



Annual Quality Report

Child Health Plan Plus (CHP+) HMO

State Fiscal Year 2020-2021

Table of Contents

Executive Summary.....	1
Quality Assessment and Performance Improvement Program	1
Key Accomplishments in SFY 2021	1
Key Goals Moving into SFY 2022	2
Membership.....	4
CHP+ HMO Membership.....	4
Performance Measurement.....	5
HEDIS Performance	5
High-Risk Pregnancy Care Management Program	8
Asthma	10
Behavioral Health	13
Health Risk Assessments	16
Oral Health Improvement Plan	18
Member Experience of Care	19
Consumer Assessment of Healthcare Providers and Systems Survey	19
Grievances	23
Member Satisfaction Survey	25
Performance Improvement Projects	27
Depression Screening in Well-Visits for Members Aged 12-18	28
Follow-Up within 30-days after Positive Depression Screen for Members Ages 12-18.....	30
Plan, Do, Study, Act Cycles	33
Mechanisms to Detect Over- and Under-Utilization	34
Utilization Management Inter-Rater Reliability	34
Access to Care: Secret Shopper.....	38
Network Adequacy.....	42
Incentive Payment Program.....	45
Mechanisms to Detect Quality and Appropriateness of Care for Members with Special Health Care Needs.....	46
Behavioral Health Medical Records Review.....	46
Quality of Care Concerns Monitoring	48
Quality of Care Concerns.....	48
Other Quality Monitoring	50
External Quality Review Organization (EQRO) Site Review	50

Executive Summary

Quality Assessment and Performance Improvement Program

Colorado Access Child Health Plan *Plus* Health Maintenance Organization (CHP+ HMO) is the largest CHP+ HMO plan in Colorado and has been providing services for more than 20 years. Colorado Access is committed to the ongoing improvement of the quality of care that CHP+ HMO members receive through monitoring data and health outcomes. This quality monitoring is driven by the mission of the Quality Assessment and Performance Improvement (QAPI) program. The philosophy of the QAPI program is to ensure that members receive access to high-quality care and services in an appropriate, comprehensive, and coordinated manner that meets or exceeds community standards. Emphasis is placed on community-based, individualized, culturally sensitive services designed to enhance self-management and shared decisions among members, their families, and providers. The Colorado Access QAPI program promotes objective and systematic measurement, monitoring, and evaluation of services and work processes. The QAPI program uses a continuous measurement and feedback paradigm with equal emphasis on internal and external services affecting the access, appropriateness, and outcomes of care. The quality improvement program seeks to provide children and their families with access to improved health services in a safe, coordinated, and cost-effective manner, resulting in enhanced satisfaction and improved health outcomes. In support of its mission to assist underserved Coloradans, Colorado Access continues to monitor and create specialized services for children through its various CHP+ HMO programs.

This report provides a reflection on key QAPI objectives, as well as programs and activities that Colorado Access engaged in throughout state fiscal year (SFY) 2021 (July 1, 2020-June 30, 2021), including performance against goals. It also describes intended goals, strategies, and interventions to continuously promote quality in SFY 2022 (July 1, 2021 – June 30, 2022).



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 2021

A large portion of SFY 2021 was spent closing out the State Managed Care Network (SMCN) CHP+ Administrative Services Organization (ASO) contract and planning for the transition of those members to the CHP+ HMO plan. Beginning July 1, 2021, all SMCN members were enrolled into a CHP+ HMO health plan, and, as a result, the SMCN program was no longer needed to deliver services. Colorado Access worked in partnership with the Department of Health Care Policy and Financing (the

Department) to ensure appropriate systems changes were implemented, members and providers were updated with timely communication, and membership was transitioned smoothly and seamlessly.

Key accomplishments and project highlights from SFY 2021 include the following:

- Implementing and analyzing two consecutive member satisfaction surveys that focused on member experience of care and health equity
- Enhancing the existing Healthy Mom Healthy Baby assessments
- Implementing suicide screening for at-risk members transitioning out of inpatient care, initiated by care managers
- Enhancing the Secret Shopper program by incorporating evidence-based processes to improve assessment of providers on access to care standards
- Implementing a grievance quality monitoring program to assess the quality and timeliness of grievance resolutions

Key Goals Moving into SFY 2022

SFY 2022 will bring continued focus on internal Colorado Access quality measurement and performance improvement. This will include conducting a full QAPI program self-assessment to identify key areas of strengths and areas of opportunity for the program and building action plans to address prioritized areas of opportunity. With the close-out of the SMCN plan, Colorado Access will monitor members to ensure a smooth and seamless transition from SMCN to CHP+ HMO and ensure members do not experience lapses in care or coverage. Additionally, the CHP+ HMO contract underwent significant revisions, with contract changes effective July 1, 2021. In the upcoming year, Colorado Access will focus on ensuring that new deliverables, reports, standards, and contract requirements are successfully implemented and executed. Colorado Access is working to continually enhance its population management strategies by working cross-departmentally to analyze and stratify CHP+ HMO membership to further refine cost-savings strategies and ensure that members receive the right intervention at the right time, with the goal of improving health outcomes. This work will continue to be developed in SFY 2022 and beyond. Finally, Colorado Access will continue to monitor the COVID-19 pandemic and Public Health Emergency (PHE) as it relates to the CHP+ HMO program and membership.

The quality improvement department's overarching goals in SFY 2022 will focus on:

- **Reducing over- and under-utilization of services**, a priority which ties numerous Colorado Access initiatives together to promote appropriate levels of care and quality health care management to members.
- **Access to care**, which is central to providing members with the right care at the appropriate time and facilitates seamless care coordination and collaboration between members, providers, and systems.

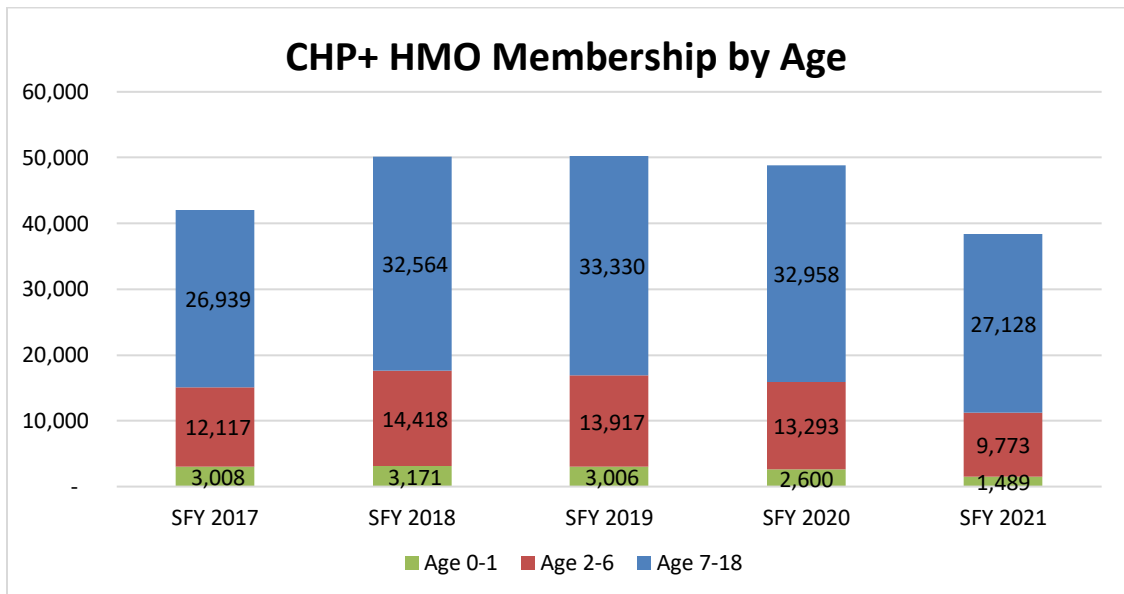
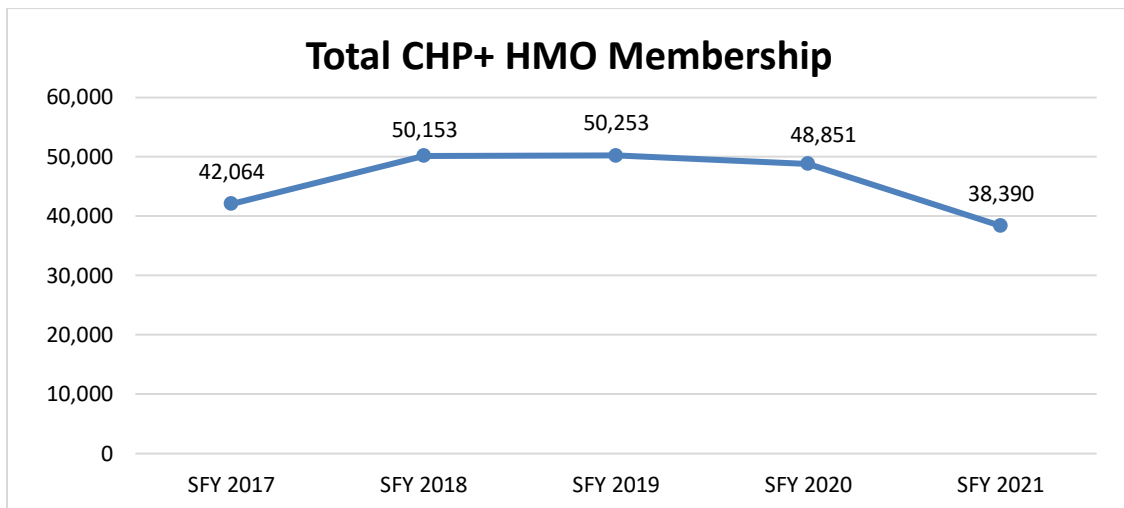
- **Data-driven decisions**, which are critical in promoting data-driven projects across the organization, enabling more efficient operations, and attaining company and community performance goals that ultimately help members thrive.
- **Diversity, equity, and inclusion (DEI)**, in which Colorado Access leverages qualitative and quantitative data from internal and external partners to identify and prioritize health inequity for diverse communities.

Colorado Access will continue to monitor the quality of care provided to members using an array of data sources and indicators and will promote performance improvement when deficiencies are noted.

Membership

CHP+ HMO Membership

Membership for CHP+ HMO decreased significantly in SFY 2021, decreasing from 48,851 members in SFY 2020 to 38,390 members in SFY 2021. The decrease in membership was likely due to COVID-19 and the PHE. Membership data is derived from Colorado Access business intelligence (BI) monthly statistics and is calculated as of June at the end of each fiscal year. The graphs below show CHP+ HMO total membership year-over-year and CHP+ HMO membership by age group.



Performance Measurement

The QAPI program systematically monitors and evaluates performance of programs and initiatives, both internally and across the Colorado Access provider network. This includes monitoring of performance evaluations such as annual Healthcare Effectiveness Data and Information Set (HEDIS^{®1}) rates, as well as population-focused care management programs.

HEDIS Performance

Summary

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

SFY 2021 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target for performance improvement throughout the fiscal year.
- Focus on disease management interventions and transitions of care for members by promoting the streamlining of communication between providers.

