



Annual Quality Report

Child Health Plan Plus (CHP+) MCO

State Fiscal Year 2024-2025

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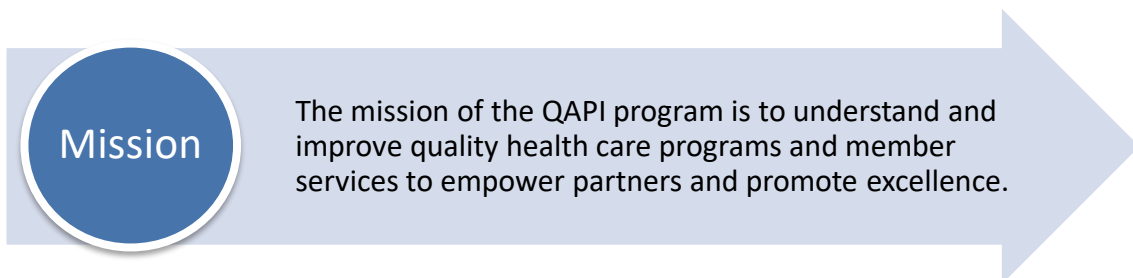
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Executive Summary

Quality Assessment and Performance Improvement Program

The Colorado Access Child Health Plan *Plus* Managed Care Organization (CHP+ MCO) is the largest CHP+ MCO plan in Colorado and has been connecting Coloradans to health care for more than 25 years. Colorado Access monitors data and health outcomes as a commitment to the ongoing improvement of the quality of care for CHP+ MCO members. This quality monitoring is driven by the mission of the Colorado Access Quality Assessment and Performance Improvement (QAPI) program. The philosophy of the QAPI program ensures members receive timely, high-quality care in a coordinated manner, meeting or exceeding community standards. It systematically monitors and evaluates service quality, utilization, and appropriateness, emphasizing culturally relevant, individualized care to promote self-management and shared decision-making. Using objective measurement and ongoing evaluation, Colorado Access is committed to improving care quality through continuous feedback and data-driven strategies, promoting whole-person health and equity.¹ In support of its mission to assist underserved Coloradans, Colorado Access continues to monitor and create specialized services for children and perinatal members through its CHP+ MCO program.

This report provides a reflection on key QAPI objectives, as well as programs and activities that Colorado Access engaged in throughout state fiscal year (SFY) 2025 (July 1, 2024, to June 30, 2025), including performance against goals. It also describes intended goals, strategies, and interventions to continuously promote quality in SFY 2026 (July 1, 2025, to June 30, 2026).



Key Accomplishments in SFY 2025

Throughout SFY 2025, the CHP+ MCO plan expanded benefits to include new maternal health provider types to increase member access to maternal health care, including adding billing codes to their scope of service. These provider types include direct-entry midwives, doulas, and lactation consultants/counselors. Colorado Access collaborated with the Colorado Department of Health Care Policy and Financing (the Department) to understand and implement the new

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

benefits. Colorado Access participated in many meetings with the Department and other State partners, as well as joined the Doula Advisory Committee to assist in problem-solving for some of the roadblocks that doulas have run into when enrolling with Health First Colorado. As this provider type has not previously worked with Medicaid or CHP+ MCO in Colorado, Colorado Access worked as a thought partner and advocate for the doula and member community. For the CHP+ MCO program, doula recruitment has been based on the list of enrolled doulas with the State of Colorado. Colorado Access is working on a comprehensive communication plan for members and referring providers as more doulas become CHP+ MCO network providers throughout the service area.

During SFY 2025, Colorado Access continued to prioritize health equity for members. Colorado Access completed the second iteration of the Health Equity Report deliverable, which included a deep dive into member demographic data to help identify care gaps among different populations. Colorado Access has continued to prioritize social determinants of health (SDoH) questions in care coordinator scripts, including health risk assessments (HRAs). Colorado Access has prioritized goals and strategies to decrease identified gaps in data and will continue to incorporate health equity initiatives into all areas of work. Colorado Access is committed to health equity for all members and plans to collaborate with the Department on updates to the Health Equity report and ways that Colorado Access can better focus on the CHP+ MCO population.

Colorado Access spent much of SFY 2025 in preparation for a new population of members that enrolled on January 1, 2025, through Cover All Coloradans, which was passed through House Bill (HB) 22-1289. Members who would have been CHP+ MCO eligible if not for their documentation status will now be eligible for CHP+ MCO membership. Colorado Access has made changes and tested the systems to intake this new population, which was successfully implemented without system issues. In collaboration with the Department, Colorado Access has been a thought partner in voicing potential barriers that this population may run into with the health care system and is preparing solutions. Colorado Access created several workgroups, including a communications workgroup, a data workgroup, and a readiness committee that prepared for this population expansion. This project was a great success in expanding health care access for the Colorado community.

During SFY 2025, Colorado Access implemented new contract requirements regarding accessibility on all external-facing documents. Colorado Access has created a Disability Partnership workgroup, meeting regularly to discuss changes in this space and compliance with the new regulations. Colorado Access is working on sharing accessibility resources with all internal staff members to ensure that all materials created are accessible to all individuals. This

work applies to deliverables, member communications, the Colorado Access website, provider communications, and much more.

During SFY 2025, Colorado Access focused advocacy efforts on protecting Medicaid and CHP+ at both the state and federal levels. At the state level, Colorado lawmakers navigated a challenging budget situation with a shortfall of over one billion dollars. Colorado Access meaningfully engaged in budget advocacy and defended unnecessary cuts to critical programs. Outside of the budget, Colorado Access supported nine bills focused on helping our provider partners, streamlining systems, and improving access to food and nutrition.

With the arrival of a new federal administration focused on reforming safety-net programs such as Medicaid, monitoring and advocating at the federal level became increasingly important. As members of the Association for Community Affiliated Plans (ACAP), Colorado Access actively engaged and met with Colorado's congressional members on both sides of the aisle about the importance of defending and upholding Medicaid for Coloradans.

Key accomplishments and project highlights from SFY 2025 include the following:

- An expansion of benefits to include new maternal health provider types, including direct-entry midwives, lactation consultants/counselors, and doulas.
- Identification through data analysis and stratification of goals and strategies focused on demographic gaps in care, with the continued focus on health equity for all members
- Successful implementation of new accessibility requirements on all external-facing documents and communications.
- Closely monitoring and influencing legislation and changes to the health care landscape with the new federal administration.
- Preparation to intake and serve the new Cover All Coloradans population on January 1, 2025. This has been a collaborative effort across Colorado Access and multiple departments and representatives from both CHP+ MCO and Regional Accountable Entity (RAE) lines of business.

Key Goals Moving into SFY 2026

SFY 2026 will bring continued focus on the internal Colorado Access quality measurement and performance improvement program. This will include conducting a full QAPI program self-assessment to identify key areas of strength and areas of opportunity for the program and building action plans to address prioritized areas of opportunity. In the upcoming year, Colorado Access will focus on ensuring that new deliverables, reports, standards, and contract requirements are successfully implemented and executed. Colorado Access is working to continually enhance its population health and integrated care strategies by working cross-departmentally to analyze and stratify CHP+ MCO membership to further refine cost-savings

strategies and ensure that members receive the right intervention at the right time, with the goal of improving health outcomes. This work will continue to be developed in SFY 2026 and beyond.

Additionally, as part of the provider network strategy, the recruitment of doulas and lactation consultants will be increased, building off the work that has already begun in this space. Colorado Access will continue to collaborate with Elephant Circle to support their work to expand access to doula services in CHP+ MCO counties by guiding doulas through the provider credentialing process to serve a greater number of members. Colorado Access also plans to promote member awareness and understanding of the doula benefit and support community partners who are training doulas with lived experience in diverse communities to provide linguistically and culturally responsive doula care to a broader set of members.

Colorado Access will be partnering with the Department in the coming months to redesign the Health Equity deliverable, soon to be known as Healthy Colorado for All. As part of this effort, Colorado Access will join brainstorming and working sessions to provide feedback on the current CHP+ MCO process and identify opportunities for improvement. The focus will be on addressing health disparities across key demographics, such as race, ethnicity, language, and geographic location, to better support CHP+ MCO members. Colorado Access is committed to ensuring that all members have equitable access to the care they need when they need it. CHP+ MCO plans to implement a new template and approach for this deliverable by the 2026 submission deadline.

During SFY 2026, Colorado Access plans to continue vital work on improving accessibility on all external-facing documents. Colorado Access will continue regular meetings with the Disability Partnership workgroup to discuss changes in this space, partnerships with community organizations that align with this work, and will monitor compliance with the new regulations. In SFY 2026, Colorado Access will share accessibility resources with all internal staff to ensure that materials created are accessible to all individuals. This work applies to deliverables, member communications, a redesign of the Colorado Access website, provider communications, and much more.

On July 4, 2025, Congress passed H.R. 1: One Big Beautiful Bill Act (OBBBA), a spending and tax law that includes a one trillion dollar reduction in federal health care spending over the next decade, primarily targeting Medicaid and the Affordable Care Act (ACA) Marketplace.² OBBBA will create administrative hurdles for Medicaid members by introducing work requirements, semi-annual eligibility redeterminations, cost-sharing, and other measures. OBBBA also made a

