Annual Quality Report

Regional Accountable Entity (RAE) Region 5

State Fiscal Year 2024-2025

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Executive Summary

Quality Assessment and Performance Improvement Program

The philosophy of the Colorado Access Quality Assessment and Performance Improvement (QAPI) program ensures members receive timely, high-quality care in a coordinated manner, meeting or exceeding community standards. It systematically monitors and evaluates service quality, utilization, and appropriateness, emphasizing culturally relevant, individualized care to promote self-management and shared decision-making. Using objective measurement and ongoing evaluation, Colorado Access is committed to improving care quality through continuous feedback and data-driven strategies, promoting whole-person health and equity[1].

This report provides a reflection on key QAPI objectives and RAE 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.

Mission

The mission of the Quality Assessment and Performance Improvement program is to understand and improve quality health care programs and member services to empower partners and promote excellence.
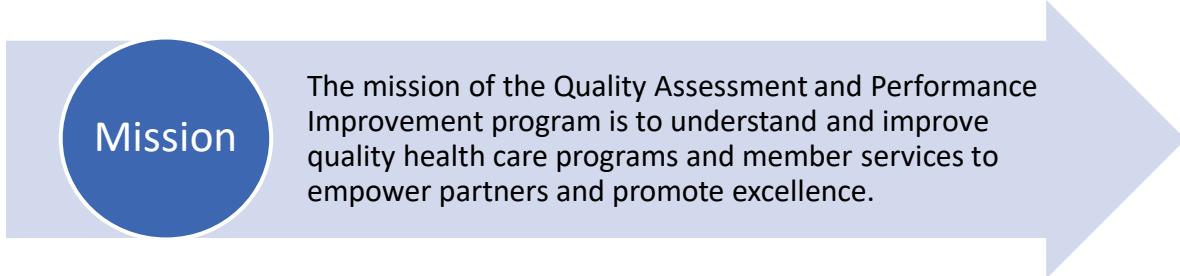
Key Accomplishments in SFY 2025

During SFY 2025, the quality program at Colorado Access used an array of measures and activities to monitor and improve the quality and effectiveness of clinical care and the quality of administrative services that make up managing a health plan. Performance improvement tools, including rapid-cycle methodology, were applied to address system, service, and/or clinical areas needing improvement. Key accomplishments and project highlights from SFY 2025 include the following:

1. **Advanced whole-person, whole-family, and whole-community outcomes** by promoting integrated care addressing the needs of individuals, families, and communities.
   - Developed and implemented a comprehensive health strategy that focuses on equitable outcomes.
   - Enhanced collaboration among health care providers, community organizations, and stakeholders.
   - Expanded access to resources and support services that address social

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

determinants of health (SDoH).

2. **Embedded a health equity lens in quality improvement initiatives** to ensure equitable access to high-quality care for all populations.
   - o Integrated health equity principles into all quality improvement projects and initiatives.
   - o Identified and addressed disparities in health outcomes across diverse populations.
   - o Trained staff on cultural competency and implicit bias to enhance patient-centered care.

3. **Advanced toward formal National Committee for Quality Assurance (NCQA) accreditation** to align with national standards for quality**.**
   - o Implemented an enhanced QAPI framework.
   - o Implemented an enhanced governing committee structure that adheres to NCQA standards and contractual guidelines.
   - o Used NCQA standards, processes, and deliverables as a road map to institutionalize and align improvement efforts across Colorado Access and conduct regular assessments and audits to ensure compliance with accreditation requirements.

4. **Established an analytics center of excellence** to enhance data-driven decision-making and performance evaluation
   - o Developed an analytics center of excellence focusing on the new health plan reporting tool (HPRT) through Innovaccer.
   - o Implemented Pay-for-Performance models to incentivize high-quality care delivery.
   - o Utilized advanced analytics to monitor progress, identify trends, and inform strategic planning.

5. **Established an Improvement Academy** to expand quality improvement capability and competencies across the organization.
   - o Designed a comprehensive training curriculum incorporating Lean and Six Sigma methodologies, practical tools, and industry best practices to strengthen staff capabilities in quality improvement.
   - o Promoted a culture of continuous learning through ongoing professional development opportunities, including interactive workshops, seminars, and quality improvement certification opportunities.
   - o Leveraged expert facilitators by empowering internal quality improvement experts to deliver targeted, high-impact training sessions aligned with organizational priorities.
   - o Implemented collaborative learning initiatives by facilitating cross-functional teams and projects to apply quality improvement concepts in real-world

scenarios, fostering innovation and organizational problem-solving.

- o Evaluated program effectiveness through regular assessment of learning outcomes and program impact, using data to guide continuous refinement of the Improvement Academy.

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

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

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 align with the Colorado Department of Health Care Policy and Financing (the Department) requirements and program metrics, such as key performance indicators (KPIs) and behavioral health incentive measures (BHIMs), ensuring efforts are targeted toward meaningful outcomes and aligned with broader program objectives. An annual evaluation of each PIP ensures accountability and provides valuable insights into the effectiveness of interventions, allowing for adjustments and refinements to drive continuous improvement in care delivery.

Rapid-Cycle Performance Improvement Projects

Summary

The SFY 2025 PIP cycle focused on behavioral health, with Colorado Access focusing on follow-up after hospitalization for mental illness (FUH) as the Region 5 behavioral 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 a new 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 management team will utilize targeted interventions to increase the percentage of SDoH screenings among Region 5 members from 0% to 90%.
- By June 30, 2025, use targeted FUH interventions to increase the percentage of seven-day follow-up visits after hospitalization among Region 5 members six years of age and older from 36.96% to 41.03%.

SFY 2025 Results

Follow-up after hospitalization for mental illness

In SFY 2024 (July 1, 2023, to June 30, 2024), Colorado Access reported a FUH baseline rate of 36.96%. The goal was to increase the percentage of seven-day follow-up visits after hospitalization among Region 5 members six years of age and older from 36.96% to 41.03% by June 30, 2025, through targeted FUH interventions. Colorado Access utilized the Healthcare

Effectiveness Data and Information Set (HEDIS®[2]) Quality Compass to determine an appropriate Specific, Measurable, Attainable, Realistic, Time-bound (SMART) aim goal. The baseline rate of 36.96% exceeded the 50th percentile national benchmark for the HEDIS Medicaid FUH metric. Therefore, Colorado Access chose the 66.67th percentile national benchmark of 41.03% as the goal and verified that this goal would yield statistically significant (95% confidence level, $p<0.05$) improvement over the baseline performance. As of May 2025, the current Region 5 FUH rate is 47.5%. 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 improvement of this rate is encouraging and influenced by programmatic interventions targeting FUH. In SFY25, Colorado Access continued to engage in key interventions aimed at enhancing FUH:

1. Implementation of the hospital and community mental health center seven-day follow-up dashboard: Colorado Access developed a multi-faceted dashboard system that provides real-time hospital discharge data to both hospitals and Community Mental Health Centers (CMHCs), significantly improving coordinated discharge planning and timely follow-up care. Previously, CMHCs were often unaware when their members were hospitalized or discharged, making seven-day follow-up difficult to achieve. Hospitals, in turn, relied on email notifications from Colorado Access care managers to identify which patients were connected to CMHCs, an inefficient and delayed method that lacked the real-time visibility needed for effective coordination. The dashboard eliminated these barriers by enabling hospitals and CMHCs to view shared member data in real time. This allows both entities to proactively schedule follow-up appointments, improving FUH timeliness and reducing the risk of readmission. Additional benefits include:
    a. Reduced administrative burden: Internal care managers no longer need to manually notify hospitals of a member's CMHC connection, allowing them to focus on higher-acuity cases.
    b. Increased efficiency: Real-time access reduces care delays and facilitates earlier intervention for complex cases.
    c. Enhanced data transparency: CMHCs can now track and manage FUH performance metrics more proactively.
    d. Strengthened partnerships: The dashboard fosters stronger relationships between inpatient and outpatient behavioral health providers, creating a shared sense of accountability and collaboration.
    e. Scalability and sustainability: This model creates a blueprint for future

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

population health dashboards and promotes sustainable improvements in care transitions.

2. Inpatient behavioral health performance program: Colorado Access partnered with nine inpatient hospitals to implement an innovative payment model that offers enhanced reimbursement for successfully coordinating seven-day follow-up care after a member's discharge. Participating hospitals use the real-time dashboard to identify behavioral health providers, either an established CMHC or a new provider with availability, ensuring timely scheduling of follow-up appointments. The incentive model includes a tiered per diem reimbursement increase tied to performance thresholds for seven-day follow-up rates. This approach aligns financial incentives with quality outcomes, promoting timely care transitions and reducing the risk of readmission. Key impacts include:
   a. Improved care coordination: Hospitals can now directly identify appropriate providers and close the loop on post-discharge planning in real time.
   b. Meaningful financial incentives: Five of the nine hospitals earned enhanced per diem reimbursement this year by meeting FUH performance targets.
   c. Expanded provider engagement: Hospitals are now actively involved in post-discharge coordination, a role traditionally limited to outpatient providers or care management teams.
   d. System-wide accountability: The program creates shared ownership of follow-up care, embedding quality into payment structures and driving cultural change toward value-based care.
   e. Scalable infrastructure: The model's success demonstrates its potential for broader application across other transitions of care initiatives.

3. CMHC value-based payment model: Colorado Access partnered with five CMHCs to implement a value-based payment (VBP) model that rewards timely outpatient follow-up after inpatient behavioral health hospitalizations. Participating CMHCs use the real-time FUH dashboard to collaborate with discharging hospitals and Colorado Access care managers to schedule follow-up visits within seven days of discharge. Under this model, CMHCs receive enhanced reimbursement for meeting defined performance targets on the seven-day follow-up metric. This year, two of the five CMHCs achieved the performance threshold and earned increased reimbursement rates. Key impacts include:
   a. Strengthened hospital–CMHC collaboration: Real-time data sharing through the dashboard has enabled more efficient coordination and reduced care delays.
   b. Performance-based incentives: CMHCs are rewarded financially for prioritizing timely, high-quality follow-up care, reinforcing accountability.
   c. Improved continuity of care: The model supports better outcomes for members by ensuring rapid connection to outpatient behavioral health services post-

discharge.
   d. Infrastructure for future value-based models: The success of this targeted FUH VBP program lays the groundwork for broader, scalable behavioral health payment reform.

4. CMHC comprehensive mental health follow-up program: Colorado Access launched a transformative pilot program in partnership with select CMHCs to close care gaps for members discharged from behavioral health hospitalizations who were not attributed to a CMHC and assessed as lower risk by care management. Participating CMHCs proactively reviewed the inpatient census and reached out to all members not connected to a CMHC or care management, aiming to initiate clinical engagement and schedule follow-up appointments within seven days of discharge. This effort focused on individuals hospitalized for the first time who could face difficulty navigating the behavioral health system. Key impacts include:
   a. Improved access for previously unconnected members: Ensured low-risk, non-attributed members received timely outreach and support during a vulnerable transition.
   b. Earlier entry into the care system: Helped members establish outpatient behavioral health relationships, reducing the risk of future crises or readmission.
   c. Higher follow-up rates: Contributed to a 4% increase in seven-day FUH for the targeted population and a 1.5% overall increase in FUH performance.
   d. Strengthened care continuum: Reinforced connections between inpatient and outpatient services through timely, personalized engagement.
   e. Scalable model for equity and access: Demonstrated a replicable approach to addressing unmet needs in follow-up care and supporting behavioral health equity.

SDoH 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 Region 5 members from 0% to 90% by June 30th, 2025. Colorado Access utilized previous care management call center data to determine an appropriate SMART aim goal. The baseline data showed that care management completed at least one SDoH question from the five core domains (food, housing, transportation, utilities, and interpersonal safety) in over 90% of calls. Therefore, Colorado Access determined that a 90% screening rate would be feasible once a standardized SDoH screening tool was incorporated into all relevant care management scripts. This target was verified to result in a statistically significant improvement over the baseline performance of 0%, with a confidence level of 95% and p-value < 0.05. As of May 2025, the Region 5 SDoH screening rate was 83.87%. 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 management 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 care 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-May 2025 to reinforce proper use of the GuidingCare system and improve documentation accuracy. Additionally, in March 2025, the business intelligence (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.
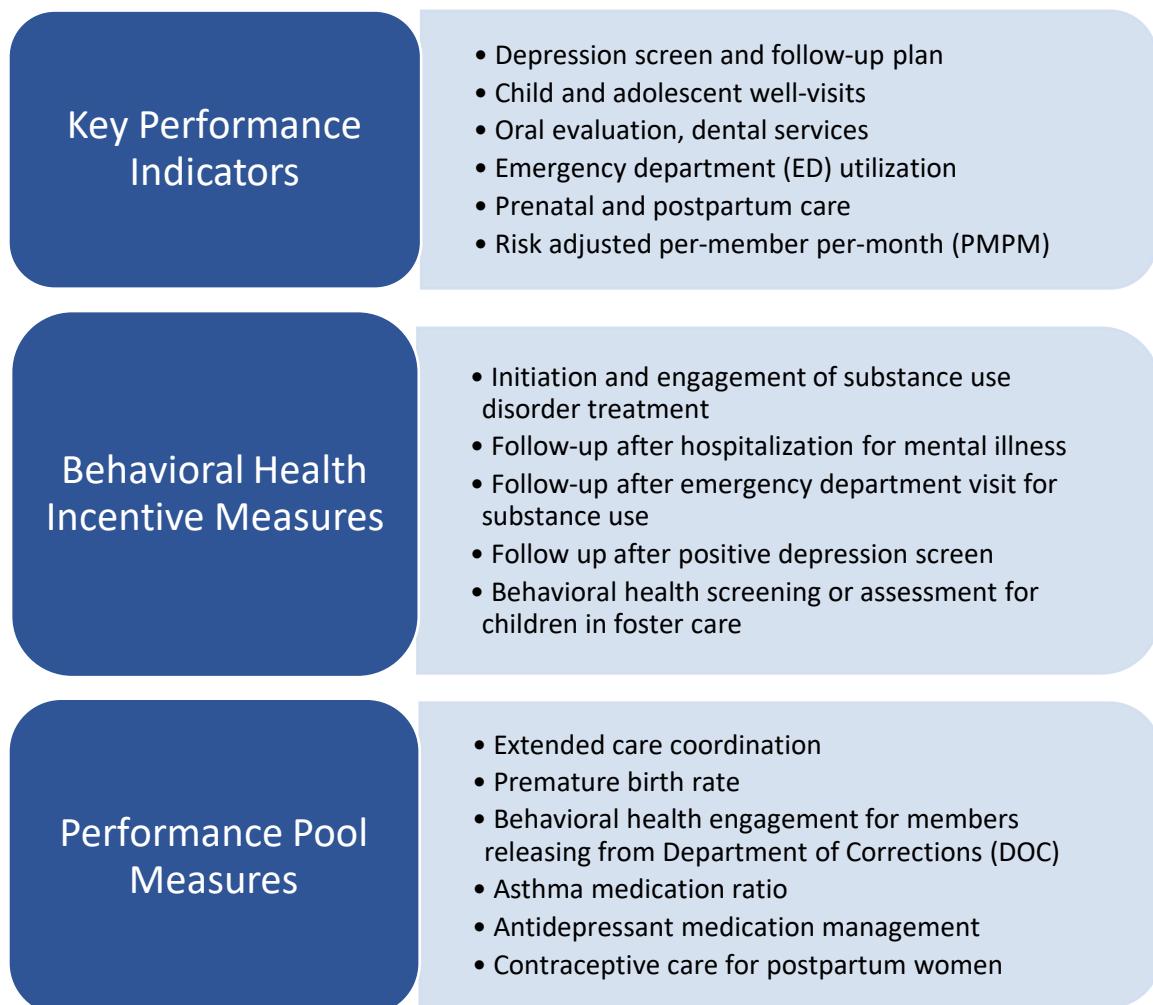
Collection and Submission of Performance Measurement Data