SFY 2021 Results

In SFY 2021, the National Committee for Quality Assurance (NCQA) changed the HEDIS naming convention for rate reporting. The naming convention in prior years was stylized as HEDIS followed by the year rates were reported in. For example, HEDIS 2020 indicated that calendar year 2019 rates were reported in 2020. The new naming convention is HEDIS Measurement Year 2020, stylized as HEDIS MY2020, indicating that calendar year 2020 was the measurement year for the reported rates. For HEDIS MY2020, all HEDIS measures were reported using the administrative methodology in which only claims data was used to calculate each measure. As a result, medical record reviews and Electronic Clinical Data Systems (ECDS) were not a part of the HEDIS process. Additionally, Colorado Immunization Information System (CIIS) data from the Colorado Department of Public Health and Environment (CDPHE) was used as a supplemental data source for immunization measures to paint a more accurate and complete picture of immunization trends within the population. Capturing complete and accurate HEDIS data can be a challenge due to open network access, member turnover, inconsistencies in provider coding claims, and/or providers not participating in CIIS. Colorado Access historical and current performance on CHP+ HMO HEDIS measures can be seen in the tables below.

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Immunizations

For HEDIS MY2020, Colorado Access saw a greater percentage of immunizations included in the CIIS data upload than in years prior. Nine of the 13 individual immunization rates increased in HEDIS MY2020. Influenza had the biggest increase, with a 3.65% increase from the 2019 calendar year (HEDIS 2020). Conversely, Measles, Mumps, Rubella (MMR), Haemophilus influenzae type b (HiB), Hepatitis A, and Meningococcal immunization rates all decreased slightly, each with less than a 1.2% decrease from HEDIS 2020.

Childhood Immunization Status	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020
DTaP	73.84%	69.69%	75.83%	78.13%	78.26%
IPV	84.54%	81.52%	86.44%	86.60%	87.97%
MMR	85.20%	82.26%	86.44%	88.37%	88.27%
HiB	83.75%	82.26%	87.03%	88.62%	87.46%
Hepatitis B	82.30%	80.15%	85.61%	84.58%	87.06%
VZV	81.51%	79.51%	84.32%	86.09%	86.55%
Pneumococcal Conjugate	76.09%	72.65%	78.07%	78.76%	80.89%
Hepatitis A	76.49%	76.24%	80.66%	83.44%	82.81%
Rotavirus	71.20%	68.74%	76.18%	74.46%	77.15%
Influenza	47.56%	49.84%	57.08%	63.08%	66.73%
Immunizations for Adolescents	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020
Meningococcal	72.00%	72.28%	78.09%	78.14%	77.81%
Tdap	84.91%	83.26%	87.54%	87.59%	87.87%
HPV	25.92%	34.54%	41.17%	44.04%	44.58%

Well-Child Visits

In HEDIS MY2020, NCQA revised two measures relating to well-child visits. The former Well-Child Visits in the First 15 Months of Life (W15) measure was revised to Well-Child Visits in the First 30 Months of Life (W30) for HEDIS MY2020. Additionally, the former Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures were combined into Child and Adolescent Well-Care Visits (WCV) for HEDIS MY2020. Because of the changes to the HEDIS MY2020 well-child measures, Colorado Access cannot accurately compare past HEDIS rates to HEDIS MY2020 performance for well-child visits. Colorado Access anticipated a drop in preventative services like well-child visits in HEDIS MY2020 as a direct result of the COVID-19 pandemic. Due to the revision of the well-child measures, Colorado Access is unable to accurately compare HEDIS MY2020 rates to performance in prior years to determine the impact COVID-19 had on these measures.

Well-Child Visits in the First 30 Months of Life	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020
0-15 months	-	-	-	-	54.92%
15 months-30 months	-	-	-	-	75.31%
Child and Adolescent Well-Care Visits- Total	-	-	-	-	47.69%

Disease Management

The Asthma Medication Ratio (AMR) Total measure for HEDIS MY2020 was calculated to be in the greater than ninety-fifth (95th) percentile, and year-over-year Colorado Access has shown strong performance for this measure.

	HEDIS 2017	HEDIS 2018	HEDIS 2019	HEDIS 2020	HEDIS MY2020
Asthma Medication Ratio- Total	81.70%	76.80%	79.91%	81.11%	79.39%

Other Measures

Colorado Access' performance in other HEDIS MY2020 measures remains consistent compared to HEDIS 2020 rates, except for Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM). In HEDIS MY2020, APM decreased by just over 19% for Blood Glucose- Total, 14.5% for Cholesterol- Total, and nearly 12% for Blood Glucose + Cholesterol- Total, compared to HEDIS 2020. Historically, this measure has a small denominator, thus small increases in the eligible population can result in large fluctuations in the rate. One of the main reasons for the drop in this measure in HEDIS MY2020 is likely the result of increased telehealth visits during the PHE and challenges getting members scheduled for in-person blood draws.

SFY 2022 Strategies and Planned Interventions

During SFY 2022, Colorado Access will benchmark the 2021 calendar year (HEDIS MY2021) HEDIS rates against regional and national results to identify areas for performance improvement. In the second half of SFY 2022, Colorado Access will also finalize HEDIS MY2021 rates for CHP+ HMO and analyze year-over-year trends. Colorado Access will continue to monitor HEDIS data, with a specific focus on monitoring W30 and WCV measures in HEDIS MY2021 and will create interventions based on findings to address the effects the COVID-19 pandemic has had on well-child measures.

SFY 2022 Goals

- Benchmark Colorado Access HEDIS rates against regional and national rates to identify and prioritize measures to target for performance improvement throughout the fiscal year.
- Analyze HEDIS performance for well-child measures W30 and WCV to determine the impacts of COVID-19 on these measures.

High-Risk Pregnancy Care Management Program

Summary

The prenatal program, Healthy Mom Healthy Baby (HMHB), is a multi-faceted, wraparound program designed to reduce poor health outcomes for mother and baby, specifically regarding low birth weight, premature deliveries, and other adverse health outcomes from lack of prenatal care and education. Colorado Access provides a robust clinical care management program that screens pregnant mothers for past pregnancy history, complications, and other conditions or behaviors that could contribute to a high-risk pregnancy. At minimum, a care manager contacts the mother during each trimester of pregnancy and after the baby is born to provide support and education to these mothers. Updates focused on this year included enhancements to assessments to incorporate new healthy pregnancy evidence-based guidelines from The American College of Obstetricians and Gynecologists and the implementation of an algorithm to identify high-risk members

The overarching goals of this program include:

- Improve health outcomes for mothers and children by increasing participation in effective community-based services and care management.
- Enhance prenatal and newborn health education for high-risk women.
- Educate and manage maternal mental health needs.
- Increase participation in community-based maternal/child health services like Women, Infants, and Children (WIC) and Nurse-Family Partnership (NFP).
- Increase prenatal and postpartum visits and establish the newborn's connection to a medical home.

Members are identified as potentially being pregnant through the following methods:

- A maternity clinical registry, with high-risk maternity score.
- Emergency department (ED) heavy hitter reports are produced monthly and identify members visiting the ED for pregnancy-related issues. These members are considered high-risk in the prenatal program.
- Pregnancy-related admissions and deliveries are identified through utilization management (UM) nurses.
- Member self-referral through new member prenatal Health Risk Assessment or calls placed to customer service.

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

SFY 2021 Goals

- Implement enhancements to the current HMHB assessment.
- Further enhance risk stratification of UM notifications to ensure high-risk members are outreached and offered additional support from care management in a timely manner.
- Implement CHP+ HMO digital engagement HMHB component and associated process metrics.

SFY 2021 Results

Care management continued to outreach prenatal and postnatal members and provided support to 89 high-risk pregnant women through the HMHB program, including encouraging prenatal services and assessing ongoing needs aimed at fostering optimal health outcomes for mother and baby. Colorado Access implemented enhancements to the existing HMHB assessments in quarter 2 (Q2). These enhancements have helped care management staff to better identify members with medical and psychosocial risk factors, improve identification of appropriate care plan goals, and facilitate discussions with members having a high-risk pregnancy. In collaboration with the medical director and health programming department, Colorado Access finalized work on developing a high-risk maternity score to add to the maternity registry. The score looks at the following categories: past medical history, substance use disorder (SUD), tobacco use, age (younger than 18 years and older than 35 years), behavioral health diagnosis, and high-risk pregnancy (in a past or current pregnancy). The scoring system was implemented in quarter 4 (Q4) and added to the maternity registry. This score will assist the care manager with risk stratification to ensure high-risk members are prioritized.

SFY 2022 Strategies and Planned Interventions

Care management will continue to outreach high-risk pregnant women to assess needs, ensure proper prenatal care, and connect them to appropriate resources. Colorado Access will also continue timely outreach to members after delivery to assess needs and ensure appropriate postpartum care to high-risk members.

SFY 2022 Goals

- The clinical program data workgroup will continue to evaluate the maternity risk score and make adjustments and enhancements, as needed.
- Care management will review care plan opportunities, goals, and interventions in the current electronic health record (EHR) platform as it pertains to the maternity assessment and explore ways in which care plan goals can be used on reporting outcomes.

Asthma

Summary

The Colorado Access CHP+ HMO asthma program includes both a care management and digital engagement intervention. The care management intervention is a telephonic outreach program designed to educate high-risk members and/or guardian(s) about the diagnosis and management of asthma. Through an asthma-specific assessment, the care manager assists in the identification of member health needs and/or social barriers. A care plan is crafted to reflect member and/or caregiver preferences. Educational materials are distributed to members that are consistent with the standards of practice outlined in the National Heart, Lung, and Blood Institute (NHLBI) Asthma guidelines (1997 with 2012 update)².

The goals of this program include:

- Provide education to members on asthma management.
- Connect members to primary or specialty care.
- Decrease dependency on rescue medications.
- Decrease inpatient and ED utilization for exacerbation of symptoms.

The CHP+ HMO asthma program duration is approximately 60 days in length. Continued interventions focus on goal attainment, asthma-specific education, connection to health care providers (primary care medical providers (PCPs) and specialty care), connection to community resources, and medication reconciliation.

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

Members may be contacted by either the Colorado Access care management asthma program and/or the Navitus asthma program. The identification criteria are as follows:

- Navitus Asthma Program*: Participants are identified for the program by meeting one or both of the following criteria:
 - Asthma Medication Ratio of *less than or equal to* 0.5, or
 - Filling six or more short-acting beta-agonist prescriptions.
- Care Management Asthma Program*: Participants are identified as having high-risk asthma through the following methods:

² Asthma Care Quick Reference: Diagnosing and Managing Asthma. Bethesda, MD: National Heart, Lung, and Blood Institute, 2012. https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf.

- **Method 1:** Colorado Access internal report includes CHP+ HMO members with the following data points:
 - Inpatient, ED, or urgent care utilization due to exacerbation of asthmatic condition during the quarter.
- **Method 2:** Real-time UM notification of inpatient visits.
- **Method 3:** ED diversion program notifications relating to asthma.

Members can also enter the Colorado Access care management asthma program through self-referrals, provider referrals, or internal care management referrals. Members are excluded if they are younger than five years old or are using chronic obstructive pulmonary disease (COPD) medications.

Additionally, Colorado Access enrolls eligible members, those with an asthma diagnosis, into its asthma digital engagement intervention. This initiative aims to reach parents and/or guardian(s) of members of CHP+ HMO, ages 0-18, regarding the steps they can take to better control their child's asthma symptoms or flare-ups. The digital engagement program provides parents and/or guardian(s) of members with important asthma messaging via interactive voice recognition (IVR) calls and short message service (SMS) texting. Messaging includes ways to influence their child's asthma symptoms, the importance of communicating with the child's PCP, and tools and resources to better control future asthma flare-ups. Additionally, messaging reminds members to utilize the care coordinator team when trying to find a PCP.

