed providers are listed in the Colorado Access provider directory with information related to provider specializations, location, clinic office hours, status of accepting new members, cultural competency, race/ethnicity, gender, pronouns, ADA accessibility, and languages spoken. The provider directory also lists all behavioral health subspecialties and American Society of Addiction Medicine (ASAM) levels, increasing the ability to identify and connect members to the appropriate level of specialized care. Colorado Access regularly updates the provider directory, with data refreshed every evening. Within the directory is also a form that anyone, including members, may use to report incorrect data or issues accessing providers listed in the directory.

SFY 2025 Strategies and Planned Interventions
Colorado Access plans to increase data resources and expand its recruitment program. With knowledge and consideration of member demographics within service area communities, Colorado Access identifies provider network service gaps, sets specific recruitment targets by specialty, diversity, and cultural responsiveness to promote health equity, and executes appropriate recruitment strategies to meet target goals. Colorado Access will continue to monitor and maintain the existing network of behavioral health providers for network adequacy through monitoring open/closed provider status and managing complex provider and member demographic data

collection processes. Colorado Access continues to invest in youth and adolescent behavioral health care and engages in ongoing work with other leaders in Colorado to increase in-state resources for youth members with complex behavioral health needs, while also working upstream to prevent the need for high acuity, bed-based levels of care. Colorado Access will continue to prioritize the expansion of behavioral health services for youth and adolescent members, with a specific focus on supporting youth involved in the juvenile justice system, foster and kin care youth, and those with complex behavioral health needs. The recruitment strategy will continue to focus on growing high-intensity outpatient services including residential and inpatient emergency department treatment, residential 3.5 withdrawal management (WM) SUD treatment, respite care, and peer support services.

Colorado Access will partner with VitalCare to fund the expansion of existing behavioral health respite programming for adolescent populations. VitalCare will rapidly expand current programming, which will include hiring and training additional clinical supervisors, behavioral health respite providers, and other necessary staff. This expansion will allow for increased capacity to accommodate referrals from Colorado Access and is designed to provide members and families with consistent behavioral health respite services with the goal of minimizing or eliminating episodes of complex and challenging behaviors and supporting members in achieving stability in the home and academic environments.

Additionally, Colorado Access continues to recognize the importance of a diverse behavioral health provider network and continues to invest in initiatives and opportunities that seek to increase racial, ethnic, ability, and language diversity within the network. Through Colorado Access' black, Indigenous, people of color (BIPOC) provider request for proposal (RFP), four providers were selected for funding with a total of $690,000 awarded. These providers serve a mix of BIPOC adult, adolescent, and child members, and LGBTQIA+ youth. In SFY 2025, Colorado Access will monitor and evaluate these programs, and based on outcomes, will continue increasing opportunities and financial incentives for providers who serve marginalized populations and/or provide services in languages other than English. Initiatives such as these are part of the provider recruitment and retention strategies, creating avenues for providers to sustainably serve Health First Colorado members while acknowledging and compensating providers who demonstrate culturally responsive care delivery.

SFY 2025 Goals
- Focus recruitment and funding strategies on diversifying the Colorado Access provider network, utilizing data to understand current network gaps and opportunities
  - By March 2025, increase access to behavioral health respite services for adolescents with complex needs through partnership with VitalCare and expansion of existing behavioral health respite programming.

- o Enhance access to and invest in BIPOC behavioral health providers through the implementation and award of the BIPOC Provider RFP and oversee project implementation to ensure completion by January 2025.
- o Work in partnership with the Social Work Department at MSU Denver and network behavioral health providers to measure the impact of the MSU Behavioral Health Diversity Talent Pipeline program through student surveys. Based on the top 20 provider organizations into which MSU social work students are placed, verify which are contracted with Colorado Access, initiate recruitment of those not already contracted, and work to further understand gaps and opportunities to diversify the provider network by June 2025.

Quality and Appropriateness of Care Furnished to Members

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

Medical Records Review

Summary

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

SFY 2024 Goals

- Provide oversight of behavioral health care by conducting chart audits, and provide feedback based on the behavioral health chart audit tool to improve chart documentation.
- Seek opportunities to increase co-audits with the Colorado Access compliance team to decrease the audit burden on providers.

