Annual Quality Report

Regional Accountable Entity (RAE) Region 3

State Fiscal Year 2023-2024

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Executive Summary

Quality Assessment and Performance Improvement Program

The philosophy of the Colorado Access Quality Assessment and Performance Improvement (QAPI) program 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].

This report provides a reflection on key QAPI objectives, as well as RAE programs and activities that Colorado Access engaged in throughout the 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.
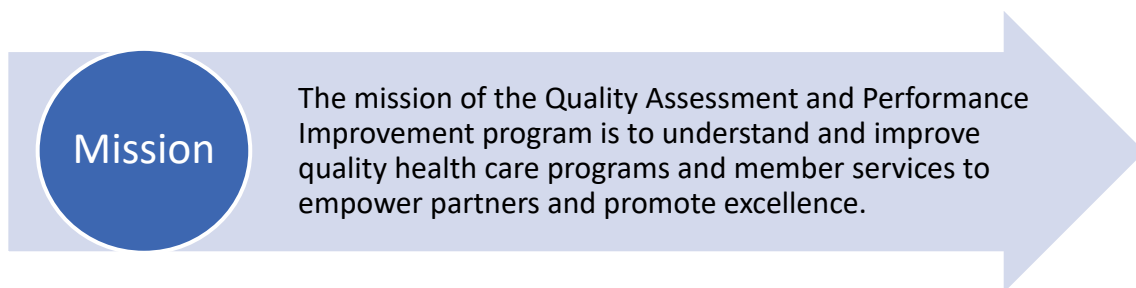
Key Accomplishments in SFY 2024

During SFY 2024, the quality program at Colorado Access used an array of measures and activities to monitor and improve the quality and effectiveness of clinical care and the quality of administrative services that make up managing a health plan. Performance improvement tools, including rapid-cycle methodology, were applied to address system, service, and/or clinical areas needing improvement. Key accomplishments and project highlights from SFY 2024 include the following:

- A fifth iteration of the member satisfaction survey was administered and analyzed. The survey was developed to encourage members to share their experiences, in their own words, regarding racial, cultural, and ethnic identity, how that impacts their health care experience, and how Colorado Access can improve the member experience.

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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

- Two rapid Plan-Do-Study-Act (PDSA) cycles were initiated to promote continuous quality improvement across the organization.
- AccessCare Services (ACS) implemented a major model change to the Virtual Care Collaboration and Integration (VCCI) program, expanding its behavioral health services to include long-term therapy. ACS added this additional component to its services in collaboration with the Colorado Access utilization management (UM) team, for members that may need time-limited medication management until they can be established with a long-term outpatient psychiatrist.
- The ACS team designed a comprehensive customer satisfaction monitoring process. The outcomes will be closely monitored and analyzed to ensure continuous improvement and responsiveness to customer feedback. The process allows for actionable insights to be gathered that inform service enhancements and improvements.
- Colorado Access implemented a new phone system, Genesys, for managing and monitoring calls. This powerful tool has enhanced quality monitoring and has provided grievance coordinators with increased opportunities to deliver excellent customer service through detailed insights, leading to increased member satisfaction and overall quality improvement.
- An anonymous survey was created for Program Improvement Advisory Committee (PIAC) members as an alternate way to provide feedback on meeting agendas, topics, and logistics. Results from the survey are reviewed by internal staff and key themes or feedback are shared with the executive committee or other appropriate internal staff to help inform future meetings and improve the functioning of the PIAC.

Throughout the state fiscal year, the quality improvement department launched numerous initiatives to enhance and promote a data-driven culture within Colorado Access and the provider network. These included the following areas of focus:
- Performance improvement projects
- Performance measurement
- Member experience of care
- Mechanisms to detect under- and over-utilization of services
- Quality, safety, and appropriateness of clinical care furnished to members with special health care needs
- Quality of care concern monitoring
- External quality review
- Advisory committees and learning collaboratives
- Quality and compliance monitoring activities

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

Key Goals Moving into SFY 2025

SFY 2025 will bring continued focus on internal Colorado Access quality measurement and performance improvement. This will include conducting a full QAPI self-assessment to identify key areas of strengths and areas of opportunity for the program and building action plans to address prioritized areas of opportunity.

Colorado Access will continue to develop its population management strategy that advances the goal of enhancing individual health by partnering with communities to create access to quality, affordable care. This strategy encompasses a comprehensive risk stratification framework and tailored, member-focused interventions delivered by clinical partners and care coordinators to ensure that all Health First Colorado (Colorado's Medicaid program) members receive the right intervention at the right time. Colorado Access continues to build upon foundational work completed in prior years. This includes enhancing risk stratification by leveraging diverse datasets, expanding community and provider partnerships and payment models, refining interventions to better meet member needs, and applying a health equity lens to work across the entire enterprise. These efforts align with the National Committee for Quality Assurance (NCQA) accreditation standards, ensuring adherence to industry best practices. Colorado Access will evaluate performance at various levels, including network-wide and provider-specific evaluations, driving meaningful improvements. Through this systematic approach, Colorado Access strives to optimize care delivery processes, enhance patient outcomes, and uphold the highest standards of quality and efficiency in health care service delivery.

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 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:
     - o Develop and implement a comprehensive health strategy that focuses on equitable outcomes.
     - o Enhance collaboration among health care providers, community organizations, and stakeholders.
     - o 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:
     - o Integrate health equity principles into all quality improvement projects and initiatives.
     - o Identify and address disparities in health outcomes across diverse populations.
     - o 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:
     - o 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:
     - Develop an analytics center of excellence focusing on the new health plan reporting tool (HPRT) through Innovaccer.
     - Implement Pay-for-Performance models to incentivize high-quality care delivery.
     - 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:
     - Develop a comprehensive curriculum by creating a robust training program that covers essential quality improvement methodologies, tools, and best practices to enhance staff skills.
     - Foster a culture of continuous learning by encouraging ongoing professional development and knowledge sharing by offering workshops, seminars, and quality improvement certification opportunities.
     - Leverage expert facilitators by empowering quality improvement experts to deliver targeted training sessions and mentorship programs.
     - 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.
     - Measure and evaluate impact to regularly assess the effectiveness of Improvement Academy programs and make data-driven adjustments to optimize learning outcomes.

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 Projects

Summary

The SFY 2024 PIP cycle focuses on behavioral health, with the Department and the Health Services Advisory Group (HSAG) releasing 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. Colorado Access had the option to choose from the following behavioral health clinical measures:

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

SFY 2024 Goals

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

SFY 2024 Results

Follow-up after hospitalization for mental illness

PIP topic selections were submitted to the state in July 2023, with Colorado Access selecting follow-up after hospitalization for mental illness (FUH) as the Region 3 behavioral 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 FUH baseline rate of 45.59%, with an aim to use targeted FUH interventions to increase the percentage of seven-day follow-up visits after hospitalization among Region 3 members six years of age and older from 45.59% to 52.90% 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 45.59% exceeded the 75th percentile national benchmark for the HEDIS Medicaid FUH metric. Therefore, Colorado Access chose the 90th percentile national benchmark of 52.90% as the goal and verified that this goal would yield statistically significant (95% confidence level, $p<0.05$) improvement over the baseline performance.

As of June 2024, the current Region 3 FUH rate is 47.9%. 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.

In SFY 2024, Colorado Access observed member demographic and continuous enrollment changes due to the expiration of the COVID-19 Public Health Emergency (PHE). This was reflected in Colorado Access data, with the overall Region 3 membership decreasing by almost 35% throughout the last year. Despite this decline, the FUH Region 3 denominator has fluctuated throughout the year, with both increases and decreases. The FUH rate had steadily increased over the past few years for various reasons (thoroughly outlined in the PIP submission forms), most notably the gradual increase in the FUH denominator as more members are admitted for inpatient mental health services. Many members experience frustration when trying to find outpatient behavioral health services, often resorting to emergency room visits to receive timely care, which results in subsequent inpatient admissions for mental health. Additionally, the HEDIS specifications for the FUH measure have fewer requirements for continuous eligibility, with the members only needing continuous Medicaid enrollment from the date of discharge through 30 days after discharge, making membership changes less likely to impact eligibility for this measure. However, a decreasing denominator could potentially be attributed to a delayed effect of the PHE Unwind. The FUH denominator is

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measured through number of hospital discharges, and many members experience repeat admissions throughout the year. If specific members who frequently readmit were unenrolled from Medicaid, this could explain the decrease.