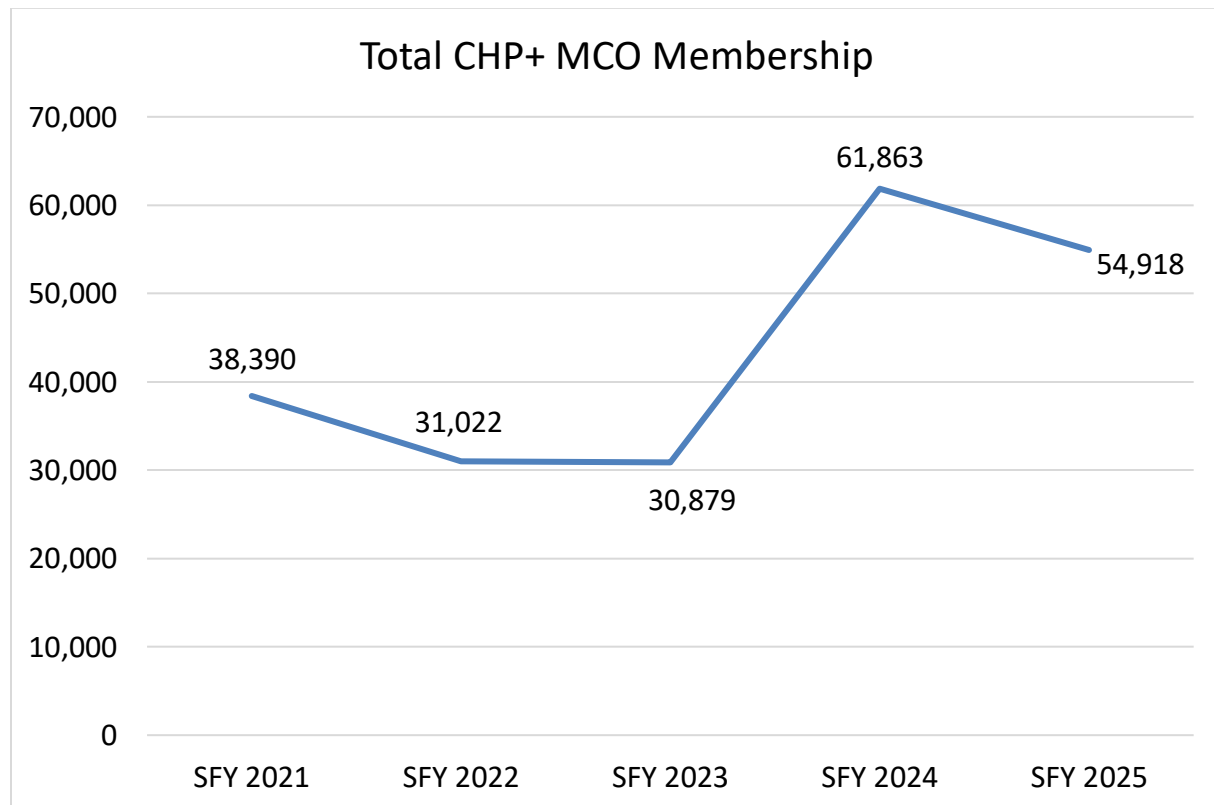
² Congressional Budget Office. "Estimated Budgetary Effects of Public Law 119-21, to Provide for Reconciliation Pursuant to Title II of H. Con. Res. 14, Relative to CBO's January 2025 Baseline." July 21, 2025. [cbo.gov/publication/61570](https://www.cbo.gov/publication/61570)

significant budget gap due to the tax cuts that were included. Colorado Access is closely monitoring the implementation of OBBBA provisions with a focus on keeping Coloradans covered, helping providers stay open with sustainable funding, and safeguarding Medicaid through sound, balanced budgeting decisions. Colorado Access remains committed to protecting Medicaid and CHP+ for Coloradans.

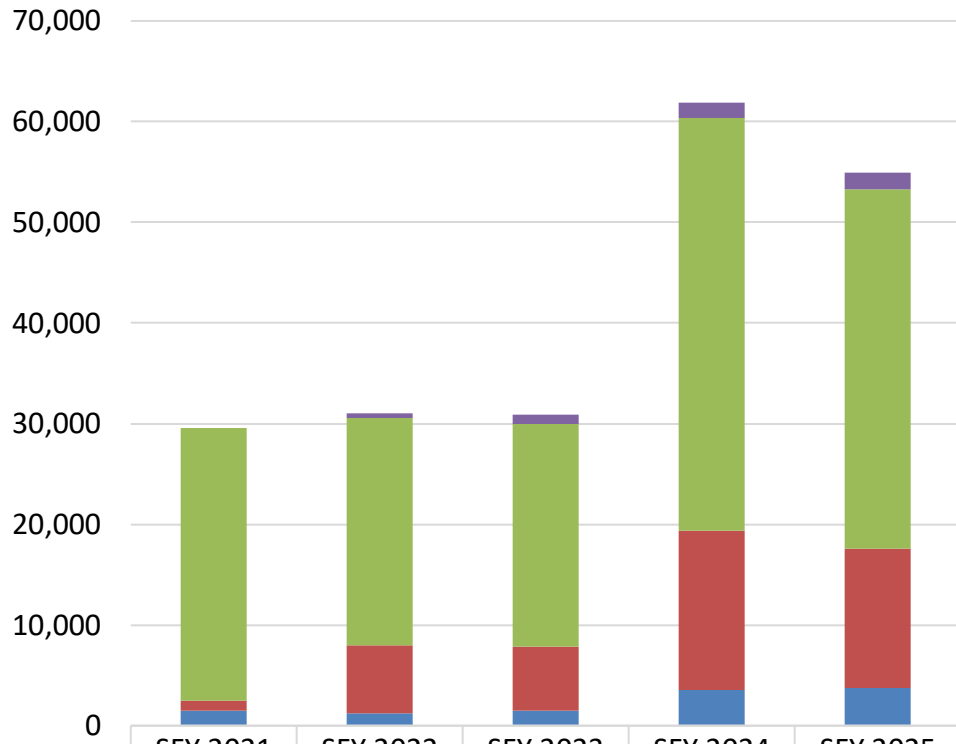
Membership

CHP+ MCO Membership

Membership for CHP+ MCO began to decrease in SFY 2025, decreasing from 61,863 members in SFY 2024 (July 1, 2023, to June 30, 2024) to 54,918 members in SFY 2025. Following the public health emergency (PHE) unwind membership increase, membership began to level out around 65,000 for the majority of SFY 2025. However, in March 2025, membership began to decrease again due to a policy change on the 12-month Continuous Eligibility period. This change impacted CHP+ MCO members who had income or circumstance changes, making them Medicaid eligible. This group was able to automatically move to Medicaid, even during a continuous eligibility period, once determined Medicaid-eligible. These members then remain on Medicaid for a new 12-month period of continuous Medicaid eligibility. This policy change likely drove the decrease in CHP+ MCO membership at the end of SFY 2025. Membership data is derived from Colorado Access business intelligence (BI) monthly statistics and is calculated as of June, at the end of each SFY. The two graphs below show CHP+ MCO total membership year-over-year and CHP+ MCO membership by age group.



CHP+ MCO Membership by Age



	SFY 2021	SFY 2022	SFY 2023	SFY 2024	SFY 2025
Age 19+ (Perinatal)	0	452	912	1,526	1,654
Age 7-18	27,128	22,619	22,134	40,977	35,668
Age 2-6	977	6,745	6,331	15,827	13,839
Age 0-1	1,489	1,206	1,502	3,533	3,757

Performance Improvement Projects

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

Rapid-Cycle Performance Improvement

Summary

The SFY 2024 PIP cycle focused on physical health, with Colorado Access focusing on Child and Adolescent Well-Care Visits (WCV) as the CHP+ MCO physical health clinical measure. The non-clinical topic chosen for all plans was improving SDoH screening rates.

SFY 2025 Goals

- Collaborate with both external and internal partners on the PIP, as directed by Health Services Advisory Group (HSAG).
- Create and monitor projects targeting the improvement of selected PIP topics.
- By June 30, 2025, the Colorado Access care coordination team will utilize targeted interventions to increase the percentage of SDoH screenings among CHP+ MCO members from 0% to 90%.
- By June 30, 2025, use targeted WCV interventions to increase the percentage of WCVs among CHP+ MCO members ages 3 to 21 from 42.37% to 44.55%.

SFY 2025 Results

Child and Adolescent Well-Care Visits

In SFY 2024, Colorado Access reported a WCV baseline rate of 42.37%. The goal was to use targeted WCV interventions to increase the percentage of visits among CHP+ MCO members aged three to 21 from 42.37% to 44.55% by June 30, 2025, through targeted WCV interventions. Colorado Access used the Healthcare Effectiveness Data and Information

Set (HEDIS^{®3}) Quality Compass to determine an appropriate Specific, Measurable, Attainable, Realistic, Time-bound (SMART) aim goal. The baseline rate of 42.37% exceeded the 25th percentile national benchmark for the HEDIS Medicaid WCV metric, which includes CHP+ MCO performance. Therefore, Colorado Access chose the 33.33rd percentile national benchmark of 44.55% as the goal and verified that this goal would yield statistically significant (95 percent confidence level, $p < 0.05$) improvement over the baseline performance. As of May 2025, the current CHP+ MCO child and adolescent WCV rate is 48.65%. 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 2025.

The observed improvement in the WCV rate is encouraging and is attributed to several programmatic interventions. In SFY25, Colorado Access continued to engage in key interventions aimed at improving WCV:

1. Health Equity-Focused Postcard Initiative: In SFY 2025, Colorado Access launched a targeted mailer campaign as part of its population health strategy to improve engagement in annual well-care visits. The initiative aimed to reach populations with historically low WCV rates, including:
 - a. Vietnamese
 - b. Russian
 - c. Spanish
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian or Alaska Native
 - f. Members without a specified race

A total of 12,000 members were targeted for this campaign in April 2025. Each mailer was tailored with culturally relevant language and content specific to the target populations. Materials for Native Hawaiian or Other Pacific Islander, Spanish, and American Indian or Alaska Native groups included English and Spanish translations, while mailers for Russian and Vietnamese members were translated into their respective languages. The design of the mailers emphasized health literacy and cultural alignment to improve member engagement and understanding. This initiative involved close collaboration across teams, including population health, member experience, quality improvement, marketing, and health equity, ensuring the mailers were appropriately tailored. Colorado Access plans to evaluate the effectiveness of this outreach and use insights from this campaign to refine strategies and expand outreach efforts to new populations in the next phase of the program.

2. Vietnamese Provider Outreach: In addition, Colorado Access has partnered with a Vietnamese provider who serves members. A list of 98 members was provided to the

³ HEDIS[®] is a registered trademark of NCQA.

provider to call and schedule well-care visits. The provider also agreed to review the postcards sent to the Vietnamese population, evaluating their cultural responsiveness and offering feedback on translation and imagery. This collaboration aims to improve future outreach to this population by ensuring the materials are culturally sensitive and engaging. The provider may also assist in testing different member messaging strategies or co-creating provider resources. Colorado Access will evaluate the effectiveness of this direct outreach intervention in the coming months.

Social Determinants of Health Screening

In SFY 2024, Colorado Access reported a SDoH screening baseline rate of 0%, with an aim to use targeted interventions to increase the percentage of SDoH screenings among CHP+ MCO members from 0% to 90% by June 30, 2025. Colorado Access utilized previous care coordination call center data to determine an appropriate SMART aim goal. The baseline data showed that care coordination 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 coordination 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. As of May 2025, the current CHP+ MCO SDoH screening rate is 82.09%. Because this data reflects performance prior to the official program end date of June 30, 2025, the final rate will likely increase. The official screening rate will be reported in the October 2025 PIP submission to the Department.