SFY 2021 Goals

- Continue to collaborate with the CHP+ HMO program manager to further examine opportunities to enhance workflows to best identify members for care management intervention and seek opportunities for cost saving strategies.
- Incorporate AMR education and standards into care management workflows.
- Remain above the Medicaid ninetieth (90th) percentile on the HEDIS AMR-Total measure.

SFY 2021 Results

Colorado Access care management continued to provide support to 216 CHP+ HMO members with an asthma diagnosis. Care managers assessed member needs, connected them with resources, and ensured members understood best practices for successful asthma self-management. Additionally, the care management department worked cross-departmentally with the CHP+ HMO program manager, medical director, and the evaluation and health informatics department to enhance the collection and analysis of data to evaluate high-risk member outcomes in those diagnosed with asthma. This work allows Colorado Access to better understand members in the CHP+ HMO population diagnosed with asthma and identify opportunities for cost-savings strategies and quality clinical outcomes. The asthma registry stratification has included looking at ED visits, as well as looking at number of rescue inhalers to support prioritization to members who may have a higher

number of ED asthma visits and a high number of rescue medication refills. The Navitus program, which utilizes the member’s AMR ratio, continued to run throughout the year.

The table below details CHP+ HMO members included in the asthma digital engagement program in SFY 2021:

	Q1	Q2	Q3	Q4
Unique Members	474	1263	320	198
Total Number of Outreaches	326	456	401	35

The AMR-Total measure for HEDIS MY2020 was calculated to be in the greater than 95th percentile, and year-over-year Colorado Access has shown strong performance for this measure. Colorado Access will continue to enhance data collection to evaluate high-risk member outcomes in those diagnosed with asthma.

SFY 2022 Strategies and Planned Interventions

Colorado Access will continue to provide support to CHP+ HMO members with an asthma diagnosis through care management and digital engagement interventions throughout SFY 2022. Care managers will continue to assess member needs, connect them with resources, and ensure members understand best practices for successful asthma self-management. Colorado Access will enhance data collection to evaluate high-risk member outcomes in those diagnosed with asthma. Colorado Access will continue program enhancements through collaboration with the CHP+ HMO program manager and other key internal partners. Ongoing analysis of the CHP+ HMO population will support continuous improvement to risk stratification methodologies. Additionally, Colorado Access will continue program enhancements through collaboration with the CHP+ HMO program manager and continue monitoring, outreach, and education to members with inpatient and/or ED utilization history related to asthma.

SFY 2022 Goals

- Continue to collaborate with the CHP+ HMO program manager to further examine opportunities to enhance workflows to best identify members for care management intervention, look at opportunities to analyze outcomes and seek opportunities for cost saving strategies.
- Review completed CHP+ HMO population analysis to identify opportunities for enhancing stratification practices aimed at prioritizing member outreach for the asthma program.
- Remain above the Medicaid 90th percentile on the HEDIS AMR-Total measure.

Behavioral Health

Summary

The Colorado Access CHP+ HMO behavioral health program is designed to identify and intervene with pediatric members utilizing inpatient behavioral health services and connect them with appropriate outpatient behavioral health services. During the member's inpatient hospital stay, the care manager coordinates with the member's guardian(s), outpatient care providers, and the treating facility to plan for discharge, which includes scheduling the member for an outpatient visit within seven days post-hospital discharge.

The care manager continues to work with the member and their guardian(s) to screen for behavioral health symptoms, provide psychoeducation regarding the member's diagnosis, and addresses any barriers to outpatient behavioral health care. The Pediatric Transition of Care (TOC) program is completed once the care manager can ensure that the member is receiving services for their behavioral health needs.

The goals of this program include:

- Educate the member and their guardian(s) about the symptoms and management of depression.
- Connect members with appropriate outpatient services and behavioral health providers based on their diagnosis.
- Reduce ED utilization and prevent inpatient readmission for exacerbation of behavioral health symptoms.

Members are enrolled in the TOC through UM review. Members who meet criteria for an inpatient behavioral health stay are authorized by the Colorado Access UM department. An inpatient behavioral health stay triggers a referral to care management to enroll the member in the TOC program. The care manager works collaboratively with the member's treating facility to begin care coordination services. All members that are admitted to a hospital for behavioral health reasons are enrolled into the TOC program. Enrollees receive outreach and assessment by a specialized behavioral health care manager.

SFY 2021 Goals

- Expand care management outreach to members with behavioral health needs beyond members involved in the TOC program.
- Include suicide prevention messaging, including resources to suicide hotlines and resources for suicide prevention in standardized member materials.

SFY 2021 Results

Colorado Access continued to provide support to CHP+ HMO members who had a behavioral health-related inpatient admission. During SFY 2021, there were 174 unique members that were enrolled in and participated in the behavioral health program. Care managers assessed member needs,

connected members with resources, and ensured members understood the symptoms and management of depression. Care managers continued to work closely with the member's guardian(s), outpatient team, and treating inpatient facility to support care coordination for a successful discharge. Indicators of success included members who completed an assessment with the care manager, received referrals for medical and social resources, received education regarding their health concerns, and developed care plan goals with the care manager.

To expand care management outreach to members with behavioral health needs beyond members involved in the TOC program, care management worked with Colorado Access' cross-departmental clinical program data workgroup to develop a behavioral health registry. The development of this registry involved a cross-section of expertise, including medical directors, data analysts, and clinical program leadership. The first version of this registry was scheduled to be available in July 2021. Due to the unforeseen shift in resources stemming from the COVID-19 pandemic, combined with the complexity of the logic required to accurately build out the behavioral health registry algorithm, the timeline for release of the initial version was delayed to late 2021. The behavioral health registry will consist of an enhanced care coordination workflow designed to utilize registry data to screen, identify and outreach members experiencing mental health conditions, including indicators of depression. Findings from these member interactions will be applied to develop tailored care plans and to connect members with specialty mental health providers and other needed resources.

In quarter 1 (Q1), care management implemented suicide screening for members transitioning out of inpatient care who were at-risk for suicide. This intervention was piloted with one team of care managers who specialize in behavioral health. During SFY 2021, 23 members received a suicide screening from a care manager. Over the course of SFY 2021, care management developed a robust training to expand suicide screening to the entire care management department. Training is scheduled to begin in early SFY 2022.

Suicide prevention information was also added to the new member welcome packet. Colorado Access provides information to members in the welcome packet discussing warning signs of mental health and suicide. Handouts are written in both in English and Spanish and direct members to seek help for suicidal crisis by calling 9-1-1 or visiting the nearest emergency room. Information for other community resources, including Colorado Crisis Services, 2-1-1, the Colorado Crisis Line, and American Foundation for Suicide Prevention are also provided to help members find appropriate support.

SFY 2022 Strategies and Planned Interventions

Care management will implement targeted outreach to members with behavioral health needs. Care management will also collaborate with the health programming team to refine the identification of members for care management outreach and intervention.

SFY 2022 Goals

- Implement expanded care management outreach to members with behavioral health needs beyond members involved in the TOC program.
- Expand suicide screening interventions across the care management department to include non-behavioral health specialized staff to ensure members enrolled in other CHP+ HMO programs are screened for suicide when they are determined to be at-risk.

Health Risk Assessments

Summary

Colorado Access partners with a vendor, Welltok, to deliver health risk assessments (HRA) to CHP+ HMO members. This platform ensures that CHP+ HMO members receive the HRA via IVR technology within the first month of enrolling in the CHP+ HMO plan. HRA results are used by care management to obtain a comprehensive understanding of each member's individual health care needs, including current risk factors, resource gaps or deficits, and overall quality of current care. HRA findings are electronically loaded into the Colorado Access care management tool, and all member responses that indicate the need for follow-up care are assigned to a care manager for outreach. Coordination of care activities encompass a broad range of care plan goals and interventions including, but not limited to, bridging primary care appointments, establishing behavioral health services, scheduling dental visits, and assisting members with establishing relationships with necessary specialty providers.

SFY 2021 Goals

- Utilize HRA assessment in stratifying and identifying interventions to best identify members that may benefit from outreach from care management coordinator team.
- Continue to outreach and provide appropriate resources and support to members who indicate they have a need based off their HRA responses.

SFY 2021 Results

During SFY 2021, 8,970 total CHP+ HMO members completed the HRA, and, of this total, the care management coordinator team outreached 8,490 members to address identified health care concerns. Top health risk factors experienced by the CHP+ HMO population as indicated by HRA results included: locating necessary providers; obtaining support and resources to address asthma-related ailments; acquisition of behavioral health services; obtaining resources regarding medication management; compliance with routine well-child checks and immunizations; and acquisition of information pertaining to healthy eating habits.

SFY 2022 Strategies and Planned Interventions

Colorado Access will continue to utilize IVR technology to ensure that all members receive the HRA within the first month of enrolling in the CHP+ HMO plan and use the results to accurately understand each member's individual health care needs to ensure appropriate and comprehensive delivery of care management interventions and care.

FY 2022 Goals

- Utilize HRA member findings to identify, prioritize, and deliver care management interventions that are tailored to address each individual member's unique health care needs.

- Continue to assign care managers to provide individualized member outreach and extended care coordination services to address HRA findings, member-driven communication of needs, and historical health care data to improve health outcomes for CHP+ HMO members.

Oral Health Improvement Plan

Summary

Oral health serves as a gateway to overall health, and as such, Colorado Access has made dental health and wellness a key area of focus. In SFY 2019, Colorado Access launched a program designed to increase access to preventive dental services for CHP+ HMO members.

SFY 2021 Goal

- Implement and monitor a data feed with DentaQuest to determine if preventative services were provided before the onset of services for dental caries.

SFY 2021 Results

To build upon and improve the oral health program, Colorado Access attempted to implement and monitor a data feed with DentaQuest to better monitor preventive oral health services for members. However, Colorado Access was unable to enter into a data sharing agreement with DentaQuest, largely due to the priority of COVID-19 reporting requirements and budget constraints noted by the Department.

Although Colorado Access was unable to complete an evaluation of preventative dental services, in quarter 3 (Q3) of SFY 2021, Colorado Access implemented a digital engagement Early Periodic Screening Diagnostics and Treatment (EPSDT) Dental Reminder program targeting the parents and/or guardian(s) of members ages 0-17 years old who are overdue for a dental visit. Eligible CHP+ HMO members are enrolled in this program monthly and receive at least one IVR reminder call per year.

SFY 2022 Strategies and Planned Interventions

The Oral Health Improvement Plan is no longer outlined in the updated CHP+ HMO contract, which went into effect on July 1, 2021. Oral health strategies, planned interventions, and goals will not be listed for SFY 2022. Colorado Access will continue to outreach CHP+ HMO members through the EPSDT Dental Reminder program to promote compliance with dental visits and increase utilization of preventive dental services.

Member Experience of Care

The QAPI program at Colorado Access continuously monitors member experience of care using a variety of data sources, including the Consumer Assessment of Healthcare Providers and Systems (CAHPS^{®3}) Survey, member grievance monitoring, and the administration of a member satisfaction survey.

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, including creating and monitoring Corrective Action Plans (CAP) as appropriate.