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

1. Implementation of the hospital and community mental health center seven-day follow-up dashboard:
    a. Colorado Access developed a multi-faceted dashboard system that provides real-time discharge information to hospitals and Community Mental Health Centers (CMHCs) for coordinated discharge planning. This dashboard has eliminated barriers that hindered improvement in the seven-day FUH rate. Previously, CMHCs were unaware of their members' hospital admissions and discharges, making timely follow-up within the seven-day timeframe challenging. Additionally, hospitals were notified of members connected to CMHCs via email from Colorado Access care managers. These email notifications did not provide real-time data hospitals needed to coordinate care quickly with CMHCs. The dashboard allows hospitals and CMHCs to identify members in real-time and coordinate effectively to schedule follow-ups. It has also saved time for the internal care management team by removing the need to notify hospitals of a member's CMHC connection, thereby eliminating administrative burdens. This system enables a focus on higher acuity members, allowing for quicker intervention since both parties can directly access the dashboard. CMHCs can now view their members' hospitalizations in real-time and proactively coordinate post-discharge follow-up appointments. They can also monitor their seven-day follow-up performance rate more promptly. This intervention has strengthened community partnerships between hospitals and outpatient behavioral health providers.
2. Inpatient behavioral health performance program:
    a. Colorado Access partnered with nine inpatient hospitals to participate in a new payment model that offers hospitals enhanced reimbursement for coordinating follow-up after a member's inpatient stay. Hospitals use the above dashboard to successfully schedule follow-up appointments within seven days of discharge. The dashboard helps hospitals identify either a pre-established CMHC or new behavioral health provider with the capacity to see the member within seven days. These hospitals are incentivized with a tiered per diem percentage increase

in reimbursement if they meet certain seven-day follow-up performance thresholds.

3. CMHC value-based payment model
    a. Colorado Access partnered with five CMHCs to participate in a value-based payment (VBP) program that offers enhanced reimbursement for administering follow-up care to attributed members after an inpatient stay. These CMHCs use the above dashboard to collaborate with discharging hospitals and Colorado Access to coordinate outpatient follow-up visits within seven days of discharge for behavioral health conditions. CMHCs receive enhanced reimbursement for achieving performance goals related to the seven-day follow-up metric.
4. Care management behavioral health transitions of care program
    a. Colorado Access improved its care management behavioral health transitions of care program, which is designed to identify and intervene with members using inpatient and residential behavioral health services, to connect them to follow-up appointments and prevent readmissions. Care managers coordinate care with providers, connect members with appropriate outpatient behavioral health services, and mitigate barriers to discharge or engagement in follow-up services. Care managers faced barriers with the existing outreach program, including high workloads, insufficient time to serve members with complex needs, and high administrative burdens due to the large volume of members. To address these issues, the care management team streamlined their member outreach program to stratify members by risk. This aimed to reduce overall admissions and provide an additional touchpoint to high-needs members within seven days after discharge to promote appointment attendance.

SDoH 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 from July 1, 2022, to June 30, 2023, and reported to the Department 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 Region 3 members from 0% to 90% by June 30, 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 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) screening tool 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. Additionally, Colorado Access is embarking on a transformative partnership with selected CMHCs to implement a new comprehensive mental health follow-up program. This initiative is dedicated to supporting individuals recently discharged from behavioral health hospitalizations who are not currently attributed to any CMHC and have been assessed as lower risk by care management, ensuring a smooth transition from inpatient care to community-based support. Participating CMHCs will be expected to reach out to all members on the inpatient census who are not connected to any CMHC or care management, with the goal of providing clinical care and scheduling follow-up appointments within seven days of discharge. This program aims to provide targeted support to members who may be visiting an inpatient hospital for the first time and might have difficulty navigating follow-up care. Through timely and personalized follow-up with mental health providers, the program seeks to strengthen the continuum of behavioral health support.

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 interventions through June 30, 2025.

SFY 2025 Goals

- Collaborate with both external and internal partners on a new PIP, as directed by HSAG.
- Create and monitor projects targeting the improvement of selected PIP topics.
- By June 30, 2025, the Colorado Access care management team will utilize targeted interventions to increase the percentage of social determinants of health (SDoH) screenings among Region 3 members from 0% to 90%.
- By June 30, 2025, use targeted FUH interventions to increase the percentage of seven-day follow-up visits after hospitalization among Region 3 members six years of age and older from 45.59% to 52.90%.

Collection and Submission of Performance Measurement Data

The QAPI program at Colorado Access uses a wide range of data sources and measures to monitor health plan performance. Key among these include state-defined performance measures as written into the RAE contracts: KPIs, BHIMs, and Performance Pool Measures. Colorado Access uses Pay-for-Performance program measures, in addition to many other health care performance metrics across state and federal program requirements to prioritize and drive systematic approaches to sustain quality improvement.

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

Summary

The QAPI promotes objective and systematic measurement, monitoring, and evaluation of performance on state-defined performance measures. The below lists represent the performance metrics under the SFY 2024 RAE Pay-for-Performance program:

Key Performance Indicators	• Depression screen and follow-up plan • Child and adolescent well visits • Oral evaluation, dental services • ED utilization • Prenatal and postpartum care • Risk-adjusted Per-Member Per-Month (PMPM)
Behavioral Health Incentive Measures	• Initiation and engagement of substance use disorder treatment • Follow-up after hospitalization for mental illness • Follow-up after emergency department visit for substance use • Follow-up after positive depression screen • Behavioral health screening or assessment for children in foster care
Performance Pool Measures	• Extended care coordination • Premature birth rate • Behavioral health engagement for members releasing from Department of Corrections (DOC) • Asthma medication ratio • Antidepressant medication management • Contraceptive care for postpartum women

SFY 2024 Goals

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

SFY 2024 Results

In SFY 2024, the quality improvement department focused on continuing to monitor and report on the KPIs, BHIMs, and performance pool measures. Colorado Access has continued with a collaborative and multi-faceted approach to identifying and implementing strategies aimed at improving performance in the Department's defined performance metrics. These efforts include mechanisms and resources to develop the Department-defined performance metrics internally to continuously monitor and report performance on these indicators. These metrics are monitored in a variety of venues, with both internal and external collaborators participating in bringing value to the goal of improving the health and care of Region 3 members. Quality improvement collaborates extensively with multiple departments across the organization to establish, report, and address areas where improvement is needed in the state-defined performance metrics. These departments include business intelligence, information technology, health outcomes and program analytics, health programming, project management, provider network services (PNS), payment reform, finance, and Colorado Access leadership to manage all phases of implementation and reporting.

Colorado Access successfully developed and began tracking six new performance metrics in accordance with HCPF requirements and efforts to move towards more nationally recognized,

standardized metrics such as CMS Core Metrics and HEDIS. To monitor and track performance and population health trends, Colorado Access manages a series of robust performance metric dashboards that are reviewed and refined on a routine basis. These dashboards are used to perform real-time data trend monitoring, tracking and evaluating of programming and interventions tied to performance metrics. The benefits of robust data dashboards are to make performance metric data more accessible and convey complex data relationships and data-driven insights in a way that is easy to understand for collaborators.

In recent years, Colorado Access has made significant strides toward improving efforts to identify and address disparities in the diverse member population. Performance metric dashboards include a stratification of race/ethnicity data that allows for a better understanding of the impact of population characteristics on health outcomes. These insights help to better target segments of the member population who are disproportionally affected by health care disparities. Statistical analyses are applied to understand the significance of trends. In addition to stratification functions in Pay-for-Performance dashboards, Colorado Access has developed a health equity dashboard, which helps to visualize information, drive discussion, and consider program development/expansion to improve performance across programs and metrics.

During SFY 2024, Colorado Access continued to operate digital engagement programs to reach members who might benefit from receiving certain health care reminders and useful health information. These digital engagement efforts included Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) newly enrolled, well child check, and dental reminder programs, and align with the Department's corresponding performance metrics and federal EPSDT outreach requirements. Members receive messaging by interactive voice recognition (IVR), direct mail, and/or short message service (SMS) text messages with important reminders and health and wellness information or are sent messaging via direct mail as an alternative for those with incomplete or missing phone numbers. Additionally, members who are identified as newly pregnant or recently delivered are enrolled in the Colorado Access Healthy Mom, Healthy Baby (HMHB) program. Members who are identified as having a high-risk pregnancy score are connected to a care manager to ensure appropriate prenatal and postpartum care is accessed. All pregnant and postpartum members who are not identified to be high-risk are enrolled in Text4Baby, the SMS digital engagement component of HMHB program, and receive health and wellness tips timed to gestational age or birth age. Digital engagement interventions are one area where Colorado Access works to increase the utilization of appropriate services and subsequent provider performance around the well visit, dental, and prenatal engagement KPIs.

