COLORADO
Department of Health Care Policy & Financing

CHP+ MCO Annual Quality Report
Instructions and Narrative Report

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Purpose: Managed Care Organizations (MCOs) are responsible for a variety of quality improvement initiatives. For CHP+ MCO managed care, the purpose of the annual quality report is to demonstrate that the MCO and the State are operating an effective program and to identify opportunities for continuous improvement. This report outlines the MCE's efforts to implement quality goals over the previous fiscal year (FY) and/or calendar year (CY), the results of those efforts, and changes to their approach per 42 CFR 438.330-438.340 and 42 CFR 457.1240-1250.

1. Summary of your overall quality approach

Colorado Access approaches quality improvement as a continuous, data-driven, and cross-functional discipline that is embedded across the organization rather than confined to a single department. The overarching aim for FY 2026 (July 1, 2025, to June 30, 2026) was to strengthen the infrastructure, governance, and analytic capabilities that allow us to identify improvement opportunities quickly, prioritize the interventions with the greatest potential impact, and evaluate whether those interventions produce measurable gains for members. Throughout the reporting period, Colorado Access focused on maturing the systems that connect performance data to action, aligning historically separate bodies of work under a common governance structure, and reinforcing the feedback loops with internal and external committees. The result is a quality program that is more coordinated, transparent, and accountable for outcomes, in alignment with contractual requirements.

Quality Goals and Priorities for FY 2026

The quality priorities for FY 2026 were centered on three interconnected goals. First, Colorado Access sought to advance data-driven decision-making for performance metrics so that improvement opportunities could be surfaced and acted upon in real-time. Second, the governance of quality initiatives was strengthened and prioritized to ensure that interventions were intentionally selected, formally overseen, and rigorously evaluated. Third, Colorado Access committed to reducing organizational silos by deepening collaboration across the departments that collectively influence member outcomes. These goals were selected because they address the foundational capabilities of data, governance, and cross-functional alignment that determine whether individual interventions can be sustained and scaled into lasting performance improvement.

Use of Data to Identify Opportunities and Monitor Progress

Data is the foundation of the approach to quality at Colorado Access. During FY 2026, Innovaccer served as the primary metric performance and analytics platform for the organization, used for real-time rate reporting and to direct targeted interventions toward the members, measures, and practices with the greatest opportunity for improvement. Innovaccer allows teams to monitor performance against benchmarks throughout the year rather than waiting for retrospective, end-of-year results, which in turn shortens the time between identifying a gap and deploying a response. Building on this foundation, a key priority has been to advance analytics maturity so that data can be sliced, diced, and displayed in ways that clearly highlight where improvement opportunities exist, whether by measure, member population, geography, or provider. To keep multiple programs aligned to a single source of truth, teams also maintain a measure crosswalk that reconciles metrics across programs and highlights gaps in vendor reporting, ensuring consistency in how rates are defined and tracked across the organization.

Governance and Tools

A central accomplishment of the reporting period was the continued implementation and maturation of the Outcomes and Measurement Committee (OMC), which provides an increased governance structure over metrics and interventions. The OMC creates a centralized process for prioritizing interventions, providing oversight, and evaluating results, so that decisions about where to invest quality resources are made deliberately and with organizational visibility. Complementing this governance structure, Colorado Access developed a formal intervention evaluation tool that enables the structured and consistent evaluation of interventions. Together with standardized processes for intervention development, monitoring, and reporting, these tools have improved visibility into the progress, barriers, and outcomes associated with each initiative, and they provide the documentation needed to determine which interventions should be continued, refined, spread, or discontinued.

Incorporating Internal and External Committees to Report Out and Elicit Feedback

Colorado Access intentionally uses the internal and external committees to report out on quality efforts and to elicit meaningful feedback that shapes work and prioritization. The Program Improvement Advisory Committee (PIAC) provides valuable external stakeholder feedback on intervention design and implementation, helping ensure that improvement efforts reflect community and member perspectives. Consulting efforts related to the Healthy Colorado For All (HCFA) work ensure interventions are aligned and positioned for high impact by removing obstacles to health care access. Internally, the Behavioral Health (BH) and Physical Health (PH) subcommittees serve as primary forums for monitoring performance, evaluating intervention effectiveness, and recommending strategies that improve outcomes across programs. The Prenatal and Postpartum Care (PPC) workgroup brings together cross-functional

partners to identify interventions, gaps and opportunities and to develop targeted improvement strategies. These committees create structured feedback loops through which results are shared, analyzed, and refined.