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

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

Summary

The QAPI promotes objective and systematic measurement, monitoring, and evaluation of performance on state-defined performance measures. The list below represents the performance metrics under the SFY 2025 RAE Pay-for-Performance program:

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

SFY 2025 Goals

- Continue to collaborate with and support the Department's move toward more nationally recognized and standardized measures such as the Centers for Medicare & Medicaid Services (CMS) Core Measures and develop strategies and collaborations that align with the Department's priorities around performance metrics.
- Continue to develop new metrics internally to report, monitor, and intervene in areas of care aligned with state-defined performance metrics and maintain dashboards for performance metrics to allow for performance measure data to be accessible to the organization for tracking and trending.
- Continue to expand and improve provider relationships by utilizing routine and ad hoc workgroups, learning collaboratives, and other venues to focus on sharing best practices and improving metric performance.
- Utilize new and existing sources of data to stratify and analyze race and ethnicity data in innovative and meaningful ways. This work will support equity-focused decisions aimed at addressing health disparities in marginalized communities.
- Innovate performance metric management by standardizing tools and methodologies designed to evaluate the effectiveness of programming and interventions and improve upon strategies around managing performance metrics with the metric steward program.
- Throughout SFY 2025, Colorado Access will leverage the newly implemented HPRT to develop a suite of standardized process improvement reports and performance metric dashboards to better monitor and respond to data trends and the needs within the member population.
- Align Pay-for-Performance structure with new QAPI goals by integrating NCQA accreditation processes and Improvement Academy initiatives to enhance KPI performance and drive comprehensive quality improvements across the organization.

SFY 2025 Results

In alignment with the Department's strategic direction, Colorado Access made substantial progress in SFY 2025 toward building the infrastructure, partnerships, and tools needed to advance its stated goals. Through a coordinated, cross-departmental approach, the organization strengthened performance monitoring systems, expanded data capabilities, and deepened provider engagement to enhance care for Region 5 members.

Colorado Access consistently monitored performance metrics aligned with the Department's focus on nationally recognized standards, including CMS Core Measures and HEDIS. These efforts demonstrate a strong commitment to aligning internal reporting and evaluation with Department priorities and evolving Pay-for-Performance expectations. Performance metric dashboards, which are continuously refined and updated, support real-time data monitoring

and enable timely interventions in response to emerging population health trends. These tools enhance transparency and empower both internal and external stakeholders with accessible, actionable insights.

Building upon this, Colorado Access established a robust foundation for continued innovation in performance metric management. The HPRT is utilized to generate a comprehensive suite of standardized reports and dashboards for population health management, risk management, and quality management, with future expansion into additional key areas. This will increase the organization's agility in identifying trends and enabling more timely, targeted interventions. Equity-driven performance management remained a core priority throughout SFY 2025. Colorado Access created stratification of race and ethnicity data across all HPRT performance dashboards, improving the ability to identify and respond to disparities affecting Region 5 members. Informed by this analysis and the annual Health Equity report developed by the population health team, the organization implemented targeted interventions, such as a culturally responsive well-care visit campaign. This intervention specifically addressed gaps among 12,000 members, including Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native, and Vietnamese- and Russian-speaking populations. Postcards tailored with culturally relevant messaging and language were mailed to members in late April. Colorado Access is currently awaiting impact data, as a three-month lag is required to compare well-child visit (WCV) rates between members who received the postcards and those who did not. Through this evaluation, Colorado Access hopes to determine the effectiveness of culturally tailored outreach in driving preventive care engagement and reducing racial and ethnic disparities in WCV completion rates. The results will help inform future campaign design, with the aim of scaling successful strategies across additional populations and preventive care metrics.

Efforts to improve digital engagement advanced throughout SFY 2025, with campaigns delivering timely, targeted messaging to support key performance measures and meet Early and Periodic Screening, Diagnostic, and Treatment Coordination (EPSDT) outreach goals. Outreach focused on preventive care services, including well-child visits, dental care, and prenatal/postpartum care. Colorado Access employed short message service (SMS), interactive voice response (IVR), and direct mail strategies to encourage member engagement. The Healthy Mom, Healthy Baby (HMHB) program continued to provide care management for high-risk pregnancies and delivered educational content to all enrolled members through the Text4Baby platform. Results will be listed in the digital engagement section of the report.

Collaborative provider workgroups were central to Colorado Access' quality improvement efforts, engaging 35 practices in structured forums that supported enhanced peer relationships and collaborative problem-solving. These workgroups strengthened provider alliances and positioned Colorado Access as a trusted partner by driving provider education around available

data and metrics, sharing and scaling best practices across the network, and proactively addressing barriers to care. They also informed future innovation and interventions at Colorado Access and demonstrated a commitment to supporting contractual relationships and Accountable Care Collaborative (ACC) Phase III readiness. Topics focused on high-priority areas, including well-care visits, depression screening, and diabetes management. The workgroups promoted the use of quality improvement tools, leveraged cross-functional skills across the organization, and reinforced the Colorado Access role as a catalyst for driving measurable, sustained improvements in care.