In addition to the work noted above, Colorado Access has continued to hold a series of collaborative workgroups with providers designed to address and improve on KPIs and other

performance metrics. The provider workgroups were designed as a space for Colorado Access and providers to collaborate and share best practices to drive performance and inform opportunities to scale interventions across the network. The benefits of these workgroups are multifold: Colorado Access has identified barriers and areas of opportunity, gained significant knowledge on strengths and best practices, and strengthened provider alliances through these workgroups. For SFY 2024, Colorado Access focused the content of these workgroups on improving well-care visits, depression screens, and A1C control in diabetics. A robust evaluation to determine the effectiveness of these collaborations will be completed in September 2024. Moving forward, the momentum of the workgroups will be continued into SFY 2025 to focus on continued metric improvement and provider collaboration.

Another area of new and innovative work is in the development and implementation of the metric steward program at Colorado Access. The metric steward program was implemented in July 2022 to ensure that Colorado Access is aligning and tracking current and future programming around performance metrics. The program assigns metric leads as part of a structured process for building, monitoring and reporting out programming and performance results. The goal of the program is to increase efficiency and alignment, improve tracking and documentation of current interventions and programming, build collaborative workgroups, improve metric performance, and increase awareness of existing and future work opportunities. The program has shown both qualitative and quantitative success and, therefore, will be tied to SFY 2025 strategies and interventions.

SFY 2025 Strategies and Planned Interventions
In SFY 2025, the quality improvement department will continue to monitor and report on the KPIs, IMs, and performance pool measures. Colorado Access will continue to refine strategies to create measurable impacts on the Department-defined performance measures. Colorado Access intends to continue this collaborative approach to identify and implement strategies to improve performance on these metrics, and to continuously monitor performance on these indicators. In addition, with the recent focus of the Department to move to nationally recognized metrics and CMS Core Measures, Colorado Access will continue to support and collaborate with the Department around prioritization and implementation of new measures. Colorado Access will work diligently on the development and monitoring of new metrics. This will allow the organization to track important trends in health care outcomes and implement interventions, as needed, on a real-time basis.

Colorado Access will also continue to facilitate provider workgroups to develop more robust relationships with providers as well as strengthen provider-to-provider alliances. These workgroups will maintain the overall goal of improving performance on Department-defined

performance metrics, while also expanding focus to include other areas of care and needs identified as health care gaps in the community, and to align with the Department's initiatives and contractual obligations.

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

In late 2024, Colorado Access will be implementing a new HPRT to significantly enhance data capabilities to quickly build, consolidate, validate, and analyze the data sets needed to support the QAPI program. The tool will offer a comprehensive suite of dashboards to inform operations and improvement projects across the organization. With these additional data analysis tools and capabilities, Colorado Access will amplify data analytics capabilities to support the QAPI program and improve the ability to monitor and respond to data trends in performance metrics.

SFY 2025 Goals
- Continue to collaborate with and support the Department's move toward more nationally recognized, standardized measures such as the CMS Core Measures and develop strategies and collaborations that align with the Department's priorities around performance metrics.
- Continue to develop new metrics internally to report, monitor, and intervene in areas of care aligned with state-defined performance metrics and maintain dashboards for performance metrics to allow for performance measure data to be accessible to the organization for tracking and trending.
- Continue to expand and improve provider relationships by utilizing routine and ad hoc workgroups, learning collaboratives, and other venues to focus on sharing best practices and improving metric performance.
- Utilize new and existing sources of data to stratify and analyze race and ethnicity data in innovative and meaningful ways. This work will support equity-focused decisions aimed at addressing health disparities in marginalized communities.
- Innovate around performance metric management by standardizing tools and methodologies designed to evaluate the effectiveness of programming and interventions and improve upon strategies around managing performance metrics with the metric steward program.
- Throughout SFY 2025, Colorado Access will leverage the newly implemented HPRT to

develop a suite of standardized process improvement reports and performance metric dashboards to better monitor and respond to data trends and the needs within the member population.

- Align Pay-for-Performance structure with new QAPI goals by integrating NCQA accreditation processes and Improvement Academy initiatives to enhance KPI performance and drive comprehensive quality improvements across the organization.

Maternal Health

Summary

The HMHB digital engagement program, Text4Baby, is an SMS-based wellness program for pregnant adults ages 18 and older. SMS messages are intended for pregnant people and new parents with babies up to age one. Text4Baby 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. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. Messages provide education on topics such as prenatal and postpartum visits, addressing barriers to prenatal and postpartum visits, importance of dental visits, how to access care coordination services through Colorado Access, Women Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), smoking cessation, medications, vaccines, prenatal vitamins, childbirth and labor classes, breastfeeding resources, safe sleep for baby, childcare, family planning, postpartum depression resources, and more. Messages encourage users to obtain more information on a topic by clicking on embedded Uniform Resource Locators (URLs). Members are provided the Colorado Access care coordinator number as part of the digital outreach and may call in if they require more intense and prolonged assistance. Furthermore, program messages are provided in either English or Spanish, depending on the member's selected language preference when they are enrolled in the program.

As an additional component of the HMHB program, Colorado Access stratifies high-risk pregnant members for proactive outreach and enrollment into specialized care management services. High-risk pregnant members are identified using a high-risk pregnancy score that examines a member's past physical and behavioral health history as well as factors associated with poor birth outcomes including high-risk pregnancy age (those under the age of 18 and those over 35), substance use disorder (SUD), and whether the member had any previous high-risk pregnancies. These members are prioritized for telephonic outreach and intervention and are enrolled into specialized care management services connecting high-risk pregnant members to necessary support and wrap-around care according to their specific needs. These services include screening tools, motivational interviewing methods, postpartum assessment, and additional evidence-based guidance put forth by the American College of Obstetricians and Gynecologists (ACOG). Assessments include identifying HRSN with questions focusing on utilities, transportation, food insecurity, housing, and interpersonal safety.

SFY 2024 Goals

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

- Continue to provide care coordination or extended care coordination, depending on the identified needs of the member.

SFY 2024 Results

During SFY 2024, Colorado Access continued to employ the Text4Baby digital engagement program targeting pregnant and postpartum members ages 18 and older. Colorado Access utilized its internal pregnancy clinical utilization registry to identify eligible pregnant and postpartum members for digital outreach. Members identified as high-risk were prioritized for telephonic outreach by a care coordinator and enrolled in specialized care management services. These members were connected to appropriate services, primary care medical providers (PCMPs), specialists, benefits information, and referrals to community resources. The below table shows the number of engaged members, the text opt-out rate, and the total number of outreaches for Region 3 members enrolled in the Text4Baby digital engagement program in SFY 2024:

	Quarter 1 (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
Engaged Members	73	55	23	33
Text Opt-Out Rate	0.70%	0.34%	1.24%	0.37%
Total Number of Outreaches	3151	2336	1372	1880

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. These technical difficulties would not have allowed members who are no longer eligible or who may have opted out of the Text4Baby program to be filtered out of the communication. This challenge is actively being addressed and resolved with the vendor, and it is anticipated that members who would have been outreached in June will be included in the July cohort.

SFY 2025 Strategies and Planned Interventions

Colorado Access will continue to operate and manage the HMHB digital engagement intervention in alignment with the Colorado Access annual EPSDT outreach strategic plan. Additionally, Colorado Access will continue to utilize its internal pregnancy clinical utilization registry to identify appropriate targets for digital outreach and enrollment into specialized care

management interventions to receive the necessary support and wrap-around care according to their specific needs.

SFY 2025 Goals

- Continue to identify appropriate targets for digital outreach and specialized care management interventions.
- Continue to operate the Text4Baby digital engagement intervention and track associated process metrics.
- Continue to provide care coordination or extended care coordination, depending on the identified needs of the member.

Member Experience of Care

Colorado Access continuously assesses member experience of care using a combination of data sources, with an emphasis on the member's voice. These include the Consumer Assessment of Healthcare Providers and Systems (CAHPS®[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 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 System (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 results from the Department in September 2023, during the SFY 2024 reporting period. At the time of writing 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

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

Region 3 global and composite measures have been trended over the last two years to monitor progress and identify changes.

Regarding the Region 3 Child CAHPS survey, ratings for all health care, personal doctor, and how well doctors communicate improved compared to the 2022 measurements. However, health plan rating, specialist seen most often, getting needed care, getting care quickly, and customer service measures decreased from the previous year.

For the Region 3 Adult CAHPS survey, Colorado Access saw improvements in the rating of health plan, personal doctor, and how well doctors communicate. Ratings of all health care, specialist seen most often, getting needed care, getting care quickly, and customer service decreased from the previous year.