SFY 2024 Results

For the behavioral health medical records review audits, three CHP+ MCO facilities were selected for this audit and 20 charts in total were reviewed. All three facilities were required to complete the behavioral health documentation training due to audit scores between 70.0% and 79.9%, and one of the three facilities was also required to complete a quality improvement plan due to audit scores below 70.0%, in addition to training. All training and quality improvement plans were completed timely, and the charts provided post-quality improvement plan met minimum documentation standards.

Two of the three behavioral health audits conducted for CHP+ MCO were completed as a co-audit with the compliance department. In SFY 2024, the quality and compliance departments developed and optimized a collaborative approach to identifying providers in co-audits, which includes sending a single co-audit letter and medical records request at the start of the audit and a single co-audit results letter at the conclusion of the audit. Co-audits between quality and compliance are beneficial as they create a streamlined audit process and reduce the administrative burden on providers tied to

auditing activities. Lastly, both quality and compliance-based deficiencies can be addressed in a single audit, increasing the provider's awareness and understanding of their true performance and eliminating the need for separate audits to assess both criteria.

SFY 2025 Strategies and Planned Interventions

Effective July 1, 2024, Colorado Access will transition to the newly updated "Outpatient Behavioral Health Services Audit Tool," as required by the Department. As a result, all provider-facing resources will be updated to reflect these new documentation standards, including the provider manual. Quality has developed a robust online training program for behavioral health documentation standards, offered in both English and Spanish, housed within the LMS. Quality will update this training to reflect the new standards outlined in the "Outpatient Behavioral Health Services Audit Tool." To create a provider-friendly process that is less punitive and more educational and resourceful, in SFY 2025 the quality department will work to increase the number of providers who complete the behavioral health documentation training to increase network awareness, knowledge, and understanding of documentation requirements.

SFY 2025 Goals

- Update all provider-facing material and the behavioral health documentation training in the LMS to reflect the documentation standards noted in the *Outpatient Behavioral Health Services Audit Tool*.
- Increase the number of providers who complete the behavioral health documentation training in the LMS to increase network knowledge and understanding of documentation requirements.

Quality of Care Concerns

Quality of Care Concerns

Summary

The Colorado Access quality of care concern (QOC) process identifies, investigates, and addresses potential quality of care concerns. QOCs can be raised by the Department, providers, or Colorado Access staff, and are defined as evidence of harm or potential harm to a member. Categories of QOCs may include all potential problems, concerns, or complaints regarding access to urgent or emergent care, delay or denial of care or services, after-hours services, professional conduct or competence, coordination of care, medication issues, diagnosis issues, and service plan or delivery issues. QOC investigations are also triggered by care resulting in an unexpected death, suicide attempts requiring medical attention, adverse medication effects or medication dispensing errors requiring medical attention, preventable complications 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 2024 Goals
- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Maintain timely and efficient communication with the Department regarding QOCs.
- Implement a QOCG monitoring process and update all applicable training, documentation, and process documents to ensure a smooth and seamless transition.

SFY 2024 Results

There were six CHP+ MCO QOCs filed in SFY 2024. All six QOCs were closed out within 90 days of submission to the quality improvement department. The two most common QOC categories submitted for CHP+ MCO members in SFY 2024 were *lack of coordination of care/services* and *lack of follow-up/discharge planning.* To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality improvement works closely with the medical director and maintains a detailed QOC tracking log which allows QOCs to be tracked and monitored from the date they are submitted to the date they are closed.

In November of 2023, quality improvement reviewed and updated the QOC reporting form. Providers were notified of the updated QOC form through a notification in the November 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. Colorado Access developed a robust QOC training for internal staff which outlines obligations to report QOCs and the process to do so. This training is incorporated into the care manager learning pathway for current and new-hire care management staff to complete as a part of the onboarding process to increase organizational knowledge and awareness of QOCs.

