



# Annual Quality Report

---

RAE Region 3

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
Performance Improvement Projects .....	4
Depression Screening in Well-Visits for Members Aged 12 and Older.....	5
Follow-Up within 30-days after Positive Depression Screen for Members Aged 12 and Older .	7
Plan, Do, Study, Act Cycles .....	10
Performance Measurement.....	12
Key Performance Indicators, Behavioral Health Incentive Measures, and Performance Pool Measures.....	12
Member Experience of Care .....	16
Experience of Care and Health Outcomes Survey .....	16
Consumer Assessment of Healthcare Providers and Systems Survey .....	17
Member Grievances .....	22
Member Satisfaction Survey .....	24
Mechanisms to Detect Over- and Under-Utilization of Care.....	26
Utilization Management.....	26
Early and Periodic Screening, Diagnostic, and Treatment Coordination .....	30
Secret Shopper .....	33
Behavioral Health Penetration Rates .....	37
Network Adequacy .....	38
Telehealth.....	41
Client Over-Utilization Program .....	43
Quality and Appropriateness of Care for Members with Special Health Care Needs.....	46
Behavioral Health Medical Records Review.....	46
Care Management for Members with Special Health Care Needs .....	48
Quality of Care Concerns Monitoring .....	50
Quality of Care Concerns.....	50
Other Quality Monitoring .....	52

External Quality Review Organization (EQRO) Audit .....	52
411 Encounter Data Validation Audit.....	54
Internal Advisory Committees and Learning Collaboratives .....	57
Learning Collaboratives.....	57
Provider Learning Collaboratives .....	58
Performance Improvement Advisory Committee.....	60
Member Advisory Council .....	61

## Executive Summary

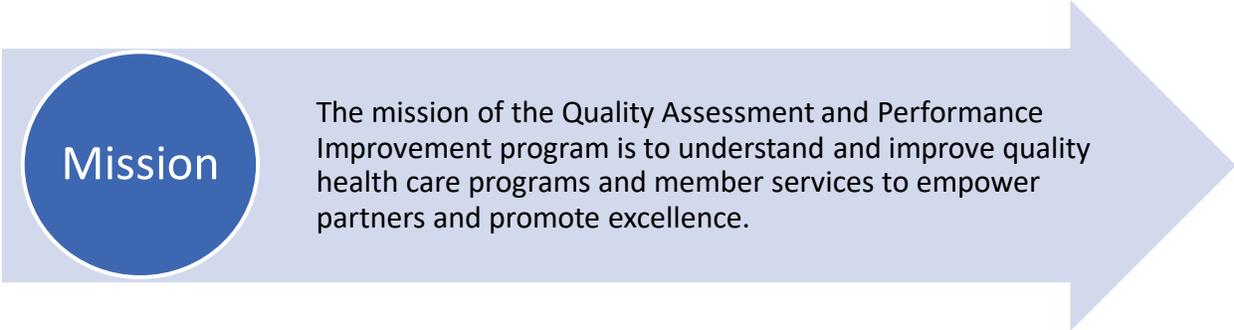
### Quality Assessment and Performance Improvement Program

The philosophy of the Colorado Access Quality Assessment and Performance Improvement (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 promotes objective and systematic measurement, monitoring, and evaluation of services and work processes. Colorado Access is committed to the ongoing improvement of the quality of care members receive through monitoring data and health outcomes. 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.

This report provides a reflection on key QAPI objectives, as well as Regional Accountable Entity (RAE) 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

During SFY 2021, the quality program at Colorado Access used an array of measures and activities to monitor and improve the quality and effectiveness of clinical care and the quality of administrative services that make up managing a health plan. Performance improvement tools, including rapid-cycle methodology, were applied to address system, service, and/or clinical areas needing improvement. Key accomplishments and project highlights from SFY 2021 include the following:

- Implementing and analyzing two, consecutive, member satisfaction surveys that focused on member experience of care and health equity.

- Implementing a grievance quality monitoring program to assess the quality and timeliness of grievance resolutions.
- Enhancing the secret shopper program by incorporating evidence-based processes to improve assessment of providers on access to care standards.
- Initiating rapid Plan, Do, Study, Act cycles to promote continuous quality improvement across the organization.
- Developing robust internal dashboards to monitor performance for performance metrics, including: medication adherence, Department of Corrections (DOC) behavioral health engagement, depression screening in well-visits for members aged 12 and older, and follow-up within 30 days after a positive depression screen for members aged 12 and older.

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

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

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

### Key Goals Moving into SFY 2022

SFY 2022 will bring continued focus on internal Colorado Access quality measurement and performance improvement. This will include conducting a full QAPI self-assessment to identify key areas of strengths and areas of opportunity for the program and building action plans to address prioritized areas of opportunity.

Colorado Access will continue to develop its population management strategy that advances the goal of enhancing individual health by partnering with communities to create access to quality, affordable care. This strategy encompasses a comprehensive risk stratification framework and tailored, member-focused interventions delivered by clinical partners and care

coordinators to ensure that all Health First Colorado (Colorado's Medicaid Program) members receive the right intervention at the right time. Colorado Access continues to build upon foundational work completed in prior years, including enhancing risk stratification by leveraging diverse datasets; expanding community and provider partnerships and payment models; refining interventions to better meet member needs; and applying a health equity lens to work across the entire enterprise. In the coming year, Colorado Access will place a greater focus on evaluating clinical and social determinants of health (SDoH) data to improve programming to address those inequities.

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 is 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.

## 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 a number of criteria, including: patient safety, health risk factors or co-morbidities, volume of members, potential for improvement of health outcomes, project scale and ease of implementation, financial feasibility, available resources, and contract requirements.

### **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 rapid-cycle PIP began in September 2020 following the PIP summit hosted by Health Services Advisory Group (HSAG) and the Department of Health Care Policy and Financing (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 due to alignment 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 through 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. Quality improvement, 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 within these practices.

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 (TA) 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 Region 3 2020 PIP cycle due to 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. Colorado Access worked closely with

HSAG during SFY 2021 as the selection of two practices for a PIP is not the norm and therefore, all PIP module paperwork had to be altered. Colorado Access intentionally selected practices that operated and performed differently on these measures for PIP participation in an effort to maximize learning opportunities and region scalability at the conclusion of the PIP. Colorado Access created internal dashboards to be able to track, report out, and evaluate performance to each practice independently during monthly meetings.

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 Region 3 PIP is members aged 12 and older who had a well-visit at a Every Child Pediatrics or Peak Vista Community Health Centers locations during the baseline measurement period. If members screened positive for depression during a corresponding well-visit, the first follow-up service within 30 days will count toward meeting metric regardless of location of follow-up. Colorado Community Health Alliance (CCHA), the Region 7 RAE, also selected Peak Vista Community Health Centers for their Region 7 PIP. Colorado Access and CCHA have partnered together for all Peak Vista Community Health Centers PIP meetings, communication, and intervention implementation to streamline efforts and increase practice engagement.

### Depression Screening in Well-Visits for Members Aged 12 and Older

#### **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 aged 12 and older. Module 1 consisted of 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 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 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. The overall depression screening rate for the Region 3 PIP narrowed focus population during SFY 2021 was 88.75%, which is slightly above the baseline PIP rate. Every Child Pediatrics was responsible for over 90% of the depression screens that occurred during SFY 2021 for the Region 3 PIP narrowed focus population, which can be explained both by an overall larger population and a higher depression screening rate.

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 Region 3 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 Region 3 PIP team through 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; 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 and older who receive care at Every Child Pediatrics and Peak Vista Community Health Centers, from 86.84% to 88.72%.

## Follow-Up within 30-days after Positive Depression Screen for Members Aged 12 and Older

### **SFY 2021 Goal**

- Collaborate with provider partners to ensure a successful PIP as directed by HSAG.
- Improve depression screens and subsequent follow-up after the depression screen for this narrowed focus population

### **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 follow-ups within 30 days of positive depression screening at Every Child Pediatrics and Peak Vista Community Health Centers locations for members aged 12 and older. 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, 2022. 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 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 Quarter (Q4) SFY 2021 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 be able 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. Every Child Pediatrics and Peak Vista Community Health Centers also perform significantly different for follow-up rates; although Peak Vista Community Health Centers had an overall higher follow-up within 30 days rate after a positive screen (67.27%) during SFY 2021 in comparison to Every Child Pediatrics rate of 51.99%, they also had a significantly smaller population of members who screened positive (110 members to 302 members) during this period. The practices usage of follow-up codes and whether they provided the follow-up also differed significantly. For example, Every Child Pediatrics is the follow-up organization 53.5% of the time for members that screen positive at their practice, which is significantly lower than Peak Vista Community Health Centers being the follow-up

organization for members who screen positive at their practice 89.2% of the time. When Every Child Pediatrics is providing follow-up, they use the follow-up H0002 code 35.7% of the time, which is a follow-up code that Peak Vista Community Health Centers did not use once during SFY 2021. These practice-specific insights and differences learned during Q4 from this dashboard creation will be monitored and analyzed closely going forward to 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 the Colorado Access subsidiary AccessCare Services (ACS) Virtual Care Collaboration and Integration (VCCI) program could help fill this gap in care and also improve follow-up within 30 days after positive depression screen rates. Additionally, implementation of interventions for electronic health records (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 Region 3 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 Region 3 PIP team through monthly practice-specific meetings 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 aged 12 and older within 30 days of screening positive at Every Child Pediatrics and Peak Vista Community Health Centers from 56.81% to 65.76%.