Key Accomplishments

The FY 2026 quality approach produced several notable accomplishments:

- Strengthened governance of quality improvement initiatives through the implementation and maturation of the OMC, creating a centralized process for intervention prioritization, oversight, and evaluation.
- Reduced organizational silos by increasing collaboration across quality, population health, care coordination, practice support, and analytics, resulting in more coordinated quality improvement efforts and shared accountability for outcomes.
- Aligned quality initiatives under a common governance structure to improve prioritization, reduce duplicative work, and maximize organizational impact.
- Established standardized processes and tools for intervention development, monitoring, and reporting, improving visibility into progress, barriers, and outcomes.
- Advanced targeted interventions in key focus areas, including prenatal and postpartum care and behavioral health through cross-functional workgroups and shared accountability structures.

2. Updates to your plan

During FY 2026, Colorado Access made minor modifications to its Quality Improvement Plan that reflect the natural evolution of the Child Health Plan *Plus* Managed Care Organization (CHP+ MCO) contract. The changes described below were made to sharpen the focus on the highest-impact measures, to strengthen the accuracy and completeness of the data underpinning performance rates, and to formalize the Performance Improvement Projects (PIPs) required under the CHP+ MCO contract. Collectively, these updates position Colorado Access to improve performance across priority measures while maintaining alignment among quality, population health, care coordination, and provider engagement activities.

Selected Clinical and Nonclinical CHP+ MCO Performance Improvement Projects

A significant modification to the plan during the reporting period was the selection and formal approval of the CHP+ MCO PIPs. The FY 2026 PIP cycle focused on two statewide topics selected by the Department: one clinical and one non-clinical. For the clinical PIP, all health plans were required to address the Screening for Depression and Follow-Up Plan (CDF) measure, with a focus on improving depression screenings completed at outpatient visits. For the non-clinical PIP, all health plans were required to address behavioral health transitions of care. Colorado Access selected the performance indicator "Outreached CHP+ MCO Members Unattributed to a Comprehensive Safety Net Provider (CSNP) with Behavioral Health Inpatient Admissions, Who

Are Age 20 and Under" to increase outreach and care coordination for members at elevated risk during transitions of care. The nonclinical topic was selected based on analysis of internal performance data and its clear connection to member outcomes following a behavioral health discharge, and it reflects an intentional focus on plan-driven activity (outreach attempts). Subsequently, a business-intelligence (BI) dashboard was developed to assess pre-baseline, baseline, and current-state performance.

Quality Goals and Priorities for FY 2027

Looking ahead to FY 2027 (July 1, 2026, to June 30, 2027), Colorado Access will continue to prioritize data completeness and accuracy to better identify opportunities for improvement, target interventions where they can have the greatest impact, and address existing data gaps. Colorado Access will also continue to pursue opportunities for alignment and cost savings as part of its broader strategy to contain costs while improving the quality of clinical care. Clinical and operational priorities for FY 2027 include:

- Expanding and enhancing interventions focused on prenatal and postpartum care to improve outcomes and drive performance across quality measures.
- Leveraging enhanced data and population health analytics to better understand the members represented within each measure, identify the drivers of performance, and prioritize interventions that close disparity gaps and improve health outcomes.
- Continuing to align quality, population health, care coordination, and provider engagement activities to support metric achievement across priority measures.
- Advancing intervention evaluation capabilities to better assess effectiveness, inform decision-making, and support continuous improvement.

Tools Planned for FY 2027

Colorado Access will use the evaluation tool to monitor intervention implementation, assess effectiveness, and inform ongoing refinements to improvement strategies. Colorado Access intends to:

- Implement enhanced intervention tracking and evaluation tools to better measure impact, identify opportunities, and support data-driven decision-making.
- Develop intervention tracking tools to monitor leading indicators and support timely evaluation, refinement, and scaling of improvement strategies.

Internal and External Committees Supporting FY 2027 Efforts

Both internal and external committee structures will continue to serve as the backbone for reporting quality efforts and eliciting feedback in FY 2027. Planned committee engagement will include deeper PIAC integration to strengthen external stakeholder input on intervention design and implementation; participation in National Committee for Quality Assurance (NCQA)-aligned committees, including the Quality Management Committee (QMC), the OMC, and associated subcommittees; and engagement with the Health Equity Committee and HCFA

consulting efforts to ensure that interventions are aligned, highly impactful, and advance health equity. These forums will ensure that our FY 2027 quality improvement activities remain transparent, collaborative, and responsive to the perspectives of members, providers, and community partners.