Through effective internal collaboration, Colorado Access expanded CAHPS communications strategies to boost response rates from members in Region 3. From 2022 to 2023, the adult Region 3 survey saw an 8% increase in CAHPS response rates, rising from 10% to 10.8%, while the child Region 3 survey experienced a 13.4% increase, from 12.7% to 14.4%.

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.

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 their health care experience can be improved, 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 main 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 the understanding of member needs, promoted departmental collaboration, and facilitated cross-functional data sharing.

SFY 2025 Strategies and Planned Interventions
Once SFY 2024 CAHPS 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 will collaborate with the Colorado Access member experience department, which is developing an enhanced community feedback plan. This initiative will involve 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.
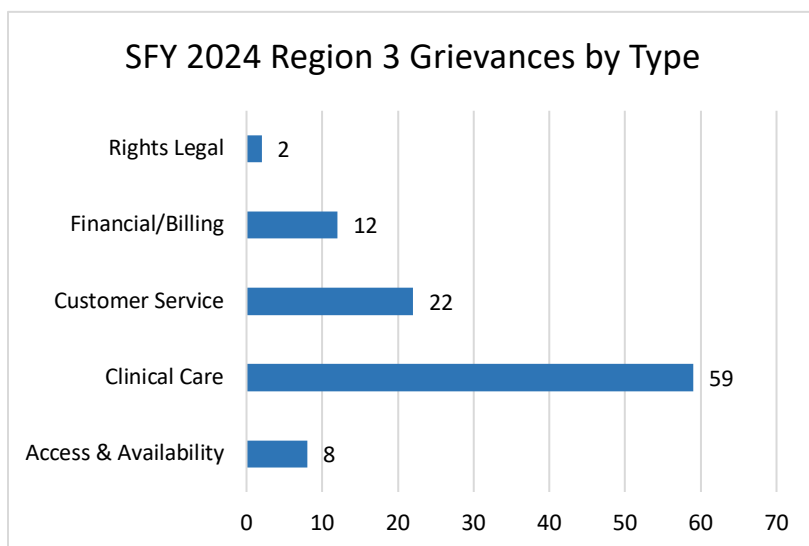
Member Grievances

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 103 grievances were filed by Region 3 members. Clinical care grievances accounted for 57% of the grievances in SFY 2024. Other grievances fell into customer service, access and availability, financial/billing, and rights/legal categories. All grievances were resolved in a manner considered satisfactory by the member.

SFY 2024 Region 3 Grievances by Type

Type	Count
Rights Legal	2
Financial/Billing	12
Customer Service	22
Clinical Care	59
Access & Availability	8

Out of the 103 grievances, four 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 based on findings. 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 and trained staff on 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 grievance website sections and have 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, and member affairs staff 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 grievance website 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 of 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 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 around 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 the MAC, 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 us 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.

"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."

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.

The most common themes were:
1. Benefits and coverage: Responses included desires for 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 Health First Colorado and CHP+ providers: Members wanted more providers who accept Health First Colorado or CHP 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. 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. 70% 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 or 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 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, address gaps in the survey, and provide members with data regarding 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 health-related social needs in a member-friendly way and

learn more about member communication preferences. Survey analysis will be completed in SFY 2025.

SFY 2025 Goals

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

Utilization Management

Summary

The Colorado Access UM department continuously monitors the quality and timeliness of UM decisions to ensure they are made in alignment with both contractual requirements and in support of members' accessibility to services according to their needs. Appeal rates are also closely monitored for patterns and opportunities to improve the UM decision-making process. Additionally, UM conducts an annual inter-rater reliability (IRR) study to objectively assess the degree to which raters answer the same questions in the same way (reliability) and to measure the level of consistency and adherence to Colorado Access-approved medical management criteria and guidelines.

SFY 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 decision turnaround time for Region 3 was 97.04%. UM continues to work on performance improvement regarding data entry mistakes, as a majority of the delinquent decisions (2.96%) 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

Region 3 Decision Timeframes

2.96%

97.04%

■ Timely   ■ Not timely
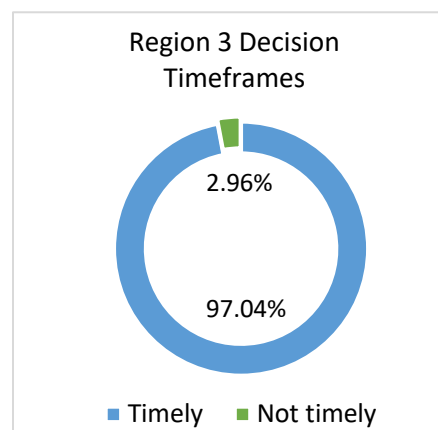
conduct training and oversight of this data entry process with staff so that turnaround time data accurately reflect the true performance of the department's decision-making timeliness.

Inter-Rater reliability

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

- All physical health UM review staff members obtained an IRR score of 90% or higher on their first IRR attempt.
- Twenty-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 coordinator staff members obtained an IRR score of 90% or higher on their second attempt, after receiving additional training. Therefore, 100% of staff passed within two IRR attempts.

The UM team works diligently to 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
Region 3	21,761	1,188	5.46%	162	13.64%

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

<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 has maintained an average performance of 96.10%, exceeding the goal of 95%.

SFY 2025 Strategies and Planned Interventions

The UM 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.

SFY 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.

Early and Periodic Screening, Diagnostic, and Treatment Coordination

Summary

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

SFY 2024 Goals

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

SFY 2024 Results

Care Management Intervention

During SFY 2024, Colorado Access care management staff continued to educate members, providers, staff, and community partners about EPSDT benefits. This year an advocacy group, Family Voices, delivered a comprehensive EPSDT training to care management department staff in January 2024. The key objectives included: understanding the benefits and policies of Health First Colorado EPSDT for members 20 and under to learn how to initiate these benefits, using case studies to demonstrate how EPSDT can be implemented to provide care for children aged 20 and under, and understanding the differences between Home and Community-Based Services (HCBS) waiver benefits and EPSDT. In addition to the department-wide training, the care management department's high-needs pediatrics team received additional training on completing the EPSDT packet for out of state placement requests in March 2024. The care management program manager has developed key relationships and feedback loops with

partners at the Department to ensure awareness of key updates and ensures those are communicated to care management staff.

Digital Engagement Intervention

During SFY 2024, Colorado Access continued to operate the digital engagement and direct mail interventions for EPSDT members, including the EPSDT newly enrolled, well-child check, dental reminder, and HMHB programs. Each month, these programs enroll eligible members using weekly, Department-supplied, newly enrolled member lists and claims data. Members receive messaging by IVR and/or SMS, depending on their respective program. EPSDT members who do not have accurate contact information (i.e., incomplete or missing phone numbers, on the do not call list) receive messaging via direct mail. Members identified as newly pregnant or recently delivered were enrolled in the Text4Baby digital engagement program based on baby's gestational age or birth age and received appointment reminders and health and wellness tips related to pregnancy and post-delivery. Members identified as having a high-risk pregnancy score were connected to a care manager to ensure access and understanding of appropriate prenatal and postpartum care and resources. The below table shows EPSDT data for newly enrolled, well-child check, and dental reminder digital engagement programs, including engaged members and total outreaches:

	Q1	Q2	Q3	Q4
Engaged Members	4,350	1,506	5,494	1,181
Total Number of Outreaches	28,039	6,269	27,782	5,683

SFY 2025 Strategies and Planned Interventions

Colorado Access will continue to operate and manage all care management and digital engagement interventions in alignment with the Region 3 SFY 2025 EPSDT Outreach Annual Strategic Plan. Furthermore, Colorado Access will enhance strategies and internal processes to appropriately identify and engage the EPSDT-eligible population to ensure members access EPSDT benefits and services as described in section II of the EPSDT Outreach Annual Strategic Plan. The care management department will continue to ensure staff have annual EPSDT training. In addition to internal staff training, Colorado Access recognizes the importance that case management agencies play. Colorado Access will collaborate with case management agencies to increase staff's knowledge about EPSDT and recognize the role they can play in encouraging the families they work with to get routine screenings. Colorado Access will continue to improve messaging to members and families and will explore gaining direct input and guidance on how to best outreach and share EPSDT concisely that supports member journeys.

SFY 2025 Goals

- Continue to operate the EPSDT digital engagement and direct mail interventions and track associated process metrics.
- Enhance strategies and internal processes to appropriately identify and engage the EPSDT-eligible population to ensure members access EPSDT benefits and services in accordance with the Region 3 SFY 2025 EPSDT Outreach Annual Strategic Plan.
- Host an annual EPSDT training for care management department staff.
- Through coordinated efforts with case management agencies, train long-term services and supports (LTSS) case managers to connect children/youth to routine screenings.