SFY 2021 Goals

- Monitor CAHPS data to identify and correct deficiencies in member experience with Colorado Access and the provider network, including creating and monitoring CAPs as appropriate.
- Continue ongoing customer service-focused trainings to improve the member experience.
- Continue implementation of the member satisfaction surveys and analyze data for significant findings and actionable changes based on member responses.

SFY 2021 Results

In SFY 2021, Colorado Access added three new domains:

- Getting Needed Care
- Rating of Specialist Seen Most Often
- Coordination of Care

These measures scored below the fiftieth (50th) National Medicaid percentile of the NCQA HEDIS Benchmarks and Thresholds for Accreditation from the 2020 CHP+ HMO CAHPS report received in October 2020 to the existing two-year CAP that was started in October 2019 for:

- Rating of Health Plan
- Rating of All Health Care
- Customer Service
- Health Promotion and Education

The SFY 2022 CHP+ HMO contract removed the CAHPS CAP requirement for scores less than the National Medicaid 50th percentile.

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

To address key drivers, the customer service department continued to implement targeted interventions to address low CAHPS scores in the following areas:

- Customer Service
- Rating of Health Plan
- Rating of All Health Care

The Net Promoter System (NPS) monitors member satisfaction with the service they receive from Colorado Access customer service representatives (CSRs). Between October 1, 2020 and March 31, 2021, the average NPS satisfaction score for Colorado Access was 76%, which is an increase from 72% observed in the prior year over the same time. In August 2020, the CSR quality audit program was revised, and CSR audited calls increased from two calls per month to two calls per week for continued member experience improvements and increased CSR knowledge. Additionally, between October 2020 and March 2021, CSRs completed an emotional intelligence five-part education training series and had six guest speakers from different internal departments attend monthly team meetings. This new cross-departmental knowledge sharing was intentional to increase CSR content knowledge for calls with members and providers and improve overall experience.

To address key drivers of the following measures, Colorado Access continued to develop digital engagement programs via IVR calls and SMS texts.

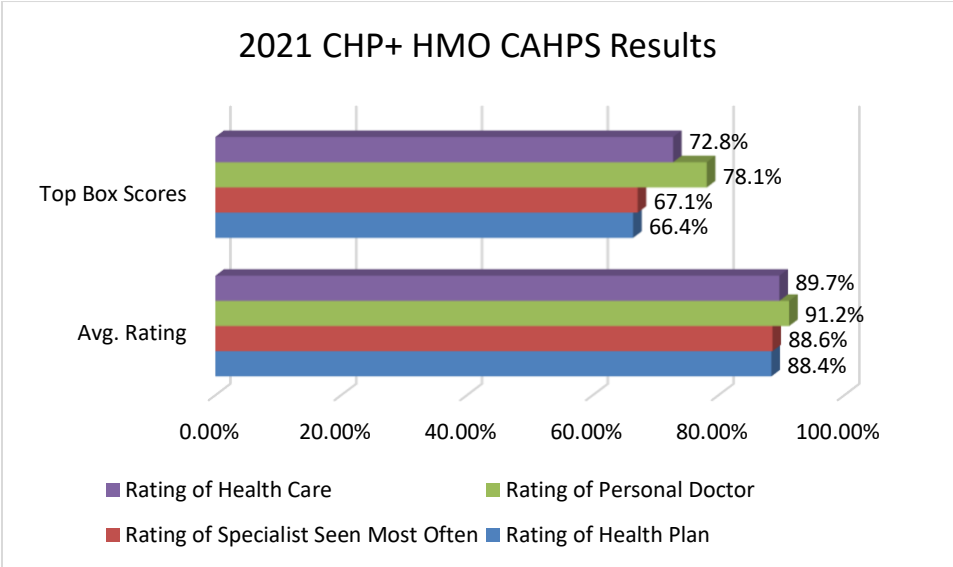
- Getting Needed Care
- Health Promotion and Education
- Rating of Specialist Seen Most Often
- Coordination of Care

The COVID-19, flu, and pediatric asthma digital engagement programs included 11,523 member IVR and SMS outreaches between October 1, 2020 and March 31, 2021. Additionally, multiple Colorado Access departments began collaborating in October 2020 to create a depression screening in primary care toolkit. The toolkit was finished in March 2021 and has been distributed to CHP+ HMO providers via practice support facilitators and through the Community Health Provider Alliance (CHPA) network; the toolkit is also published on the Colorado Access website for all providers to access.

The Colorado Access quality improvement department presented and solicited member feedback from the Member Advisory Council (MAC) for various initiatives to improve members' experience of care in seven out of the 12 monthly meetings during SFY 2021, including presenting the 2020 CHP+ HMO CAHPS results in November 2020. Colorado Access had less than 100 respondents on three out of the six domains identified as deficient in the 2020 CHP+ HMO CAHPS report and sought additional insight regarding experience of care and opportunities for improvement, including response rate increases, from MAC members. Insight from the MAC was invaluable, as a large member education gap was identified regarding the purpose and importance of the CAHPS, as well as general member confusion due to survey administration from a third-party data vendor, DataStat, and receiving

information regarding the survey from the Department instead of from Colorado Access. Additionally, the MAC identified duplication of forms and the need to improve Colorado Access’ member welcome packets to clarify differences between the Department and Colorado Access to members, a gap then resolved by the member engagement team. After the MAC CAHPS presentation, it was determined that a provider and Colorado Access employee CAHPS education gap also existed. Information regarding CAHPS, how the results are used to make improvements for members, and encouragement of survey completion if selected were published in the [Colorado Access CHP+ HMO Stages 2021 Q1 member newsletter](#) and marketed via Colorado Access’ social media accounts. Additionally, quality improvement created an internal CAHPS resource guide for customer service and care management in January 2021, with associated timelines and methods for survey administration, use, and importance to increase messaging consistency and knowledge when receiving member inquiries regarding CAHPS. Lastly, notice of the initiation of CAHPS was communicated in the *Navigator* and Colorado Access’ internal newsletter, *The Pulse*, in January 2021.

The 2021 Colorado Access CHP+ HMO CAHPS had a response rate of 26.37% and included 424 individuals, which is a net increase of 5.53% from the 20.84% response rate in the 2020 CHP+ HMO CAHPS. While it cannot be determined if the multiple new CAHPS communication efforts were a direct cause of response rate increase, Colorado Access views these results as encouraging and will continue the concerted CAHPS communication strategies going forward. Colorado Access saw the largest increase in the customer service domain, increasing from 79.9% NCQA comparison ranking to 87.4% NCQA ranking in 2021. Colorado Access scored significantly lower on the *How Well Doctors Communicate* domain both in comparison to the other Colorado CHP+ MCO plans and to 2020. The 2021 individual level respondent level data was analyzed. Certain CAHPS questions use a 0 to 10 scale with 10 being the best possible; average rating and percentages of members with top-box responses (selection of 9 or 10) are provided below. Colorado Access saw increases in both *Rating of Health Plan* and *Rating of Health Care* for percentages of members with these top-box scores in 2020.



Additionally, Colorado Access continued implementing different iterations of an internal member satisfaction survey, which was first implemented in June 2020. Additional details regarding the member satisfaction survey are included in the Member Satisfaction Survey section of this report.

SFY 2022 Strategies and Planned Interventions

The SFY 2022 CHP+ HMO contract has removed the CAHPS CAP requirement for scores less than the National Medicaid 50th percentile and, thus, the October 2021 final submission will close out all CAP interventions for reporting purposes. However, established CHP+ HMO CAHPS CAP interventions such as the NPS member satisfaction monitoring for interactions with CSRs, CSR quality audits, ongoing and increased CSR training and education, targeted digital messaging, and continued internal member satisfaction survey iteration and administration are all valuable Colorado Access programs that will be continued in SFY 2022 following CHP+ HMO CAHPS CAP closure for ongoing member experience improvements and insights.

SFY 2022 Goals

- Evaluate of all CHP+ HMO CAHPS CAP interventions in October 2021.
- Analyze and share CAHPS data to identify and correct deficiencies in member experience and the provider network, including:
 - Present CHP+ HMO CAHPS results to the MAC to solicit additional feedback and implement at least one suggestion as a process improvement project.
 - Present CHP+ HMO CAHPS results and collaborate with customer service, care management, and practice support.
- Continue and expand member, provider, and Colorado Access employee CAHPS communication strategies implemented in 2021 to increase CAHPS response rates and education for more meaningful individual respondent-level data analysis and intervention identification and implementation.

Grievances

Summary

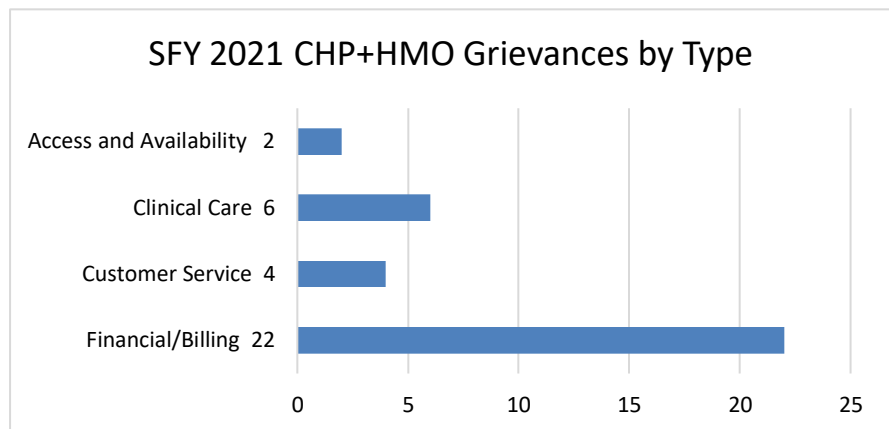
One way that Colorado Access monitors member experience is through the member grievance process. Members have the right to submit grievances to Colorado Access regarding any aspect of the operations, activities, or behavior of the health plan or the Colorado Access contracted provider network. The customer service department monitors member grievance data to identify sources of dissatisfaction with care or service delivery, and this data is aggregated quarterly.

SFY 2021 Goals

- Achieve 100% compliance for contractually required grievance timeframes.
- Implement a grievance quality monitoring program to audit the timeliness of grievances and ensure they are resolved within 15 business days.

SFY 2021 Results

During SFY 2021, Colorado Access received 34 member grievances and met the goal of resolving all grievances within the contractually required timeline for all cases. Financial/billing grievances accounted for 65% of grievances for SFY 2021. Other grievances fell into the



Customer Service, Clinical Care, and Access and Availability categories. All grievances were resolved in a manner considered satisfactory by the member.

Colorado Access implemented a grievance quality auditing program in August 2020. An auditing tool was developed, policies and procedures were implemented, and employees were trained as part of the program rollout. In addition to monitoring the timeliness of grievance resolutions, the audit program monitors for timeliness of letters sent to members, letter readability, and case documentation in the grievance tracking tool. Five cases per grievance coordinator are audited each month and feedback is delivered timely by the supervisor. A total of 100 grievances were audited in a period of 10 months (August 2020 through June 2021) with an average quality audit score of 96%.

SFY 2022 Strategies and Planned Interventions

Colorado Access will continue to focus on more effectively capturing member grievances from CSRs and care management staff so that member satisfaction issues may be identified, tracked, and resolved in an efficient and timely manner. Colorado Access will conduct a refresher training with

care management staff and CSRs on the member grievance process to ensure grievances are properly documented and resolved timely.