Progress toward this goal has been supported by various programmatic interventions. Colorado Access collaborated with the care coordination team to conduct a root cause analysis (RCA) to understand why the rate remains below the 90% target. The RCA revealed that the complete overhaul of the HealthEdge GuidingCare case management system in October 2024 required care coordinators and managers to adopt new workflows for documenting member care. This transition affected SDoH screening rates because, although screenings were conducted, documentation workflows were not consistently followed to ensure that screenings were accurately captured. In response, multiple staff trainings were conducted from April to May 2025 to reinforce proper use of the GuidingCare system and improve documentation accuracy. Additionally, in March 2025, the BI team identified a significant data error in the SDoH dashboard, which had failed to properly capture completed screenings. Once corrected, reported screening rates increased by approximately 10%, moving closer to the target.

SFY 2026 Strategies and Planned Interventions

Colorado Access will continue to collaborate on and build upon the interventions outlined in previous sections. A key focus will be evaluating the return on investment (ROI) of the postcard

and provider initiatives. If these interventions prove effective, they may be repeated and expanded to reach more members and potentially applied to other relevant metrics.

SDoH screening rates will be continuously monitored. If the rates fall short of established goals, targeted efforts will be made to address identified barriers. In addition to this PIP, Colorado Access aims to deepen its understanding of its membership by assessing how many members engaged with care coordination are experiencing health-related social needs (HRSNs). This will ensure that appropriate resources and referrals are available to meet those needs.

SFY 2026 Goals

- Collaborate with both external and internal partners on the PIP, as directed by HSAG.
- Develop and monitor projects aimed at improving newly selected PIP topics.

Collection and Submission of Performance Measurement Data

The QAPI program systematically monitors and evaluates the performance of programs and initiatives, both internally and across the Colorado Access provider network. This includes monitoring and evaluation of annual HEDIS rates.

HEDIS Performance

Summary

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

SFY 2025 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target performance improvement throughout the state fiscal year.
- Implement the health plan reporting tool (HPRT) solution to allow for prospective rate monitoring and increased oversight of HEDIS and Centers for Medicare & Medicaid Services (CMS) Core Measures.

SFY 2025 Results

The HEDIS naming convention is Measurement Year 2024 (MY2024), indicating that calendar year 2024 was the measurement year for the reported rates. For HEDIS MY2024, all but two HEDIS measures were reported using the administrative methodology, in which only claims data were used to calculate each measure. Two measures, Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), were reported using Electronic Clinical Data Systems (ECDS) data. Additionally, Colorado Immunization Information System (CIIS) data from the Colorado Department of Public Health and Environment (CDPHE) was used as a supplemental data source for immunization measures to paint a more accurate and complete picture of immunization trends within the population. Capturing complete and accurate HEDIS data can be a challenge due to open network access, member turnover, inconsistencies in provider coding claims, and/or providers not participating in CIIS. Colorado Access reported measures noted on the CMS Core Measure child set, including four non-HEDIS measures, according to contractual requirements. Colorado Access historical and current performance on CHP+ MCO HEDIS measures can be seen in the tables below.

Immunizations

For HEDIS MY2024, Childhood Immunization Status (CIS) rates declined across nearly all 13 measured vaccines compared to MY2023, with an average decrease of approximately 3.3%. The largest drops were seen in Combination 10 (-8.20%), MMR (-6.83%), and Influenza (-6.63%). Only Rotavirus saw a slight increase, with a 0.63% improvement over the previous year. These declines signal a need for renewed focus and collaboration with providers to identify barriers and support catch-up immunizations where possible.

Childhood Immunization Status	MY2020	MY2021	MY2022	MY2023	MY2024
DTaP	78.26%	70.61%	66.42%	76.63%	74.38%
IPV	87.97%	84.19%	80.81%	88.99%	87.19%
MMR	88.27%	83.55%	80.07%	87.08%	80.25%
HiB	87.46%	84.03%	79.70%	87.53%	86.45%
Hepatitis B	87.06%	83.71%	75.28%	88.43%	87.85%
VZV	86.55%	82.43%	79.52%	87.64%	85.37%
Pneumococcal Conjugate	80.89%	76.52%	70.48%	79.33%	75.79%
Hepatitis A	82.81%	79.87%	78.23%	85.51%	84.21%
Rotavirus	77.15%	72.04%	68.82%	76.97%	77.60%
Influenza	66.73%	62.30%	51.48%	52.25%	45.62%
Combination 3	72.50%	65.97%	57.93%	71.01%	64.30%
Combination 7	65.12%	57.35%	52.58%	64.61%	59.83%
Combination 10	53.69%	46.81%	37.64%	42.58%	34.38%

Immunizations for Adolescents (IMA) rates improved across the board in MY2024. The largest gains were seen in Meningococcal and Combination 1 immunizations, which increased by more than eight percentage points. HPV and Combination 2 immunizations also rose, though more modestly, with increases of just over five percentage points.

Immunizations for Adolescents	MY2020	MY2021	MY2022	MY2023	MY2024
Meningococcal	77.81%	77.26%	72.57%	69.93%	78.22%
Tdap	87.87%	85.20%	82.00%	80.22%	87.51%
HPV	44.58%	40.39%	35.45%	36.98%	42.54%
Combination 1	76.97%	76.45%	71.79%	68.92%	77.21%
Combination 2	41.81%	37.74%	33.31%	34.24%	40.12%

Well-Child Visits

The Well-Child Visits in the First 30 Months of Life (W30) 0- to 15-month sub-measure showed a sharp rate decline of 17.64%, while the 15- to 30-month sub-measure increased by 4.35%. Colorado Access continues to investigate W30 to determine causes for the decrease in the 0 to 15-month sub-measure. The WCV Total measure held steady in MY2024 with less than a 1% increase from MY2023.

Well-Child Visits in the First 30 Months of Life	MY2020	MY2021	MY2022	MY2023	MY2024
0 to 15 months	54.92%	61.19%	52.51%	62.64%	44.99%
15 to 30 months	75.31%	65.48%	55.06%	68.70%	73.05%
Child and Adolescent Well-Care Visits- Total	47.69%	48.16%	41.86%	48.28%	48.91%

Colorado Access has developed a robust immunization and well-child visit digital engagement program to help parents and/or guardians understand the importance of routine vaccinations and regular well-child visits. Based on communication preferences, parents and/or guardians of CHP+ MCO members ages 0 to 17 receive either interactive voice recognition (IVR) calls, short message service (SMS) text messages, or mailers with information and resources on childhood immunizations. Communication includes well visit exam and vaccination reminders and information on vaccines required for children to start school. This program was developed utilizing HEDIS measure specifications with the goal of increasing routine vaccination and well-child visit rates for the CHP+ MCO population.

Disease Management

The Asthma Medication Ratio (AMR) Total measure for HEDIS MY2024 decreased by just over 11% compared to MY2023, and the rate for this measure is still lower than pre-pandemic performance.

	MY2020	MY2021	MY2022	MY2023	MY2024
Asthma Medication Ratio- Total	79.39%	75.29%	58.51%	67.25%	56.23%

Health Plan Reporting Tool

In late SFY 2025, the HPRT, powered by Innovaccer, was launched to offer more robust performance metric dashboards. This tool enhances the ability to monitor data trends and respond to the evolving needs of the member population. HPRT will serve as a valuable resource in supporting HEDIS reporting by enabling robust data tracking, prospective rate monitoring, and real-time identification of improvement opportunities and gap closures.

SFY 2026 Strategies and Planned Interventions

During SFY 2026, Colorado Access will work in collaboration with the Department to run the CMS Core Measures included in the child core set, which includes both HEDIS and non-HEDIS measures. Colorado Access will benchmark the 2025 calendar year (HEDIS MY2025) HEDIS rates against regional and national results to identify opportunities for performance improvement. In the second half of SFY 2026, Colorado Access will finalize HEDIS MY2025 rates and CMS Core Measure rates for CHP+ MCO and analyze year-over-year trends. Colorado Access will continue to monitor HEDIS and CMS Core Measure data and will create programming and interventions based on findings and identified opportunities for rate improvement.

SFY 2026 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target performance improvement throughout the state fiscal year.
- Utilize HPRT to identify two opportunities to improve HEDIS rates.

Member Experience of Care

Colorado Access continuously monitors member experience of care using a variety of data sources, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS®⁴) Survey, member grievance monitoring, and results generated from the administration of a member satisfaction survey conducted by Colorado Access.

Consumer Assessment of Healthcare Providers and Systems Survey

Summary

The Department collects data about member experience through the CAHPS survey, which assesses member and caregiver satisfaction with the experience of care, including services provided by Colorado Access and network physicians. The quality improvement department monitors CAHPS data to identify and correct deficiencies in member experience with Colorado Access and the provider network, including creating and monitoring quality improvement opportunities, as appropriate.

SFY 2025 Goals

- Continue quality monitoring programs, including the monitoring of Net Promoter Scores (NPS), and increasing interdepartmental collaboration and learning from customer service and care coordination 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.

SFY 2025 Results

Colorado Access received the 2024 CAHPS results from the Department in September 2024. At the time of writing this report, 2025 CAHPS survey results have not been received from the Department. The following results pertain to the 2024 CAHPS survey, which collected responses from December 2023 to May 2024.

Colorado Access sent targeted and tailored communication to providers and members prior to CAHPS survey administration to ensure that survey details information is understood to aid in increasing survey response rates.

The 2024 CAHPS results were analyzed and shared with internal collaborators and presented during the Department's CAHPS learning collaborative in November 2024. CAHPS ratings for

⁴ CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

CHP+ MCO global and composite measures have been trended over the last three years to monitor progress and identify changes. Overall, the only rating that fell below the Colorado aggregate was Rating of Health Plan. All other metrics were higher than the state average. Compared to the previous year, the CHP+ MCO plan saw increases in six of the nine measures. The response rate saw a very slight decline from 2023, a 0.3 percentage point, but was still above the Colorado aggregate.