To advance more standardized, aligned, and strategic performance management practices, Colorado Access undertook a governance transformation designed to eliminate silos and strengthen oversight of Pay-for-Performance initiatives. A key step in this effort was the discontinuation of the Metric Stewardship program, which had previously fragmented metric ownership by placing it outside the quality team. This decentralized model created organizational barriers to cohesive P4P management. In its place, Colorado Access transitioned to a centralized quality metric ownership model, positioning the quality team to provide end-to-end oversight and coordination of all interventions tied to each metric. Designated intervention leads across the organization now support specific aspects of metric improvement, working in close collaboration with the quality team to drive progress.

To further reinforce this integrated approach, Colorado Access launched the Outcomes and Measurement Committee (OMC), supported by physical health and behavioral health subcommittees and anchored by the overarching Quality Management Committee (QMC). Together, these bodies form a comprehensive governance ecosystem that ensures quality improvement initiatives are strategically aligned, cross-functionally supported, and rigorously evaluated. Since its inception, the OMC has enhanced transparency, streamlined documentation, improved operational efficiency, and increased coordination across departments. Collectively, these changes represent a deliberate shift toward a more cohesive and accountable performance management infrastructure, one that aligns with NCQA standards and positions Colorado Access to deliver sustained and measurable improvements in member care.

To support the organization's Pay-for-Performance strategy, Colorado Access leveraged its internal Improvement Academy to build quality improvement (QI) capacity among key staff. The Academy equips participants with foundational QI tools and methodologies aligned with metric-driven performance improvement. As part of this effort, Colorado Access prioritized enrollment for intervention leads and teams directly involved in P4P initiatives, ensuring they had the skills and support needed to design, implement, and evaluate effective interventions. To date, 111 employees from 31 departments have completed the training. Of the 45 QI projects launched, 10 have been completed, 33 are in progress, and two are currently paused.

Many of these projects focus on improving performance on P4P metrics, while others address team-based process improvements that indirectly support P4P success. By strategically deploying the Improvement Academy as a foundational training tool, Colorado Access has strengthened internal ownership of P4P outcomes and enhanced its capacity to drive sustainable, measurable improvements aligned with Department-defined priorities.

Collectively, these efforts have transformed how Colorado Access approaches performance management, positioning the organization to meet and exceed SFY 2025 goals. Through deliberate investment in governance, data infrastructure, provider partnerships, and workforce development, Colorado Access has created a strong foundation for delivering measurable improvements in care. By centralizing P4P oversight, stratifying data to advance equity, and equipping internal teams with quality improvement tools, the organization now operates with greater alignment, accountability, and agility. These integrated strategies have not only strengthened internal systems and deepened provider collaboration, but also enhanced the ability to make timely, data-informed decisions that improve health outcomes for Region 5 members. Looking ahead, Colorado Access remains committed to refining and scaling these efforts to sustain progress and support continued alignment with Department priorities.

Maternal Health

Summary

The HMHB program uses Text4Baby, an SMS-based digital engagement platform for pregnant members and new parents of infants up to one year old. Messages are tailored to gestational or birth age and cover a wide range of maternal and child health topics, including prenatal/postpartum care, well-baby visits, vaccinations, nutrition programs, smoking cessation, mental health, and care coordination services. Messages are interactive, available in English or Spanish, and include surveys, appointment reminders, and links to additional resources. Members are also provided with the Colorado Access care coordination number for further support.

As part of HMHB, Colorado Access also identifies high-risk pregnant members using a risk scoring algorithm based on clinical history, behavioral health needs, age, substance use, and past high-risk pregnancies. These members receive proactive outreach and are enrolled in specialized care management services tailored to their needs. Services include health-related social needs (HRSN) screening, motivational interviewing, postpartum assessments, and evidence-based support guided by American College of Obstetricians and Gynecologists (ACOG) standards.

SFY 2025 Goals
- Continue to identify appropriate targets for digital outreach and specialized care management interventions.

- Continue to operate the Text4Baby digital engagement intervention and track associated process metrics.
- Continue to provide care coordination or extended care coordination, depending on the identified needs of the member.

SFY 2025 Results

During SFY 2025, Colorado Access continued to employ the Text4Baby digital engagement program targeting pregnant and postpartum members ages 18 and older. Colorado Access utilized its internal pregnancy clinical utilization registry to identify eligible pregnant and postpartum members for digital outreach. High-risk members were prioritized for telephonic outreach by a care coordinator and enrolled in specialized care management services. These members were connected to appropriate services, primary care medical providers (PCMPs), specialists, benefits information, and referrals to community resources. The table below shows the number of engaged members, the text opt-out rate, and the total number of outreaches for Region 5 members enrolled in the Text4Baby digital engagement program in SFY 2025:

	Quarter 1 (Q1)	Quarter 2 (Q2)	Quarter 3 (Q3)	Quarter 4 (Q4)
Engaged Members	172	72	123	-
Text Opt-Out Rate	15	2	2	-
Total Number of Outreaches	1,289	221	169	-

During Q4, no Text4Baby campaign outreaches were conducted. Personify, the vendor managing the Colorado Access digital engagement campaigns, 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.

Member Experience of Care

Colorado Access continuously assesses member experience of care using a combination of data sources, with an emphasis on the member's voice. These include the Consumer Assessment of Healthcare Providers and Systems (CAHPS®[3]) survey, member grievance monitoring, and results generated from the administration of a member satisfaction survey conducted by Colorado Access.

Consumer Assessment of Healthcare Providers and Systems Survey

Summary

The Department collects data about member experience through 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 increase interdepartmental collaboration and learning from customer service and care management departments.
- Analyze and share upcoming CAHPS data to identify and correct deficiencies in member experience and the provider network.
- Continue CAHPS communication strategies to increase CAHPS response rates by working across departments.
- Continue the cross-collaboration between the member experience and quality improvement departments to enhance the methods of assessing member feedback.

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 information is understood to aid in increasing survey response rates.

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

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 Region 5 global and composite measures were trended over the last three years to monitor progress and identify changes. Overall, the rating for All Health Care was above the Colorado Aggregate, and the number of 4- and 5-star ratings increased from 2023. In terms of areas of opportunity, survey response rates took a slight dip from 2023, even though they are still higher than 2022 rates and are above the Colorado Aggregate.

Regarding the Region 5 Adult CAHPS survey, four of the eight global and composite measures were above the Colorado aggregate: ratings of Health Plan, All Health Care, and Specialist, as well as rating of how well doctors communicate. Compared to the previous year, Region 5 saw decreases in five of the eight measures. The response rate saw about a half a percentage point decrease from 2023 but was still above the Colorado aggregate. Regarding the Region 5 Child CAHPS survey, six of the eight measures were above the Colorado aggregate. Compared to the previous year, Region 5 saw increases in four of the eight 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 Program Improvement Advisory Committee (PIAC) and Member Advisory

Council (MAC) structure:

- o In preparation for the launch of ACC Phase III, Colorado Access staff began recruiting for two PIACs and 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. This is discussed in greater detail in the MAC and PIAC sections of this report.