SFY 2022 Goals

- Achieve 100% compliance for contractually required grievance timeframes.
- Maintain an average quality audit score of 95% or higher.

Member Satisfaction Survey

Summary

In collaboration with customer service and marketing, the quality improvement department developed a member satisfaction survey to solicit actionable member feedback on their experience of care. The first member satisfaction survey was issued in June 2020 and focused on access to care. Access to care is imperative for promoting and maintaining health, preventing and managing disease, reducing unnecessary emergency room visits, and achieving health equity for members. Survey results provide Colorado Access with a valuable opportunity to hear from members and understand their experience. Survey responses are used to improve how Colorado Access interacts with and advocates for members by understanding their experience and satisfaction of care.

SFY 2021 Goal

- Implement and analyze a member satisfaction survey that looks at member access to care.

SFY 2021 Results

Almost 1,000 members participated in the first survey. Most participants were female (55.8%), and the median age for the population was 11 years old. Physical health made up the largest portion of appointment types, compared to behavioral health, dental, or specialty. Office (in-person), versus telehealth, visits made up 93.7% of appointments. Participants were asked about their quality of care, satisfaction of care, and timeliness of care.

- 97.6% had excellent or good quality of care
- 95.6% were extremely satisfied or satisfied with their care
- 86.8% always or usually had a timely appointment for routine care
- 74.4% always or usually had a timely appointment for urgent care

Nearly all the participants indicated that telehealth appointments met their needs, and 63.6% responded they would likely attend a telehealth appointment in the future.

The second member satisfaction survey was administered in January 2021 and focused on health equity. Questions regarding cultural and linguistic needs, respect, and having needs meeting by the provider assessed health equity. Understanding health inequities among the populations is key to provide members with quality and affordable care. The survey provides an opportunity to hear about member experience and identify areas of improvement to address health equity.

243 members participated in the second survey. Most participants were female (56.0%), and the median age for the population was 12 years old.

In the last 12 months:

- 96.3% were always or usually explained things by the provider in a way that was easy to understand
- 98.4% were always or usually shown respected by the provider
- 98.8% had the provider helping to achieve health goals

- 99.6% had the provider meet cultural needs
- 20.7% delayed medical care (such as seeing a doctor, a specialist, or other health professional)

SFY 2022 Strategies and Planned Interventions

Quality improvement utilizes the MAC to gather feedback on the survey questions, engage members and address gaps in the survey, and provide members with data around member experience.

Colorado Access will continue to solicit feedback on the MAC to make future iterations of this survey more actionable and tailored to members.

SFY 2022 Goals

- Issue a new iteration of the member satisfaction survey in SFY 2022.
- Present the results of the member satisfaction survey to the MAC to address gaps, receive feedback, and provide members with data around member experience of care.

Performance Improvement Projects

Colorado Access uses a comprehensive approach to identify and prioritize performance improvement projects based on relevant high-volume, high-risk, and/or targeted population data. Colorado Access selects projects based on criteria including patient safety, health risk factors or co-morbidities, volume of members, contractual requirements, potential for improvement of health outcomes, project scale and ease of implementation, financial feasibility, and available resources.

Summary

Colorado Access launched a new behavioral health-focused rapid-cycle Performance Improvement Project (PIP) during SFY 2021 following the early closure of the SFY 2019 PIP due to COVID-19. The new PIP began in September 2020 following the PIP Summit hosted by Health Services Advisory Group (HSAG) and the Department. The SFY 2021 PIP cycle is behavioral health-focused with two separate but connected topics, as chosen by the Department and HSAG: improving depression screening in primary care and improving follow-up within 30-days following a positive depression screen. Behavioral health focused PIP topics were selected to align with the Department's quality strategy and with other preventable health initiatives within Colorado Access, as well as for their potential to provide learnings that could then be disseminated across the provider network. Concerns of increased depression from the pandemic, impact on access to care, and feasibility of successful accomplishment via telehealth were also noted as reasons for PIP topic selection.

The Department provided the behavioral health incentive measure 4 (BH IM 4) specifications as guidance for health plans for this PIP, but stated they wanted plans to have discretion and flexibility in this PIP due to known issues with BH IM 4 specifications. The quality improvement department, in collaboration with the practice support team and discussions with PIP practices, chose to alter the provided specifications and add additional follow-up codes to better represent the care being provided to members.

After building out the PIP metrics, the quality improvement and practice support teams reviewed provider performance, size, and resources available to determine which providers to invite for PIP participation. Colorado Access had several technical assistance calls with HSAG and the Department, both before the initial Module 1 submission in December 2020 and following subsequent resubmissions, and it was determined that two provider practices would be ideal for the CHP+ HMO PIP cycle due inability to find one practice with a large enough sample size and opportunity for improvement across both metrics. Despite significant differences between practices, Colorado Access would report out results together as one rate for each PIP metric to meet contractual requirements. However, Colorado Access also created internal dashboards to be able to track and report out rates for each practice independently.

Colorado Access wanted to incorporate the impacts from COVID-19 as much as possible into the baseline measurement period while allowing for claims run-out prior to Module 1 submission, so the

baseline measurement period of November 1, 2019 to October 31, 2020 was selected for depression screening. An additional 30 days (November 30, 2020) was added for the follow-up within 30 days after a positive depression screen metric baseline period to ensure the allotted 30-day follow-up period was incorporated. The selected narrowed focus population for the CHP+ HMO PIP is members ages 12 to 18 years old who had a well-visit at a Every Child Pediatrics or Peak Vista Community Health Centers location during the baseline measurement period. If members screened positive for depression during the corresponding well-visit, the first follow-up within 30 days will count toward meeting metric regardless of location of follow-up.

Depression Screening in Well-Visits for Members Aged 12-18

SFY 2021 Goal

- Collaborate with provider partners to ensure a successful PIP as directed by HSAG.

SFY 2021 Results

In SFY 2021, the quality improvement department successfully submitted and received approval for Modules 1 and 2 of the rapid-cycle PIP to target depression screening occurring in well-visits at Every Child Pediatrics and Peak Vista Community Health Centers locations for members ages 12 to 18 years old. Module 1 consisted of the formation of the PIP team, building out the PIP metrics in collaboration with internal teams and PIP practices, obtaining baseline period measurements for the narrowed focus populations, and setting Specific, Measurable, Achievable, Realistic, and Timely (SMART) Aim measurements to be achieved by June 30, 2022. During Module 2, collaboration with PIP practices continued, as process mapping and Failure Modes Effects Analysis (FMEA) activities were completed.

In addition to creating dashboards to track the rates using the PIP rolling 12-month methodology that will be used for reporting and final PIP effectiveness evaluation purposes, Colorado Access also created a practice screening details dashboard with the functionality to drill down into each rolling 12-month period further by tracking depression screening rates and counts of positive versus negative screens monthly, as well as overall screening contribution by organization and positive and negative percentages for the 12-month period. This dashboard also supports the functionality to look at the PIP practices independently or jointly within these views. Colorado Access created this dashboard to be able to better track the effectiveness and impact when interventions are implemented during Module 3.

In March 2021, as part of Module 2 process mapping and FMEA, it was discovered that Every Child Pediatrics was using current procedural terminology (CPT) codes to indicate depression screening that were outside of PIP measure specifications for CHP+ HMO members only. This was initially investigated in depth due to Colorado Access noticing Every Child Pediatrics was screening for depression above 90% for Region 3 and Region 5, but less than 10% for CHP+ HMO during the

baseline measurement period. Every Child Pediatrics made a depression screening coding change in March 2021 following this discovery, which aligned with established practices and procedures for Regions 3 and 5. Colorado Access brought this coding change to HSAG and The Department's attention, as it was suspected that this coding change would allow the CHP+ HMO PIP to easily achieve the established SMART Aim. Colorado Access was advised to include this coding change as an intervention for a Module 3 submission and to also include a discussion regarding the data issue, identification, resolution with practice partner, and interpretations of key findings and results for the PIP during the Module 4 PIP conclusions submission. Colorado Access saw Every Child Pediatrics CHP+ HMO narrowed focus depression screen rate increase dramatically resulting from the coding change during SFY 2021, as the depression screening rate in July 2020 was 2% and in June 2021 was 100%.

Additionally, Colorado Access created initial versions of dashboards to be able to analyze depression screening rates for the narrowed focus population by certain health equity attributes (gender, age, race, aide type) and by an organizational hierarchy by each practice location and individual provider performance at each location. As SFY 2021 closed, the CHP+ HMO PIP team was working on finalizing the first interventions to be implemented for a Module 3 submission.

SFY 2022 Strategies and Planned Interventions

Colorado Access will continue to meet with the CHP+ HMO PIP team via monthly practice-specific meetings to implement interventions outlined in PIP deliverable documentation. Colorado Access will utilize the practice screening details dashboard built in SFY 2021 for monthly depression screening performance when interventions are implemented in Module 3. Additionally, Colorado Access will further develop the health equity attributes and organizational hierarchy dashboards to evaluate if there is a need for population, facility, or provider-specific interventions within the narrowed focus population. Interventions include, but are not limited to: standardization of depression screening coding based on industry analysis and best practice; process standardization and provider education; increasing member engagement and developing educational materials to reduce screening and follow-up refusals; identification of outreach barriers to improve member contact information to increase well-visit scheduling and reminder protocols; and promoting well-visit telehealth usage and options for member outreach.

SFY 2022 Goal

- By June 30, 2022, use PIP deliverable interventions to increase the percentage of depression screens in well-visits among members aged 12-18, who receive care at Every Children Pediatrics and Peak Vista Community Health Centers, from 36.36% to 41.14%.

Follow-Up within 30-days after Positive Depression Screen for Members Ages 12-18

SFY 2021 Goal

- Collaborate with provider partners to ensure a successful PIP, as directed by HSAG.

SFY 2021 Results

In SFY 2021, the quality improvement department at Colorado Access successfully submitted and received approval for Modules 1 and 2 of the rapid-cycle PIP to target Follow-Ups within 30 days of Positive Depression Screening at Every Child Pediatrics and Peak Vista Community Health Centers locations for members ages 12 to 18 years old. Module 1 consisted of formation of the PIP team, building out the PIP metrics in collaboration with the applications/development and practice support teams and PIP practices, obtaining baseline period measurements for the narrowed focus populations, and setting SMART Aim measurements to be achieved by June 30, 2021. Colorado Access added seven additional follow-up codes to the PIP follow-up metrics that were not originally in the BH IM 4 specifications provided by the Department after discussions with PIP practices during Module 1. During Module 2, collaboration with PIP practices continued, as process mapping and FMEA activities were completed.

In March 2021, as part of Module 2 process mapping and FMEA, it was discovered that Peak Vista Community Health Centers did not submit many follow-up claims for CHP+ HMO members during the baseline measurement period due to confusion on what the CHP+ HMO contract would allow and already exceeded timely filing limits. Peak Vista obtained contract clarity in September 2020 and began billing appropriately following an internal fix but did not inform Colorado Access of claims never submitted until discussed during a monthly PIP meeting. Colorado Access brought this to HSAG and the Department's attention during April 2021 due to the impact on the follow-up within 30 days after positive depression screen baseline measurement and SMART Aim goals. Colorado Access was instructed, following all finalized claims adjudication, to resubmit the previously approved CHP+ HMO PIP Module 1 with updated baseline and SMART Aim goal rates. In April 2021, the claims teams from Colorado Access and Peak Vista Community Health Centers worked together for claims processing and timely filing waive of follow-up claims not submitted prior to September 2020. Claim processing was finalized in June 2021. Colorado Access resubmitted the CHP+ HMO PIP Module 1 on June 18, 2021 and received validation of approval on June 30, 2021.