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. Improvement initiatives identified included:

- Enhanced Provider Network Monitoring:
 - Zero-Claims Reporting: Targets providers who haven't submitted a claim in over a year with the aim to re-engage providers and address challenges or barriers that may have affected their participation. This has resulted in a 14% re-engagement rate for providers who responded to outreach.
 - Metro State University (MSU) Partnership: Colorado Access established a partnership with the Social Work department to diversify the behavioral health workforce and create a talent pipeline of behavioral health providers.
- Improving the health literacy of Colorado Access communications:
 - Colorado Access hired a manager of health literacy in March 2024 to create health system-wide training and programs to strengthen the awareness and practice of health literacy for all employees, clinical teams, and customers. Since this hiring, they have audited all high-volume member communications, including all onboarding materials, notices of action, and the Colorado Access website to enhance plain language readability. Additionally, biweekly one-on-one user testing is conducted at the Center for Work Education and Employment (CWEE) with members who are concurrently receiving services through the program.
- Age-based Member Advisory Council (MAC) structure:
 - In preparation for the launch of ACC Phase III, Colorado Access staff began recruiting for two MACs to be organized by age rather than geography, creating a children and youth focus, and an adult focus. 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.
- "Find a Provider" and Member Experience Reporting Tools:
 - These tools create a platform for reporting access-to-care concerns and inaccurate provider directory information, enabling timely corrections and reducing barriers to care. They also provide a formal mechanism for members and community stakeholders to share feedback on their experiences with Colorado Access and

- suggest improvements. This enhances transparency, supports member-centered service design, and ensures that member voices drive system-level improvements.
- Enhanced Translation Services:
 - Through the Behavioral Health Language Services Initiative, Colorado Access allocates funding to providers to address gaps in network capacity for non-English language services. This effort expands access to culturally and linguistically appropriate care, helping reduce health disparities and strengthening compliance with network adequacy standards for diverse member populations.
 - Enhanced Customer Service Training:
 - Colorado Access introduced a dedicated customer service trainer/auditor role to improve new-hire training and enhance staff communication skills, empathy, and problem resolution. This investment in workforce development improves the quality and consistency of member interactions, leading to more compassionate service and increased member satisfaction and trust.

To better organize efforts throughout Colorado Access to design feedback collection efforts, and to transform feedback into tangible and impactful process improvement efforts, the member experience, quality improvement, and community engagement departments developed a Colorado Access Community Feedback Loop, which will be highlighted in greater detail under the Member Satisfaction Surveys section of this report. Additionally, over this reporting period, the function of designing and implementing member surveys moved from quality improvement to the member experience team, who also lead MAC and one-on-one user testing. Centralizing member feedback methods under one department creates a greater opportunity to identify cross-cutting trends and implement a more coordinated, strategic approach to member feedback and engagement.

Colorado Access continues to gather supplemental feedback on member experience through custom surveys administered through the customer service call center and in partnership with community-based organizations. Further details regarding survey design, analysis, and interventions are included in the Member Satisfaction Surveys section of this report.

Finally, approximately 20% of member calls answered by the Colorado Access customer service team each month include a Net Promoter Score (NPS) survey. During the review period, the department achieved an average NPS of 74. NPS is a standardized measure of customer loyalty that ranges from -100 to 100. According to Bain & Company, creator of the NPS framework, a score above 50 is considered excellent, and a score above 80 is world-class. This performance reflects consistently strong member experience and high levels of satisfaction with customer service interactions.

SFY 2026 Strategies and Planned Interventions

Once SFY 2025 CAHPS survey results are received, Colorado Access plans to review and share this data to identify any relevant quality improvement opportunities related to member experience or the provider network. Colorado Access will continue its customer service quality monitoring program, which includes ongoing monitoring of NPS scores, collaboration between customer service representatives and care coordination teams, and administration of internal member satisfaction surveys. The Colorado Access MACs 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, Colorado Access will continue to enhance the community feedback plan and increase member experience survey capabilities, in addition to CAHPS.

SFY 2026 Goals

- Continue quality monitoring programs including the monitoring of NPS scores and increasing inter-departmental collaboration and learning from customer service and care coordination 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.
- Enhance the methods of assessing member feedback, including new member surveys and the launch of a new children and youth-focused MAC.

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.

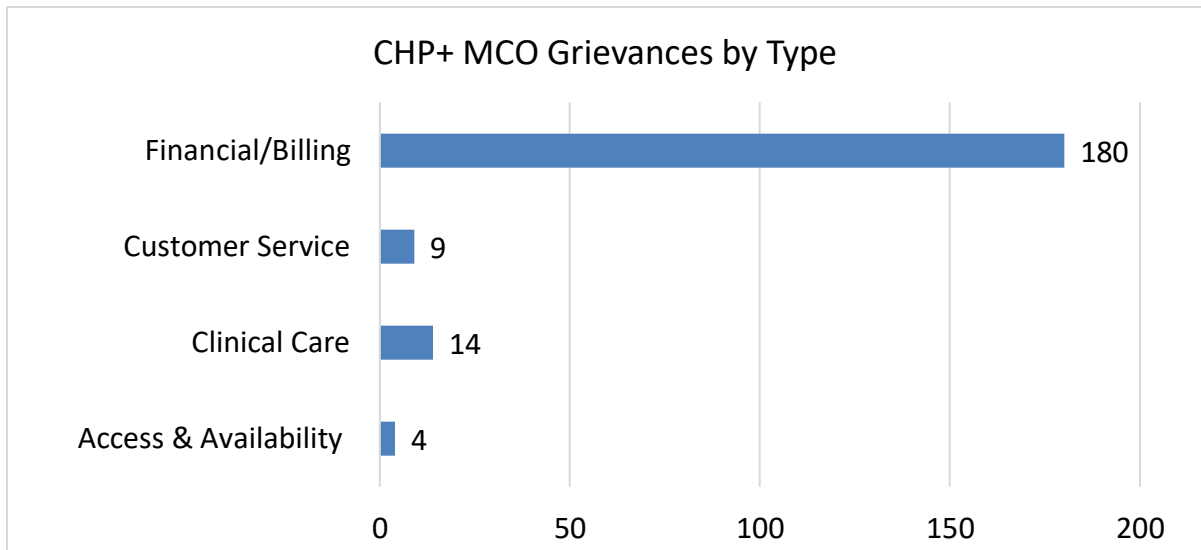
SFY 2025 Goals

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

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

SFY 2025 Results

During SFY 2025, a total of 207 member grievances were filed by CHP+ MCO members. Financial/billing grievances accounted for 87% of grievances for SFY 2025. Other grievances fell into the categories of customer service, clinical care, and access & availability. All grievances were resolved in a manner considered satisfactory by the member. Out of the 207 grievances, 11 were not processed on time due to the providers being uncooperative and unwilling to resolve the grievances in a timely manner. All extension letters, except for one, were sent timely, and the grievances were resolved within the extension time frame. Colorado Access met 99.9% compliance with the contractually required grievance timeframes.



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 the findings. In SFY 2025, the average score of audited grievances was 100%, exceeding the goal of 95%.

Colorado Access is entering the second year of using the upgraded phone system, Genesys, to manage and monitor calls. This robust platform has strengthened quality monitoring efforts and expanded opportunities for grievance coordinators to consistently deliver excellent customer service. Additionally, Colorado Access continued to utilize the upgraded GuidingCare system for processing and tracking grievances. Ongoing training for grievance coordinators on

system changes and upgrades has strengthened their ability to work more efficiently and independently. A revised training program, along with updated materials reflecting recent system enhancements, has continued to support both current staff and new hires.

In SFY 2025, the addition of a bilingual grievance coordinator significantly enhanced communication with Spanish-speaking members, both verbally and in writing. Colorado Access is working to complete planned upgrades to the Spanish-language features on the website, in alignment with contractual requirements. This improvement remains a priority as Colorado Access continues to emphasize the importance of language access.

SFY 2026 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 2026, grievance coordinators will receive detailed insights from quality audits and automated reviews, allowing the Genesys system to analyze conversations and identify improvement areas, leading to increased member satisfaction and overall quality improvement.

Colorado Access is in the process of reviewing its grievance website sections and has the results from the 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 coordination staff, and member affairs to ensure member satisfaction issues are identified, tracked, and resolved promptly.

SFY 2026 Goals

- Achieve 100% compliance with 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. This will lead to improved member satisfaction, efficiency, and a high-quality experience.
- Improve accessibility of the grievance section on the Colorado Access 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 teams, Colorado Access administers a biannual, custom-designed member satisfaction survey to gather timely, actionable feedback on members' experiences of care. Developed with input from members, the Member Advisory Council, care coordination, and population health teams, the survey is tailored to reflect diverse needs and provide insights that drive service improvements. Conducted by telephone, the survey allows staff to connect members with resources in real time based on identified needs. Each iteration includes recurring questions to track trends over time, as well as exploratory questions addressing current topics. Survey results inform how Colorado Access advocates for and engages with members, helping improve satisfaction and overall care experience.

SFY 2025 Goals

- Analyze results of the sixth iteration of the member satisfaction survey.
- Present the results of the member satisfaction survey to the MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data about member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.
- Collaborate with member experience teams to operationalize plans and begin piloting the new Community Feedback Loop model.

SFY 2025 Results

Colorado Access administered the sixth survey iteration in the spring of 2024, featuring questions that explore how members would like to receive information from Colorado Access, and if they need any help or resources outside of their health care. 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. These results were presented at the August 2024 MAC meeting. MAC members asked clarifying questions about the data, and there was some discussion about what interventions could address areas of opportunity from the survey.

The process improvement interventions previously mentioned in the CAHPS section of this report were also opportunities to address several of the findings of this survey. Specific examples include efforts to enhance and expand the provider network, such as the Zero-Claims Reporting project, Find a Provider tool, and the MSU partnership, as well as health literacy

initiatives to improve easy-to-understand communications about Health First Colorado benefits and coverage.

Question	Summary Analysis
What is the #1 thing Colorado Access can do so that you have a better experience as a Health First Colorado or CHP+ MCO member?	73% of respondents had suggestions for improvement. The top responses fell into six themes: <ol style="list-style-type: none"> 1. Communication 2. Access 3. Coverage, benefits, and eligibility 4. Customer service 5. Medicaid system 6. Member-facing technology
How would you like to receive information from Colorado Access?	Top responses: <ol style="list-style-type: none"> 1. 38% email 2. 28% text 3. 20% mail 4. 8% phone call
Do you need any help or resources outside of your health care? This could include things such as food, housing and transportation.	82% said “no,” and 19% said “yes.” For those who said “yes,” there were 18 SDoH resource categories identified. The top five in rank order were: <ol style="list-style-type: none"> 1. Food assistance/Supplemental Nutrition Assistance Program (SNAP) 2. Transportation 3. Housing 4. Department of Human Services (DHS) 5. Care management

Additionally, during this reporting period Colorado Access initiated the first stages of a major procurement effort to expand digital tools available for members through the development of multiple use cases and an initial series of vendor showcases, all of which will inform a formal procurement process this coming year.