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 PNS.

SFY 2024 Goals

- Train 10 providers per quarter via the access to care training module. Ensure representation among physical health, behavioral health, and SUD providers.
- Enroll 10 providers per quarter in the Secret Shopper program to assess member experience and access to care compliance. Ensure representation among physical health, behavioral health, and SUD providers.
- Issue at least one reminder of access to care timeliness standards and provider requirements in a provider newsletter.
- Explore program limitations and develop PDSA opportunities to improve limitations.
- Pilot a Third Next Available Appointment (3NA) measurement request within the Colorado Access annual PCMP assessment to gain a point-in-time measure of appointment availability for the PCMP 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 3NA, if needed, after a failed Secret Shopper call or if additional information is required. In SFY 2024, 37 practices were enrolled in the Access to Care program, including 20 behavioral health and SUD practices and 17 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 PCMPs 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 used language consistent with the Department's Alternative Payment Model (APM). The survey asked providers:
1. Does your organization have standards for appointment availability, including same-day appointments?

2. Provide documentation of both the 3NA report with at least five days of data and the documented process explaining availability standards, including same-day appointment policy.

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 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.

Behavioral Health Penetration Rates

Summary

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

SFY 2024 Goals

- Maintain the overall behavioral health penetration rate across Region 3 throughout the PHE Unwind.
- Look for opportunities to expand capacity for behavioral health services.

SFY 2024 Results

Colorado Access monitored behavioral health penetration rates in alignment with the KPI of behavioral health engagement. In Region 3, 446,112 members were enrolled for at least one month during the state fiscal year. Of these members, 15.3% received one or more behavioral health service. Penetration rates held steady in SFY 2024, decreasing only .2% from 15.5% in SFY 2023.

SFY 2025 Strategies and Planned Interventions

Colorado Access will seek to maintain behavioral health penetration rates by promoting behavioral health services and provider contracting.

SFY 2025 Goals

- Maintain the overall behavioral health penetration rate across Region 3 post-PHE Unwind.
- Look for opportunities to expand capacity for behavioral health services.

Network Adequacy

Summary

Colorado Access is committed to providing members with access to timely and appropriate health care. Colorado Access is dedicated to the delivery of comprehensive health care choices to members as they seek providers and resources that best meet their unique health care, social, and cultural needs. Building upon a history of partnership, engagement, and network development, Colorado Access is well-positioned to meet and exceed the network adequacy standards established by the contract for Region 3 and is focused on growing and improving the network. In addition to an established network that meets the network adequacy standards set forth in the contract, the intent is to utilize data, payment methodologies, and practice supports to help make the network more effective and impactful for the diverse membership of Colorado Access. 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.
    - Implement an integrated recruitment strategy in collaboration with all provider-facing teams.
    - Utilize heat maps to look at the geographic overlay of members to providers.
- Expand and diversify the behavioral health workforce.
    - Focus recruitment efforts on DEI, respite providers, SUD providers, long-term residential mental health and SUD treatment for adolescents, and eating disorder treatment providers. Partner with community cultural navigator(s) to recruit and build relationships with bilingual providers.
    - Work with Metropolitan State University (MSU) Denver to fund a social work scholarship program, enhancing/diversifying the behavioral health career pipeline. Begin the first cohort of scholars in August/September 2023.
- Utilize DEI data collected in the credentialling process to enhance and increase the accessibility of the provider directory and improve member engagement.
    - Ensure credentialed providers are listed in the Colorado Access internal directory with information related to cultural competency, race/ethnicity, gender, 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

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. 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 Colorado Access 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 from 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 credentialling 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 provide 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 its 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 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 a Colorado Access Black, Indigenous, and 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.

Colorado Access will also continue to partner with the department of social work at MSU Denver to fund behavioral health workforce development programs. Colorado Access has funded a scholarship program for social work students at MSU who reflect the Colorado Access member population and who have an interest in pursuing a career in culturally responsive behavioral health care. The first cohort of the scholarship program completed their first year and entered into internship and mentorship opportunities with local provider partners such as Maria Droste Counseling Center and Centus Counseling, among several others. In SFY 2025, Colorado Access plans to measure the impact of this program, and based on the top 20 provider organizations into which MSU social work students are placed, Colorado Access will 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 Colorado Access provider network.

SFY 2025 Goals
- Focus recruitment and funding strategies on diversifying the Colorado Access provider network and increasing access to High-Intensity Outpatient Providers (HIOP), respite care providers, and peer services.
  - Establish a partnership with VitalCare and distribute funding for expanded behavioral health respite services for adolescents with complex care needs. Colorado Access will measure the number of referrals to respite care services through VitalCare partnership.
  - Enhance access to and invest in BIPOC behavioral health providers through the implementation and award of the BIPOC provider RFP, recruitment of four providers with comprehensive project plans, and oversee the project implementation to ensure completion by January 2025.
  - 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.

Telehealth

Summary

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

In addition to the VCCI program, ACS has launched other telehealth programs that further the goal of extending services to meet the behavioral health needs of vulnerable member populations. The VCCI Direct Care (DC) program allows Colorado Access care managers to refer eligible members to the VCCI program to receive behavioral health care directly in their homes over telehealth. ACS also continues to deliver telehealth services through its VCCI program to Kids First Health Care, a School-Based Health Center (SBHC) in Region 3. The VCCI program provides telehealth support to Kids First's two year-round clinics, as well as providing telehealth services directly to four of Kids First clinics located within middle and high schools in Region 3.

SFY 2024 Goals
- Engage 15 members through the VCCI Behavioral Health Transitions of Care (BH TOC) program.
- Implement a model change to long-term VCCI therapy services, and track results along with utilization.
- Establish a customer satisfaction monitoring process that includes surveys, feedback collection, and data analysis to measure and improve customer satisfaction levels within the VCCI program.
- Explore opportunities to identify a community partner to work with ACS to increase access to behavioral health care for Region 3 members.

SFY 2024 Results

ACS implemented a major model change to the VCCI program in August 2023, meeting the goal of expanding its behavioral health services to include long-term therapy. There was an immediate impact as utilization increased 117% the following month and overall, there has been a 133% increase in VCCI utilization since the model change was implemented. ACS did not meet its goal of engaging 15 members through the VCCI BH TOC in SFY 2024, as only seven members engaged in the program in SFY 2024. ACS added this additional component to its services in SFY 2024, in collaboration with the Colorado Access UM team, for members that may need time-limited medication management until they can be established with a long-term outpatient psychiatrist. ACS will continue to offer this VCCI BH TOC service and will continue to work with the Colorado Access UM team to allow for these referrals. The ACS team designed a comprehensive customer satisfaction monitoring process. However, data capture did not commence until late in SFY 2024. As a result, the outcomes from this process will be closely monitored and analyzed over the course of SFY 2025 to ensure continuous improvement and responsiveness to customer feedback. Initial stages of data collection began in the final quarter of SFY 2024. The focus will be on gathering actionable insights that can inform service enhancements. Full-scale data analysis and reporting will be prioritized in SFY 2025 to establish a baseline for customer satisfaction metrics. ACS is actively working with the Colorado Access DEI and community engagement teams to identify and engage community partners in Region 3. This initiative is critical for understanding local needs and tailoring services to better meet community expectations. The identification and engagement process began in SFY 2024 and will continue to evolve throughout SFY 2025.

SFY 2025 Strategies and Planned Interventions

ACS is planning another major VCCI model change in SFY 2025, to greater expand its access by allowing for direct patient referrals. Traditionally, the VCCI program has allowed Colorado Access members to be referred into the VCCI program from either one of its primary care practices, community partners, or Colorado Access care managers. This expansion will enable eligible Colorado Access members that are currently unconnected to behavioral health care to refer directly into the program, where they would then be assessed for appropriate fit and given applicable resources if it was determined that they were not a fit for VCCI services. ACS will be collaborating with Colorado Access care managers to coordinate care for these members as needed. This can include, but is not limited to, assisting with higher level of care referrals, helping to connect a member with a primary care provider to receive medication management services, and addressing any member SDoH needs that may arise during a telehealth session.

To support these initiatives, ACS will focus on systematically tracking and analyzing customer satisfaction surveys throughout SFY 2025. This will provide valuable insights into customer experiences and enable ACS to make data-driven improvements in service delivery.