## 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 the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) survey, network adequacy, and the client over-utilization program (COUP). The following PDSA opportunities were identified as having a high impact and 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.
- Develop a process to more accurately report COUP activity numbers.

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. For all three PDSAs, only one iteration was necessary 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.

---

<sup>1</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

***SFY 2022 Goal***

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

## Performance Measurement

The QAPI program at Colorado Access uses a wide range of data sources and measures to monitor health plan performance. Key among these include state-defined performance measures as written into the RAE contracts - key performance indicators (KPIs), behavioral health incentive measures (IMs), and performance pool measures. Colorado Access uses these measures to prioritize and drive systematic approaches to sustain quality improvement.

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

#### **Summary**

The QAPI promotes objective and systematic measurement, monitoring, and evaluation of performance on state-defined performance measures. These include seven KPIs, five IMs, and a growing number of performance pool measures as defined by the Department. The list below represents the metrics for SFY 2021; however, SFY 2022 metric changes are not represented in this list.

Key Performance Indicators	<ul style="list-style-type: none"><li>• Behavioral health engagement</li><li>• Well-visits</li><li>• Dental visits</li><li>• Emergency department (ED) utilization</li><li>• Health neighborhood</li><li>• Prenatal engagement</li><li>• Potentially avoidable costs</li></ul>
Behavioral Health Incentive Measures	<ul style="list-style-type: none"><li>• Engagement In outpatient substance use disorder (SUD) treatment</li><li>• Seven-day follow-up after ED SUD visit</li><li>• Follow-up after positive depression screening</li><li>• Seven-day follow up after inpatient hospital discharge for mental health condition</li><li>• Behavioral health screening or assessment for children in foster care</li></ul>
Performance Pool Measures	<ul style="list-style-type: none"><li>• Extended care coordination</li><li>• Premature birth rate</li><li>• Inpatient stays per 1000</li><li>• DOC behavioral health engagement</li><li>• COVID-19 metric</li><li>• Total cost of care/per-member per-month</li><li>• Chronic obstructive pulmonary disease (COPD) medication adherence</li><li>• Asthma medication adherence</li><li>• Diabetes medication adherence</li></ul>

### ***SFY 2021 Goals***

- Maintain current KPI, IM, and performance pool measure reporting and tracking, with areas of prioritization and focus established in collaboration with internal and external stakeholders.
- Maintain a DOC programing workgroup to pay close attention to this special population and transitioning members back into the community.
- Establish and report on a minimum of two of the required three medication adherence metrics as directed by the Department.
- Execute action plans and implementation milestones for identified KPI, IM, and performance pool measure opportunities by leveraging data, PDSA cycles, and external partnerships.

### ***SFY 2021 Results***

In SFY 2021, the quality improvement department focused on continuing to monitor and report on the KPIs, IMs, and performance pool measures. Colorado Access has continued with a collaborative and multi-faceted approach to identify and implement strategies aimed at improving performance in the state-defined performance metrics. These efforts include mechanisms and resources to develop the state-defined performance metrics internally to continuously monitor and report performance on these indicators. These metrics are monitored in a variety of venues, with both internal and external stakeholders participating in bringing value to the goal of improving the health and care Region 3 members. Quality improvement collaborates extensively with multiple departments across the organization to establish, report, and address areas where improvement is needed in the state-defined performance metrics. These departments include business intelligence, information technology, evaluation and health informatics, health programming, project management, provider relations, payment reform, finance, and all levels of leadership to manage all phases of implementation and reporting.

Colorado Access successfully developed and tracked three new medication adherence metrics in collaboration with the other areas of the organization mentioned above. Although the list of required metrics has changed for SFY 2022, Colorado Access will continue to monitor these areas of priority while pivoting to develop the new medication adherence metrics under the performance pool. Also, the DOC behavioral health engagement metric continues to be an area of focus for Colorado Access. A robust internal dashboard has been developed for monitoring and intervention use across multiple areas of the organization, as well as continued monthly meetings and collaboration with the Department.

In addition to the continuation of previously established work around the KPIs, IMs, and performance pool measures, Colorado Access has been deeply invested in the tracking, reporting, and interventions for the Department's newly implemented COVID-19 metric. The

Colorado Access COVID-19 vaccine distribution plan is designed to support Region 3 providers and community partners to ensure that members receive the COVID-19 vaccine. This is especially critical for people of color (POC) and homebound individuals who may experience barriers in accessing care and who have been disproportionately affected by the COVID-19 pandemic. Using a variety of data sources, Colorado Access uses a comprehensive approach to identify and outreach members who are eligible for the COVID-19 vaccine. Colorado Access has been addressing vaccine disparities between POC and white members by developing and implementing both population and member-level interventions to encourage POC members to get the COVID-19 vaccine. Colorado Access will continue to report in detail on these efforts and relevant data through the COVID-19 vaccine response plans and deliverables submitted to the Department.

In addition to the work noted above, in September 2020, Colorado Access expanded its internal established state-defined performance workgroup structure to begin holding a series of monthly workgroups with providers designed to address and improve on prioritized KPIs. The KPI provider workgroups were developed in an effort to drive performance for the well, dental, behavioral health engagement KPIs. These venues were designed as a space for collaborating and sharing best practices to drive performance and inform opportunities for the RAE to scale across the network. The benefits of these workgroups are multifold: Colorado Access has identified barriers and areas of opportunity, gained significant knowledge on strengths and best practices, and strengthened provider alliances through these workgroups. Although final performance rates are pending for SFY 2021, the momentum of the workgroups will be continued into SFY 2022 to focus on metric improvement and provider collaboration.

### ***SFY 2022 Strategies and Planned Interventions***

For SFY 2022, the quality improvement department will continue to monitor and report on the KPIs, IMs, and performance pool measures. Colorado Access will continue to refine strategies to create measurable impact on the state-defined performance measures. Colorado Access intends to continue this collaborative approach to identify and implement strategies to improve performance on these metrics, and to continuously monitor performance on these indicators. In addition, with the recent focus of the Department to move to nationally recognized metrics and Centers for Medicare & Medicaid Services (CMS) core measures, Colorado Access will continue to support and collaborate with the Department around prioritization and implementation of new measures. Colorado Access will work diligently on the development and monitoring of new metrics. This will allow the organization to track important trends in healthcare outcomes and implement interventions, as needed, on a real-time basis.

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

performance metrics, while also expanding focus to include other areas of care, such as diabetes and asthma, in order to align with the Department's initiatives and contractual obligations.

Colorado Access recognizes the importance of work that focuses on decreasing health disparities on underserved and vulnerable populations. With recent improvements on the stratification of race and ethnicity data from the Department, Colorado Access has begun and will continue to develop unique approaches to the analysis of data, as well as the subsequent identification and implementation of interventions, in order to address the impact of SDoH on health disparities and outcomes.

***SFY 2022 Goals***

- Continue to collaborate with and support the Department's move toward more nationally recognized, standardized measures such as the CMS core measures.
- Continue to develop strategies and collaborations that align with the Department's priorities.
- Continue to develop metrics internally in order to report, monitor, and intervene in areas of care aligned with state-defined performance metrics.
- Continue with the provider workgroups while expanding the scope of the work to align with prioritized conditions and chronic disease management.
- Utilize new and existing sources of data to stratify and analyze race and ethnicity data in innovative and meaningful ways. This work will support equity-focused decisions aimed at addressing health disparities in marginalized communities.

## Member Experience of Care

Colorado Access continuously assesses member experience of care using a combination of data sources, with an emphasis on the member's voice. These include member surveys, first-person reports of care experience, call center data, and incident tracking through grievances and appeals.

### Experience of Care and Health Outcomes Survey

#### **Summary**

Due to cost reductions, the Department transitioned the administration of the Experience of Care and Health Outcomes (ECHO) survey over to the Office of Behavioral Health (OBH) effective for SFY 2021 for future survey administration. OBH collaborated with the Colorado Health Institute and administered the Colorado Health Access Survey (CHAS) in SFY 2021. However, at the writing of this report, data was still being gathered and not available to be included. Colorado Access created its own member satisfaction survey in SFY 2021 to address member's experience of care in a more tailored way and details regarding the member satisfaction survey are included in the Member Satisfaction Survey section of this report. Additionally, select behavioral health questions and responses from the CAHPS survey are detailed in the Consumer Assessment of Healthcare Providers and Systems Survey section of this report.