Finally, the SDoH results of the survey spurred further curiosity to dig deeper into understanding where exactly members are getting access to services currently and what community-based organizations are trusted by members. To do this, Colorado Access developed another survey and hired the nonprofit community canvassing organization, Open Answer. In April, Open Answer collected 330 surveys over a two-week period, tabling at food banks and low-cost grocery stores, and canvassing door-to-door in targeted Department of Housing and Urban Development (HUD)-designated low-income neighborhoods.

The goals of this survey were to 1) learn about trusted community-based organizations (CBOs) and community/social entities that Colorado Access may want to consider working more closely with in the CBO network development and other community engagement activities; and 2) gather more data regarding member communication preferences. The survey data collected provided useful information on these goals. 82% percent of respondents reported having a place to go when they need help with essentials, and a list of specific community organizations was collected. 66% percent of respondents have a place outside of home, work, or school (third spaces) to socialize, such as parks, libraries, recreation/community centers, and churches or religious centers. By far, text messages and emails were the preferred form of communication for both English and Spanish speakers.

The Community Feedback Loop model has supported more coordinated and actionable use of member and community feedback across departments. Grounded in quality improvement principles and constituent engagement best practices, the model has helped translate feedback into tangible process improvements. It also reflects the collective insight of Colorado Access staff, whose continued involvement remains central to its success and sustainability.

While Colorado Access has a significant history of collecting and utilizing feedback, it has not always been a common practice throughout the organization. The formal adoption of this model by Colorado Access leadership ensures that Colorado Access is institutionalizing not only this philosophy but also the skills and discipline to do it regardless of staff changes over time. It is one of the very tangible and practical ways in which Colorado Access is committed to being a person-centered social justice health plan.

Over this reporting period, in addition to developing the model itself, processes and tools have also been created to ensure institutionalization of the model. Additionally, spaces and methods for obtaining feedback are being refreshed and elevated. These include:

- Formal Colorado Access advisory bodies: MACs and Regional Health Equity Committee (RHEC)
- Surveys through customer service, community events, provider partners, etc.
- 1:1 or small group user testing of member communications
- Leveraging formal advisory bodies outside of Colorado Access that have shared members and a focus on health (i.e., Patient and family advisory councils, Colorado Department of Public Health and Environment (CDPHE) Youth Partnership for Health, etc.)
- Data analysis of customer-facing documentation systems and processes to identify larger member experience trends and opportunities for improvement

SFY 2026 Strategies and Planned Interventions

Colorado Access will utilize the Children and Youth-focused MAC to gather feedback on future survey questions, engage members, address gaps in the survey, and provide members with data about member experience. Colorado Access will continue to solicit feedback from these groups to make future iterations of this survey more actionable and tailored to members. The Member Experience team will launch the seventh iteration of the member satisfaction survey in the fall of 2025. The recurring question asked members what Colorado Access could do to improve their health care experience. Survey analysis will be completed in SFY 2026.

SFY 2026 Goals

- Analyze results of the seventh iteration of the member satisfaction survey.
- Present the results of the member satisfaction survey to the children and youth-focused MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data about member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.
- Embed the new Community Feedback Loop model into operations.

Under and Over-Utilization of Services

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

Utilization Management

Summary

The Colorado Access utilization management (UM) team continuously monitors the quality and timeliness of UM decisions to ensure that they are made in alignment with both contractual requirements and in support of members' accessibility to services according to need.

Additionally, UM conducts an annual inter-rater reliability (IRR) study to objectively assess the degree to which raters answer the same questions in the same way (reliability) and to measure the level of consistency and adherence to Colorado Access-approved medical management criteria and guidelines.

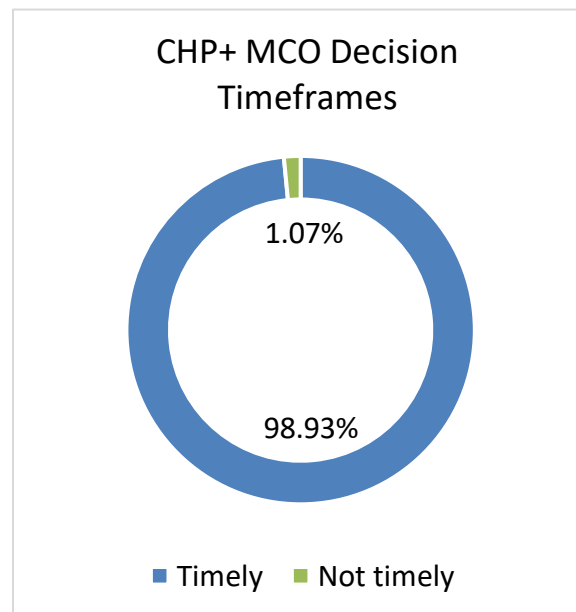
SFY 2025 Goals

- 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 clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.

SFY 2025 Results

Decision Turnaround Times

Colorado Access is committed to making UM authorization decisions in the most expeditious manner possible to ensure the quickest accessibility to services. The aggregate turnaround time for CHP+ MCO was 98.93%. Although the UM team met its identified goal for SFY 2025, the UM leadership continues to conduct training and oversight of this data entry process with staff so that turnaround time data accurately reflects the true performance of the department's decision-making timeliness.



Inter-Rater Reliability

IRR exercises are routinely utilized to increase the commitment to 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 UM team and demonstrates how units of measurement are assigned to authorization processes to maintain the goal of precise scoring between team members.

- All physical health UM review staff members obtained an IRR score of 90% or higher on their first IRR attempt.
- Twenty-three behavioral health UM staff members obtained an IRR score of 90% or higher on their first IRR attempt. Five staff members did not pass on their first attempt; these staff members received additional training and passed on their second attempt. Therefore, 100% of staff passed in two IRR attempts.

The UM team diligently ensures that criteria are applied consistently and reliably and makes efforts to increase the number of staff members 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 2025 to be met.

Denials and Appeals

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

	Total Decisions	Denials	Denial Rate	Appeals Filed	% ABD Decisions Appealed
CHP+ MCO	21,460	1,218	5.68%	40	3.28%

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

Utilization Management Documentation

UM monitors the quality of UM decision-making and documentation of the decision-making process. This process has created several opportunities for department-wide process improvement, staff professional development, and standardization across UM teams. In SFY 2025, the UM team maintained an average performance of 96.79%, exceeding the goal of 95%.

SFY 2026 Strategies and Planned Interventions

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

FY 2026 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 clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.

Secret Shopper

Summary

Colorado Access 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 to providers, otherwise known as Secret Shopper calls, simulating member behavior to test the availability of services. Provider selection for Secret Shopper calls is based primarily on random selection from quarterly claim volume stratification. However, providers may be selected based on information received from other internal departments, including, but not limited to, care coordination, customer service, compliance, and provider network services (PNS).

SFY 2025 Goals

- Train eight providers per quarter via the access to care training module. Ensure representation among physical health, behavioral health, and substance use disorder (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.

SFY 2025 Results

Colorado Access continues to support providers in meeting access to care standards and assessing their ability to do so. Providers are informed about access to care standards through different channels, including a reminder in one of the provider newsletters, on the website, in the provider handbook, and during new provider onboarding.

Every quarter, Colorado Access offers self-paced training to a random sample of providers to ensure they understand the timeliness standards. Providers who are offered this training are enrolled in the Access to Care program and are eligible for assessment to test their compliance via Secret Shopper. Providers who are assessed receive a summary report of their performance and relevant findings. Providers that do not meet timeliness standards work with Colorado Access to create a quality improvement plan within approximately 30 days of receiving results, with implementation within 60 days of approval. This plan provides support, education, and resources. Practices have a chance to communicate any barriers to meeting the access standards.

In SFY 2025, 41 practices were enrolled in the Access to Care program and offered training on access to care standards: 22 physical health practices and 19 behavioral health providers. Eleven of these providers were enrolled in Quarter 1 (Q1), nine in Quarter 2 (Q2), 10 in Quarter 3 (Q3), and 11 in Quarter 4 (Q4). Of the total practices enrolled, 32 passed the Secret Shopper assessment, six were not accepting Medicaid patients and did not offer a referral for other care, one had a six-week waitlist for appointments and did not offer a referral for other care, one did not return the call, and one was miscategorized as a SUD provider and did not offer the services the Secret Shopper requested. Colorado Access created a quality improvement plan for the practices that did not pass.

Colorado Access continues to explore ways to monitor member access to care and the provider network. Colorado Access contacts providers that have had no claims during a specified period to see if they are still interested in serving members. This gives a more accurate understanding of the provider network available to members. Colorado Access is also developing capabilities in qualitative data analysis to use call center and grievance data as another source of insight on access to care issues.

Additionally, Colorado Access will discontinue the Secret Shopper program to expand and align with the National Committee for Quality Assurance (NCQA) Health Plan Accreditation requirements related to network adequacy, access, and availability. To meet the broader scope and increased scale of these requirements, the organization is currently evaluating whether to

outsource this work to a vendor or expand internal staffing to manage it in-house. The newly designed appointment timeliness monitoring program is scheduled to launch on November 1, 2025.

SFY 2026 Strategies and Planned Interventions

To enhance the accuracy, scale, and regulatory alignment of provider network monitoring efforts, Colorado Access is transitioning from an internally managed Secret Shopper program to a vendor-led Access and Availability survey conducted by Press Ganey. This transition aligns with the broader NCQA accreditation readiness strategy and represents a significant step toward modernizing the approach to network adequacy assessment. The new model will leverage Press Ganey’s standardized, NCQA-aligned methodology to conduct a point-in-time survey of access and availability across a significantly larger and more representative portion of the provider network. This includes physical health, behavioral health, and high-impact or high-volume specialties. Unlike the previous rolling audit process, which only sampled a limited number of providers throughout the year, this point-in-time approach allows for a more comprehensive and consistent evaluation of network performance. In addition, vendor support will enable benchmarking against national standards and comparable Medicaid plans, strengthening both the reliability of findings and the actionability of results.