Additionally, ACS will work closely with the Colorado Access DEI and community engagement teams to identify and partner with community organizations in Region 3. This partnership aims to enhance access to behavioral health care for members in this region, ensuring their behavioral health needs are comprehensively met.

SFY 2025 Goals

- Implement a VCCI model change to allow for Colorado Access member self-referrals into the program. This will allow eligible Colorado Access members to refer into the VCCI program directly, without having to be referred in by a primary care practice, community partner, or care manager. Once established, results will be tracked along with utilization in SFY 2025.
- In SFY 2025, ACS aims to systematically track and analyze customer satisfaction surveys to gather comprehensive insights into customer experiences. By leveraging this data, ACS will identify areas for improvement, enhance service delivery, and foster stronger community relationships. The goal is to achieve a measurable increase in customer satisfaction scores, reflecting a commitment to excellence and responsiveness to community needs.
- Continue to explore opportunities to identify a community partner to work with ACS to increase access to behavioral health care for Region 3 members

Client Over-Utilization Program

Summary

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

SFY 2024 Goals

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

SFY 2024 Results

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

Activities	Q1	Q2	Q3	Q4	Total
# of members in Lock-In status	1	1	1	1	4
# of Lock-In providers	1	1	1	1	4
# of appeals for Lock-In	0	0	0	0	0

Care Management

Colorado Access obtained access to HMIS, and a select number of Colorado Access staff have read-only access, which allows information to be accessed for members supported by the COUP program. However, one of the limitations of HMIS is that data accuracy and completeness are dependent on other agencies to enter data correctly and timely into the system. Colorado Access has a manager who serves as the Data Partner Agency Liaison (DPAL) and is responsible for setting up select Colorado Access users in the system. All staff who have access to HMIS have completed the necessary training, as required by Metro Denver Homeless Initiative

(MDHI). Access to HMIS has helped reduce the duplication of work because it has allowed care managers to access information about the last known whereabouts of a member, as well as information that leads to contact and collaborative care coordination with the organizations who have been in recent contact with the members.

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

SFY 2025 Strategies and Planned Interventions
Colorado Access will continue to address the needs of members identified as having high utilization using two strategies: care management and Lock-In providers. Additionally, Colorado Access will continue to leverage Colorado's HMIS system to support care coordination efforts for members who are identified for COUP.

SFY 2025 Goals
- Care management will explore how the HPRT through Innovaccer can support improved stratification for identifying members for the COUP program.
- Care management will begin attending monthly case conferencing meetings, facilitated by MDHI, to strengthen community partnerships and better collaborate with external partners. The focus will be on meeting the needs and enhancing service delivery to COUP classified members.

Quality and Appropriateness of Care Furnished to Members

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

Medical Records Review

Summary

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

SFY 2024 Goals

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

SFY 2024 Results

For the behavioral health medical records review audits, five Region 3 facilities were selected for this audit and 30 charts in total were reviewed. Three facilities were required to complete the behavioral health documentation training due to audit scores between 70.0% and 79.9%, and three facilities were required to complete a quality improvement plan due to audit scores below 70.0%. All training and quality improvement plans were completed timely, and the charts provided post-quality improvement plan met minimum documentation standards. Additionally, two Region 3 facilities were selected for SUD documentation audits and 10 charts in total were reviewed. Both facilities selected for the SUD audits passed with scores in all audit categories of 80% or greater, and therefore documentation training and/or quality improvement plans were not required.

One of the five behavioral health audits conducted in Region 3 was completed as a co-audit with the compliance department. In SFY 2024, the quality and compliance departments developed 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 and SUD 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 and SUD 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 and SUD documentation training in the LMS to increase network knowledge and understanding of documentation requirements.

Care Management for Members with Special Health Care Needs

Summary

Colorado Access has developed engagement strategies to provide appropriate support and services to members with special health care needs and proactively identifies these members through several methods. Colorado Access combines physical and behavioral health utilization claims with pharmacy claims, financial data, long-term care waiver data, enrollment data, COVID-19 Colorado Immunization Information System (CIIS) data, and demographic data to stratify members based on risk for appropriate intervention. Members with special health care needs are included in the complex health needs and condition management tiers of the Department's Population Framework Model and receive extended care coordination interventions. Colorado Access works closely with behavioral health providers and state and local partners to ensure that children/youth with complex behavioral health needs, including those involved in child welfare and juvenile justice, receive the services they need in the least restrictive setting possible. Colorado Access is the only RAE with a high-needs pediatric care management team, which serves many youths in human services custody across the state, and the only RAE with a dedicated care management program manager who facilitates Creative Solutions calls to ensure high-quality meeting experiences to create positive outcomes for youth. Additionally, there is a dedicated staff member who serves as a single point of contact for all county human services departments in the region.

SFY 2024 Goals

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

SFY 2024 Results

Colorado Access partnered with Family Voices and CCDC, two organizations who provide valuable insights into how to support members with special health care needs. Family Voices assessed members via a survey (81 respondents) and provided Colorado Access with a comprehensive report about observations and recommendations to serving children and youth with special health care needs. CCDC also conducted a focus group with staff and conducted a listening tour across Colorado to gather feedback from Health First Colorado Members. Results

will be used to support ongoing improvement efforts. In addition, both organizations provided training to the care management department, which included informational and introductory presentations to educate staff about the services and support they provide, EPSDT training (from Family Voices), and co-facilitated member journey mapping training. Both organizations also shared additional training topic recommendations. The Colorado Access care management department continued to build relationships with key stakeholders as well by continuing ongoing monthly meetings with case management agencies within the catchment area, connecting with The ARC of Aurora to discuss potential opportunities for increasing care management presence and awareness in the community, and supporting two events with El Grupo Vida to support migrant families with children with special health care needs who had just arrived in Colorado.

SFY 2025 Strategies and Planned Interventions
Colorado Access will continue to expand and fine-tune care management workflows, as needed, to ensure members with special health care needs receive appropriate resources, education, and support. Colorado Access has extended partnership agreements with Family Voices and CCDC, and they will continue to provide guidance, training, and ongoing recommendations to support the work with this population.

SFY 2025 Goals
- Continue partnerships with Family Voices and CCDC for ongoing support as a cultural broker to support ongoing efforts to support members with special health care needs.
- Identify two trainings related to supporting members with special health care needs for Colorado Access staff, providers, and community partners that can be delivered by Family Voices or CCDC.

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 Quality of Care Grievance (QOCG) monitoring process in alignment with the Region 3 contract and update all applicable training, documentation, and process documents to ensure a smooth and seamless transition.

SFY 2024 Results

There were 105 QOCs submitted for Region 3 in SFY 2024. This is an increase from the 65 Region 3 QOCs submitted in SFY 2023. Colorado Access attributes the increase in QOC volume to an increased partnership with grievance and care management teams and extensive training in identifying and submitting QOCs. Of the 105 QOCs submitted, all but one were closed out

within 90 days of submission. This resulted in a timely closeout rate of 99%, exceeding the goal of 90% of QOCs closed within 90 days of submission. Delays with closing out the one QOC resulted from an extended turn-around time in the medical records, which ultimately caused a delay in the timely closure of this QOC. To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality improvement works closely with medical leadership and maintains a detailed QOC tracking log which allows QOCs to be tracked and monitored from the date they are submitted to the date they are closed. The two most common categories of QOCs submitted for Region 3 in SFY 2024 included *lack of follow-up/discharge planning* and *lack of coordination of care/services*.

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 has 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 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 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 QOCs 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) Audit

Summary

Colorado Access participates in an annual external independent compliance review to confirm compliance with federal health care regulations outlined 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 provided to Health First Colorado recipients.

SFY 2024 Goal

- Use learnings from the EQRO activity to drive business practices to maintain quality improvement in the 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	18	18	17	1	0	0	94%
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)	16	16	16	0	0	0	100%
Totals	**54**	**54**	**49**	**5**	**0**	**0**	**91%**

SFY 2025 Strategies and Planned Interventions

Colorado Access is implementing internal compliance audits to evaluate organizational compliance with contract requirements.