NCQA Accreditation Efforts

Colorado Access also advanced NCQA readiness during the reporting period by aligning committee structures, quality oversight activities, care coordination program development, member experience monitoring, and access and availability processes with NCQA expectations. This work included continued use of the QMC and OMC governance structures, development of NCQA-aligned complex care management processes, and transition to a vendor-led access and availability survey approach. These activities support a more standardized and evidence-based quality program going into FY 2027.

3. Underutilization and Overutilization of Services

In FY 2026, Colorado Access strengthened its ability to assess the effectiveness of the mechanisms implemented to identify, monitor, and address underutilization and overutilization of services. This work builds on prior established goals and will continue into FY 2027, drawing on both CHP+ MCO-specific monitoring efforts and enterprise-wide utilization management infrastructure shared across lines of business at Colorado Access.

Governance

To strengthen ongoing monitoring of utilization patterns specific to the CHP+ MCO population, Colorado Access established an oversight meeting. This meeting reviews utilization dashboards and emerging trends specific to CHP+ MCO membership to identify areas that may warrant further review or intervention. Colorado Access anticipates reporting on meaningful trends and outcomes identified through this forum in future reporting periods. Colorado Access also plans to formally incorporate CHP+ MCO utilization into the Utilization and Clinical Alignment Committee (UCAC), the enterprise governance body established in FY 2026 to synthesize utilization data and clinical input into actionable recommendations, extending UCAC's cross-line-of-business oversight to CHP+ MCO-specific utilization trends and risks.

Mechanisms for Monitoring and Addressing Overutilization

The compliance team identifies audit targets by analyzing provider claims data for outlier billing patterns, monitoring the provider utilization dashboards for significant month-over-month increases in billing activity, and partnering with the data analytics team to track trends in code usage, member overlap across services, and dollars per member. In FY 2027, Colorado Access plans to expand this program into CHP+ MCO following success of this program in Region 4.

Mechanisms for Monitoring Underutilization of Services

Colorado Access continued to operate a well-child visit and immunization digital engagement program for CHP+ MCO members ages 0 to 17, using interactive voice recognition (IVR), short message service (SMS), and mailer outreach. These programs were built on Healthcare Effectiveness Data and Information Set (HEDIS) measure specifications to encourage routine preventive visits and vaccinations among members who have not recently utilized these services. Colorado Access also monitors zero-claims activity to identify providers who are no longer treating CHP+ MCO members, helping assess whether gaps in provider engagement are contributing to underutilization risk. In FY 2026, Colorado Access transitioned access to care monitoring from an internally managed process to a vendor-led, NCQA-aligned access and availability survey with Press Ganey, which will provide a more comprehensive, benchmarked view of whether network access barriers are contributing to underutilization among CHP+ MCO members.

Utilization Management (UM) and Inter-Rater Reliability (IRR)

UM at Colorado Access is a powerful clinical mechanism for managing both underutilization and overutilization of services. With medical necessity reviews, UM works to ensure members receive medically necessary and appropriate care: authorizing services that meet criteria to protect against underutilization, while scrutinizing requests that may reflect a higher level, frequency, or duration of service than clinically indicated to protect against overutilization.

Because UM decision-making is leveraged to manage risk, Colorado Access relies on its annual IRR study to confirm that authorization criteria are applied consistently across reviewers. In FY 2026, 26 behavioral health UM staff, four physical health staff and six medical directors achieved an IRR score of 90% or higher. Colorado Access monitors UM decision turnaround times, denial and appeal rates, and clinical/administrative documentation quality for the CHP+ MCO population as part of its broader UM oversight, consistent with goals to maintain contractual turnaround compliance at 95% or higher and chart review performance at 95% or higher. In FY 2026, Colorado Access maintained a 92-99% turn-around-time rate month-over-month.

Successes, Challenges, and Future Plans

Establishing the CHP+ MCO oversight meeting gives Colorado Access a dedicated forum for surfacing CHP+ MCO-specific utilization trends that may not be visible in enterprise-wide dashboards, and the planned addition of CHP+ MCO to UCAC will extend cross-line-of-business governance and accountability to this population. A key FY 2026 challenge was that the newly formed CHP+MCO oversight committee has not yet produced concrete reportable findings or interventions. Looking ahead to FY 2027, Colorado Access plans to fully integrate CHP+ MCO into UCAC governance and begin reporting on trends and outcomes identified through the CHP+ MCO oversight meeting.