In addition to Colorado Access creating dashboards to track the rates using the PIP rolling 12-month methodology that will be used for reporting and final PIP effectiveness evaluation purposes, Colorado Access also created a practice follow-up details dashboard in SFY 2021 Q4 with the functionality to drill down into each rolling 12-month period further by tracking follow-up rates, average age of follow-up (days), and follow-up codes used monthly, as well as overall follow-up code usage distribution and follow-up organization for the 12-month period. This dashboard also supports the functionality to look at the PIP practices independently or jointly within these views. Colorado Access

created this dashboard to better track the effectiveness and impact when interventions are implemented during Module 3. The ability to view each PIP practice independently with these views is essential for practice-specific interventions. Although Peak Vista Community Health Centers had an overall lower follow-up within 30 days rate after a positive screen (55.88%) during SFY 2021 in comparison to Every Child Pediatrics' rate of 80%, they also had a significantly larger population of members who screened positive (102 members to five members) during this period due to the depression screening coding issue with Every Child Pediatrics that wasn't resolved until March 2021. Due to the extremely small sample size of Every Child Pediatrics, it is difficult to know if practice-specific differences also exist on follow-up codes and organizations. Practice-specific insights and differences that can be learned from creating this dashboard will be monitored and analyzed closely moving forward as the sample size of CHP+ HMO members from Every Child Pediatrics is expected to increase. This will ensure interventions are designed that are tailored to each practice versus analyzing these practices jointly.

Colorado Access also created initial versions of dashboards to be able to analyze follow-up within 30 days after positive depression screen rates for the narrowed focus population by certain health equity attributes (gender, age, race, aide type) and by an organizational hierarchy by each practice location and individual provider performance at each location. At the end of SFY 2021, both PIP practices informed Colorado Access of concerns over long wait time for services at community mental health centers. As such, Colorado Access began the initial exploration with PIP partners of how expanding the use of Colorado Access' subsidiary, AccessCare Services, Virtual Care Collaboration and Integration (VCCI) program could help fill this gap in care and improve follow-up within 30 days after positive depression screens rates. Additionally, implementation of interventions for EHR enhancements and coding automation with Peak Vista Community Health Centers were in the final design phases as SFY 2021 ended. As SFY 2021 closed, the PIP team was working on finalizing the details of these interventions to be implemented for a Module 3 submission in early SFY 2022.

SFY 2022 Strategies and Planned Interventions

Colorado Access will continue to meet with the CHP+ HMO PIP team via monthly practice-specific meeting to implement interventions outlined in PIP deliverable documentation. Colorado Access will utilize the practice follow-up details dashboard built in SFY 2021 for monthly follow-up performance and follow-up code usage when interventions are implemented in Module 3. Additionally, Colorado Access will further develop the health equity attributes and organizational hierarchy dashboards to evaluate if there is a need for population, facility, or provider specific interventions within the narrowed focus population. Colorado Access will finalize the VCCI expansion and EHR enhancement interventions that were in process of design finalization at the close of SFY 2021 and submit them as Module 3 interventions. Other interventions planned for SFY 2022 include but are not limited to: analysis and identification of external partners with opportunities for

improvement; referral and follow-up workflow standardization; designing member and provider educational material; and member engagement to better understand follow-up barriers.

SFY 2022 Goal

- By June 30, 2022, use PIP deliverable interventions to increase the percentage of Follow-up After Depression Screen visits completed among members ages 12 to 18 years old within 30 days of screening positive at Every Child Pediatrics and Peak Vista Community Health Centers from 73.58% to 90.57%.

Plan, Do, Study, Act Cycles

Summary

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

SFY 2021 Results

Colorado Access initiated three rapid-cycle PDSAs in SFY 2021 involving CAHPS, network adequacy, and preventative dental services. The following PDSA opportunities were identified as having a high impact as they were closely tied to the following Colorado Access strategic goals and objectives:

- Establish which CAHPS measures are most impactful by canvassing member preferences and opinions.
- Identify gaps in the provider network for each line of business based on network adequacy data and develop a plan to close those caps to improve access to care.
- Engage with Colorado Children's Healthcare Access Program (CCHAP) to determine which strategies to increase preventative dental services are most effective.

The quality improvement department met with stakeholders in each area to examine problems, identify improvement goals, and develop plans for improvement. Once the plans for improvement were implemented, bi-weekly meetings were conducted with stakeholders to monitor progress and to ensure proper data collection. Once sufficient data had been collected, the data was analyzed to determine if performance goals were met. The CAHPS and network adequacy PDSAs required only one iteration to reach performance goals, while the preventative dental services PDSA required two iterations to reach performance goals.

SFY 2022 Strategies and Planned Interventions

For continuous quality improvement across the organization, Colorado Access will continue to identify opportunities where rapid-cycle PDSAs can be initiated to increase efficiency, reduce waste, and improve processes.

SFY 2022 Goal

- Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2022.

Mechanisms to Detect Over- and Under-Utilization

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

Utilization Management Inter-Rater Reliability

Summary

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

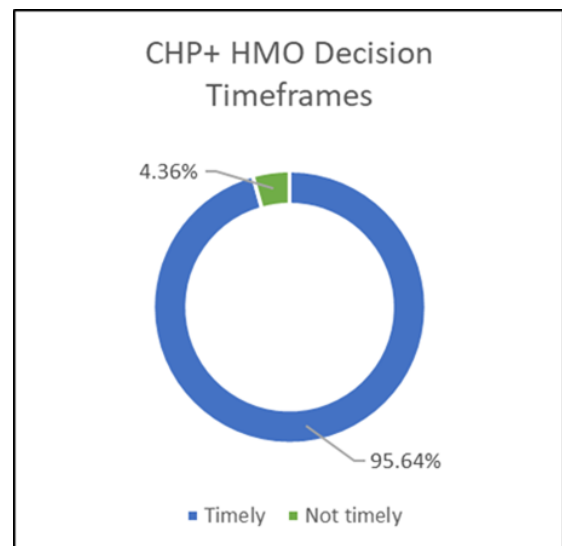
SFY 2021 Goals

- 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 opportunity to improve UM decision making.
- Assure high quality of clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.

SFY 2021 Results

Decision Turnaround Times

Colorado Access is committed to making UM authorization decisions in the most expeditious manner possible, to assure the quickest accessibility to services. The aggregate turnaround time for CHP+ HMO was 95.64%, an increase from 90.53% in SFY 2020. UM continues to work on performance improvement regarding data entry mistakes, as a majority of untimely decisions (4.36%) were due to data entry errors rather than true missed turnaround times. When data is input incorrectly into the utilization management system, decisions appear to be out of timely standards. Although the UM department met their identified goal for SFY 2021, the UM leadership team 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 of the UM team to measure the precision/reliability and consistency of assessment, scoring, and measurement processes for pre-authorization and authorization tasks. This process promotes operational excellence within the Colorado Access utilization management team and demonstrates how units of measurement are assigned to authorization processes to maintain the goal of precise scoring between team members.

- All behavioral health UM review staff members obtained an IRR score of 90% or higher on their first IRR attempt.
- One physical health UM staff member obtained an IRR score of 90% or higher on their first IRR attempt. Two staff members did not pass on their first attempt; these staff received additional training and passed on their second attempt. Therefore, 100% of staff passed within two IRR attempts.
- Three intake coordinator staff members obtained an IRR score of 90% or higher on their first IRR attempt. Two staff members did not pass on their first attempt; these staff received additional training and passed on their second attempt. Therefore, 100% of staff passed within two IRR attempts.

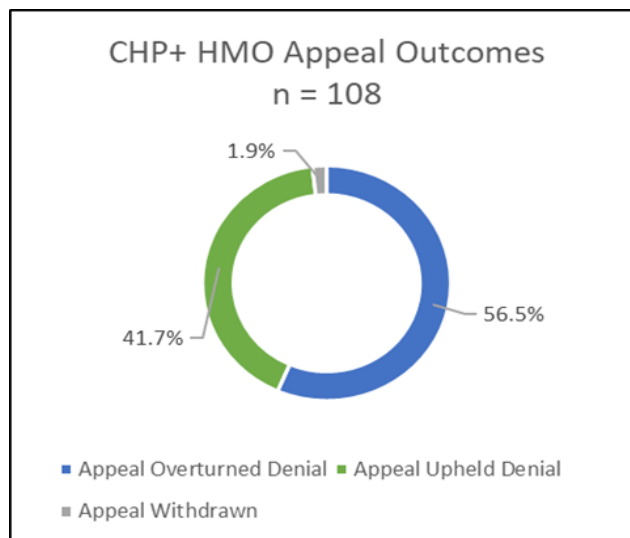
The UM team is working diligently to assure that criteria are applied in a consistent, reliable manner, and efforts are in place to increase the number of staff who can pass their IRR exercise in the first attempt. Because all staff members met their IRR standards in two or fewer attempts, the UM team considers the goals for SFY 2021 to be met.

Denials and Appeals

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

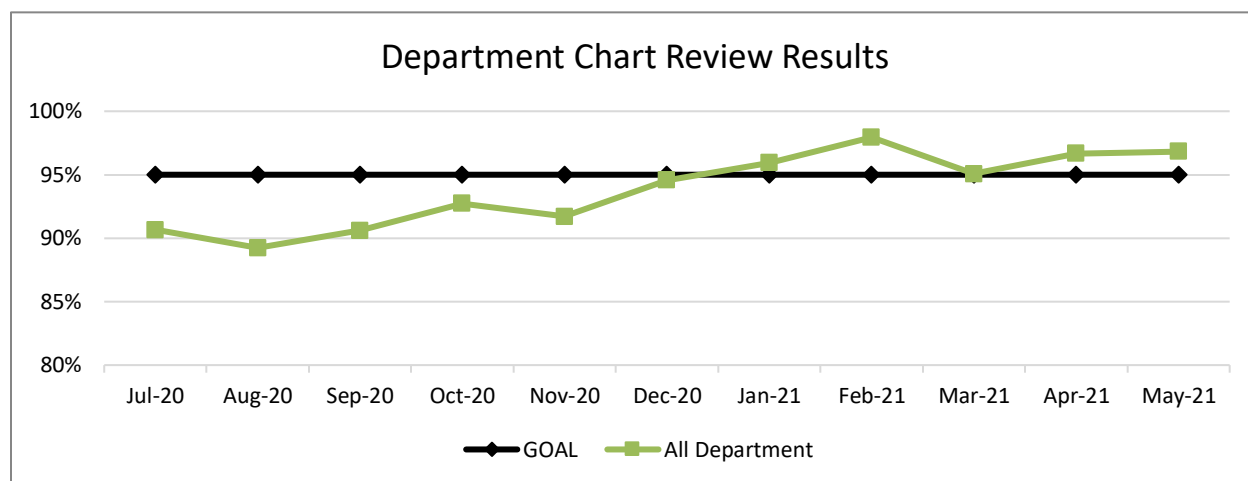
	Total Decisions	Denials	Denial Rate	Appeals Filed	% of ABD Decisions Appealed
CHP+ HMO	7,660	694	9.06%	108	15.6%

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



Utilization Management Documentation

In January 2020, the UM team implemented an additional mechanism to monitor 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 January 2021, the UM team first achieved the 95% performance goal and has continued to perform at 95% or higher each month since.