SFY 2025 Goal

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

411 Encounter Data Validation Audit

Summary

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

SFY 2024 Goal

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

SFY 2024 Results

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

Requirement/Field Name	Service Category	Numerator	Denominator	%
Primary Diagnosis Code	Inpatient	118	137	86.1%
Revenue Code	Inpatient	124	137	90.5%
Discharge Status	Inpatient	124	137	90.5%
Start Date	Inpatient	129	137	94.1%
End Date	Inpatient	49	137	35.7%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Psychotherapy	118	137	86.1%
Diagnosis Code	Psychotherapy	124	137	90.5%
Place of Service	Psychotherapy	91	137	66.4%
Service Category Modifier	Psychotherapy	117	137	85.4%
Unit	Psychotherapy	129	137	94.1%
Start Date	Psychotherapy	128	137	93.4%
End Date	Psychotherapy	128	137	93.4%
Appropriate Population	Psychotherapy	129	137	94.1%
Duration	Psychotherapy	127	137	92.7%
Staff Requirement	Psychotherapy	121	137	88.3%

Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Residential	135	137	98.5%
Diagnosis Code	Residential	131	137	95.6%
Place of Service	Residential	135	137	98.5%
Service Category Modifier	Residential	135	137	98.5%
Unit	Residential	134	137	97.8%
Start Date	Residential	135	137	98.5%
End Date	Residential	135	137	98.5%
Appropriate Population	Residential	135	137	98.5%
Duration	Residential	134	137	97.8%
Staff Requirement	Residential	133	137	97.1%

SFY 2025 Strategies and Interventions

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

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

The second intervention Colorado Access will employ is the implementation of CAPs for inpatient, outpatient psychotherapy, and residential service providers. Providers with six or more claims audited who score below 95% in any category are required to submit a CAP addressing any deficiencies discovered during the audit, including repayment of failed claims/encounters. Colorado Access works with the provider to conduct a root-cause analysis of the errors and implement corrective action, which may include but is not limited to, staff training, electronic medical record system modifications, and implementation of provider-level monitoring such as a program of internal auditing. Progress is monitored, and the CAP is closed once the issues are resolved based on evidentiary documentation and/or additional audits. Providers are offered targeted assistance and support. Support is multi-faceted and involves connection to the Colorado Access PNS, practice support, quality improvement, and compliance teams. Colorado Access also will recommend providers establish their own internal control system for auditing and monitoring purposes.

The third intervention is collaboration with the Colorado Access Provider Performance Committee. Providers who did not pass the 411 audit and are already on a CAP for another

Colorado Access-initiated provider audit will be escalated to the Provider Performance Committee. The Committee will review all provider performance actions, including audits, FWA referrals, etc., and make recommendations for failed CAPs. The committee is responsible for reviewing provider performance holistically, considering feedback provided by PNS, practice supports, and other teams that have a direct line of sight into their performance through regular engagement with provider groups.

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

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

SFY 2025 Goals
- Colorado Access will utilize the results of the 411-encounter validation audit to identify potential fraud, waste, and abuse issues that can be integrated into the audit plan for SFY 2025.
- Colorado Access will utilize the results of the 411-encounter validation audit to identify areas for improvement in internal processes such as corrective action planning and provider education/training.

Advisory Committees and Learning Collaboratives

Learning Collaboratives

Summary

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

SFY 2024 Goals

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

SFY 2024 Results

During SFY 2024, Colorado Access participated in nine RAE learning collaborative meetings ranging in topic from care coordination, PCMPs and data, health equity, eConsult and behavioral health utilization management, health equity, CAHPS, community partnership and SDoH, integration and incentive payment, and HB22-1289 and Cover all Coloradans.

SFY 2025 Strategies and Planned Interventions

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

SFY 2025 Goals

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

Provider Support

Summary

The Colorado Access PNS team conducts learning opportunities for providers throughout each fiscal year, including provider forum meetings, virtual meetings, in-office training, and ad hoc support, as needed. Although provider forums are scheduled on an ad hoc basis, they are held at least quarterly and are scheduled based on provider interest in discussion topics. Provider forums provide enhanced opportunities for Colorado Access and the provider network to collaborate and share best practices on various topics, such as how to speak with patients and/or parents who are vaccine-hesitant to increase vaccine uptake, how to implement motivational interviewing techniques, and how to increase performance for value-based payment model metrics and other quality programs.

SFY 2024 Goals

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

SFY 2024 Results

During SFY 2024, the Colorado Access PNS team processed an average of 2,028 provider emails per week, and all RAE communication timelines were met or surpassed. Colorado Access is committed to providing excellent customer service to providers and promptly makes any required resource adjustments to meet contractually required response times and maintain exceptional call queue performance.

Provider Onboarding and Training

PNS collaborated with internal business partners to develop comprehensive provider onboarding training. When a provider contract is executed, a PNS representative conducts a phone introduction to initiate onboarding, provides an electronic orientation package, and periodically checks in to answer questions. The PNS representatives aim to provide training for all new practices within 60 days of contracting and offer ongoing and targeted training to providers who request it. Providers can also access all provider-related training through the LMS. In SFY 2024, the PNS team was restructured to better meet business needs, and as a result, NPS satisfaction scores were not incorporated into PNS workflows. The satisfaction

survey has been drafted and approved, and this process will be rolled out in SFY 2025 so that provider survey results can be reviewed during check-ins to address issues or barriers to provider engagement, engagement frequency, data utilization, and overall experience.

The practice support team also provides training to providers focusing on value-based care programs and measures. During this reporting period, Colorado Access strengthened health information technology (HIT) systems and data and concurrently enhanced the ability to support providers with training, proactive outreach, and individualized coaching. This approach has helped reduce provider burden and optimized their ability to make informed decisions with up-to-date member risk stratification, provider and cohort-specific enhanced payment data, and attribution, equity, engagement, and condition-specific KPIs. As a result, providers are increasingly willing to engage with programming. The provider engagement teams offer an extensive menu of training topics, including many data-focused topics, including value-based payments, KPIs, and the Department's Alternative Payment Models, as seen below.
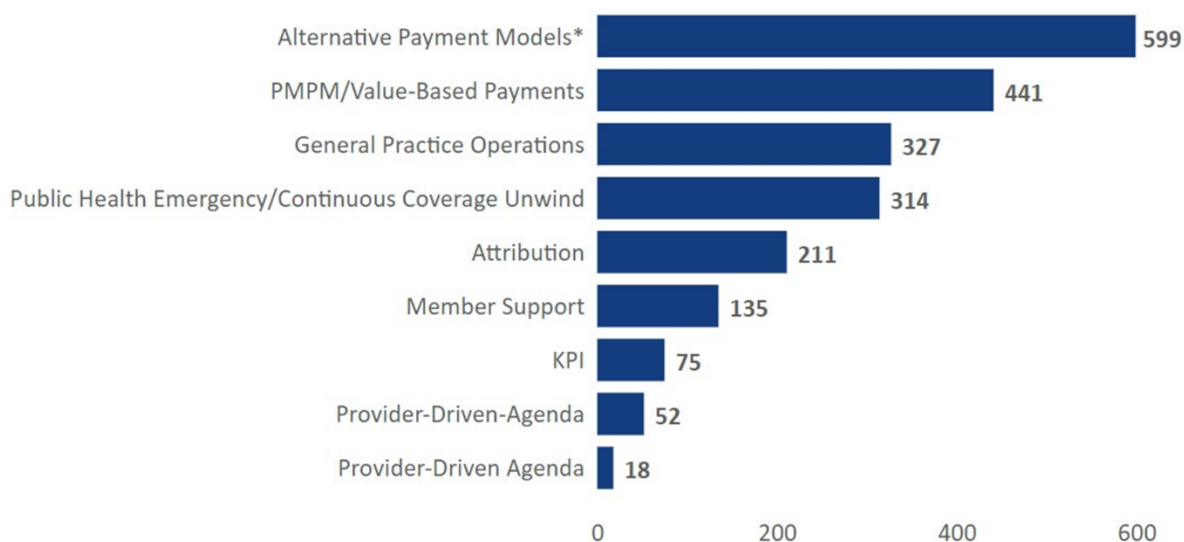
Internal Collaboration with DEI
In collaboration with DEI, the PNS team began working closely with a group of behavioral health providers who specialize in working with individuals and families whose primary language is Spanish. This group of 21 providers is bilingual and self-identifies as part of the Hispanic/Latinx community, culturally and linguistically. They consider themselves cultural brokers on behalf of their beloved community, serving as a bridge to quality behavioral health services and support.

SFY 2025 Strategies and Planned Interventions

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

Colorado Access will continue to share successes and lessons learned in the use and development of data to support providers, the Department, and the community. An important example is Colorado Access leadership in the collection and dissemination of equity, diversity, inclusion, and accessibility (EDIA) data to impact programs and partners. Using EDIA data to increase partner understanding of populations served has led to new strategies to improve care access including efforts to mitigate members' transportation needs, and customized educational materials for specific member subpopulations.