4. Quality and Appropriateness of Care for Members with Special Health Care Needs.

During FY 2026, Colorado Access continued to strengthen its approach to assessing and supporting the quality and appropriateness of care for CHP+ MCO members with special health care needs. A significant focus of this work included population health assessment and stratification activities, completed as part of the broader population health management work that included NCQA-aligned complex case management program readiness. This work helped identify CHP+ MCO members who may have complex medical, behavioral health, developmental, or functional needs, as well as members who may benefit from additional care coordination outreach and assessment. These efforts provide an important foundation for determining which members may benefit from additional monitoring, support, and connection to appropriate services.

Care Coordination

Colorado Access also uses the CHP+ MCO health risk assessment (HRA) process to identify members with special health care needs. The initial HRA includes a question asking whether the child has ongoing health conditions or disabilities that limit their ability to function. When a member or caregiver answers yes, care coordination staff follow up to better understand the family's needs, assess whether care coordination support would be helpful, and connect the family to available services and resources. Members identified through the HRA also receive a follow-up survey one year later to check in and reassess whether assistance is still needed, supporting ongoing monitoring and helping ensure needs are not treated as a one-time event. Identified members will receive an annual check-in, unless they indicate they no longer have ongoing conditions during a follow-up call.

Colorado Access advanced several quality improvement and care coordination activities that support members with complex or special health care needs. During the reporting period, Colorado Access prepared for the NCQA survey scheduled for January 2027 by updating workflows and ensuring assessments, staff training, reporting, monitoring, and other core components of the NCQA-aligned complex case management program were ready for implementation and review. Colorado Access also continued specialized care coordination through the high-needs pediatric team for youth with complex behavioral health needs. Separately, Colorado Access initiated planning for Transitions of Care (TOC) pilots, including a care coordination pilot with Children's Hospital Colorado, designed to improve post-discharge engagement, continuity of care, follow-up, and outcomes for members at higher risk for adverse health outcomes.

Care coordination staff use a range of resource-navigation pathways when supporting CHP+ MCO members with special health care needs. When appropriate, based on eligibility and

clinical criteria, staff may help families understand and navigate the Children and Youth Mental Health Treatment Act (CYMHTA) as a potential pathway for children and youth with significant behavioral health needs when other funding sources are not available. Staff may also connect families with Early Intervention Colorado when developmental concerns are identified for children birth through age two. These resources are used as part of a broader care coordination approach that includes assessing member and family goals, identifying barriers, coordinating with providers and systems, and helping families understand what support may be available through CHP+ MCO and community partners.

Successes and Challenges

The mechanisms used during the reporting period supported earlier identification, more consistent outreach, and improved staff readiness to engage members with complex needs. The HRA and annual follow-up process provide a structured way to identify and re-engage members who may need assistance, while care coordination referrals, utilization review, transition-of-care information, and population health data to help identify needs that may not surface through the HRA alone. Key findings included the need for continued education about the differences between CHP+ MCO and Medicaid benefits, clearer staff understanding of available non-Medicaid resource pathways, and continued refinement of data-driven identification strategies. In response, Colorado Access focused on strengthening workflows, staff training, and cross-functional coordination so members with special health care needs can be connected to appropriate support as early as possible.

Staff development and department-wide motivational interviewing training strengthened staff skills in member engagement, shared decision-making, behavior change support, and person-centered care planning. De-escalation training enhanced staff ability to support members and caregivers experiencing behavioral health challenges, emotional distress, or crisis situations while promoting positive member experiences and staff safety. Together, these trainings support a more consistent, trauma-informed, and family-centered approach to care coordination.

Colorado Access recognizes that barriers remain, particularly when families need services that are not covered through CHP+ MCO or when available community resources have eligibility, capacity, or funding limitations. Future work will focus on refining identification and outreach processes in partnership with Population Health to enhance identification of members at highest risk and better prioritize outreach and intervention planning. Colorado Access will also explore how the Children with Disabilities Algorithm (CWDA) that was recently integrated into the population health assessment, acuity tiering, population health assessment findings, and other analytic approaches can better inform outreach, monitoring, and program design for children and youth with special health care needs.