SFY 2022 Strategies and Planned Interventions

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

UM will continue to monitor denial and appeal rates and outcomes to identify opportunities to improve UM decision making.

FY 2022 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 opportunity to improve UM decision making.
- Assure high quality of clinical and administrative documentation of all utilization management activities, with chart review performance of 95% or higher.

Access to Care: Secret Shopper

Summary

The quality improvement department maintains a systematic process to monitor and fulfill access to care standards and metrics for contractual requirements. Colorado Access monitors various provider timeliness categories, including physical health and behavioral health services, to assure timely and appropriate routine and urgent services are available to members. Colorado Access monitors providers on access to care standards quarterly by conducting calls to providers that mirror common member behavior to test the consistency of the provider behavior and availability of services offered to members through a series of calls. This activity checks for timeliness of appointment availability to validate compliance with standards as well as quality of calls. Provider selection for Secret Shopper calls is based primarily on random selection from quarterly claim volume stratification. 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, and compliance.

SFY 2021 Goals

- Monitor access to care data per contractual requirements and continue pursuing innovative and efficient ways to monitor access to care and hold providers to this standard.
- Examine and explore access to care data monitoring opportunities.
- Implement and analyze a member satisfaction survey that looks at member access to care.

SFY 2021 Results

During SFY 2021, the Secret Shopper program underwent a staff transition period between Q1 and Q2 that resulted in a reduction of calls being made. Beginning in Q2 of SFY 2021 and carried into Q3 and Q4, the quality improvement department began making improvements to the Secret Shopper program. Based on a review of available literature and evidence-based processes⁴⁵⁶⁷⁸⁹, Colorado

⁴ Health Services Advisory Group (HSAG). (2018). *Fiscal Year 2019 Substance Use Disorder (SUD) Secret Shopper Survey Report*. State of New Hampshire Department of Health and Human Services.

⁵ Centers for Medicare & Medicaid Services (CMS). (2021). *Promoting access in Medicaid and CHIP managed care: Behavioral health provider network adequacy toolkit*.

⁶ Hsiang, W. R., Lukasiewicz, A., Gentry, M., Kim, C. Y., Leslie, M. P., Pelker, R., Forman, H. P., & Wiznia, D. H. (2019). Medicaid patients have greater difficulty scheduling health care appointments compared with private insurance patients: A meta-analysis. *The Journal of Health Care Organization, Provision, and Financing*, 56, 1-9. <https://journals.sagepub.com/doi/10.1177/0046958019838118>

⁷ Centers for Medicare & Medicaid Services (CMS). (2017). *Promoting access in Medicaid and CHIP managed care: A toolkit for ensuring provider network adequacy and service availability*.

⁸ Patrick, S. W., Richards, M. R., Dupont, W. D., McNeer, E., Buntin, M. B., Martin, P. R., Davis, M. M., Davis, C. S., Hartmann, K. E., Leech, A. A., Lovell, K. S., Stein, B. D., & Cooper, W. O. (2020). Association of pregnancy and insurance status with treatment access for opioid use disorder. *JAMA Network Open*, 3(8), e2013456. doi:10.1001/jamanetworkopen.2020.13456

⁹ Office of Substance Abuse and Mental Health. (n.d.). *Mystery shopper protocol*. Florida Department of Children and Families. http://centralfloridacares.org/wp-content/uploads/2016/06/Mystery_Shopper_Protocol_DCF.pdf

Access diversified the standards and scripts tested each quarter, enhanced its data collection form to include additional information that may be asked at the time of requesting an appointment (i.e. telehealth options), began collecting data when calls didn't result in successful contact with live representatives with reasons why (i.e. reached voicemail, excessive hold times, etc.), and re-designed the provider report card and CAP templates to provide clinic systems additional data on their performance.

Additionally, during Q3 of SFY 2021, Colorado Access successfully launched a contract with Signal Behavioral Health to roll out the Colorado Access SUD Secret Shopper program. By close of SFY 2021, 12 new Secret Shopper scripts were developed and approved by Colorado Access' medical leadership to support the new SUD Secret Shopper program with Signal Behavioral Health. Due to the SUD Secret Shopper program still being in an initial pilot phase, some Q4 call results were not available at time of this report writing. Calls with pending results are not included in the table below.

Colorado Access began utilizing and collecting data on email and provider website appointment availability functionality beginning in Q3 to test access to care timeliness adherence, primarily as follow-up to unsuccessful test calls. To improve the quality of the Colorado Access provider network, beginning in Q4 of SFY 2021, Colorado Access also began issuing CAPs based on Secret Shopper interaction outcomes that deviate from community standards, other Colorado Access policies and procedures (i.e. provider contracts and responsibilities outlined in the provider manual), and/or that contribute to overall poor member experience (i.e. inability to speak with live representative during outbound calls, or long hold times). Prior to Q4, these Secret Shopper outcomes resulted in provider education letters and/or Requests for Additional Information (RAFI). Additionally, during Q4, Colorado Access began requiring providers to submit current next appointment availability for standard assessed if successful contact was not made or administrative barriers such as providers requiring Medicaid identification (ID) to verify eligibility prior to appointment offering.

Quality improvement began collaborating with other internal departments in Q4 of SFY 2021 following completion of all other programmatic improvements. Several opportunities were identified and completed in Q4. A Secret Shopper report card and CAP monitoring summary file was created to improve provider performance data transmission to all Colorado Access provider facing teams. Additionally, new processes were developed between quality improvement and provider affairs teams for the inclusion of Secret Shopper call results in the Network Adequacy report starting in Q4. Quality improvement recognized an area of opportunity with customer service and care management for access to care data monitoring opportunities in Q4 and began initial collaboration discussions.

The table below shows Secret Shopper results for SFY 2021:

Number of Interactions*	Standard of Care Assessed	Number of Providers Assessed**	Number of Providers Placed On a CAP**	Number of Providers Where Additional Information Was Requested**
Physical Health				
18	Routine	9	1	0
11	Non-urgent, symptomatic	7	1	0
7	Urgent	7	1	0
Behavioral Health				
62	Non-urgent, symptomatic	24	10	7
1	Outpatient follow-up after hospitalization	1	1	0
Substance Use+				
24	Outpatient: Non-urgent, symptomatic	7	2	4
10	Intensive Outpatient: Non-urgent, symptomatic	3	1	2
5	Withdrawal Management: Non-urgent, symptomatic	4	0	2
28	Residential: Non-urgent, symptomatic	9	3	4
Totals				
166	-	55	20	13

*Includes inbound and outbound calls, emails, and website submissions.

**Due to some providers being assessed multiple times for different standards of care, this number doesn't represent unique providers. Counts of unique providers are provided in the total.

+Does not include number of providers or outcomes with pending call results in Q4 at time of report writing.

One SFY 2021 goal was to implement a member satisfaction survey. Details regarding the member satisfaction survey are included in the Member Satisfaction Survey section of this report.

SFY 2022 Strategies and Planned Interventions

Quality improvement plans to continue to build on the initial collaboration discussions with customer service and care management during SFY 2022 and develop more formalized processes for information sharing. Initial collaborations in SFY 2021 also identified the need for the provider manual to clearly outline expectations and timelines for providers in certain circumstances, such as those who are closing or opening their panel to new members. Information regarding access to care standards is noted throughout the provider manual, which may make it difficult for providers to easily comprehend all requirements. Updating the provider manual and issuing reminders about access to care timeliness standards and provider expectations in the *Navigator* will also be a focus for SFY 2022. Additionally, quality improvement plans to review and improve all behavioral health and physical health Secret Shopper call scripts. Due to administrative barriers such as not having real Medicaid IDs for providers to verify eligibility, some Secret Shopper calls are not able to obtain enough information to adequately assess if the provider is compliant with access to care timeliness standards. During SFY 2022, Colorado Access plans to develop a process that adopts third next

available appointment (TNAA) methodology and require providers to submit this information back to Colorado Access. TNAA is an industry standard¹⁰ that eliminates chance occurrences, such as a recent cancellation or other unexpected event, to measure appointment availability more accurately. Using TNAA for unsuccessful Secret Shopper calls will allow Colorado Access to hold providers more accountable and understand and improve adequacy of the network.

SFY 2022 Goals

- Enroll at least 30 providers in the CHP+ HMO Secret Shopper program to assess member experience and access to care; develop process to use TNAA on unsuccessful Secret Shopper calls.
- Review and update all sections of the provider manual to improve provider knowledge and expectations regarding access to care; issue at least two reminders of access to care timeliness standards and provider requirements in the *Navigator*.
- Continue developing the SUD Secret Shopper program; review and update all behavioral health and physical health call scripts for alignment with the SUD call scripts and obtain additional datapoints for evaluation and member experience improvements.
- Develop and complete at least one process improvement activity with care management and customer service to increase data sharing and integrity and improve provider selection for Secret Shopper.

¹⁰ Institute for Healthcare Improvement. (2021). *Third next available appointment*.
<http://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>

Network Adequacy

Summary

Colorado Access is committed to providing members with access to timely and appropriate health care. Colorado Access is dedicated to the delivery of comprehensive health care choices to members as they seek out providers and resources that best meet their unique health care, social, and cultural needs. Building upon a history of partnership, engagement, and network development, Colorado Access is focused on continuing to grow and improve the network. The intent is to use data, payment methodologies, and practice supports to help make the network more effective and impactful for the diverse membership. Colorado Access strives for not only an adequate network, but an effective one as well.

SFY 2021 Goals

- Continue to monitor for potential gaps in the network and find opportunities to add primary and specialty care providers as needed.
- Colorado Access will continue to assist providers in transitioning to telehealth services to increase access and availability, and the provider network recruitment and maintenance strategy group will add new tools to use in the analysis of the network and implementation of new recruitment and maintenance strategies.

SFY 2021 Results

Building on the foundation of the existing CHP+ HMO network, Colorado Access continued to use various resources to further target potential additions and grow the network of providers. Colorado Access has a dedicated provider contracting team that responds to inquiries and requests to participate in the network. These requests arise from:

- Interested PCPs
- Interested behavioral health providers
- Interested ancillary providers
- Extensive outreach by the Colorado Access provider relations team
- Requests from the UM team
- Requests from members and referrals from the customer service and care management teams

It is important to note that Colorado Access is dedicated to contracting with every willing state-validated provider to become part of the CHP+ HMO network, regardless of their location, provided they meet the credentialing and contracting criteria.

Telehealth continued to be a large focus in SFY 2021. Colorado Access is actively educating providers on the new rules and use of telehealth through webinars, provider resource groups hosted by the practice support team, and has promoted the use of telehealth in the *Navigator* provider newsletter. Colorado Access saw a marked increase in telehealth utilization among primary care practitioners

during the height of COVID-19, but as restrictions have eased and vaccines have become available, there has been a decrease in telehealth utilization as office visits have increased. For behavioral health providers, Colorado Access continues to see a marked increase in telehealth services since the beginning of COVID-19. The increase in the use of telehealth has made the availability of behavioral health services more accessible to a larger number of members, has allowed members to access much of the statewide behavioral health network, and has decreased transportation barriers for many members. Colorado Access is now capturing telehealth services as a datapoint from network providers and has begun listing this information in the provider directories to further increase access to care for members.

