

Colorado Hospital Transformation Program (HTP)

Application Training FAQ

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CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Contents

- I. Hospital Application and Intervention Proposal Contents FAQ 3
- II. Application Submission and Write Back Process FAQ 6

I. Hospital Application and Intervention Proposal Contents FAQ

Q: Do hospitals need to submit a list of measures with interventions as well as a list of interventions and associated measures? Are they incorporated into one?

A: The Hospital Application, Question 6 asks for a list of the measures addressed through the interventions chosen. For Question 7, hospitals are also asked to list the applicable measures for each intervention. We ask that hospitals help link the appropriate measures to interventions and provide a brief overview in this section. Under each Intervention Proposal, there is opportunity to provide more detail. What we are wanting first, is the list of measures the hospital has chosen to impact. We then want to see a list of the interventions that the hospital intends to implement and which of the chosen measures will be impacted by each intervention.

Q: In taking a look at our interventions and measures, we do not see direct alignment with any of the statewide initiatives. Would one of the following types of responses be acceptable? (1) None of these initiatives apply; we do not know enough about the initiatives or we do not interact with any of them; (2) We align but we do not interact directly with any of them; (3) We are working with them daily and directly.

A: Since this particular question (Intervention Proposal, Question 6) is not a qualitative review, and is a Pass/Fail score, the state will review for how thorough the hospital addressed this question. Please call out any areas of natural alignments with the HTP interventions and these initiatives. If there are areas where a hospital is working directly with any of these initiatives (such as the ACC with the RAE model), this is a great place to make those notes. This question is intended to show how each hospital may be working toward the same aims and objectives as some identified statewide initiatives.

Some resources and links for a high-level approach are provided in the template. If the alignment between the intervention and the statewide priority is not so clear, be sure to note that as well.

Q: Regarding the Hospital Application, Question 6, we have had trouble getting feedback on our Application from our partners. What if we don't receive feedback?

A: We hope that hospitals are sending out opportunities for dialogue and engaging individuals directly. Hospitals should document any meaningful efforts to let the community hear about their goals and to have an engaging conversation. Hospitals are encouraged to educate stakeholders in the community and test out ways to get valuable conversations happening. If these efforts are documented, the choice of respondents to submit comments, or not, will not impact the hospital. We do encourage hospitals that in addition to sending out the application for comment, that, if possible, convene a meeting (virtual is of course acceptable) to discuss the hospital's approach to the HTP including the measures and interventions you plan to pursue and invite discussion regarding the effort more generally. Many stakeholders may feel that they cannot comment on a clinical intervention but would be comfortable speaking to how the community is working towards similar goals and how there could be alignment, coordination, etc.

Q: Our public health department does the community health needs assessment. The areas that they prioritize may not align with HTP, what are your suggestions?

A: With the formal CHNE process that was done by each hospital, we wanted the hospitals to do an environmental scan (mid point report) that looked at multiple data sources and reports to understand the needs and resources in the community. This included CHNAs by the LPHA, as well as those done by the hospital and the local FQHC. Other sources of data were also used including HCPF claims data, County Health Rankings, etc. Not every one of the top priorities of every stakeholder are going to be able to be addressed by the local hospital through the HTP. The expectation going forward is that the hospital was engaged in and informed by that CHNE process, and that given the structure and goals of HTP, what the hospital has chosen to pursue is from a community-centered and patient-centered perspective and is aligned with needs that are important in the community or are the best interventions given the unique needs of the target patient population.

Q: Some of the local measures are not something that the community would identify as a need, but the hospital does. How do we tie this back in the intervention proposal?

A: When documenting information in the Hospital Application / Intervention Proposal, please note any areas where that intervention may tie back to the community. This may describe how the intervention tackles some of the gaps or opportunities already identified by the community. It is also understood that some of the measures, and the interventions that will be needed, are more clinical in nature and address particular acute patient needs in the community that other stakeholders may not be aware of or able to comment on.

Q: Our CHNA does not necessarily align with the statewide measures. What is the flexibility related to this potential unsupported alignment with CHNA?

A: While the CHNE / CHNA may not specifically call out the statewide measures, hospitals may want to consider interventions that are designed to meet the needs of the community and are cognizant of the resources. It is important to focus on the tie to the community here. The statewide measures have been identified as areas of significant need across the state that they are being implemented as a statewide approach. However, the interventions that each hospital chooses to implement to impact those measures should be informed and reflect the needs and resources of the community and the patient's served by the hospital and the resources of the hospital.

Q: Regarding Intervention Proposal, Question 9, if we have formal agreements with agencies do we need to send copies with our application?

A: Documentation of partnership can be a letter formally introducing the partnership, and their ties to that specific Intervention. Hospitals may also send the cover sheet of partnership contracts. Extensive documentation of every detail of the partnership is not required, just enough to confirm the partnership exists and their stated role. This is to ensure that other organizations that the hospital will depend upon for an intervention and ultimately earning at-risk in the HTP, are aware and have a documented commitment to support the hospital's intervention(s).

II. Application Submission and Write Back Process FAQ

Q: How do hospitals submit documents and Application?

A: Upon completion of the Application Template and all the Intervention Proposals, hospitals should combine all files into a PDF document that will be submitted online to the CPAS portal. Application Training and supplemental guidance materials have been shared to assist hospitals in creating that PDF document and submitting online.

Note, once the Application is submitted successfully to CPAS, and the full document is visible in the Document Repository, this will count as confirmation those documents have been received.

Q: If our documents are not using the latest template, do we need to transfer the information into the newest template?

A: Small formatting changes have been made to the March template, including page number updates - this version is now posted the HTP [website](#). There are no material changes and hospitals are not expected to transfer information to the newest template when submitting documents.

Q: Do you want us to submit the supporting letters/contracts from our partners as part of the single application (application + intervention documents + letters/contracts)? Or do you want the letters/contracts in a pdf document separate from the application (application + interventions and a separate document with letters/contracts)?

A: Please submit the Hospital Application, all the Intervention Proposals in order, and then the supporting documentation at the very end; all as one document.

Q: If we submit the application early, will we get feedback early through the write back process?

A: If a hospital submits information before the due date, it will be reviewed upon submission. The review team is not waiting until April 30 to complete reviews. If there are questions regarding a hospital Application submission, the review team will not wait to issue write backs.

There is an incentive since the write back response due date is the same for every hospital in the program. For hospitals that submit early, they will have additional time to incorporate feedback from the Department and submit responses.

Q: Could you please clarify the difference between responses you may give during April, and those you give after the application period closes?

A: The write back process is exactly the same, however the timing is slightly different. If hospitals submit sooner, those hospitals may receive a write back sooner. There is more time for hospitals to consider the feedback provided and incorporate any revisions/edits.

Q: Have the passwords and log in information for CPAS been sent?

A: Unique user passwords and log in links to set up the accounts were sent Friday, March 5. Note, this account will associate individual contacts to their specific hospital. Upon proper set up, hospital contacts can then upload and submit their Application.

The CPAS portal will be used for all program-related submissions. For technical assistance regarding the CPAS portal please email: cohtp@mslc.com