#### **SFY 2021 Goal**

- OBH will be conducting their own ECHO survey and Colorado Access will collaborate with OBH to support the completion of the survey.

#### **SFY 2022 Strategies and Planned Interventions**

OBH plans to return with a formal survey in SFY 2022 after securing a vendor. Colorado Access will continue to iterate its own satisfaction survey and will collaborate with OBH to support the completion of the ECHO survey.

#### **SFY 2022 Goal**

- OBH will be conducting their own ECHO survey, and Colorado Access will collaborate with OBH to support the completion of the 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 with Colorado Access and the provider network, including creating and monitoring Corrective Action Plans (CAPs) 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 survey and analyze data for significant findings and actionable changes based on member responses.

### **SFY 2021 Results**

In SFY 2021, Colorado Access continued to focus on interventions aimed at improving customer service and member experience, including the continuous monitoring of the Net Promoter System (NPS) to monitor member satisfaction with the service they receive from Colorado Access customer service representatives (CSRs), expanding the CSR quality audit program, and increasing CSR training and education. Between October 1, 2020 and March 31, 2021, the average NPS satisfaction score for Colorado Access was 76%, which is an increase from the 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, the customer service department employees completed a five-part emotional intelligence 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 by increasing emotional intelligence of employees to better equip them to respond to diverse customer calls. Customer service will also audit customer service representative calls for soft skills, use of systems and other tools, documentation, and accuracy of information provided.

Quality improvement 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 Patient-Centered Medical Home (PCMH) CAHPS results in November 2020. Colorado Access was interested in gaining additional insight into member experiences, particularly on the following measures:

- Rating of Provider
- How Well Providers Communicate with Patients
- Getting Timely Appointments, Care, and Information
- Providers' Use of Information to Coordinate Patient Care
- Helpful, Courteous, and Respectful Office Staff
- Received Care from Provider Office During Evenings, Weekends, or Holidays
- Saw Provider within 15 Minutes of Appointment

These measures were found to be statistically below the aggregate Colorado RAE scores. Quality improvement staff also wanted to see if MAC members had ideas on how to improve response rates. Insight from the MAC was invaluable, as a large member education gap was identified on 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 marketed through Colorado Access social media accounts. Colorado Access did not receive notification of which PCMH practices were selected for the CAHPS until mid-January, and at that point the survey was already underway. However, quality improvement created an internal CAHPS resource guide for customer service and care management teams 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. Colorado Access worked with the provider relations representatives for the selected Region 3 PCMH practices to increase education and help promote survey completion. Lastly, notice of the initiation of CAHPS was communicated in the provider newsletter, *Navigator*, and Colorado Access' internal newsletter *The Pulse*, in January 2021.

As part of a PDSA cycle, quality improvement called providers to assess members' care, a secret shopper activity that included all providers who participated in the PCMH CAHPS during Quarter 2 (Q2) and Quarter 3 (Q3). See the secret shopper section within this report for further details regarding the program. This enabled Colorado Access to obtain additional information

on member experiences with these specific practices in advance of receiving the CAHPS report. One out of the eight Region 3 practices selected for the PCMH CAHPS was placed on a CAP following secret shopper calls. The 2021 CAHPS PCMH reports included 1,359 respondents. Despite receiving an increase in total respondents, the overall response rate declined in 2021 due to members from three additional PCMH practices being surveyed in 2021, increasing the total eligible respondents by nearly 3,000. Only two out of the eight Region 3 PCMH practices surveyed in 2021 were selected for the 2020 PCMH CAHPS and therefore, due to significant differences in practices selected for the PCMH CAHPS, performance outcome comparisons and trends are limited.

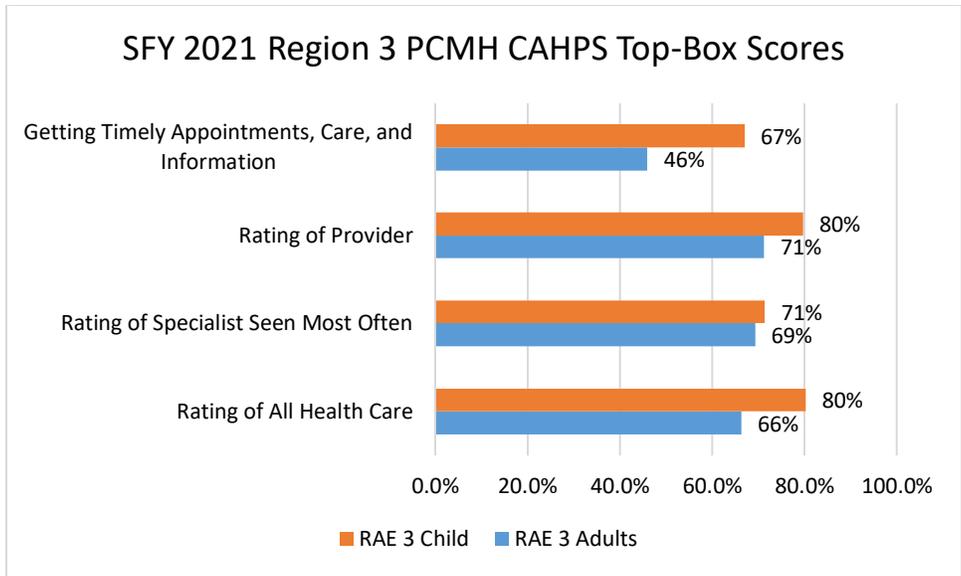
In comparison to the seven measures with scores below the Colorado RAE aggregate in 2020, Region 3 saw overall improvements and only scored below the Colorado RAE aggregate in three measures in 2021:

- Getting Timely Appointments, Care, and Information for adults
- Helpful, Courteous, and Respectful Office Staff for child
- Saw Providers Within 15 Minutes of Appointment for child.

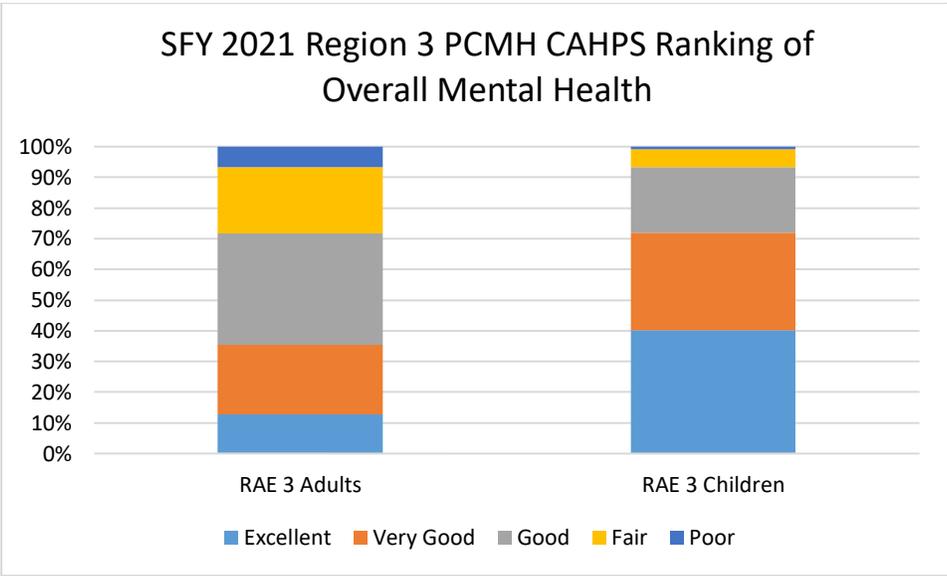
Additionally, the Region 3 Child PCMH CAHPS report revealed scores significantly higher than the Colorado RAE aggregate on two measures:

- Reminders About Care from Providers Office
- Medical Home Comprehensiveness: Child Safety and Healthy Lifestyles

The 2021 individual level respondent level data was analyzed. Certain CAHPS questions use a 0 to 10 scale with 10 being the best possible; percentages of members with top-box responses (selection of 9 or 10) are provided below. Ratings for the adult and child CAHPS reports were compared for ratings of all health care, specialist seen most often, provider, and getting timely appointments, care, and information; the child survey did not ask about rating their health plan and therefore, is not included in the sample of SFY 2021 results below. The Region 3 child respondents scored higher than the Region 3 adult respondents and the difference in ratings ranged between two and 21 percentage points.