5. External Quality Review Organization (EQRO) Compliance

Colorado Access participates in an annual external independent compliance review audit to confirm compliance with federal health care regulations outlined in 42 CFR 438 and contractual requirements. This review is conducted by Health Services Advisory Group (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 CHP+ MCO members.

FY 2026 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 table below summarizes audit scores for each standard included in the audit.

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
I. Disenrollment: Requirements and Limitations	5	5	4	1	0	0	83%
IV. Availability and Assurances of Adequate Capacity and Services	15	15	13	2	0	0	87%
VII. Coverage and Authorization of Services	34	34	30	4	0	0	88%
X. Grievance and Appeal Systems	31	31	24	7	0	0	77%
Totals	**85**	**85**	**71**	**14**	**0**	**0**	**83%**

Findings by Standard:

Standard I. Disenrollment: Requirements and Limitations

- No clearly documented and articulated operational process for Colorado Access-initiated disenrollment

Standard IV. Availability and Assurances of Adequate Capacity and Services

- No ongoing monitoring process for provider hours of operation
- No ongoing monitoring to ensure continued physical access and accommodation for members with disabilities

Standard VII. Coverage and Authorization of Services

- Inconsistent provider outreach prior to denials for missing information
- Notice of Adverse Benefit Determination (NABD) frequently lacked plain-language explanations and clearly defined criteria
- Staff could not consistently articulate emergency services prior authorization rules

Standard X. Grievance and Appeal Systems

- Misclassification of grievances, claims, and appeals
- Inconsistent understanding of expedited appeal criteria and program routing
- Member letters lacking clarity, required Spanish taglines or clearly stated resolutions

Actions Taken to Address Findings and Future Plans

As a result of the findings identified during the compliance review audit, HSAG issued 14 Corrective Action Plans (CAPs) to Colorado Access. The responsible operational areas have begun implementing targeted interventions to address the deficiencies identified and achieve compliance with CAP requirements. This work will continue throughout the summer, with all corrective actions and supporting evidence of completion submitted to HSAG by September 8, 2026.

The review also demonstrated the ongoing commitment Colorado Access has monitoring compliance with federal and contractual requirements through established policies, operational processes, staff interviews, and document reviews. Key challenges identified during the audit included opportunities to strengthen process standardization, staff understanding of regulatory requirements, provider outreach practices, and the consistency and clarity of member communications. In response, operational teams are updating policies and procedures, enhancing staff training and education, implementing additional oversight and monitoring activities, and revising member-facing materials to improve clarity and regulatory compliance. These corrective actions are intended not only to resolve the specific audit findings but also to strengthen long-term compliance monitoring and support continuous quality improvement efforts throughout the organization.

6. Member Experience

The member experience department at Colorado Access collects and analyzes member feedback to drive improvements across the organization. Member experience is assessed through multiple qualitative and quantitative sources, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, customer service and care coordination net

promoter scores (NPS) surveys, program evaluations, biannual member insights surveys, grievance data, member advisory councils, external advisory committees, focus groups, community engagement activities, and usability testing of member communications.

Physical Health CAHPS Survey

In 2025 Colorado Access had the highest response rate of 13.32% in the state, which was also well above the national average. However, overall response rates continued to decline across all CHP+ MCO plans from the previous year. Colorado Access was above state average (goal) on five of the nine measures. For the measures below goal, two of the four were within less than one percentage point from state average: Rating of Health Plan and Rating of Health Care. The other two measures, Rating of Personal Doctor and Customer Service, were less than two percentage points below state average.

Colorado Access CHP+ MCO CAHPS			
Ratings	**2025**	**2025 Goal (State Average)**	**Goal Met**
Rating of Health Plan	63.14%	63.87%	No
Rating of Health Care	68.13%	69.04%	No
Rating of Personal Doctor	75.00%	76.22%	No
Rating of Specialist	70.73%	70.33%	Yes
Getting Needed Care	87.17%	85.00%	Yes
Getting Care Quickly	89.06%	87.32%	Yes
How Well Doctors Communicate	97.74%	96.89%	Yes
Customer Service	85.32%	85.21%	Yes
Coordination of Care	83.33%	84.58%	No

Biannual Member Insights Survey

The member experience team partners with customer service to collect feedback from members about twice a year through calls to the call center on rotating topics of interest to Colorado Access. The fall 2025 survey (n=525) examined how members access information. The top reasons for contacting customer service were finding a provider, checking eligibility, changing a PCP, and billing questions. Most respondents (67%) contacted Colorado Access directly without seeking information elsewhere. The spring 2026 survey (n=612) focused on the PEAK platform. Fifty-eight percent of respondents reported using PEAK. Among those providing feedback, two-thirds reported a positive experience, and one-third reported a negative experience. The most common recommendation was improved instructions for platform use.