Colorado Access anticipates launching the new vendor-supported survey process in SFY 2026. Results from this effort will directly inform quality improvement strategies related to provider access and help ensure the network meets both member needs and regulatory expectations. By partnering with Press Ganey, Colorado Access will align operational practices with industry standards to build capacity to support future accreditation and reporting requirements.

SFY 2026 Goals

- Launch a new vendor-supported survey process in alignment with NCQA accreditation.
- Issue at least one reminder of access to care timeliness standards and provider requirements in a provider newsletter.
- Continue exploring best practice methodologies to monitor member access to care and the provider network.

Network Adequacy

Summary

Colorado Access is committed to ensuring members have timely access to comprehensive, culturally responsive health care. By building upon a strong foundation of partnership, engagement, and network development, Colorado Access is well-positioned to meet and exceed the network adequacy standards established by the contract and is focused on growing and improving the network. Beyond simply meeting provider-to-member ratios, Colorado

Access takes a holistic approach to network adequacy by using data, payment methodologies, and practice supports to enhance the network's effectiveness and impact for its diverse membership. The PNS team continually monitors network adequacy and contracting, collaborates with member-facing teams to resolve issues, and actively identifies and recruits providers to address gaps and improve member access.

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 Black, Indigenous & People of Color (BIPOC) behavioral health providers through the implementation and award of the BIPOC provider request for proposal, 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.

SFY 2025 Results

With knowledge and consideration of member demographics within service area communities, Colorado Access continued to identify provider network service gaps, set specific recruitment targets by specialty, diversity, and cultural responsiveness to promote health equity, and execute appropriate recruitment strategies to meet target goals. Colorado Access focused on monitoring and maintaining 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 continued to invest in youth and adolescent behavioral health care and engaged 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. This is an ongoing priority area for Colorado Access.

In SFY 2025, Colorado Access partnered with VitalCare to fund the expansion of existing behavioral health respite programming for adolescent populations. VitalCare expanded programming and hired and trained additional clinical supervisors, behavioral health respite providers, and other necessary staff. This expansion has increased capacity to accommodate referrals from Colorado Access and to provide members and families with consistent behavioral health respite services.

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. Funding was awarded to four contracted BIPOC behavioral health network providers with comprehensive project plans to expand services for BIPOC members. By the close of the reporting period, all funding was spent and the participating providers successfully implemented project plans. Key project highlights include:

- Joy as Resistance: Funding supported the hiring of additional staff members, professional development training and service expansion. The funding has significantly enhanced the organization's work, operations, and community impact. Improved office space has facilitated an increase in in-person services, expanded group treatment opportunities, and greater collaboration between departments. Additionally, the organization has achieved a more stable and sustainable funding model through increased success in clinical billing. Furthermore, this funding from Colorado Access for translation initiatives supports a robust project to make digital resources and intake paperwork more accessible to non-English speakers, promoting inclusivity and accessibility.
- Driven By Our Ambitions (DBOA): Funding supported the hiring of two staff members, the purchase of technology, professional development training, and therapeutic space enhancements. Seventeen Black and Latino men have started peer specialist training, with two licensed professional counselors (LPCs) completing supervision and four Black licensed providers offering mentorship.
- Kikta Behavioral Health: Funding supported the hiring of additional administrative staff, the purchase of technology, professional development training, the recruitment of Indigenous providers, and outreach to Indigenous communities. While clients initially discovered the center organically through name recognition, its growing reputation is recognized within the Indigenous community. The center's secondary goal of providing direct mental health services to the Indigenous community has surpassed expectations, addressing the needs of an underserved population. Through outreach to Indigenous organizations, Kikta is making significant progress in delivering much-needed support.
- Glow Up Counseling: Funding supported the hiring of five clinical staff and two administrative staff, professional development training, and community engagement

events. Through these advancements, the facility has made strides in transforming lives and elevating the importance of mental health within the community. Their initiatives included hosting in-person community events to raise mental health awareness and connect BIPOC individuals with available resources, as well as organizing virtual educational sessions that address common misconceptions and misunderstandings surrounding mental health topics.

In addition to the recruitment and retention strategies mentioned above that aim to strengthen the provider network and recruit and retain providers with cultural and linguistic diversity, Colorado Access continues to work with local higher education institutions, such as MSU Denver's Department of Social Work to fund behavioral health workforce development programs. In collaboration with MSU Denver, Colorado Access has co-designed, managed, and sponsored a scholarship program for bachelor's and master's social work students who reflect the CHP+ MCO member population and have an interest in pursuing careers in culturally responsive behavioral health care. The goal of the program is to provide viable career paths for students from historically marginalized backgrounds and create systems of support for students and young professionals entering their careers. Colorado Access believes that investing in students early on is important in building the talent pipeline of qualified, representative, and culturally responsive behavioral health providers.

The 2024-2025 academic year cohort at MSU Denver included 24 students (12 undergraduate and 12 graduate) engaged in clinical internships focused on medically underserved communities. Each student was paired with a faculty mentor and committed to serving in agencies that care for medically underserved communities for a minimum of one year. The program emphasizes specialized education through revamped seminars targeting culturally responsive care. Significant 2024 to 2025 program activities included:

- The format was re-envisioned to encompass virtual two- to three-hour sessions that incorporate lecturing, small group interactions, and case applications. Topics included suicide prevention, crisis intervention, ethical practice, and telehealth.
- Funds were utilized to create a dedicated space for Spanish-speaking scholars, where a bilingual clinician facilitates case discussions, enhancing their ability to serve monolingual Spanish-speaking clients.
- Feedback was gathered from the previous cohort, resulting in valuable insights into strengths and areas for improvement in the program.

MSU Denver and Colorado Access have received strong affirmations from students regarding the efficacy of the training received, demonstrating immediate applicability to their clinical practice. Colorado Access will continue to focus on developing partnerships and advocating for sustainable funding mechanisms to ensure the longevity of the program and plans to improve

outreach and support for recruitment and retention, especially amongst underrepresented communities in health care.

SFY 2026 Strategies and Planned Interventions

Colorado Access plans to expand its network adequacy strategies to engage a broader spectrum of providers through initiatives that include a review of providers who could increase capacity to serve members. A focus for Colorado Access will be to further enhance the quality and value of the provider network while ensuring that members receive excellent care. In SFY 2026, Colorado Access will establish a pre-screening process that providers will be asked to complete prior to applying to contract with Colorado Access. This pre-screening process will ensure that providers joining the network are prepared to deliver high-quality services to members and are aligned with the Colorado Access broader network strategy. This will also ensure that providers have quality, billing, and business policies and practices that meet contract standards. Colorado Access will be able to provide specific and timely feedback to providers with improvements that can be made before joining the network and beginning to serve members. Success of this new pre-screening process will be measured by a reduction in referrals to the provider performance committee, reduction in provider network services (PNS) and customer service requests related to provider questions, coaching and support, and an increase in providers that provide culturally responsive and specialized services.

Colorado Access will also create an updated network growth strategy, assess gaps and strengths of the network, and create actionable recruiting goals based on the strategy developed. Colorado Access will further develop dashboards to identify recruiting opportunities and will continue to utilize the zero claims monitoring process to identify providers who are no longer treating members and assess if and where this has caused a gap in care. As part of this strategy, Colorado Access plans to increase recruitment of doulas and lactation consultants, building off the work that has already begun in this space. Colorado Access will continue to collaborate with Elephant Circle to support their work to expand access to doula services in the region by guiding doulas through the provider credentialing process to serve a greater number of members. Colorado Access also plans to promote member awareness and understanding of the doula benefit and support community partners who are training doulas with lived experience in diverse communities to provide linguistically and culturally responsive doula care to a broader set of members.

SFY 2026 Goals

- Establish a provider pre-screening process that providers will be asked to complete prior to applying to contract with Colorado Access to ensure that providers joining the network are prepared to deliver high-quality services to members and are aligned with the broader network strategy.

- Increase recruitment of doulas and lactation consultants to ensure at least 80% of doulas and lactation consultants enrolled with Medicaid are contracted with Colorado Access.

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.

Medical Record Reviews

Summary

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

SFY 2025 Goals

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

SFY 2025 Results

Effective July 1, 2024, Colorado Access transitioned to the updated “Outpatient Behavioral Health Services Audit Tool,” as required by the Department. As a result, all provider-facing resources were 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 updated this training to reflect the new standards outlined in the “Outpatient Behavioral Health Services Audit Tool.” In SFY 2025, 17 providers completed this training. Having this training accessible through the LMS has expanded provider access to critical documentation resources and supported consistent understanding of updated requirements across the network.

SFY 2026 Strategies and Planned Interventions

Moving into SFY 2026, medical record reviews will be reassessed for alignment with ACC Phase III. Therefore, this section will not be included in future reports.

Maternal Health

Summary

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

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

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

At a minimum, an intensive care coordinator contacts the member during each trimester (more follow-ups may be needed throughout, depending on the member's needs) to conduct a pregnancy-specific assessment related to the member's trimester or postpartum status, the care plan is generated, and the intensive care coordinator supports the member in mitigating barriers and addressing the member's needs. Upon delivery, the member receives a

postpartum call to assess the needs of the mother and baby, encourage postpartum care, and establish a medical home for the baby. Members in the care coordination program are encouraged to visit the maternal health digital landing page, designed to complement the digital engagement and care coordination program. It includes education and local resources for pregnant and postpartum members.

The overarching goals of this program include:

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

Members are identified for the program via the following methods:

- A maternity clinical registry that identifies high-risk maternity through a stratification score.
- UM pregnancy-related admissions and deliveries.
- Member self-referral through new member prenatal welcome calls, prenatal HRA, and/or referrals received by customer service.
- Direct referrals from providers and other community partners.

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

SFY 2025 Goals

- Continue to operate the Text4Baby digital engagement intervention and track associated process metrics to the impactable population to educate members.
- Work with consulting group Anotos to optimize workflows supporting members who are pregnant.

- Explore how the HPRT through Innovaccer can support improved care coordination stratification for identifying high-risk members who are pregnant.