Children and adults were asked to rate overall mental or emotional health on a scale of one to five, with one being excellent and five being poor. Results are provided below. Rankings of mental health were more favorable for children in comparison to adults, with 93% of children respondents reporting an excellent, very good, or good mental health in comparison to only 72% of adults. However, when comparing these responses to the same question on the ECHO report last year, both of these rates increased.



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***

Colorado Access will continue the customer service quality monitoring program including continuous monitoring of NPS scores, CSR quality audits, ongoing and increased CSR training and education, and continued internal member satisfaction survey iteration and administration. If trends are identified, additional training will be provided to both the department and/or individual CSR.

HSAG and the Department have noted that in order to draw comparisons to national benchmarks and allow for statewide averages and comparisons, the PCMH CAHPS of selected practices will be replaced with a random selection of members from the entire RAE using the Health Plan CAHPS in SFY 2022. Colorado Access will collaborate with HSAG and the Department for successful completion of the Health Plan CAHPS. Colorado Access will also continue the CAHPS communication tactics that were implemented in SFY 2021 to help improve member education and encourage completion of the CAHPS survey if selected. Unlike SFY 2021, Colorado Access will ensure providers and members are made aware of the CAHPS prior to survey administration through closer collaboration and scheduling of CAHPS communication in advance with the marketing department. Additionally, quality improvement will work closely with provider relations and practice support teams to develop mechanisms for further evaluation and design interventions for improvement for all Region 3 primary care medical provider (PCMP) practices (Clinica, STRIDE, Portercare, Every Child Pediatrics, and Mountainland Pediatrics) that had results on one or more CAHPS measures that were significantly below the Colorado RAE aggregate.

### ***SFY 2022 Goals***

- Continue ongoing customer service focused quality monitoring programs and increased training and education to improve the member experience.
- Analyze and share the CAHPS data to identify and correct deficiencies in member experience and the provider network, including:
  - Present the Region 3 PCMH CAHPS results to the MAC to solicit additional feedback and implement at least one suggestion as a process improvement project.
  - Present Region 3 PCMH CAHPS results and collaborate with customer service, care management, provider relations, and practice support and implement at least one process improvement project.
- 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 level respondent level data analysis and intervention identification and implementation.

## Member Grievances

### Summary

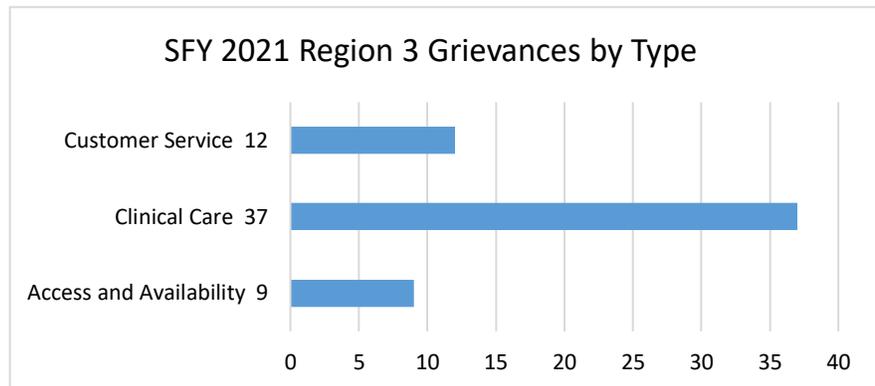
One way that Colorado Access monitors member experience is through the member grievance process. Members have the right to submit grievances to Colorado Access regarding any aspect of the operations, activities, or behavior of the health plan or the Colorado Access contracted provider network. Customer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

### SFY 2021 Goals

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

### SFY 2021 Results

During SFY 2021, a total of 58 grievances were filed by or for Region 3 members. Clinical care grievances accounted for 64% of grievances for SFY 2021. Other grievances fell into the customer



service and access and availability categories. All grievances were resolved in a manner considered satisfactory by the member. Out of 58 grievances, one grievance was not processed timely, resulting in Colorado Access falling shy of the goal of 100% compliance for contractually required grievance timeframes. To mitigate this underperformance, Colorado Access will continue to identify opportunities to train and educate staff and will continue grievance monitoring through the auditing program described below.

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 ten months (August 2020 through June 2021) with an average quality audit score of 94% in Region 3.

***SFY 2022 Strategies and Planned Interventions***

Colorado Access will continue to focus on more effectively capturing member grievances from customer service representatives 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 customer service representatives 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.
- Increase the average quality audit score to 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, focusing 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**

Over 450 members participated in the first survey. Most participants were female (65.5%), and the median age for the population was 35 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 79.7% of appointments. Participants were asked about their quality of care, satisfaction of care, and timeliness of care.

- 93.4% had excellent or good quality of care
- 91.7% were extremely satisfied or satisfied with their care
- 80.6% always or usually had a timely appointment for routine care
- 72.2% always or usually had a timely appointment for urgent care

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

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

One hundred and fifty members participated in the second survey. Most participants were female (62.7%), and the median age for the population was 35 years old.

In the last 12 months:

- 91.4% were always or usually explained things by the provider in a way that was easy to understand
- 94.0% were always or usually shown respect by the provider
- 89.0% had the provider helping to achieve health goals
- 94.7% had the provider meet cultural needs
- 21.3% 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.
- Use survey results to drive interventions within the provider population to improve care.

## Mechanisms to Detect Over- and Under-Utilization of Care

Colorado Access monitors, assesses, and prevents the over- and under-utilization of services by utilizing medically necessary and appropriate levels of care. Key initiatives include utilization management decision-making and turnaround time, secret shopper activities, monitoring of behavioral health penetration rates and network adequacy, promoting telehealth services, and through implementation COUP.

### Utilization Management

#### **Summary**

Colorado Access utilization management (UM) continuously monitors the quality and 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 their needs. Appeal rates are also closely monitored for patterns and opportunities to improve the UM decision making process. Additionally, UM conducts an annual inter-rater reliability (IRR) study to objectively assess the degree to which raters answer the same questions in the same way (reliability) and to measure the level of consistency and adherence to Colorado Access-approved medical management criteria and guidelines.

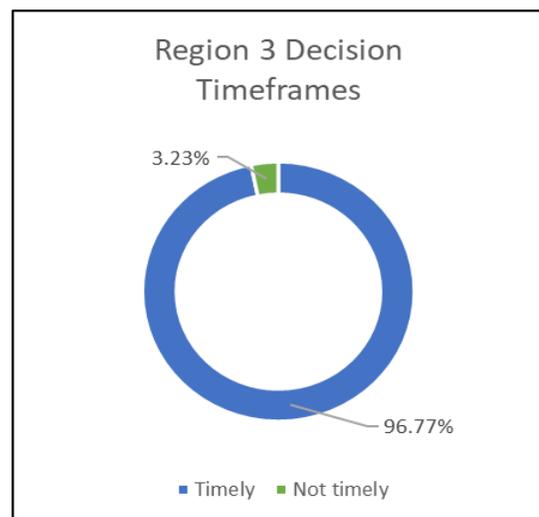
#### **SFY 2021 Goals**

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

#### **SFY 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 decision turnaround time for Region 3 was 96.77%. UM continues to work on performance improvement regarding data entry mistakes, as a majority of the not timely decisions (3.23%) 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 SFY2021, 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.
- Three intake coordinator staff members obtained an IRR score of 90% or higher on their first IRR attempt. Two people 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.

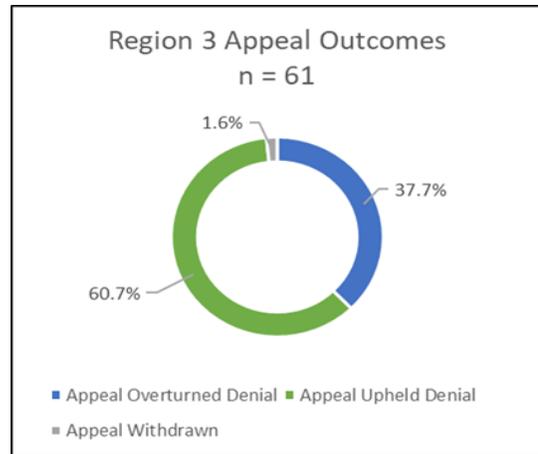
The UM team is working diligently to assure that criteria are applied in a consistent, reliable manner, and efforts are in place to increase the number of staff who can pass their IRR exercise in the first attempt. Because all staff members met their IRR standards in two or fewer attempts, the UM team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