Sharing Survey Results

Survey findings are shared across Colorado Access departments and committees to inform process improvements and strategic initiatives, including customer service enhancements, care access, network development, population health planning, and health equity efforts. Colorado Access is also expanding the external sharing of results through member and provider communications, children and youth focused advisory councils, and its website.

Interventions Based on Findings

Based on survey and other member experience data, Colorado Access identified several improvement opportunities to strengthen member experience. These interventions will be implemented or continued in 2027 and evaluated for effectiveness.

- Strengthen provider education and engagement efforts, with a focused emphasis on priority populations and key opportunities identified through CAHPS results, while continuing customer service training and quality monitoring activities to support a consistent, member-centered experience.
- Enhance member experience analytics and reporting capabilities by improving monitoring tools, refining targeted improvement strategies, and continuing enhancements to the Find a Provider platform and other member-facing reporting resources to better identify and address member needs.
- Your Voice Counts member voice program: Your Voice Counts is a voluntary, opt-in database of Colorado Access members and caregivers who agree to be available to Colorado Access to share their feedback and experiences through story sharing, surveys, focus groups, usability testing, and advisory committees. It supports a proactive and member-centered approach by making it easier to gather feedback over time, test ideas, and include member voice in decision-making across departments.
- External Feedback Loop implementation: Colorado Access has developed formal processes and procedures for centrally managing all external feedback, including member feedback, and assigning it to appropriate individuals and teams for action. A centralized database called the Consolidated List of External Feedback was created to track where it is assigned and what is done with the feedback to create greater accountability across the organization and to be able to identify global feedback trends for Colorado Access leadership. As of the end of this reporting period, 40 unique feedback items are being tracked.

7. Performance Improvement Projects (PIP): Previous PIP Cycle

The FY 2026 PIP cycle focused on two statewide topics selected by the Department: one clinical and one non-clinical. For the clinical PIP, all health plans were required to address the Screening for Depression and Follow-Up Plan (CDF) measure, with a focus on improving depression screenings completed at outpatient visits. For the non-clinical PIP, all health plans were

required to address behavioral health transitions of care. Colorado Access selected the performance indicator Outreached CHP+ MCO Members Unattributed to a CSNP with Behavioral Health Inpatient Admissions, Who Are Age 20 and Under to increase outreach and care coordination for members at elevated risk during transitions of care.

CDF Successes, Challenges, Lessons Learned, and Future Plans

Colorado Access conducted an internal analysis to identify Primary Care Providers (PCPs) and behavioral health providers with lower CDF performance. Targeted education was provided to PCPs regarding depression screening requirements and appropriate billing practices, including the use of applicable G-codes. This outreach revealed that many providers were routinely completing depression screenings but were not consistently billing them. Re-education efforts have improved provider awareness and documentation practices, creating opportunities to more accurately capture completed screenings. A significant challenge identified during this project is that many CSNPs and behavioral health providers routinely conduct depression screenings but do not bill the associated screening codes. Through discussions with providers, Colorado Access learned that this is largely driven by the behavioral health reimbursement structure.

CSNPs are reimbursed under a Prospective Payment System (PPS), in which providers receive a standard daily payment regardless of the number or type of qualifying services delivered during a visit. As a result, there is little financial incentive to submit additional screening codes when depression screenings are completed. Consequently, many completed screenings are not reflected in claims data, resulting in performance rates that underestimate actual screening activity. This is particularly impactful because many members receive routine care and depression screenings through behavioral health providers. Depression screening requires engagement from both physical and behavioral health providers. The project also highlighted that reimbursement structures and documentation practices can significantly impact reported performance, and measure rates may not fully reflect care delivered when screenings are not captured through claims or encounter data.

Colorado Access will continue working with providers demonstrating lower performance to conduct root cause analyses and implement targeted improvement strategies. Future efforts will focus on increasing awareness of documentation and billing requirements where appropriate, while also exploring opportunities to better understand screening activity occurring within behavioral health settings. Additionally, Colorado Access plans to focus outreach and improvement efforts with obstetrics and gynecology (OBGYN) providers serving the CHP+ MCO adult population, as these providers represent a significant source of care for members included in the measure.