- "Find a Provider" and Member Experience Reporting Tools:
  - o 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:
  - o Through the Behavioral Health Language Services Initiative, Colorado Access allocates funding to providers to address gaps in network capacity for services for languages other than English. 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:
  - o 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.

In order 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 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 Colorado Access 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 survey 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 consistently reflects strong member experience and high levels of satisfaction with customer service interactions.

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 grievance website 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 55 grievances were filed by Region 5 members. Clinical care grievances accounted for 60% of the grievances filed in SFY 2025. Other grievances fell into the categories of customer service, access and availability, and financial and billing. All grievances were resolved in a manner considered satisfactory by the members. Additionally, all were

processed in a timely manner, therefore, Colorado Access met 100% compliance with contractually required grievance timelines.

SFY 2025 Region 5 Grievances by Type

Type	Count
Financial and Billing	6
Customer Service	15
Clinical Care	33
Access and Availability	1
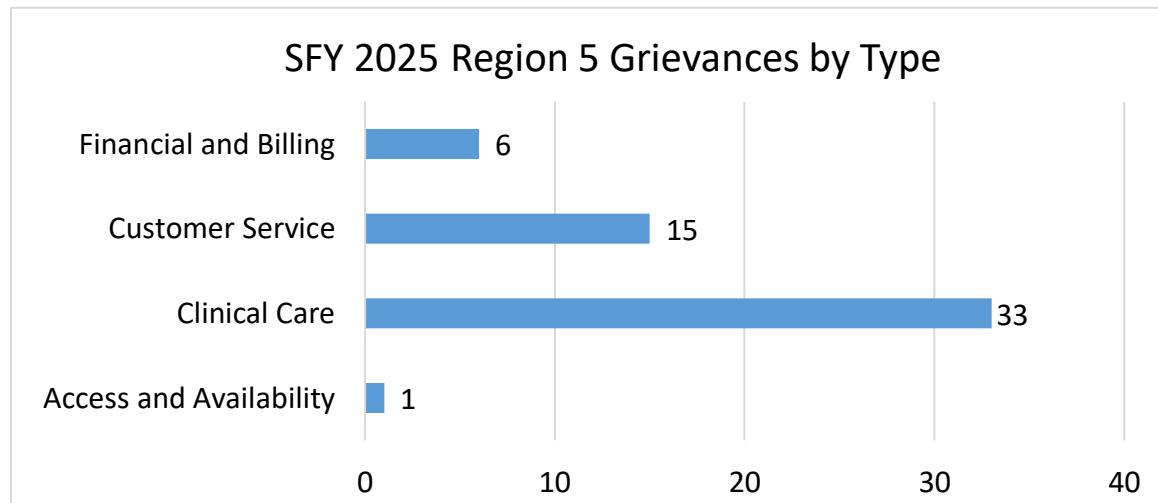
Colorado Access utilized a grievance quality auditing program to monitor the timeliness of grievance resolutions, the content of letters sent to members, the readability of letters, and case documentation in the grievance tracking tool. Five cases per grievance coordinator were reviewed for quality monthly. 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 ACC Phase III. This improvement remains a priority as Colorado Access continues to emphasize the importance of language access.

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 management, 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 the results of the sixth iteration of the member satisfaction survey.
- Present the results of the member satisfaction survey to the MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data around member experience of care.
- Use survey results to drive interventions within the provider population and Colorado Access to improve care.
- Collaborate with the member experience team to operationalize plans and begin piloting a 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+ member?	73% of respondents had suggestions for improvement. The top responses fell into six themes: 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: 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: 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. Sixty-six percent of the respondents lived in Region 5.

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: PIACs, MACs, Regional Health Equity Committee (RHEC)
- Surveys through customer service, community events, provider partners, etc.
- One-on-one 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

Under and Over-Utilization of Services

Colorado Access monitors, assesses, and prevents the over- and under-utilization of services by utilizing medically necessary and appropriate levels of care. Key initiatives include utilization management decision-making, Secret Shopper activities, monitoring behavioral health penetration rates and network adequacy, promoting telehealth services, and implementation of the Client Over-Utilization Program (COUP).

Utilization Management

Summary

The Colorado Access utilization management (UM) team continuously monitors the quality and timeliness of UM decisions to ensure they are made in alignment with both contractual requirements and in support of members' accessibility to services according to their needs. Appeal rates are also closely monitored for patterns and opportunities to improve the UM decision-making process. Additionally, an annual inter-rater reliability (IRR) study is conducted 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 decision turnaround time for Region 5 was 96.72%. UM continues to work on performance improvement regarding data entry mistakes, as a majority of the delinquent decisions were due to data entry errors rather than true missed turnaround times. When data is input incorrectly into the utilization management system, decisions appear to be out of timeliness

Region 5 Decision Timeframes

3.28%

96.72%

■ Timely ■ Not timely

standards. Although the UM department met its identified goal for SFY 2025, UM leadership continues to conduct training and oversight of this data entry process with staff so that
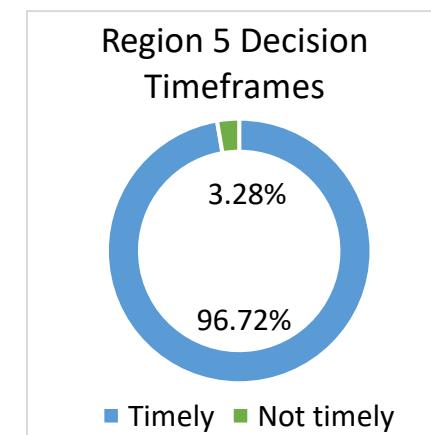
turnaround time data accurately reflects the true performance of the department's decision-making timeliness.

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

	Total Decisions	Denials	Denial Rate	Appeals Filed	% ABD Decisions Appealed
Region 5	10,393	528	5.08%	21	3.98%

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 97.22%, exceeding the goal of 95%.

Early and Periodic Screening, Diagnostic, and Treatment Coordination

Summary

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

SFY 2025 Goals

- Continue to operate the EPSDT digital engagement and direct mail interventions and track associated process metrics.
- Enhance strategies and internal processes to appropriately identify and engage the EPSDT-eligible population to ensure members access EPSDT benefits and services in accordance with the Region 5 SFY 2025 EPSDT Outreach Annual Strategic Plan.
- Host annual EPSDT training for care management department staff.
- Through coordinated efforts with case management agencies, train long-term services and supports (LTSS) case managers to connect children/youth to routine screenings.

SFY 2025 Results

Care Management Intervention

During SFY 2025, Colorado Access care management staff continued to educate members, providers, staff, and community partners about EPSDT benefits. In collaboration with the learning and organization development (L&OD) team, Colorado Access developed and implemented new EPSDT training for care management staff. This training was launched in January and made available to all departmental staff. Between January 2025 and June 2025, 57 staff members completed the training.