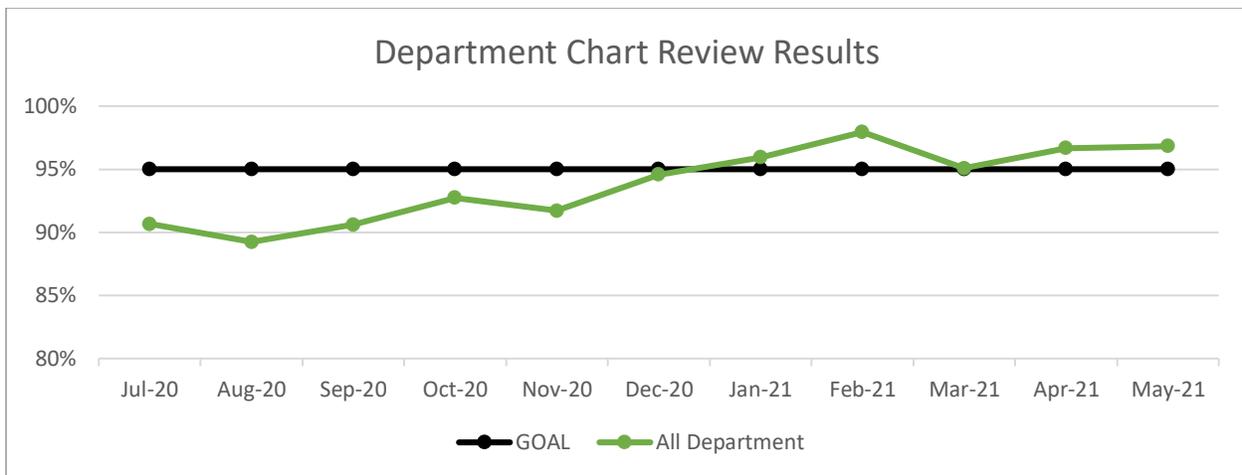
	Total Decisions	Denials	Denial Rate	Appeals Filed	% of ABD Decisions Appealed
<b>Region 3</b>	10,261	1,475	14.4%	61	3.5%

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 Region 3 are shown to the right. The most common services that generate appeals are behavioral health inpatient and residential levels of care; however, no other patterns with appeals were identified.



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.

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

## Early and Periodic Screening, Diagnostic, and Treatment Coordination

### **Summary**

Colorado Access care management helps to coordinate the provision of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits for children and adolescents under the age of 21. Outreach is focused on providing members and/or their family representative to inform them of their benefits and connect them to health care. Programming is offered to specific sub-populations including newly enrolled members, pregnant and postpartum members, members overdue for a well-child visit, and members overdue for a dental visit. Eligible members are enrolled into member-level care management interventions and/or a population-level digital engagement (interactive voice recognition (IVR) or short message service (SMS) text message) or mailing intervention.

### **SFY 2021 Goals**

- Continue to provide medically necessary services, referrals, and appropriate clinical and extended care coordination to children and adolescents accessing EPSDT services within the capitated behavioral health benefit.
- Assist members in accessing EPSDT benefits, including those covered by fee-for-service (FFS), such as respite and residential services for members diagnosed with an intellectual or developmental disability (IDD).
- Continue to educate staff, members, providers, and community partners about EPSDT benefits.
- Complete an EPSDT training for care management facilitated with staff from the Department.
- Evaluate workflows to ensure alignment with guidance developed within the Department's Children and Youth with Special Health Care Needs program design work.

### **SFY 2021 Results**

#### Care Management Intervention

During SFY 2021, Colorado Access continued to prioritize educating members, providers, staff, and community partners about EPSDT benefits and procedures through a variety of interventions and communication channels. Care management evaluated workflows and identified potential improvements within current workflows to align processes and ensure consistency across staff. Improved workflows are currently in development and will be moved to implementation in SFY 2022. In an effort to continuously improve, Colorado Access also strengthened communication by ensuring an identified care management point of contact maintains routine communication with the Department and the Department's program administrator. This line of communication ensures that Colorado Access is kept up to date on EPSDT changes and requirements and all changes are communicated back to staff.

In addition, care management worked intensively with members who required EPSDT exceptions. These members could not utilize FFS, Health First Colorado benefits, or other funding sources for the treatment of diagnoses not covered under the capitated behavioral health benefit. This work included educating members, their families, treatment providers, and multiple agencies involved with these cases regarding EPSDT funding. Care managers coordinated the completion of EPSDT request forms, worked closely with the Department for approval, and continued to lead the coordination of services for the member once the authorization was in place. Many of the members who received these funds were ultimately placed out-of-state to receive residential treatment. Colorado Access care management staff followed member through placement and provided coordination for services for discharge services. Colorado Access supported and educated newly contracted treatment facilities on EPSDT requirements.

#### Digital Engagement Intervention

During SFY 2021, Colorado Access implemented three new digital engagement and direct mail interventions for EPSDT members. This included the EPSDT newly enrolled, well-child check, and dental reminder programs. Each of these programs enrolls eligible members on a monthly basis. Members receive messaging by IVR and/or SMS text messages with important reminders and health and wellness information. Members who do not have accurate contact information (i.e. incomplete or missing phone numbers) are automatically enrolled into the Colorado Access EPSDT direct mail interventions. Members in the direct mail interventions receive the same messaging that is provided to members enrolled in the digital engagement components. Members engaged in prenatal and postpartum services are enrolled in the Colorado Access Healthy Mom, Healthy Baby (HMHB) program. Those members who have a “high-risk” pregnancy score work with a care manager to ensure they are connected to appropriate prenatal and postpartum care. All other members are enrolled in the HMHB digital engagement intervention and receive health and wellness tips related to pregnancy.

During SFY 2021, the following EPSDT services were provided under the capitated behavioral health benefit in Region 3:

- Vocational services: 26 members received 251 services
- Prevention/early intervention services: 9,676 members received 18,504 services
- Clubhouse and drop-in center services: Six members received 27 services
- Recovery services: 100 members received 723 services
- Respite services: Two members received eight services
- Residential services: 267 members received 3,880 services

### ***SFY 2022 Strategies and Planned Interventions***

Colorado Access will continue to operate and manage all care management and digital engagement interventions implemented in SFY 2021 in alignment with the Colorado Access SFY 2022 EPSDT annual plan. Additionally, Colorado Access will continue to implement a workflow that is specific to EPSDT and will continue to strengthen relationships with county child welfare agencies, case management agencies (CMAs), and other key community agencies to ensure EPSDT trainings are in place. Care coordinators will assess member needs and connect members with PCMPs, specialists, EPSDT benefit information, and referrals to community resources. If members require more intense and prolonged assistance, care managers will provide members with extended care coordination including care planning and additional support related to special health care needs.

### ***SFY 2022 Goals***

- Continue to provide medically necessary services, referrals, and appropriate clinical and extended care coordination to children and adolescents accessing EPSDT services within the capitated behavioral health benefit.
- Assist members in accessing EPSDT benefits, including those covered by Fee-for-Service, such as residential services for members diagnosed with IDD.
- Continue to educate staff, members, providers, and community partners about EPSDT benefits.
- Implement workflows to ensure alignment with guidance developed within the Department's Children and Youth with Special Health Care Needs program design work.

## Secret Shopper

### **Summary**

The quality 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, quality improvement 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 Quarter 1 (Q1) and Quarter 2 (Q2) that resulted in a reduction of calls being made. Beginning in Q2 of SFY 2021 and carried into Quarter 3 (Q3) and Quarter 4 (Q4), quality improvement began making improvements to the Secret Shopper program. Based on a review of available literature

and evidence-based processes,<sup>234567</sup> Colorado 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) and 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 redesigned 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 implement the Colorado Access substance use disorder (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 program 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 SFY 2021, Colorado Access also began issuing CAPs based on Secret Shopper interaction outcomes that break 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 (RFAI). Additionally, during Q4 Colorado Access began requiring providers to submit current next appointment availability for standards assessed if successful contact was not made or

---

<sup>2</sup> 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.

<sup>3</sup> Centers for Medicare & Medicaid Services (CMS). (2021). *Promoting access in Medicaid and CHIP managed care: Behavioral health provider network adequacy toolkit*.

<sup>4</sup> 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>

<sup>5</sup> 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*.

<sup>6</sup> 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

<sup>7</sup> 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](http://centralfloridacares.org/wp-content/uploads/2016/06/Mystery_Shopper_Protocol_DCF.pdf)

administrative barriers such as providers requiring Medicaid identification (ID) to verify eligibility prior to appointment offering.

The quality department began collaborating with other internal departments in Q4 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. 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**
<b>Physical Health</b>				
17	Routine	9	1	0
10	Non-urgent, symptomatic	8	1	1
6	Urgent	6	1	0
<b>Behavioral Health</b>				
55	Non-urgent, symptomatic	21	10	7
1	Outpatient follow-up after hospitalization	1	1	0
<b>Substance Use+</b>				
24	Outpatient: Non-urgent, symptomatic	7	2	4
10	Intensive Outpatient: Non-urgent, symptomatic	3	1	2
8	Withdrawal Management: Non-urgent, symptomatic	4	0	2
28	Residential: Non-urgent, symptomatic	9	3	4
<b>Totals</b>				
<b>156</b>	-	<b>52</b>	<b>18</b>	<b>15</b>

\*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 standard<sup>8</sup> 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 the adequacy of the network.