SFY 2025 Goals

- Continue supporting providers by facilitating provider forums, virtual meetings, trainings, and education opportunities focused on clinical and administrative functions to increase provider resources, compliance, and satisfaction.
- Colorado Access will focus on metric improvement with provider collaboration and the following KPI Workgroup topics: well visits, depression screening, and A1C diabetes control. Colorado Access will continue the momentum of these workgroups into the Accountable Care Collaborative (ACC) Phase III.

Program Improvement Advisory Committee

Summary

The Region 3 PIAC is composed of participants from diverse organizations across the region that cover a broad array of programming and services such as primary care, behavioral health, hospitals, family services, criminal justice, local public health, and Health First Colorado members, as well as their families and caregivers. The PIAC supports the development of regional health programming and plays an integral role in ensuring that the values, culture, and priorities of members and their families, providers, and the community are woven into the Colorado Access strategy. The PIAC's required responsibilities include the review of the contract deliverables, member materials, performance data, and discussions regarding policy changes. Member materials are also reviewed by the Colorado Access MAC, which includes PIAC members who hold liaison roles in both groups. The purpose of the PIAC is to engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of members and providers in Region 3.

SFY 2024 Goals

- Actively close the feedback loop between PIAC meeting recommendations and what happens to those recommendations once they have been recorded and shared.
- Present the work of the PIAC to Colorado Access staff such as population health, the SDoH framework team, and the PHE Unwind workgroup to ensure that the community voice of the PIAC is offered to staff responsible for implementing the work.
- Create opportunities for PIAC subcommittees to pursue topics in a deeper manner than a two-hour meeting allows.

SFY 2024 Results

The Region 3 PIAC lost three members due to changes in professional roles in SFY 2024. Six new members were added that represent Aurora Interfaith, a mental health initiative coordinator in Douglas County, a migrant response network manager with Aurora Economic Opportunity Council, a new representative from The Arc of Arapahoe, Douglas, & Elbert Counties, and two consumers of Medicaid.

An anonymous survey was created for PIAC members to provide feedback on meeting agendas, topics, and logistics. The survey is distributed after each PIAC meeting as an alternate way to provide feedback and speak up for those who don't feel comfortable sharing during the meetings or have additional feedback or questions to provide afterward. Results from the survey are reviewed by internal staff and key themes or feedback are shared back with the executive committee and appropriate internal staff to help inform future meetings and improve the functioning of the PIAC. Outstanding questions and feedback from the anonymous survey

and from the live meetings are sent to appropriate teams within Colorado Access for follow-up, when needed. A new voting process was also created when voting for new members of the executive committee (co-chair, etc.) which allows PIAC members to anonymously vote for who they would like to take on new leadership roles within the PIAC.

Community Engagement staff represented the voice and work of the PIAC by presenting to the population health team in October 2023 and February 2024 to better inform internal Colorado Access staff on what the PIAC has been discussing and what future topics will be. Additionally, staff presented to the PHE Unwind workgroup bimonthly throughout the reporting period.

In an effort to engage the PIAC more deeply, Colorado Access and the PIAC explored possibilities for the development of focused workgroups or subcommittees. The PIAC ACC Phase III Workgroup was created and began meeting in January 2024. The workgroup focuses on recommendations of restructuring the PIAC under the new contract, including priorities, data, format, and how to create a robust feedback loop. Additionally, due to the increased interest of PIAC members in understanding behavioral metrics and efforts taking place to increase access and improve metrics, the PIAC executive committee decided to create a behavioral health-focused subcommittee. Recruitment for this new subcommittee will take place at the next combined PIAC meeting in September 2024.

SFY 2025 Strategies and Planned Interventions
To continue supporting members of the Region 3 PIAC who seek opportunities to engage more deeply in essential work, Colorado Access will recruit members for the new behavioral health subcommittee. Additionally, Colorado Access will continue to explore other subcommittee topics to engage the PIAC more deeply in SFY 2025.

In preparation for creating two new PIACs, one focused on adults and the other focused on children and youth, rather than by geography as they are now. Colorado Access plans to explore the best approach and strategies for recruitment, diversification, and structure. Results from the PIAC Diversification Survey that was conducted at the end of SFY 2024 will be used to identify gaps and opportunities in the current PIAC membership and how those gaps impact the new structure in terms of who is missing from a geographic, sector, and demographic standpoint.

SFY 2025 Goals
- Create and support PIAC subcommittees to pursue and explore topics on a deeper level.
- Develop an operational plan to transition from a geographically delineated PIAC structure to an age-based structure that will result in the creation of two PIACs: one with a children and youth focus, and the other with an adult focus.

- Recruit a diverse group of PIAC members to support the creation of a children and youth MAC for the launch of ACC 3.0, using information collected from the diversification survey.
- Develop operational plans and begin piloting the new Colorado Access Community Feedback Loop model.

Member Advisory Council

Summary

The Colorado Access MAC is a group of Health First Colorado members, family members, and/or caregivers. Currently, the MAC is comprised of seven members, three of whom are from Region 3. The MAC gives members a voice in Colorado Access projects, programs, and member-driven materials. The MAC provides Colorado Access with invaluable feedback, diverse perspectives, and innovative ways to think about member education, member needs, service challenges, and how to work with community partners. The MAC meets on the third Tuesday of every month for two hours. In addition to normally scheduled meetings, members have an optional biweekly check-in, if needed.

SFY 2024 Goals

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

SFY 2024 Results

In SFY 2024 Colorado Access continued to leverage the MAC to generate and validate ideas for creating effective outreach and programming for members. MAC membership remained constant during the reporting period.

Colorado Access regularly passed along to MAC members opportunities to participate in additional groups, councils, committees, or stakeholder groups. Successful connections were made to the Metro Denver Partnership for Health's SHIE Community Board, the State PIAC Performance Measurement and Member Engagement subcommittee, Colorado Access regional PIACs, as well as opportunities to attend events hosted by community partners, such as the Colorado Center on Law and Policy and the Colorado Cross-Disability Coalition.

Regarding growing the MAC's membership, Colorado Access advertises the opportunity to participate in the MAC and PIACs in the quarterly member newsletters and on the Colorado Access website. In the spring of SFY 2024, several individuals reached out with an interest in one or both, which resulted in new recruits for the PIACs. Colorado Access invites the interested person to a meeting with staff that manage the MAC and the PIACs. Colorado Access explains the difference between the two advisory bodies and allows the member to self-select where they feel they can be most helpful given their life experiences, their unique expertise, their schedule, and the time commitment they are willing to make.

In terms of additional proactive recruitment activities beyond the above mentioned, in January Colorado Access experienced turnover in the staff who manage the MAC, which paused any additional efforts for the latter half of the year. As new staff were getting up to speed on the MAC work, strategy conversations were simultaneously underway about member experience needs and expectations in ACC Phase III. In the next contract, regions will be required to launch and manage two MACs. As a result, recruitment for the MAC as it is currently configured was de-prioritized in favor of planning for the future. Future planning that took place during the reporting period included the creation of a Member Experience Department within Colorado Access, the hiring of three dedicated staff, and the development of a company-wide member and community feedback loop model to further mature how Colorado Access listens to membership and uses that feedback for program and process design and improvement.

SFY 2025 Strategies and Planned Interventions
Colorado Access will continue to utilize the current MAC for member communications, outreach and programming support. Additionally, Colorado Access will begin to build the on-ramp to ACC Phase III, and the creation of two MACs. After careful consideration, it was decided that MACs will be organized by age rather than geography, creating a children- and youth-focused MAC and an adult-focused MAC. The reason being there are significant differences in the health issues between adults and children/youth, the health care delivery systems that serve them, and the members lived experiences in those systems. Once they are launched, Colorado Access plans to develop workgroups for rural residents, primarily southern/eastern Douglas, eastern Arapahoe, and eastern Adams counties, to enable meaningful input from these areas. Colorado Access also plans to create a workgroup focused on transition-age youth (ages 16 to 25), which will cross both regional MACs. This workgroup will include representation from foster care youth and youth with intellectual and/or physical disabilities and their families.

SFY 2025 Goals
- Develop an operational plan to transition from a geographically delineated MAC structure to an age-based structure that will result in the creation of two MACs: one with a children and youth focus and the other with an adult focus.
- Recruit a diverse group of MAC members to support the creation of a children and youth MAC for a go-live date of July 1, 2025.

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 improve the audit experience for providers.

Well-Care Visits Text Message and Postcard Initiative
Multiple PDSA cycles were conducted in SFY 2024 for the PIP 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 where rapid-cycle PDSAs can be initiated to increase efficiency, reduce waste, and improve processes.

SFY 2025 Goals
- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2025.
- Launch the Colorado Access Improvement Academy which is 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.