The provider network recruitment and maintenance strategy group was established to not only recruit providers in identified areas of need, but to also analyze the current state of the provider network, such as: identifying active providers; identifying providers who have submitted claims in the past 18 months; and identifying where gaps in the network exist. Part of the work is also researching providers with zero claims in the last 18 months to determine if they are still in business, are seeing new CHP+ HMO members, and if they are utilizing telehealth.

In addition to the provider recruitment efforts mentioned above, this group is also actively engaged in network analysis through researching claims data. Colorado Access was able to identify low volume providers, defined as providers who have submitted one to 500 claims in the last 18 months, and share that list with care management and UM departments to assist them in connecting members to care. Colorado Access is outreaching currently contracted providers who are either not seeing CHP+ HMO members or who have low claim volume and encouraging them to open or expand their member panels.

Colorado Access continues to receive weekly requests from behavioral health providers to join the network, and the contracting team adds any provider who is validated, submits a completed application, meets Colorado Access credentialing criteria standards, and signs a Professional Provider Agreement. When necessary, contracting enters into a Single Case Agreement (SCA) with a provider based on requests from UM, care management, customer service, or provider relations departments in order to meet a member's needs. Once a SCA is completed, Colorado Access outreaches the provider to see if they are interested in joining the provider network. If the provider is interested, Colorado Access follows established policies and procedures with respect to the contracting process.

SFY 2022 Strategies and Planned Interventions

Colorado Access continues to build a more effective network by analyzing the network at a more granular level to better understand members, the neighborhoods they live in, and the providers who serve them. The focus of SFY 2022 will be on health equity within the provider networks. Network adequacy is not only about provider totals and ratios, but also about supporting and allocating resources to network providers. Colorado Access wants to identify and support providers and clinics who are actively engaged with members. Much of the SFY 2022 focus will be on deepening and

enriching the understanding of members and the neighborhoods they live in and creating actions and programming to foster engagement with the system. Colorado Access continues to use various resources to further target potential new providers and grow its network with diverse populations in mind.

SFY 2022 Goals

- The provider network recruitment and maintenance strategy group will continue to use the new tools developed in the analysis of the network and implementation of new recruitment and maintenance strategies, with particular focus on DEI.
- Expand on existing provider demographic information data for Colorado Access to utilize, including but not limited to language, gender, minority-owned, population served, and provider location. Incorporate this information into the provider directory and internal databases to inform programming decisions.

Incentive Payment Program

Summary

In 2015, Colorado Access and Community Health Partner Alliance (CHPA) identified member use of preventive services as an area of opportunity for collaboration and strategic performance improvement. Colorado Access and CHPA initiated a joint work plan to increase the number of Colorado Access CHP+ HMO members who receive well-child checks from their attributed CHPA clinic. As this partnership evolved, Colorado Access and CHPA worked together to pivot the focus of the Incentive Payment Program to increasing the number of Colorado Access CHP+ HMO adolescent members receiving a depression screen in SFY21. Colorado Access provides CHPA clinics a \$1.25 per-member per-month (PMPM) incentive to support care coordination for their attributed members, paid quarterly.

SFY 2021 Goal

- Increase depression screening rates for CHP+ HMO members ages 12-18 years old, attributed to CHPA clinics, by 5% from baseline.

SFY 2021 Results

During SFY 2021, Colorado Access' provider community and hospitals were on the front line of managing the COVID-19 pandemic. The feedback Colorado Access received from the CHPA partners was that due to the COVID-19 pandemic, the area of focus for community safety net providers was shifting from preventive services to vaccination efforts. Colorado Access recognized the shift in resource allocation and focus to COVID-19 response and increasing vaccination efforts during SFY 2021. Colorado Access continued to pay out quarterly incentives to CHPA clinics that achieved their depression screen goals. Colorado Access was able to meet its agreed upon goal for the SFY 2021 workplan which was to develop and disseminate a toolkit for depression screens and follow-up treatment in primary care.

SFY 2022 Strategies and Planned Interventions

Colorado Access will revisit the SFY 2021 goals during the SFY 2022 workplan. Colorado Access will continue to monitor clinic performance on depression screens for CHP+ HMO members ages 12-18 years old on a quarterly basis and identify areas of opportunity for performance improvement where appropriate.

FY 2022 Goal

- Increase depression screening rates for CHP+ HMO members ages 12-18 years old, attributed to CHPA clinics, by 5% from baseline.

Mechanisms to Detect Quality and Appropriateness of Care for Members with Special Health Care Needs

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 (SHCN), 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.

Behavioral Health Medical Records Review

Summary

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

SFY 2021 Goals

- Provide oversight of behavioral health care by conducting chart audits and give feedback based on the behavioral health chart audit tool to improve documentation of charts.
- Continue to implement CAPs as necessary for providers who do not meet the 80% passing threshold.
- Provide at least two behavioral health chart audit trainings at the monthly community mental health center (CMHC) operations meeting.

SFY 2021 Results

In SFY 2021, nine CHP+ HMO facilities were selected for the behavioral health medical records review audit. 10 charts from four facilities were audited in Q1, six charts from two facilities were audited in Q2, 10 charts from two facilities were audited in Q3, and 10 charts from one facility was audited in Q4 by the quality improvement department. Colorado Access implemented CAPs for providers who did not meet the 80% passing threshold for services rendered. A CAP is a strategic plan that encourages and empowers facilities to take ownership of their internal training, create strong correction plans to strengthen processes, eliminate weaknesses, and ultimately improve their documentation. Of the nine facilities selected for audit in SFY 2021, seven facilities were issued CAPs for audit scores less than 80%. All CAPs were resolved timely, and charts provided post-CAP met minimum documentation standards.

In SFY 2021, quality improvement provided three behavioral health chart audit trainings at the monthly CMHC operations meetings held in July, October, and February to promote education of

quality standards. Training topics included an overview of technical documentation requirements, treatment plan components, and timeliness standards for assessments and treatment plans. These trainings provided the quality improvement department with the opportunity to meet with behavioral health network providers to review commonly missed audit measures and clarify questions regarding minimum documentation standards.

SFY 2022 Strategies and Planned Interventions

In SFY 2022, Colorado Access will continue to conduct chart audits on providers billing for assessment, psychotherapy, case management, and/or other services to ensure the quality and appropriateness of care for members with special health care needs is provided. Colorado Access will also continue to refine the CAP process to ensure that providers who do not meet documentation standards based on their audit score create strong correction plans for improvement.

SFY 2022 Goals

- Provide oversight of behavioral health care by conducting chart audits and provide feedback based on the behavioral health chart audit tool to improve chart documentation.
- Continue to implement CAPs as necessary for providers who do not meet the 80% passing threshold.
- Evaluate the behavioral health medical record review process and determine opportunities for process improvement.

Quality of Care Concerns Monitoring

Quality of Care Concerns

Summary

The Colorado Access quality of care (QOC) process identifies, investigates, and addresses potential quality of care concerns. QOCs can be raised by the Department, providers, or Colorado Access staff, and are defined as evidence of harm to a member. Categories of QOCs may include all potential problems, concerns, or complaints regarding access to urgent or emergent care, delay or denial of care or services, after-hours services, professional conduct or competence, coordination of care, medication issues, diagnosis issues, and service plan or delivery issues. QOC investigations are also triggered by care resulting in unexpected death, suicide attempts requiring medical attention, or adverse medication effects or errors requiring medical attention, preventable complication requiring medical attention, assault or accident-related injuries requiring medical attention, or an at-risk client missing from a 24-hour facility. These more substantial investigations are categorized as critical incidents when they meet a more severe threshold.

Potential QOCs are forwarded to the quality improvement department for initial investigation and are then reviewed with medical leadership for determination. Findings are confidential under peer review statutes. A variety of outcomes can be generated based on a QOC submission including a determination not to 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, or in more serious cases be referred to the credentialing committee for consideration for provider termination.

SFY 2021 Goals

- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Maintain timely and efficient quarterly communication to the Department regarding CHP+ HMO QOCs.

SFY 2021 Results

There were seven CHP+ HMO QOC's filed in SFY 2021, one in Q1, three in Q2, three in Q3, and none in Q4. All seven QOCs were closed out within 90 days of submission to the quality improvement department. To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality improvement works closely with the medical director and maintains a detailed QOC tracking log which allows QOCs to be tracked and monitored from the date they are submitted to the date they are closed.

Seven QOCs are a drastic increase from the three QOCs that were filed in SFY 2020. This increase is directly tied to one facility, which was placed on a CAP for a high volume of QOC submitted. In SFY 2021, Colorado Access received five total QOC submissions from this facility regarding issues with discharge planning and lack of communication. Colorado Access sent two education letters to the facility's medical director informing them of the identified QOC trends. This facility was issued a CAP

due to ongoing QOC trends that demonstrated a departure from the standards of care that Colorado Access upholds. This facility was fully compliant and submitted their completed CAP documentation timely. Upon review of the facility's CAP documents, which identified how quality of care standards would be met moving forward, a CAP resolution letter was sent to the facility's medical director noting that the improvement efforts set forth in the CAP documentation were appropriate. Since the completion of the CAP, no additional QOCs have been submitted from this facility.

SFY 2022 Strategies and Planned Interventions

Quality improvement will continue to investigate and resolve quality of care concerns by utilizing a detailed QOC log to identify trends, engage providers in educational and improvement opportunities, and execute CAPs in a timely manner. Colorado Access will close QOCs in a timely manner by working with the medical director to conduct ad hoc QOC review meetings when needed, in addition to biweekly meetings, to ensure that 90% of QOCs are resolved within 90 days of submission. Quality improvement staff will continue to work closely with customer service and care management staff to ensure that all QOCs are correctly identified and promptly forwarded to quality improvement for investigation.

SFY 2022 Goals

- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Maintain timely and efficient quarterly communication to the Department regarding CHP+ HMO QOCs.

Other Quality Monitoring

External Quality Review Organization (EQRO) Site Review

Summary

Colorado Access participates in an annual external independent review of quality outcomes, timeliness of, and access to, services covered under its CHP+ HMO contract. This review is conducted by HSAG, and HSAG works collaboratively with the Department for which it performs external quality review services to help improve the quality of care provided to CHP+ HMO recipients.

SFY 2021 Goal

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

SFY 2021 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.

Summary of Scores for the Standards							
Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
V. Member Information Requirements	21	20	19	1	0	1	95%
VI. Grievance and Appeal Systems	34	34	30	4	0	0	88%
VII. Provider Participation and Program Integrity	16	16	16	0	0	0	100%
IX. Sub-contractual Relationships and Delegation	4	4	4	0	0	0	100%
Totals	75	74	69	5	0	1	93%

Summary of Scores for the Record Reviews						
Description of the Record Review	# of Elements	# of Applicable Elements	# Met	# Not Met	# Not Applicable	Score (% of Met Elements)
Grievances	60	52	50	2	8	96%
Appeals	60	59	56	3	1	95%
Totals	120	111	106	5	9	95%

SFY 2022 Strategies and Planned Interventions

Colorado Access is implementing additional checks and safeguards to ensure the organization is compliant with CHP+ HMO contract requirements through inter-departmental mock audits.

SFY 2022 Goal

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