### ***SFY 2022 Goals***

- Enroll at least 30 providers in the Region 3 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 obtainment of additional datapoints for evaluation and member experience improvements.
- Develop and complete at least one process improvement activity with the care management and customer service to increase data sharing and integrity and improve provider selection for the Secret Shopper.

---

<sup>8</sup> Institute for Healthcare Improvement. (2021). *Third next available appointment*. <http://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx>

## Behavioral Health Penetration Rates

### **Summary**

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

### **SFY 2021 Goal**

- Increase the overall behavioral health penetration rate across Region 3 by 0.5%.

### **SFY 2021 Results**

Colorado Access monitored behavioral health penetration rates in alignment with the KPI of behavioral health engagement. In Region 3, there were 366,974 members who were enrolled for at least one month during the fiscal year. Of these members, 15.2% received one or more behavioral health service. Penetration rates increased from 13.9% in SFY 2020 to 15.2% in SFY 2021, for a total increase of 1.3%. This increase is likely due to increased utilization of behavioral health services linked to the COVID-19 pandemic.

### **SFY 2022 Strategies and Planned Interventions**

Colorado Access will seek to increase behavioral health penetration rates through promoting behavioral health services and provider contracting. Due to the public health emergency (PHE), Region 3 members have been locked-in to coverage, and, as of the writing of this report, the PHE has been extended through October 18, 2021. If there is no extension of the PHE, Colorado Access anticipates a drop in enrollment in SFY 2022, which may impact behavioral health penetration rates. The SFY 2022 goal will be to maintain the current Region 3 penetration rate of 15.2%, regardless of possible membership changes tied to the PHE.

### **SFY 2022 Goals**

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

## Network Adequacy

### **Summary**

Colorado Access is committed to providing members with access to timely and appropriate health care. Colorado Access is dedicated to the delivery of comprehensive health care choice 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 well positioned to meet or exceed the network adequacy standards established by the RAE contract for Region 3 and is focused on continuing to grow and improve the network. In addition to an established network that meets the network adequacy standards set forth in the contract, 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.

### **SFY 2021 Goals**

- Continue to monitor for gaps in the network and find opportunities to recruit additional targeted providers into the network to ensure access to care for members.
- In order to help ensure that this extensive network adequately meets the needs of certain populations, the focus in SFY 2021 will be on identifying and connecting disparate resources in the dispensation of care to members who require additional support to access and benefit from health care services.
- 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 Region 3 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 PCMPs
- 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 Region 3 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*. 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. Pre-COVID-19, providers averaged under 1,000 behavioral health telehealth units billed and \$100,000 in paid claims per month. Since the start of COVID-19, and the new telehealth rules being put in place, Colorado Access now averages around 50,000 units billed and \$5,500,000 in claims paid per month in Region 3 on the behavioral health capitated benefit. 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, identify active providers, identify 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 Region 3 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 contacting currently contracted providers who are either not seeing Region 3 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 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.

## Telehealth

### **Summary**

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

In addition to the VCCI Program, ACS has launched other telehealth programs that further the goal of extending its services to meet the behavioral health needs of vulnerable member populations. In May 2020, VCCI Direct Care (DC) was launched. This ongoing program allows Colorado Access care managers to refer eligible members to the VCCI program to receive behavioral health care directly in their homes over telehealth. The VCCI DC program was created in response to the COVID-19 pandemic, with the intention of meeting the needs of the most vulnerable populations during this time. In December 2019, ACS started delivering school-based care implementing its VCCI services with Kids First Health Care, starting with two of their school-based health clinics (SBHCs) in Region 3 and expanding to six of its Region 3 SBHCs by March, four of which were located directly in the schools. The COVID-19 pandemic had a major impact on the services provided with the schools, but even though the four school site locations shuttered for most of SFY 2021, services remained available as referred members were seen over telehealth directly in their homes or safe spaces.

### **SFY 2021 Goals**

- Establish an eConsult component to the VCCI program by Q3 SFY 2021 and perform at least 35 eConsults in SFY 2021.
- Conduct at least 50 direct telehealth encounters with Colorado Access members that are referred from Colorado Access care managers to the VCCI DC program in SFY 2021.
- Increase the number of discrete services provided through the VCCI program by 20% in SFY 2021.

- Provide at least 150 discrete services to Kids First Health Care SBHCs in SFY 2021. (Note that this number is intentionally low to allow for the continued impact of the COVID-19 pandemic on the SBHCs).

### ***SFY 2021 Results***

ACS placed the eConsult component of its VCCI program on hold so that it could be incorporated into a broader programmatic change. With the intention of increasing the accessibility of the VCCI program to its 18 participating primary care practice sites, ACS developed a Health Insurance Portability and Accountability Act (HIPAA)-secure online referral and scheduling platform that will allow VCCI primary care practices the option of coordinating the referral and scheduling of services online, in addition to the option of coordinating services telephonically. This increased functionality also includes an eConsult component. The platform was completed in early July 2021 and will be implemented with VCCI practice sites in SFY 2022. ACS fell short of the goal of rendering 50 telehealth encounters through its VCCI DC program, as only 26 telehealth sessions were successfully conducted in SFY 2021. This is an opportunity for improvement, and ACS is working with Colorado Access care management to increase the number of patients seen through this program. The biggest identified challenge has been connecting with members to schedule services once they are referred. In SFY 2021, the VCCI program rendered 434 telehealth sessions to members in Region 3. Additionally, the VCCI program rendered 262 discrete services to patients referred from Kids First Health Care SBHCs, including both telehealth sessions and provider consultations, exceeding the goal of 150.

### ***SFY 2022 Strategies and Planned Interventions***

ACS will implement its online referral and scheduling platform with its VCCI practices to increase the ease of use and accessibility of its VCCI services. EConsults will be a component of the new platform and these will be used to help VCCI primary care providers connect with ACS psychiatrists to assist them with managing their patients' psychiatric needs. ACS will continue to partner with Kids First Health Care and also look to partner with other entities and primary care practices in Region 3 that work with Colorado Access' member population to increase access to behavioral health care. Colorado Access and ACS will collaborate to produce a formal written evaluation report of its VCCI services.

### ***SFY 2022 Goals***

- Implement the online platform with VCCI practice sites to increase the ease of use, accessibility, and care coordination of the VCCI program.
- Through the online platform, perform at least 25 eConsults in SFY 2022.
- Collaborate with Colorado Access care management to render 25 telehealth session to Colorado Access members through the VCCI DC program.
- Provide at least 300 discrete services to Kids First Health Care SBHCs in SFY 2022.

## Client Over-Utilization Program

### Summary

COUP, also known as Lock-In, is a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of care or services by Health First Colorado members. The Colorado Access care management department outreaches members who have been identified on the COUP list to provide appropriate care coordination services. Colorado Access care management works with care management programming to identify members that would benefit from the COUP Lock-In program. Colorado Access also operated a digital outreach intervention through December 2020 for those members to provide education on their overutilization status and link them to resources to help address their needs.

### SFY 2021 Goals

- Continue to outreach members who have been identified on the Department’s Cost Containment and Quality Improvement (CCQI) report to include in appropriate care management and lock-in interventions.
- Conduct quarterly cross-departmental collaboration to identify members that would benefit from COUP Lock-In.
- The Colorado Access provider relations team will work to recruit Lock-In providers, focusing on federally qualified health centers and individual providers on a case-by-case basis based on the members identified on the CCQI report.

### SFY 2021 Results

Colorado Access addressed the needs of members identified as having high utilization using three strategies: digital engagement, care management, and Lock-In providers.

Activities	Q1	Q2	Q3	Q4	Total
# of members on list from EQ Health	483	517	507	501	2,008
# of outreaches attempted	275	350	216	470	1,311
# of members successfully contacted	143	148	179	160	630
# of members connected to care coordination	130	118	150	157	555
# of members connected to other services	51	0	0	0	51
# of members connected to PCMPs	6	0	0	0	6
# of members in lock-in status	1	1	1	1	4
# of lock-in providers	1	1	1	1	4
# of appeals for lock-in	0	0	0	0	0

### Digital Engagement

The COUP digital engagement initiative is designed to provide RAE members (21 and older) with emergency department (ED) and high-risk pharmacy overutilization with information about their overutilization and Colorado Access resources to address their utilization challenges. Members are identified by the Department’s quarterly COUP list. These members have four or more ED visits, four or more high-risk prescriptions, or

both. Eligible members will receive one outbound IVR describing their overutilization and the Colorado Access care coordinator number for further care coordination. There is no warm-transfer option or opt-in to text capability. During SFY 2021, 741 Region 3 members were included in the digital engagement intervention. Of these, 414 members were successfully outreached.