Although LTSS case managers did not participate in formal training, Colorado Access maintained ongoing meetings with representatives from regional case management agencies. Additionally, care management staff continued to coordinate with these agencies to support members, sharing identified care gaps with case managers to help address them alongside the RAE.

Digital Engagement Intervention

During SFY 2025, Colorado Access continued to operate digital engagement and direct mail interventions for EPSDT members, including the EPSDT newly enrolled, well-child check, dental reminder, and HMHB programs. Each month, these programs outreach eligible members using

weekly, Department-supplied, newly enrolled member lists and claims data. Members receive messaging by IVR, SMS, or mailer, depending on their respective program. EPSDT members who do not have accurate contact information (i.e., incomplete or missing phone numbers, on the do not call list) receive messages via direct mail. Members identified as newly pregnant or recently delivered were enrolled in the Text4Baby digital engagement program based on baby's gestational age or birth age and received appointment reminders and health and wellness tips related to pregnancy and post-delivery. Members identified as having a high-risk pregnancy score were connected to a care manager to ensure access and understanding of appropriate prenatal and postpartum care and resources. The table below shows EPSDT data for newly enrolled and non-utilizer household outreaches:

	Q1	Q2	Q3	Q4
Total Number of Newly Enrolled Outreaches	1,055	856	1,410	1,421
Total Number of Non-Utilizer Household Outreaches	3,550	8,845	1,863	4,791

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 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, such as care management, 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 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 Q1, nine in Q2, 10 in Q3, and 11 in 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.

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 (July 1, 2025, to June 30, 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.

Behavioral Health Penetration Rates

Summary

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

SFY 2025 Goals

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

SFY 2025 Results

Colorado Access monitored behavioral health penetration rates in alignment with the KPI of behavioral health engagement. In Region 5, 259,043 members were enrolled for at least one month during the state fiscal year. Of these members, 21.6% received at least one behavioral health service. Penetration rates increased significantly in SFY 2025, rising 5.0% from SFY 2024. This increase was likely due to the significant reduction in Region 5 membership post-PHE unwind.

Network Adequacy

Summary

Colorado Access is committed to ensuring members have timely access to comprehensive, culturally responsive health care. By building on a strong foundation of partnership,

engagement, and network development, the organization is well-positioned to meet and exceed the Region 5 network adequacy standards outlined in its contract. 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 provider network services (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 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 Region 5 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 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, including plans to improve outreach and support for recruitment and retention, especially amongst underrepresented communities in health care.

Telehealth

Summary

Through its subsidiary, AccessCare Services (ACS), Colorado Access launched the Virtual Care Collaboration and Integration (VCCI) program to expand access to behavioral health care, particularly psychiatry and clinical counseling, using telemedicine. Designed to promote care coordination and innovation in clinical delivery, VCCI offers both provider-to-provider consultations (eConsults) and direct telehealth encounters with members, emphasizing collaborative, team-based care. Encounters may take place in primary care settings or in the member's home or chosen safe space, based on shared decision-making between members and providers. The program also partners closely with Colorado Access care managers to support warm hand-offs and seamless transitions to longer-term or higher-acuity behavioral health services when needed.

In addition to the VCCI program, ACS has launched other telehealth programs that further the goal of extending services to meet the behavioral health needs of vulnerable member populations. The VCCI Direct Care (DC) program allows Colorado Access care managers to refer eligible members to the VCCI program to receive behavioral health care directly in their homes via telehealth. Since 2020, ACS has maintained an ongoing partnership with The Delores Project, an organization that provides shelter and services for unaccompanied women and transgender individuals experiencing homelessness in Denver, to deliver on-site telehealth services to residents.

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

satisfaction scores, reflecting a commitment to excellence and responsiveness to community needs.

- Continue to explore opportunities to identify another community partner to work with ACS to increase access to behavioral health care for Region 5 members.

SFY 2025 Results

ACS adapted its approach to VCCI program access based on feedback from primary care and community providers. While the original goal was to implement a model change allowing direct member self-referrals, based on provider feedback, ACS instead prioritized the development of a streamlined online referral form to enhance provider access to the program. Since launching the form in Q3, VCCI referrals have increased by approximately 10%, indicating that the new process is more efficient and user-friendly for participating VCCI providers.

ACS also made significant progress in tracking and improving customer satisfaction. Post-session survey data collected throughout SFY 2025 showed an approximately 20% increase in satisfaction scores, demonstrating measurable improvements in the member experience. Additionally, ACS used insights from the survey feedback to redesign the consent process, simplifying and accelerating completion for both members and providers, educing delays in care initiation.

ACS continues to pursue opportunities to collaborate with additional community-based organizations to expand behavioral health access for Colorado Access members. In partnership with the Colorado Access community engagement team, ACS is actively engaging with potential partners whose services and values align with the goals of the VCCI program.

Client Over-Utilization Program (COUP)

Summary

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

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

SFY 2025 Results
Colorado Access addressed the needs of members identified as having high utilization using care management and Lock-In providers.

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

The Q4 deadline for members to appeal Lock-In occurs after the submission deadline for this report. The numbers reported in this table are tentative.

Care Management
Since July 2024, care management has actively participated in the Individual Priority Queue and Young Adults case conferencing meetings alongside MDHI and other community partners. To support ongoing involvement, a data use agreement was executed to ensure consistent monthly attendance. In 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. Once all phases of HPRT are fully implemented, it will serve as a valuable resource in supporting the COUP program by enabling real-time data tracking and population monitoring.

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

Quality and Appropriateness of Care Furnished to Members

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

Medical Records Review

Summary

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

SFY 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 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.

Denver Health Collaboration

Summary

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

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

SFY 2025 Goals

- Continue to meet quarterly to identify opportunities to strengthen the collaboration of care management between the two organizations.
- Monitor changes to the Inpatient Hospital Transitions (IHT) program and ensure Colorado Access and Denver Health Medical Plan adjust workflows based on new IHT requirements if necessary.

SFY 2025 Results

During SFY 2025, Colorado Access and Denver Health Medical Plan continued to strengthen their close collaboration through regular quarterly meetings between both care management teams. These meetings provided a valuable forum to celebrate successes and proactively identify and address challenges or gaps in care coordination. Colorado Access also continued to support Denver Health Medical Plan with HSAG audits, reinforcing the shared commitment to quality improvement.

A major focus in SFY 2025 was planning for ACC Phase III, as both organizations worked closely to shape the next stage of partnership and ensure long-term success. While updates to the IHT program were monitored, there were no changes that impacted how either organization coordinated care for members needing hospital support. When a hospital refers a member connected to Denver Health Medical Plan, and when Denver Health is the appropriate entity to provide care coordination, Colorado Access followed established practices to ensure a smooth handoff and that members are properly connected.