In SFY 2024, Colorado Access collaborated with the Department on the creation of a Quality of Care Grievance (QOCG) process, including providing feedback on proposed contract amendments and collaborating on QOCG discussion during Integrated Quality Improvement Committee (IQuIC) meetings. The Department has not released the final version of the contract detailing the QOCGs requirements, but when that is released, Colorado Access will work to ensure a smooth and seamless transition and will educate providers and internal staff accordingly.

SFY 2025 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 QOCG process, Colorado Access will update the existing training, documentation, and process documents to reflect the QOCG process and maintain close communication with the Department to ensure a seamless transition.

SFY 2025 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.

External Quality Review

External Quality Review Organization (EQRO) Site Review

Summary

Colorado Access participates in an annual external independent compliance review to confirm compliance with federal health care regulations in 42 CFR 438 and contractual requirements. This review is conducted by HSAG, and HSAG works collaboratively with the Department for which it performs external compliance review services to help improve the quality of care and services.

SFY 2024 Goal

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

SFY 2024 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)
V. Member Information Requirements	21	21	20	1	0	0	95%
VII. Provider Selection and Program Integrity	16	16	15	1	0	0	94%
IX. Subcontractual Relationships and Delegation	4	4	1	3	0	0	25%
X. Quality Assessment and Performance Improvement (QAPI)	17	17	17	0	0	0	100%
Totals	58	58	53	5	0	0	91%

SFY 2025 Strategies and Planned Interventions

Colorado Access is implementing additional checks and safeguards to ensure organizational compliance with CHP+ MCO contract requirements.

SFY 2025 Goal

- Use learnings from the EQRO compliance review to improve business practices and maintain compliance.

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 2024 Goal

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

SFY 2024 Results

Colorado Access initiated two rapid-cycle PDSAs in SFY 2024 focusing on quality and compliance co-audits and well-care visits. The quality improvement department met with stakeholders in each area to examine problems and identify opportunities for improvement.

Quality and Compliance Co-Audits

In SFY 2024, quality improvement and compliance teams developed and optimized an internal process for conducting provider co-audits. This collaborative approach starts with both departments identifying and agreeing on a provider or group of providers to co-audit. Once a provider or group of providers has been selected for co-audit, a single co-audit letter and medical records request is sent. Once the requested records are received from the provider, quality improvement and compliance teams conduct separate audits using the same medical records. At the completion of the audit, a single co-audit results letter is sent to the provider outlining performance in both quality and compliance standards. Co-audits between quality and compliance are beneficial as they create a streamlined audit process and reduce the administrative burden on providers tied to auditing activities. Quality and compliance-based deficiencies can be addressed in a single audit, increasing the provider's awareness and understanding of their true performance by eliminating the need for separate audits to assess both criteria. This process has also increased communication and collaboration between the quality improvement and compliance teams. Moving into SFY 2025, Colorado Access will monitor the co-audit process and make changes, as necessary, to further align audit activities between both teams to further improve the audit experience for providers.

<u>Well-Care Visits Text Message and Postcard Initiative</u>

Multiple PDSA cycles were conducted this year for the PIPs well-care visit initiative, focusing on targeted outreach to members overdue for their annual well-care visit. Text messages and postcards were used for member communication. The language and design of these communications underwent multiple rounds of refinement and PDSA cycles before reaching a finalized version. This effort involved collaboration across various teams including health literacy, population health, marketing, and member experience. Currently, in the Act phase, Colorado Access has already identified areas for improvement. For instance, sending communications during "back to school" (fall) to enhance engagement, notifying providers about upcoming Colorado Access member communications, standardizing messaging for consistent provider-member communication, and collaborating with members, providers, and the practice support team to refine future iterations of text and postcard content.

SFY 2025 Strategies and Planned Interventions

To ensure continuous quality improvement across the organization, Colorado Access will continue to identify opportunities to initiate rapid-cycle PDSAs to increase efficiency, reduce waste, and improve processes.

SFY 2025 Goal

- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2025.
- Launch the Colorado Access Improvement Academy: An internal organization-wide initiative providing quality and process improvement training. The program will focus on Lean, Six Sigma, PDSA, and A3 problem-solving methodologies to help participants streamline processes, reduce waste, and feel confident leading improvement cycles.