Behavioral Health Transitions of Care Successes, Challenges, Lessons Learned, and Future Plans

Colorado Access developed a targeted outreach process to support CHP+ MCO members experiencing a behavioral health inpatient admission who were not attributed to a CSNP. A key success during this PIP cycle was the implementation of Personify, a healthcare technology platform that supports member engagement through Interactive Voice Response (IVR) and text messaging. Beginning March 27, 2026, outreach was expanded to include automated IVR calls and text messages within three days of discharge. This enhancement reduced reliance on manual outreach, decreased the risk of missed outreach opportunities, and provided additional channels to engage members during a critical transition period.

Outreach efforts continue to be impacted by outdated contact information, disconnected phone numbers, and limited member engagement following discharge. In addition, this is a Colorado Access-developed metric, requiring all reporting, monitoring, and analysis processes to be built and maintained internally. Developing and validating the necessary data infrastructure requires considerable time and resources. While IVR and text messaging outreach began in March 2026, these activities have not yet been incorporated into the current performance calculations and are therefore not fully reflected in reported rates. This project reinforced the importance of timely outreach following a behavioral health inpatient admission. Early engagement can help connect members to needed services and reduce gaps in care. The project also highlighted the importance of accurate member contact information and reliable data sources to support both outreach activities and performance monitoring.

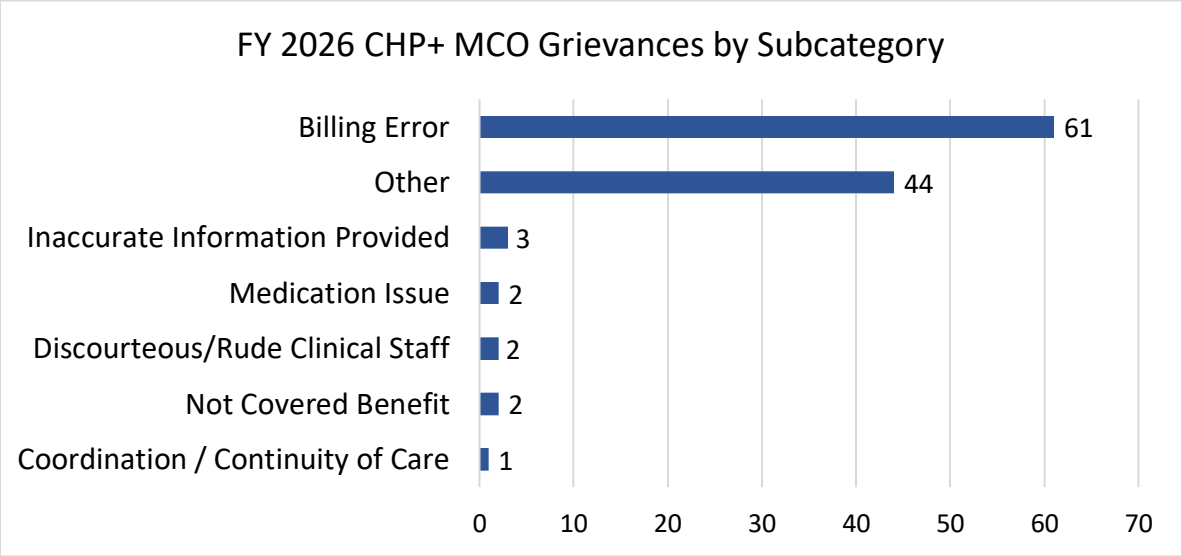
Colorado Access will continue refining outreach processes for high-risk members following behavioral health inpatient admissions. Future efforts will focus on enhancing internal dashboards and reporting capabilities to better identify barriers to timely outreach and support root cause analysis. By strengthening outreach processes, improving performance monitoring, and incorporating new engagement methods into reporting, Colorado Access aims to improve behavioral health transitions of care and ensure members receive timely support following discharge.

8. Quality of Care Grievances (QOCGs)

Colorado Access monitors member experience is through the grievance and quality of care concern (QOC) processes. 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. The QOC process investigates concerns related to the quality, safety, and appropriateness of care provided to members and uses findings to support quality improvement activities.