Care Management for Members with Special Health Care Needs

Summary

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

SFY 2025 Goals

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

SFY 2025 Results

Throughout SFY 2025, Colorado Access maintained strong partnerships with both Family Voices and CCDC, continuing to engage them as cultural brokers to better support members with special health care needs. These collaborations played a key role in guiding culturally responsive outreach and advocacy efforts. To broaden the impact of this work, contract

ownership shifted from care management to the member experience department during the fiscal year. This strategic transition aimed to expand the reach of these initiatives and strengthen engagement with diverse member populations.

During this same period, Family Voices concentrated its efforts on community and member engagement. They hosted four educational webinars covering major waiver updates, including Community First Choice, pediatric certified nursing assistant prior authorization requests, the new Children with Complex Health Needs Waiver, and the transition from the Supports Intensity Scale to the Interim Support Level Assessment. While open to the public, these sessions were specifically designed for members. For providers and staff, Family Voices developed a Community First Choice toolkit and began producing two instructional videos: one on EPSDT and one on the child-to-adult transition of care for youth with complex medical needs. They are also developing a web-based transition tool to support families during the shift from child to adult health care, which is currently in progress.

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 employees, and are defined as evidence of harm or potential harm to a member. Categories of QOCs may include all potential problems, concerns, or complaints regarding access to urgent or emergency 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 reviewed with medical leadership for determination. Findings are confidential under peer review statutes. A variety of outcomes can be generated based on a QOC submission, including a determination the QOC did not meet severity thresholds, may be trended and documented as a part of data collection, may trigger an educational letter to the provider, a CAP can be issued, a licensing or regulatory referral can be made, or in more serious cases be referred to the credentialing committee for consideration for provider termination.

SFY 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

In SFY 2025, 51 QOCs were submitted for Region 5, comparable to the 54 submitted in SFY 2024. Of the 51 cases submitted, five remain open and are still within the 90-day closure window, leaving 46 eligible cases for timeliness evaluation. Three cases were closed after 90 days of submission due to delayed receipt of medical records. Of the 46 eligible cases, 94% were closed within 90 days, surpassing the goal of closing at least 90% of QOCs within that timeframe.

All cases that were closed outside of 90 days resulted from staffing changes and an extended turnaround time to receive medical records despite several attempts via fax, email, and phone

calls. These extended turnaround times ultimately caused a delay in the timely closure of QOCs. To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality improvement works closely with medical leadership and maintains a detailed QOC tracking log which allows QOCs to be tracked and monitored from the date they are submitted to the date they are closed. The two most common categories of QOCs submitted for Region 5 in SFY 2025 included lack of follow-up/discharge planning and unexpected death.

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 training for internal staff, which outlines obligations to report QOCs and the process to do so. This training is incorporated into the care manager learning pathway for current and new-hire care management staff to complete as a part of the onboarding process to increase organizational knowledge and awareness of QOCs.

In 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 (IQuIC) 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.

External Quality Review

External Quality Review Organization (EQRO) Audit

Summary

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

SFY 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	10	10	10	0	0	0	100%
IV. Member Rights, Protections, and Confidentiality	6	6	6	0	0	0	100%
VIII. Credentialing and Recredentialing	33	32	31	1	0	1	97%
XI. EPSDT Services	7	7	6	1	0	0	86%
Totals	**56**	**55**	**53**	**2**	**0**	**1**	**96%**

411 Encounter Data Validation Audit

Summary

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

SFY 2025 Goal

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

SFY 2025 Results

All 411 encounters are validated by comparing claims data with the medical record documentation submitted by the provider. This process allows Colorado Access to validate previously paid claims and monitor provider billing compliance. Colorado Access conducted the 411-encounter validation audit for Denver Health in SFY 2025, and results are included below the Region 5 table. See below for a summary report on the calculation and validation of encounter data validation results for each service category for Region 5 and Denver Health.

Region 5				
Requirement/Field Name	Service Category	Numerator	Denominator	%
Primary Diagnosis Code	Inpatient	124	137	90.5%
Revenue Code	Inpatient	124	137	90.5%
Discharge Status	Inpatient	127	137	92.7%
Start Date	Inpatient	129	137	94.1%
End Date	Inpatient	21	137	15.3%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Psychotherapy	104	137	75.9%
Diagnosis Code	Psychotherapy	122	137	89%
Place of Service	Psychotherapy	88	137	64.2%
Service Category Modifier	Psychotherapy	104	137	75.9%
Unit	Psychotherapy	126	137	91.9%
Start Date	Psychotherapy	127	137	92.7%
End Date	Psychotherapy	127	137	92.7%
Appropriate Population	Psychotherapy	126	137	91.9%
Duration	Psychotherapy	124	137	90.5%
Staff Requirement	Psychotherapy	119	137	86.8%

Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Residential	132	137	96.3%
Diagnosis Code	Residential	128	137	93.4%
Place of Service	Residential	132	137	96.3%
Service Category Modifier	Residential	132	137	96.3%
Unit	Residential	132	137	96.3%
Start Date	Residential	132	137	96.3%
End Date	Residential	132	137	96.3%
Appropriate Population	Residential	132	137	96.3%
Duration	Residential	132	137	96.3%
Staff Requirement	Residential	132	137	96.3%
Denver Health				
Requirement/Field Name	Service Category	Numerator	Denominator	%
Primary Diagnosis Code	Inpatient	124	137	90.5%
Revenue Code	Inpatient	133	137	97%
Discharge Status	Inpatient	134	137	97.8%
Start Date	Inpatient	119	137	86.8%
End Date	Inpatient	9	137	6.5%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Psychotherapy	107	137	78.1%
Diagnosis Code	Psychotherapy	126	137	91.9%
Place of Service	Psychotherapy	105	137	76.6%
Service Category Modifier	Psychotherapy	107	137	78.1%
Unit	Psychotherapy	130	137	94.8%
Start Date	Psychotherapy	132	137	96.4%
End Date	Psychotherapy	132	137	96.4%
Appropriate Population	Psychotherapy	132	137	96.4%
Duration	Psychotherapy	127	137	92.7%
Staff Requirement	Psychotherapy	128	137	93.4%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Residential	133	137	97%
Diagnosis Code	Residential	120	137	87.5%
Place of Service	Residential	133	137	97%
Service Category Modifier	Residential	133	137	97%
Unit	Residential	133	137	97%
Start Date	Residential	133	137	97%
End Date	Residential	133	137	97%
Appropriate Population	Residential	133	137	97%
Duration	Residential	133	137	97%
Staff Requirement	Residential	133	137	97%

Advisory Committees and Learning Collaboratives

Learning Collaboratives

Summary

Colorado Access participates in multiple learning collaboratives with the Department, community partners, and other RAE regions. Learning collaborative meeting topics can include behavioral health, value-based payment, community partnerships, population management, member engagement, care coordination, transitions of care programs, and Cover All Coloradans.

SFY 2025 Goals

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

SFY 2025 Results

During SFY 2025, Colorado Access participated in eight RAE learning collaborative meetings ranging in topics from the Behavioral Health Administration (BHA), safety net providers, prospective payment systems (PPS), behavioral health enrollment, intensive behavioral health services (IBHS), Cover All Coloradoans, adult and child CAHPS, medical transportation, language access and interpretation, qualified residential treatment program (QRTP), psychiatric residential treatment facilities (PRTF), EPSDT and fiscal data, care coordination and tier three definition, legislative updates, measurement based care in behavioral health, accessibility standards and 508-compliant resources, maternity alternative payment model, and ACC Phase III planning.