SFY 2025 Results

Care Coordination

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

Digital Engagement

In SFY 2025, the Text4Baby digital engagement program continued to provide support through an SMS-based digital wellness program for members aged 18 and older who were identified as newly pregnant or recently delivered. The program provides educational messages timed to gestational age or birth age, as well as interactive surveys and appointment reminders to improve maternal and child health outcomes. SMS messages are intended for pregnant people and new parents with babies up to age one. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. The table below shows the number of engaged members in the Text4Baby program in SFY 2025, the text opt-out rate, and the total number of member outreaches per quarter.

	Q1	Q2	Q3	Q4
Engaged Members	50	21	65	0
Text Opt-Outs	7	0	4	0
Total Number of Outreaches	417	63	84	0

Colorado Access identified issues within Q1 and Q4 target files and is actively working with the vendor managing the Colorado Access digital engagement campaigns, Personify, to determine the root cause of these issues. During Q4, there were no Text4Baby campaign outreach conducted. Personify reported that, after reviewing the campaign results files, they discovered an indexing problem caused by a system outage. This resulted in a configuration error that prevented members from being enrolled in the campaign.

To prevent this issue in the future, the vendor’s action plan includes:

1. Reformatting the results files, with Colorado Access review and approval.

2. Conducting quality assurance checks on results files and reports by the Personify team before sending them to the secure file transfer protocol (SFTP).
3. Updating tracking reports to include Text4Baby results previously omitted.
4. Aligning with Colorado Access for reporting due dates and requirements.

During SFY 2025, maternal health care coordination continued to support CHP+ MCO members who were pregnant or had recently delivered. In October 2024, the care coordination team launched optimized workflows that included enhancements to the maternity programming. These updates introduced required activities designed to prompt staff with key actions to better support pregnant and postpartum members. These required activities include but are not limited to educating members about home visiting programs and other postpartum resources, providing reminders about available benefits, and assisting members with newborn enrollment processes.

SFY 2026 Strategies and Planned Interventions

Colorado Access remains committed to advancing maternal health through both digital engagement and care coordination programs. Colorado Access will continue operating and managing the Text4Baby digital intervention to engage and support high-risk pregnant individuals, assess their needs, promote timely prenatal care, and connect them with appropriate resources. During the postpartum period, teams will maintain timely outreach to evaluate member needs and facilitate access to essential care.

To strengthen program effectiveness, Colorado Access will evaluate the impact of the Text4Baby initiative and collaborate with the CHP+ MCO operations to align on population health priorities in the year ahead. The maternal health care coordination programs will continue to reach newly identified pregnant members, with targeted, intensive interventions for those identified as high risk, ensuring comprehensive support across the prenatal and postpartum continuum.

SFY 2026 Goals

- Continue operating the maternal health care coordination program, and, in collaboration with the CHP+ MCO team and the population health team, explore opportunities to enhance the program through the Colorado Access digital roadmap initiatives. The roadmap will help evaluate vendors who can support or supplement the maternal health care coordination efforts.
- Leverage the HPRT to enhance clinical registry capabilities for accurately identifying target populations eligible for maternal health interventions.
- Explore member incentives to increase prenatal and postpartum visits for CHP+ MCO members.

Asthma

Summary

The Colorado Access CHP+ MCO asthma program includes care coordination support and digital engagement interventions. The digital engagement intervention aims to reach parents and/or guardian(s) of members of CHP+ MCO, ages zero to 18, regarding the steps they can take to better control their child's asthma symptoms or flare-ups. Additionally, it provides parents and/or guardian(s) of members with important asthma messaging via IVR calls and SMS texting. Messaging includes ways to influence their child's asthma symptoms, the importance of communicating with the child's primary care provider (PCP), and tools and resources to better control future asthma flare-ups. Additionally, messaging reminds members to utilize the care coordinator team when trying to find a PCP. Care coordination interventions focus on supporting members identified through hospital or emergency department admissions, internal utilization management, provider referrals, community sources, or self-referrals. These interventions include targeted outreach to educate high-risk members and/or their guardians about asthma diagnosis and effective management strategies.

Care coordination staff conduct workflow-specific assessments to guide the development of individualized care plans. Depending on the member's needs, care coordinators may provide support through:

- Education on asthma management to empower self-care.
- Facilitating connections to primary or specialty care to aid in condition management and build members' self-management skills.
- Linking members to community resources that address barriers impacting their overall health and well-being.

In addition to the interventions afforded by internal care staff, Colorado Access has partnered with Navitus, the pharmacy benefit manager, to provide additional programming to both providers and members. The Navitus asthma program includes notifications sent to member guardian(s) and the prescribing physician with a member-specific asthma medication profile and a reminder to schedule a medication management appointment.

The Navitus asthma program identification includes meeting one or both of the following criteria:

- Asthma medication ratio of *less than or equal to* 0.5, or
- Filling six or more short-acting beta-agonist prescriptions.

SFY 2025 Goals

- Continue to provide support to CHP+ MCO members with an asthma diagnosis through care coordination and digital engagement interventions.

- Explore how the HPRT through Innovaccer can support improved stratification for members most appropriate for asthma care coordination intervention.
- Incorporate outcomes measures identified in the Results Lab measurement plan for CHP+ MCO members with asthma.

SFY 2025 Results

Care Coordination

Colorado Access continued its commitment to supporting members with asthma; however, beginning in SFY 2025, the outreach strategy evolved to better align with member needs. Rather than relying on cold-calling individuals from an asthma registry, Colorado Access shifted focus in Q3 of FY25 to prioritize engagement through more timely and targeted referral sources. These include hospital and emergency department visits, utilization management referrals, provider referrals, community-based referrals, and self-referrals. By focusing on members experiencing acute episodes or identified through trusted channels, Colorado Access ensures that those most in need are promptly connected to care coordination for comprehensive asthma support.

Digital Engagement

Colorado Access continued to operate an asthma digital engagement program that provides education and resources to parents/guardians regarding the steps they can take to better control their child’s asthma symptoms or flare-ups. The table below details CHP+ MCO members included in the asthma digital engagement program in SFY 2025:

	Q1	Q2	Q3	Q4
Engaged Members	554	691	603	286
Text Opt-Outs	20	41	30	11
Total Number of Outreaches	1,424	1,844	1,609	476

Colorado Access identified issues within the Q4 target files and is actively working with the vendor managing the Colorado Access digital engagement campaigns, Personify, to determine the root cause of these issues.

To prevent this issue in the future, the vendor’s action plan includes:

1. Reformatting the results files, with Colorado Access review and approval.
2. Conducting quality assurance checks on results files and reports by the Personify team before sending them to the SFTP.
3. Updating tracking reports to include Text4Baby results previously omitted.
4. Aligning with Colorado Access for reporting due dates and requirements.

SFY 2026 Strategies and Planned Interventions

Colorado Access will continue to provide support to CHP+ MCO members with an asthma diagnosis through care coordination and digital engagement interventions. Colorado Access will evaluate the digital engagement intervention to better understand the impact of the intervention and will partner with the CHP+ MCO team to prioritize population health initiatives in the coming year.

SFY 2026 Goals

- Continue to provide support to CHP+ MCO members with an asthma diagnosis through care coordination and digital engagement interventions.
- Continue providing care coordination support for members with asthma, while actively exploring opportunities to enhance these services through the digital roadmap initiatives. As part of this effort, evaluate vendors identified through the roadmap to determine how they may support or supplement care coordination activities. Finalize evaluation and recommendations by June 2026.

Behavioral Health

Summary

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

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

- Educate the member and their guardian(s) about the symptoms and management of depression, anxiety, and other pertinent behavioral health disorders.
- Connection with appropriate outpatient services and behavioral health providers based on member diagnosis.

- Reduce emergency department (ED) utilization, provide crisis resources, and prevent inpatient readmission due to exacerbation of behavioral health symptoms.
- Assess SDoH needs and connect member and their guardian(s) to necessary support services and resources.

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

SFY 2025 Goals

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

SFY 2025 Results

The TOC assessment includes targeted questions addressing tobacco, alcohol, recreational, and prescription medication use for non-medical purposes, facilitating improved identification of SUD. The care coordination team continued to accept self-referrals for members requiring care coordination services, including CHP+ MCO members with behavioral health needs. A specialized high-needs pediatric program was created to expand support for CHP+ MCO members experiencing complex behavioral health needs and barriers to discharge. This team works closely with providers, families, and community partners to ensure timely transitions of care and reduce unnecessary hospital stays. By addressing both clinical and SDoH factors, the department aims to improve outcomes and provide more comprehensive support for members with the highest levels of need.

SFY 2026 Strategies and Planned Interventions

The care coordination department will continue to support members who have a behavioral health admission and help connect them to the appropriate services to support their behavioral health needs. Staff will also continue to utilize the Ask Suicide-Screening Questions (ASQ) tool with members transitioning out of inpatient care, members assessed to be at high risk for suicide, or members experiencing a crisis. The care coordination department will work

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

SFY 2026 Goals

- Colorado Access will conduct an analysis to identify key drivers of readmission, including evaluating member demographics and clinical trends in readmitting populations.
- Colorado Access will review and identify evidence-based interventions to pilot with a small cohort of members with high readmission rates.
- Colorado Access will develop a digital engagement roadmap to explore digital tools that could support and complement care coordination efforts.

Health Risk Assessments

Summary

Colorado Access continues to partner with the vendor Personify to deliver HRAs to newly enrolled CHP+ MCO members within their first month of enrollment. The HRA asks a series of questions pertaining to the member's overall health and wellness. The aim of the assessment has always been to help target care coordination outreach efforts to members who may need referrals for providers or specialists, and/or education on the benefits and services available to them within the CHP+ MCO health plan. However, in Q1 the HRA was modified to include questions addressing health-related social needs to gain a more holistic understanding of the members' needs and connect members and families to resources for social services if necessary. The cross-departmental approach included care coordination, quality, population health, CHP+ MCO program managers, and clinical staff to ensure questions were clear, thorough, and easy to follow.

In Q2, additional process improvements were implemented through the adoption of a Preview Campaign within the telecom system. A Preview Campaign is a feature that enables a care coordination supervisor to upload member lists and schedule calls to take place when staff are readily available, referred to as being "in queue." This ensures that outreach efforts are coordinated efficiently, and resources are used optimally across the care coordination team. These enhancements allowed the team to work collectively, streamline their workflow, and achieve more timely engagement with members.