### Care Management

The Colorado Access care management COUP intervention strategy is designed to assist members by addressing overutilization patterns. Care management has refined the outreach methodology by prioritizing members who appear on the monthly CCQI file with the COUP flag. Care managers prioritize outreach by cost group and outreach members by phone, mail, or offer a virtual visit with a care manager. Once members are reached, care managers communicate with members to complete a comprehensive health assessment to identify the root of the member's ED utilization, high-risk prescription utilization, identify gaps in care, and determine social needs that may be driving their behavior. Prior to the COVID-19 pandemic, in-person visits were offered. This intervention resumed in June of 2021. Care managers continue to work with members to connect them back to their primary care and/or specialty care providers and work with the member to develop care plans to address their needs.

During this reporting period, cross-departmental collaboration meetings occurred quarterly to ensure operational alignment within Colorado Access for COUP programming. Leadership from the care management, provider relations, and the programs, deliverables, and operations teams worked together to align operational processes.

### Lock-In Providers

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

### ***SFY 2022 Strategies and Planned Interventions***

Colorado Access will continue to address the needs of members identified as having high utilization using two strategies: care management and Lock-In providers.

***SFY 2022 Goals***

- Care management and practice supports will identify a PCMP provider will collaborate with Colorado Access on an ongoing basis to strengthen core services provided to COUP members.
- Conduct quarterly cross-departmental collaboration to ensure operational alignment and continuously improve processes related to the COUP Lock-In program.

## 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, 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 special health care needs by reviewing behavioral health medical records to ensure high-quality services are delivered and treatment is properly documented for this population. Provider selection for behavioral health medical record reviews is based primarily on random selection. However, the quality improvement department may also select providers based on information received from other internal departments including but not limited to care 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, 20 Region 3 facilities were selected for the behavioral health medical records review audit. 25 charts from six facilities were audited in Q1, 15 charts from four facilities were audited in Q2, 25 charts from five facilities were audited in Q3, and 25 charts from five facilities were audited in Q4 by the quality improvement department. Colorado Access implemented CAPs for providers who do 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 20 facilities selected for audit in SFY 2021, 16

facilities were issued CAPs for audit scores less than 80%. All CAPs were resolved timely, and charts provided post-CAP met minimum documentation standards. Additionally, quality improvement makes referrals to compliance when patterns in coding or medical record documentation warrants further investigation. One facility pulled in the Q4 audit was referred to the Colorado Access compliance department for a fraud referral due to inconsistencies with clinician signatures and dates within the medical records.

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 answer 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 documentation of charts.
- 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.
- Expand oversight of the provider network by finding opportunities to audit new service codes or modalities.

## Care Management for Members with Special Health Care Needs

### **Summary**

The Colorado Access care management department operates numerous programs aimed to address the unique needs of members with special health care needs. Populations who are targeted include, but are not limited to: adults and children with chronic conditions, adults (IDD and non-IDD), children (IDD and non-IDD), populations in the criminal justice system, children in foster care/child welfare, members transitioning from hospital to home for physical or behavioral health conditions, pregnant women, and complex newborns. Care managers conduct comprehensive health assessments with members aimed at identifying care gaps, including barriers in access to care, SDoH, self-management knowledge and treatment adherence, and medication compliance. Following the assessment, a care plan is developed with the member to address gaps in care and identify action steps to promote improved health outcomes. Care managers may also provide the member with condition focused health education, and medical and social referrals.

### **SFY 2021 Goals**

- Continue to identify measurement metrics to assist in monitoring effectiveness of care management interventions.
- Continue to collaborate with medical directors, the risk stratification taskforce, and other internal Colorado Access departments and groups as needed to ensure proper risk stratification, workflows, and interventions are in place.
- Launch a quality and audit process workgroup to enhance data entry and quality assurance to support care management deliverables.

### **SFY 2021 Results**

During SFY 2021, Colorado Access continued to enhance care management workflows through collaboration and guidance from internal medical directors, the health programming department, clinical data workgroup, and other internal departments. Care management has been actively participating in a risk stratification taskforce, to further fine tune identification of members appropriate for care management interventions. This work has involved revising data logic with the aim to improve data quality and accuracy. Colorado Access has been actively working on identifying metrics to better monitor the effectiveness of care management interventions, and this work will continue into SFY 2022.

This year, Colorado Access has obtained admit, discharge and transfer (ADT) data as well as lab data directly from Colorado Regional Health Information Organization (CORHIO). Logic has been created using the ADT data, complex member file, and clinical registries to create a tier system to prioritize members with complex needs and/or chronic health conditions for prioritized outreach. In addition, Colorado Access has begun to incorporate lab data, specifically

hemoglobin A1c (HbA1c) labs, into the logic used for outreaching members with diabetes who have a high HbA1c and diabetes related inpatient admissions. Colorado Access care management also implemented a quality audit tool to ensure quality data and documentation aimed at ensuring contract deliverables are met and members receive quality care management interventions.

### ***SFY 2022 Strategies and Planned Interventions***

Colorado Access will continue to enhance risk stratification models designed to identify members for outreach and promote appropriate interventions. Colorado Access will also continue to expand and fine tune care management workflows to ensure members with special health care needs receive appropriate resources, education, and support. Care coordinators will assess member needs and provide support in connecting members to benefit information, PCMPs, specialists, and referrals to community resources. If a member requires more intense and prolonged assistance, they will be referred to a care manager who will provide direct assistance with care planning and care coordination related to special health care needs.

Additionally, ADT and lab data will continue to be used to identify members for care management intervention. Care management will continue to evaluate ways to expand the use of lab data beyond HbA1c and monitor the logic for ADT data and enhance or adjust as needed. Care management will advance quality assurance monitoring practices focused on furthering quality data entry and documentation to meet contract deliverables and ensure member receipt of quality care management interventions. Colorado Access will also continue work on identifying opportunities to report member outcomes.

### ***SFY 2022 Goals***

- Continue to identify measurement metrics to assist in monitoring effectiveness of care management interventions.
- Explore ways to increase engagement/enrollment of members with complex needs through partnering with external providers, including identification of one practice/provider in Region 3 to pilot a partnership that will support complex members.
- Continue intentional relationship building with key external partners (counties, CMAs, other community organizations) to best support care coordination for members with special health care needs.

## 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 or potential harm to a member. Categories of QOCs may include all potential problems, concerns, or complaints regarding access to urgent or emergent care, delay or denial of care or services, after-hours services, professional conduct or competence, coordination of care, medication issues, diagnosis issues, and service plan or delivery issues. QOC investigations are also triggered by care resulting in unexpected death, suicide attempts requiring medical attention, adverse medication effects or medication dispensing 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 the QOC did 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 communication with the medical director regarding QOCs to ensure QOCs are investigated and closed out in a timely manner.

#### **SFY 2021 Results**

There were 42 QOCs submitted for Region 3 in SFY 2021. Of the 42 QOCs submitted, 41 were closed out within 90 days of submission. This resulted in a timely closeout rate of nearly 98%, exceeding the goal 90% of QOCs closed within 90 days of submission. The one QOC that was not closed out within 90 days of submission was closed out 104 days after it was submitted to quality improvement. Delays with closing out this QOC resulted from barriers in obtaining medical records and the medical record vendor not releasing requested records timely, which ultimately caused a delay in the timely closure of this QOC. To ensure all QOCs are thoroughly documented, investigated, and closed out in an efficient and timely manner, quality

improvement works closely with 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. The two most common categories of QOCs submitted for Region 3 in SFY 2021 included *lack of coordination of care/services* and *lack of follow-up/discharge planning*.

One Region 3 facility was placed on a CAP for a high volume of QOCs 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***

The quality improvement department 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. Quality staff will continue to work closely with customer service and care management staff to ensure that all QOCs are correctly identified and promptly forwarded to quality for investigation. Colorado Access will maintain close communication with the Department to resolve QOCs timely and efficiently.

#### ***SFY 2022 Goals***

- Close 90% of QOCs within 90 days of submission to the quality improvement department.
- Analyze trends of QOCs to evaluate patterns of quality concerns within the network to find training opportunities for providers.
- Increase communication and collaboration with the Department to ensure QOCs are thoroughly investigated and closed out timely.

## Other Quality Monitoring

### External Quality Review Organization (EQRO) Audit

#### Summary

Colorado Access participates in an annual external independent review of quality outcomes, timeliness of, and access to services covered under its contracts. 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 Health First Colorado 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.