Grievance Results and Trends

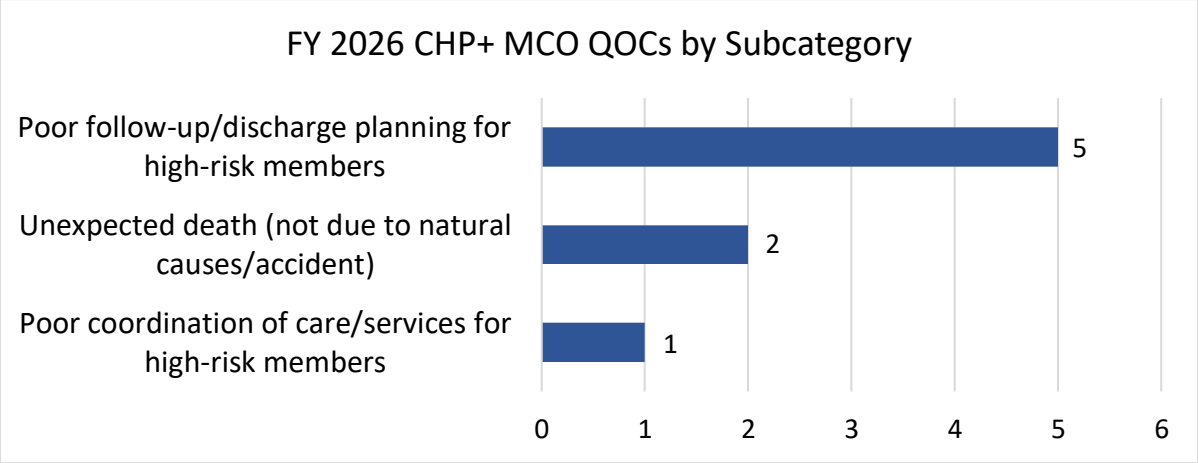
In FY 2026, a total of 115 member grievances were filed by CHP+ MCO members. Financial/Billing grievances accounted for 102 (88.7%) cases, and the remaining grievances were categorized as Customer Service, Clinical Care, Benefit Package, and Rights and Legal. Three grievances did not have an extension letter sent out as required, resulting in an overall 97.4% quality compliance rate. All grievances were otherwise processed in accordance with established grievance procedures. Colorado Access utilized a grievance quality monitoring program to monitor the timeliness of grievance resolutions, the content of letters sent to members, the readability of letters, and case documentation in the grievance tracking tool. Five cases per grievance coordinator are reviewed for quality monthly. Upon review, the supervisor provided timely feedback to the grievance coordinator based on findings. In FY 2026, the average score of audited grievances was 99%, exceeding the goal of 95%.



QOC Results and Trends

In FY 2026, Colorado Access received 8 QOCs for the CHP+ MCO line of business. The Clinical Care Services and Treatment category accounted for all 8 QOCs (100%). This represents a decrease from the 14 QOCs received during FY 2025 (July 1, 2024, to June 30, 2025). To support accurate reporting and escalation of quality concerns, Colorado Access provided targeted QOC education to internal staff and largest CSNP partners. Substantiated cases increased from 42% in FY 2025 to 50% in FY 2026, reflecting improved identification and reporting of concerns warranting formal quality review across Colorado Access and the provider network. Investigation findings and trend analyses informed referrals to the Individualized Provider Training Program, corrective actions, and broader quality improvement efforts. To further strengthen oversight and reporting processes, Colorado Access developed and implemented a

Jira-based workflow to streamline QOC intake, tracking, and reporting activities and transitioned to a secure online submission process effective July 1, 2026.



Opportunities for Improvement

Colorado Access will sustain utilization of the quality monitoring program to ensure grievance processes are followed and grievances are closed out in a timely manner. Moving into FY 2027, 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. Colorado Access will continue to maintain compliance with contractual and reporting requirements while leveraging trend analysis, investigation results, and quality audit results to support ongoing quality improvement efforts. Key priorities include monitoring timeliness and case outcomes, identifying emerging trends and referral patterns, and using findings to inform targeted interventions, corrective actions, and opportunities for provider and staff education. Audit findings will be used to implement targeted raining, standardized guidance, and clear escalation pathways, to support consistent identification and routing of cases requiring medical director involvement. Colorado Access will continue refining policies, procedures, and cross-functional coordination to strengthen oversight, improve operational efficiency, and to deliver a high-quality experience for grievance and QOC submitters.