Provider Support

Summary

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

SFY 2025 Goals

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

SFY 2025 Results

During SFY 2025, the Colorado Access PNS team processed an average of 1,397 provider inquiries per week. Colorado Access is committed to providing excellent customer service to providers and promptly makes any required resource adjustments to meet contractually required response times and maintain exceptional call queue performance.

The practice support team provides training to providers focusing on value-based care programs and measures. Colorado Access has strengthened health information technology (HIT) systems and data and concurrently enhanced the ability to support providers with training, proactive outreach, and individualized coaching. This approach has helped reduce provider burden and optimized their ability to make informed decisions with up-to-date member risk stratification, provider and cohort-specific enhanced payment data, and attribution, equity, engagement, and condition-specific KPIs. As a result, providers are increasingly willing to engage with programming. The provider engagement teams offer an extensive menu of training topics, including many data-focused topics, including value-based payments, KPIs, and the Department's Alternative Payment Models.

In alignment with the departmental goal to improve key quality metrics through provider collaboration, Colorado Access supported the continued success of its 2024 peer workgroups focused on well visits, depression screening, and A1C diabetes control. These workgroups engaged 35 practices, including those in the Colorado Access Advanced Clinical Practice tier, through a tiered engagement model. Practices received incentives for participation, attendance, and implementation of best practices. The well-visit cohort, which combined age groups into targeted subgroups, showed consistent improvement in Region 5. While the cohort began behind Region 5 benchmarks, it demonstrated faster improvement throughout 2024 and narrowed the gap significantly in well-child visits.

Depression screening performance in Region 5 showed measurable improvement, though overall results were influenced by one large entity that was unable to implement planned changes during the workgroup period. Excluding this entity, the cohort outperformed Region 5 by approximately 15%. For the A1C Poor Control measure, Region 5 performance remained largely flat, while several smaller cohort practices achieved 20 to 30% improvements and

outperformed the regional average by approximately 35%. These results reflect the strength of peer learning models in driving quality improvement in the Region 5 line of business and signal strong positioning for success under the upcoming ACC Phase III framework.

Program Improvement Advisory Committee

Summary

The Region 5 PIAC is composed of participants from diverse organizations across the region that cover a broad array of programming and services, such as primary care, behavioral health, hospitals, family services, criminal justice, local public health, and Health First Colorado members, as well as their families and caregivers. The PIAC supports the development of regional health programming and plays an integral role in ensuring that the values, culture, and priorities of members and their families, providers, and the community are woven into the Colorado Access strategy. The PIAC's required responsibilities include the review of the contract deliverables, member materials, performance data, and discussions regarding policy changes. Member materials are also reviewed by the Colorado Access MAC, which includes PIAC members who hold liaison roles in both groups. The purpose of the PIAC is to engage stakeholders and provide guidance on how to improve health, access, cost, and satisfaction of members and providers in Region 5.

SFY 2025 Goals

- Create and support PIAC subcommittees to pursue and explore topics on a deeper level.
- Develop an operational plan to transition from a geographically delineated PIAC structure to an age-based structure that will result in the creation of two PIACs: one with a children and youth focus, and the other with an adult focus.
- Recruit a diverse group of PIAC members to support the creation of a children and youth MAC for the launch of ACC Phase III, using information collected from the diversification survey.
- Develop operational plans and begin piloting the new Colorado Access Community Feedback Loop model.

SFY 2025 Results

The Region 5 PIAC lost one member due to changes in professional roles in SFY 2025, but this member was replaced by a colleague at the same organization. Additionally, one new Health First Colorado caregiver was added.

An anonymous survey was created for PIAC members to provide feedback on meeting agendas, topics, and logistics. The survey is distributed after each PIAC meeting as an alternate way to provide feedback and speak up for those who do not feel comfortable sharing during the meetings or have additional feedback or questions to provide afterward. Results from the survey are reviewed by internal staff, and key themes or feedback are shared back with the

executive committee and appropriate internal staff to help inform future meetings and improve the functioning of the PIAC. Outstanding questions and feedback from the anonymous survey and from the live meetings are sent to appropriate teams within Colorado Access for follow-up, when needed.

Community engagement employees also presented to the population health team in February 2024 and June 2025 to inform internal Colorado Access staff on what the PIAC has been discussing, feedback they have provided, and what future topics and plans will be. To engage the PIAC more deeply and due to the increased interest of behavioral health efforts taking place, the PIAC created a behavioral health-focused subcommittee. The subcommittee consisted of eight members and met monthly, discussing a range of behavioral health-related topics, including health equity data and prevention initiatives. The subcommittee provided feedback on their organization/community's experience, what is working well, and what other opportunities exist for Colorado Access to consider.

To create two new PIACs, one focused on adults and the other focused on children and youth, Colorado Access decided to streamline the application and recruitment process across all five of the new advisory committees slated to start in ACC Phase III. An internal committee was formed with internal representatives from each of the advisory committees, and a universal application and process was created to allow interested individuals to learn about and apply for all advisory committees with one process. Results from the PIAC Diversification Survey that was conducted at the end of SFY 2024 were used to identify gaps and opportunities in the current PIAC membership and how those gaps impact the new structure in terms of who is missing from a geographic, sector, and demographic standpoint. This data helped inform a targeted outreach plan that was developed to outreach specific community partners, providers, advocacy organizations, and members and their families to fill the gaps and ensure diverse representation across the PIAC and other advisory committees. Recruitment efforts were also done through newsletters, social media, and at external community events. In total, Colorado Access received approximately 127 applications through the recruitment process.

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

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

SFY 2025 Results

To create two new MACs, one focused on adults and the other focused on children and youth, Colorado Access launched a coordinated and streamlined recruitment effort for all five of the required advisory committees in the ACC Phase 3 contract. An internal operations team was formed in the spring, comprised of staff responsible for coordinating and facilitating the five committees. This team developed a universal recruitment and application process and worked very intentionally to make sure that all five committees have diverse perspectives represented. Recruitment for members and caregivers included announcements in member newsletters, social media, community events, and through provider and community partners. In total, Colorado Access received 127 applications through the recruitment process, 38 or 30% of which were from members and caregivers. Not only will the two MACs have 10-12 members each, but the two PIACs and the Regional Health Equity Committee will have five to seven members/caregivers with lived experience as well. The membership rosters were finalized in July, the first month of the new contract.

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 changes. 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 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 organizational levels.

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 support 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.

Looking Ahead

As Colorado Access concludes its work under ACC Phase II for SFY 2025, the organization remains focused on carrying forward the lessons learned, infrastructure developed, and partnerships strengthened during this period. This foundation positions Colorado Access to continue advancing health equity, improving outcomes, and aligning with the Department's evolving priorities under ACC Phase III and beyond.