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

Standard	# of Elements	# of Applicable Elements	# Met	# Partially Met	# Not Met	# Not Applicable	Score (% of Met Elements)
VII. Provider Participation and Program Integrity	16	16	16	0	0	0	100%
VIII. Credentialing and Recredentialing	32	32	32	0	0	0	100%
IX. Sub-contractual Relationships and Delegation	4	4	4	0	0	0	100%
X. Quality Assessment and Performance Improvement	17	17	17	0	0	0	100%
<b>Totals</b>	<b>69</b>	<b>69</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100%</b>

The below table summarizes audit scores for the credentialing and recredentialing record reviews.

Record Reviews	# of Elements	# of Applicable Elements	# Met	# Not Met	# Not Applicable	Score (% of Met Elements)
Credentialing	100	84	84	0	16	100%
Recredentialing	90	77	77	0	13	100%
<b>Totals</b>	<b>190</b>	<b>161</b>	<b>161</b>	<b>0</b>	<b>29</b>	<b>100%</b>

***SFY 2022 Strategies and Planned Interventions***

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

***SFY 2022 Goals***

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

## 411 Encounter Data Validation Audit

### Summary

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

### SFY 2021 Goal

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

### SFY 2021 Results

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

Requirement/Field Name	Service Category	Numerator	Denominator	%
Principal Surgical Procedure Code	Inpatient	130	137	94.9%
Primary Diagnosis Code	Inpatient	122	137	89.1%
Revenue Code	Inpatient	137	137	100.0%
Discharge Status	Inpatient	134	137	97.8%
Start Date	Inpatient	131	137	95.6%
End Date	Inpatient	136	137	99.3%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Psychotherapy	73	137	53.2%
Diagnosis Code	Psychotherapy	117	137	85.4%
Place of Service	Psychotherapy	104	137	75.9%
Service Category Modifier	Psychotherapy	73	137	53.2%
Units	Psychotherapy	130	137	94.9%
Start Date	Psychotherapy	131	137	95.6%

End Date	Psychotherapy	131	137	95.6%
Appropriate Population	Psychotherapy	131	137	95.6%
Duration	Psychotherapy	117	137	85.4%
Staff Requirement	Psychotherapy	127	137	92.7%
Requirement/Field Name	Service Category	Numerator	Denominator	%
Procedure Code	Residential	104	137	75.9%
Diagnosis Code	Residential	128	137	93.4%
Place of Service	Residential	113	137	82.5%
Service Category Modifier	Residential	104	137	75.9%
Units	Residential	130	137	94.9%
Start Date	Residential	131	137	95.6%
End Date	Residential	131	137	95.6%
Appropriate Population	Residential	131	137	95.6%
Duration	Residential	130	137	94.9%
Staff Requirement	Residential	127	137	92.7%

***SFY 2022 Strategies and Interventions***

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

The first intervention Colorado Access will employ is the implementation of CAPs for outpatient therapy and residential service providers. Providers with five or more claims audited who score below 95% in any category are required to submit a CAP addressing any deficiencies discovered during the audit, including repayment of failed claims/encounters. Colorado Access works with the provider to conduct a root-cause analysis of the errors and implement corrective action which may include, but is not limited to, staff training, electronic medical record system modifications, and implementation of provider-level monitoring such as a program of internal auditing. Progress is monitored and the CAP is closed once the issue is resolved based on evidentiary documentation and/or additional audits. Six providers will be on corrective action plans for this audit. Providers who had less than five files audited are given results and improvements are recommended. However, Colorado Access does not require a formal CAP for these providers, as the sample size is too small to determine if the issues are widespread or systemic.

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

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

***SFY 2022 Goal***

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

## Internal Advisory Committees and Learning Collaboratives

### Learning Collaboratives

#### **Summary**

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

#### **SFY 2021 Goals**

- Continue to attend, and actively contribute to, learning collaborative meetings with appropriate Colorado Access representation.
- Continue to work with the Department to identify topics for discussion and facilitate sessions of the collaborative on a rotating basis.

#### **SFY 2021 Results**

During SFY 2021, Colorado Access participated in 11 RAE learning collaborative meetings, ranging in topic from case management, complex member services, homebound and homelessness services related to COVID-19 and other care, health equity and health disparities, SUD services and administration, and criminal justice services and reform. Additionally, they often contained other topics embedded within these, but focused largely on informing and improving services overall for those in need.

#### **SFY 2022 Strategies and Planned Interventions**

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

#### **SFY 2022 Goals**

- Continue to attend learning collaborative meetings with appropriate Colorado Access representation, contribute where appropriate, and identify areas for collaboration.
- Continue to work with the Department to identify topics for discussion and facilitate sessions of the learning collaborative on a rotating basis.
- Emphasize focus on health equity and vaccination outreach to Health First Colorado members as well as a significant focus on effective messaging to address vaccine apathy, hesitancy, and resistance.

## Provider Learning Collaboratives

### **Summary**

The Colorado Access provider relations team conducts multiple learning opportunities for providers throughout the fiscal year, including provider forum meetings, virtual meetings, in-office training, and ad hoc support as needed. The provider forums provide enhanced opportunities for Colorado Access and the provider network to collaborate and share best practices. A team-based care model was implemented to maximize collaborative provider engagement to provide high-touch, personalized provider service. The model is a people-centered solution to provider engagement that assumes providers can contact anyone on the team to ensure they seamlessly receive the support and assistance they need.

### **SFY 2021 Goal**

- Continue supporting providers by facilitating provider forums, virtual meetings, trainings, and education opportunities focused on clinical and administrative functions to increase provider resources, compliance, and satisfaction.

### **SFY 2021 Results**

The Colorado Access provider relations team managed 15,500 provider interactions by leveraging attribution methodology, telehealth usage, reimbursement, and claims data to educate and train providers. Provider relations collaborated with practice support to conduct joint in-person meetings to strengthen connections with contracted providers, maximize information sharing, streamline contact points, and increase internal coordination. Additionally, Colorado Access has stratified provider contact information to provide more targeted communication to smaller subsets of the provider network through email blasts and *Navigator* provider newsletter. During SFY 2021, Colorado Access hosted two provider forums with between 80 and 150 physical and behavioral health providers and clinic staff members attending.

### **SFY 2022 Strategies and Planned Interventions**

Colorado Access leverages multiple avenues for reaching providers, including virtual and face-to-face meetings, electronic newsletters, and ad hoc support. Provider relations will continue to support providers by supplying pertinent education and guest speakers to ensure the provider network is promoting clinical quality and best practices and up-to-date information on trends and changes occurring within the network. In response to the COVID-19 pandemic, Colorado Access quickly put together an informative virtual training on the change in billing allowances to accommodate telehealth services, providing quick, helpful support to the network when the pandemic hit. Colorado Access expanded the use of webinars and virtual meetings with providers. Additionally, Colorado Access continues to take action by implementing a COVID-19

survey to better understand the issues impacting practices and ensure that vulnerable populations receive equitable care.

***SFY 2022 Goal***

- Continue supporting providers by facilitating provider forums, virtual meetings, trainings, and education opportunities focused on clinical and administrative functions to increase provider resources, compliance, and satisfaction.

## Performance Improvement Advisory Committee

### **Summary**

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

### **SFY 2022 Strategies and Planned Interventions**

In keeping with PIAC responsibilities, quarterly meeting agendas reflect topics related to deliverables, policy changes, and performance data. To keep a record of PIAC business, formal meeting minutes are approved and posted in a timely manner. At the September 2021 quarterly meeting, the PIAC will be introduced to the PIAC recommendation template and this meeting will allow for time to discuss how and when this template will be used. The purpose of the recommended template is to make a formal record of PIAC recommendations related to deliverables, policy changes, and performance data. The formal recommendation will receive group consensus, and then can be used to drive a reporting system to make certain recommendations receive proper action and resources. Recommendations may be directed at the MAC, the Department, Colorado Access, or any other program partners. The recommendation template will create a formal record that identifies responsible entities and holds them accountable for program improvements.

### **SFY 2022 Goals**

- Present the recommendations template to the PIAC for discussion and feedback.
- Expand meaningful engagement with the PIAC by utilizing the recommendations template for two topics in SFY 2022 to track recommendations, identify responsible entities, and create accountability for program improvements.

## Member Advisory Council

### **Summary**

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

### **SFY 2022 Strategies and Planned Interventions**

Colorado Access has increased compensation for member participation in the MAC to demonstrate its appreciation for the value and thought partnership they offer the organization. In SFY 2022 Colorado Access will continue to engage MAC members and utilize this group to improve member engagement, promote wellness, and leverage member input and feedback.

### **SFY 2022 Goals**

- The MAC will decide on one physical or behavioral health diagnosis to create messaging for the larger Colorado Access membership to increase the broader population's education. The MAC will then create all material and messaging that will go into this member outreach.
- Colorado Access will connect each MAC member with one opportunity to join a council, committee, or event to provide other organizations with their lived experience.