Results files generated by Personify are distributed to the population health team. Previously, this team manually filtered members, including only those who responded to at least six questions before forwarding the data to care coordination for outreach purposes. In Q3, this workflow was optimized through the implementation of an automated report that selects members who answered a minimum of six questions and whose responses indicate a need for

care coordination support. This improvement eliminated manual intervention and more effectively targeted members requiring outreach.

Care coordinators make three attempts to reach a member. If two telephone attempts are unsuccessful, then they will send a letter in the mail asking the family to call the care coordination line. Upon contact with a member, the care coordinator assesses current needs and assists with providing resources and referrals. When necessary, members may be referred to a care coordinator/intensive care coordinator, or youth intensive care coordinator for more ongoing support. Targeted care coordination activities include a broad range of care plan goals and interventions including, but not limited to, bridging primary care appointments, establishing behavioral health services, scheduling dental visits, assisting members with establishing relationships with necessary specialty providers, and mitigating gaps related to social determinants of health needs.

SFY 2025 Goals

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

SFY 2025 Results

During SFY 2025, newly enrolled CHP+ MCO members received the IVR call with the HRA. The table below details volumes for newly enrolled members, care coordination outreaches, and members needing follow-up for each quarter in SFY 2025.

	Q1	Q2	Q3	Q4
Total Number of Newly Enrolled Members	7080	7380	6794	4085
Number of Members Needing Follow-Up	932	1225	570	225
Total Number of Care Coordination Outreaches	652	844	891	452

The Q3 and Q4 Number of Members Needing Follow-Up was lower than should have been due to an internal processing error with the stratification and automated reports that are delivered to the care coordination team. This lower number of Members Needing Follow-Up resulted in missed care coordination outreach. However, the missed outreaches were incorporated into the August outreach list, and eligible members from this timeframe will be reflected in the September 2025 results, meeting the contract requirement of 90 days.

Additionally, Q3 and Q4 Number of Care Coordination Outreaches capture both CHP+ MCO HRA required outreaches and CHP+ MCO prenatal welcome call required outreaches. Colorado Access identified the documentation inconsistencies were related to program selection. Specifically, staff were occasionally selecting both Member Onboarding and Prenatal Evaluation when only Prenatal Evaluation program was appropriate for the CHP+ MCO prenatal welcome call. This presents an opportunity to strengthen documentation practices and reinforce program-specific workflows. Colorado Access will be providing targeted coaching to ensure staff are confident in selecting the correct program moving forward. This effort supports the broader commitment to continuous quality improvement and accurate data capture, which are essential for evaluating program impact and member outcomes.

SFY 2026 Strategies and Planned Interventions

Colorado Access will continue administering HRAs within the first 30 days of member enrollment in the CHP+ MCO plan. These assessments help identify each member's unique health care needs and inform tailored, member-centered care coordination strategies. Care coordination staff will use HRA responses to guide targeted interventions, which may include:

- Connecting members with PCPs
- Scheduling timely primary care appointments
- Establishing behavioral health services
- Coordinating access to dental and specialty care
- Identifying and addressing SDoH
- Providing relevant resources and support services

These efforts are designed to ensure that members receive comprehensive, coordinated, and equitable care that aligns with their individual health goals. Looking ahead to SFY 2026, Colorado Access aims to leverage technology to enhance both the delivery and responsiveness of HRAs. Colorado Access will also evaluate opportunities to incorporate HRA data into the population health strategy, including exploring its integration into risk scoring methodologies.

FY 2026 Goals

- As part of the SFY 2026 digital roadmap, Colorado Access will evaluate whether a digital tool can effectively support the distribution and collection of HRA surveys, facilitating a fully digital survey workflow to replace paper-based methods.
- Determine whether HRA survey inputs can be incorporated into existing risk scoring models to better align members with suitable interventions.
- Develop an automated process to load member HRA responses directly into their record in the care coordination tool.

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. Members may also express dissatisfaction and concerns about any matter, including misdiagnoses, not receiving appropriate treatment, receiving care that adversely impacts health, or receiving poor quality care from the health plan or provider

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 of findings. Findings are confidential under peer review statutes. A variety of outcomes can be generated based on a QOC submission; including a determination that a QOCG did not meet severity thresholds, it may be trended and documented as a part of data collection, it could trigger an educational letter to the provider, a corrective action plan can be issued, a licensing/regulatory referral can be made, or more serious cases can be referred to the credentialing committee to consider provider termination.

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.

SFY 2025 Results

There were 14 QOCs submitted for CHP+ MCO members in SFY 2025. This is an increase from the six QOCs cases submitted in SFY 2024. Colorado Access attributes the increase in QOC volume to an increased partnership with the grievances and care coordination teams and extensive training in identifying and submitting potential QOCs. Of the 14 total QOCs submitted

in SFY 2025, there is currently one open case being investigated to be closed within 90 days of submission. From the 13 eligible cases received, 100% of these cases were closed within 90 days; exceeding the goal of 90% of QOCs closed within 90 days of submission.

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 CHP+ MCO members in SFY 2025 included lack of follow-up/discharge planning and lack of coordination of care/services.

During SFY 2025, quality improvement reviewed and updated the QOC reporting form. Providers were notified of the updated QOC form through a notification in the 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 robust QOC trainings 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 coordination staff to complete as a part of the onboarding process to increase organizational knowledge and awareness of QOCs.

In preparation for ACC Phase III, Colorado Access collaborated closely and often with the Department on the creation of a Quality of Care Grievance (QOCG) process, including providing feedback on proposed contract amendments and collaborating on QOCG discussion during the Integrated Quality Improvement Committee (IQIc) meetings. Furthermore, Colorado Access continued to provide ample feedback on the new QOCG monthly deliverable report and responded promptly to the Department with QOC acknowledgements and reporting escalated cases.

SFY 2026 Strategies and Planned Interventions

Colorado Access will continue to investigate and resolve QOCs by utilizing a detailed log to identify trends, engage providers in education and improvement opportunities, and execute CAPs in a timely manner. Colorado Access plans on continuing to exceed expectations around the performance standard to close over 90% of QOCs within 90 days of submission. Quality improvement staff will continue to work closely with customer service and care coordination teams to ensure members' health care needs are met, if needed. Additionally, quality will continue to work with these teams so that all QOCs are correctly identified and promptly forwarded to Quality for investigation. When the QOCG process rolls out in early 2026, Colorado Access will work to update all associated workflows, documents, and trainings to reflect contractual changes.

SFY 2026 Goals

- Close 90% of QOCGs within 90 days of submission to the quality improvement team.
- Maintain timely and efficient communication with the Department by promptly acknowledging receipt of QOCGs received, submitting the monthly QOCG Deliverable Report, and notifying the Department within two business days of any immediate patient safety concerns.
- Update applicable policies, procedures, and processes to address how follow-up is occurring to determine whether members' immediate health care needs are being met.

External Quality Review

External Quality Review Organization (EQRO) Site Review

Summary

Colorado Access participates in an annual external independent compliance review to confirm compliance with federal health care regulations 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 and services.

SFY 2025 Goal

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

SFY 2025 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)
III. Coordination and Continuity of Care	11	11	11	0	0	0	100%
IV. Member Rights, Protections, and Confidentiality	5	5	5	0	0	0	100%
VIII. Credentialing and Recredentialing	32	31	31	0	0	1	100%
Totals	48	47	47	0	0	1	100%

SFY 2026 Strategies and Planned Interventions

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

SFY 2026 Goal

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

Quality and Compliance Monitoring Activities

Plan-Do-Study-Act Cycles

Summary

Colorado Access initiates rapid PDSA cycles to promote continuous quality improvement across the organization. A PDSA is an iterative, four-step process improvement model that helps to improve efficiency, reduce waste and errors, and helps to implement lasting change. The Plan step includes identifying stakeholders, identifying the problem at hand, examining current processes, identifying improvement goals, brainstorming potential solutions, and developing a plan for improvement. The Do step involves implementing the plan for improvement. The Study step involves capturing data and observations so that in the Act step, it can be decided what changes need to be made in the next cycle if the desired outcome was not obtained, or if the improvement model should be implemented if the desired outcome was obtained. PDSAs are the most impactful when they yield a high return on investment and have a low impact on resources.

SFY 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.

SFY 2025 Results

Colorado Access initiated two rapid-cycle PDSAs in SFY 2025, focusing on the Improvement Academy and well-care visit targeted postcards. The quality improvement department met with stakeholders in each area to examine problems and identify opportunities for improvement.

Improvement Academy

To expand organizational quality improvement (QI) capacity and foster a culture of continuous learning, Colorado Access established an Improvement Academy, a strategic initiative designed to strengthen knowledge and competencies in QI methodologies, data analysis, and stakeholder collaboration across all levels of the organization.

The Improvement Academy launched with a comprehensive curriculum that integrates foundational and advanced QI training, equipping staff with the knowledge, tools, and best practices essential for driving sustainable improvements. Robust training modules were developed in-house and delivered by a multi-disciplinary team of experienced QI professionals,

who lead targeted sessions tailored to real-world operational challenges. The impact of the Improvement Academy is continuously measured through defined evaluation metrics aligned with Department expectations and national quality benchmarks. These insights inform iterative adjustments to training and strategy, ensuring relevance and effectiveness.

The Improvement Academy continues to serve as a cornerstone for building internal capacity to implement interventions that improve behavioral health access, integrate non-clinical supports into care delivery, and pilot innovative care models shaped by member and community input.

Well-Care Visit Targeted Postcard Initiative

In SFY 2025, Colorado Access conducted a targeted mailer campaign as part of the population health strategy to improve engagement in annual well-care visits. This initiative focused exclusively on mailed outreach. In April 2025, 12,000 members were targeted in this campaign within the following key populations: Vietnamese, Russian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and members with race not provided.

Each mailer was uniquely crafted with language and culturally relevant content specific to the target population. English and Spanish translations were included for the Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and race not provided groups, while materials for Russian and Vietnamese members were translated into their respective languages. The campaign design emphasized health literacy and cultural alignment to enhance member engagement and understanding. Collaboration across population health, member experience, quality improvement, marketing, and health equity teams ensured the mailers were appropriately tailored and inclusive. Colorado Access is preparing to evaluate the effectiveness of this outreach effort once claims runout has elapsed. Insights and outcomes from this campaign will inform future iterations, with the goal of refining strategies and expanding to new populations in the next phase of the program.

SFY 2026 Strategies and Planned Interventions

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

SFY 2026 Goal

- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2026.