

# *Colorado Hospital Transformation Program:*

Hospital Application Training

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Department of Health Care Policy and Financing



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# *Our Mission*

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# Agenda

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# *Hospital Transformation Program (HTP) Overview*



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# HTP Overview

- Five-year program to implement hospital-led strategic initiatives through the establishment of an alternative payment incentive program.
- Leverage supplemental payment funding generated through existing healthcare affordability and sustainability fees.
- Payments used as incentives in the HTP to improve patient outcomes through care redesign and integration with the community, optimize Medicaid costs through reductions in avoidable care, prepare hospitals for future value-based care



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# HTP GOALS

01

**Improve** patient outcomes through care redesign and integration of care across settings

02

**Improve** patient experience in the delivery system by ensuring appropriate care in appropriate settings

03

**Lower** Medicaid costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery

04

**Accelerate** hospitals' organizational, operational and systems readiness for value-based payment

05

**Increase** collaboration between hospitals and other providers, particularly Regional Accountable Entities (RAEs)



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# ***HTP PRIORITIES & FOCUS AREAS***

1. Avoidable hospital utilization.
2. Core populations.
3. Behavioral health and substance use disorder (SUD).
4. Clinical and operational efficiencies.
5. Community development efforts to address population health and total cost of care.



# *Four Principles of Success*

1. What is our measurable impact on meaningful metrics?
2. What actions/interventions/processes of care are affecting that impact?
3. What are our learning systems for continuous improvement and what are we learning from our activity and performance?
4. How are we building a culture of engagement and how are we engaging our communities regarding what we measure, what interventions we do, and in our learning and feedback loops?



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# Eligibility Criteria

In order to participate in the program, hospitals must meet HTP eligibility criteria:

- The hospital must be located in Colorado.
- The hospital must be an acute care hospital.
- The hospital must participate in Health First Colorado.
- The hospital must have completed the Community and Health Neighborhood (CHNE) process, including a submission of:
  - CHNE Action Plan
  - CHNE Midpoint Report
  - CHNE Final Report



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# *Program and Application Timeline*



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# *Transition from CHNE to Implementation*

The application is a follow-up to completion of the pre-waiver Community and Health Neighborhood Engagement (CHNE) process.



# Updated HTP Timeline

**April**  
2021

- Hospital Application due with public input.

**MAY**  
2021

- HCPF and consultant review applications, request revisions if necessary.
- Complete applications with HCPF recommendations to Oversight Committee.

**June**  
2021

- Oversight Committee completes reviews, sends to HCPF.

**July**  
2021

- Additional application revisions and review, if needed.
- Presentation to CHASE Board.
- Final application review period ends and applications published.

**Aug. -  
Nov.**  
2021

- Implementation plan process.

**Dec. -  
March**  
2022

- Project ramp-up and planning.

**April**  
2022

- HTP activity begins.

**July**  
2022

- First activity reporting for prior quarter.

# *Application Submission, Review and Finalization Timeline*

<b>Deliverable</b>	<b>Length of Time</b>
Application Submission Period	4/1/21 - 4/30/21
Application Review Period	4/30/21 - 5/26/21
Application Revision and Resubmission Period	6/1/21 - 6/11/21
Application Final Review Period	6/12/21 - 7/28/21
Final Application Scores Released	TBD (Est.: 7/30/21)



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# *Application Overview and Scoring*



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# Application Overview

Hospitals must submit an application in order to participate in the HTP.

- The Application templates and Question-Specific Review Criteria can be found on the HTP website.

The application is broken into two parts:

## Hospital Application

- Executive Summary/Vision Statement
- Points of Contact
- Governance Structure and Overall Project Management Capabilities
- Plan for Ongoing CHNE
- Measure Selection
- List of Proposed Interventions

## Intervention Proposal\*

- Name of Intervention
- Quality Measures to be Addressed
- Description and Rationale
- Alignment of Intervention and Selected Quality Measures with Community Need
- Evidence Base
- Intersection and Alignment with Ongoing Statewide Initiatives
- Experience
- Existing Interventions (as applicable)
- Partner Organizations (including documentation)

\*Hospitals must complete a *separate* Intervention Proposal section *for each* proposed intervention, and must submit interventions that, together, address all statewide and local quality measures listed in the hospital's application.

# Scoring Approach

Responses will be scored in one of two manners:

## Pass/Fail:\*

- Fail: Incomplete response
- Pass: Complete response

## Numerical scores:\*

- One: Answer is incomplete or does not demonstrate a satisfactory approach to the topic addressed
- Two: Answer represents a generally complete and satisfactory approach but limited additional information or clarification is needed.
- Three: Answer is complete, sufficiently detailed and includes an acceptable response and approach to the topic addressed.

\* The question-specific scoring approach and detailed criteria are specified in the Question-Specific Review Criteria.



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# Scoring Approach

Applicants must earn scores of Pass or Three (as applicable) for every response to qualify for participation in the program.

Any question receiving a Fail, One or Two during the initial application review period will be returned to the applicant with specific instructions for revision prior to resubmission.

The Department will provide assistance aimed at ensuring the revisions result in a score of Pass or Three.



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*(Part 1 )*  
*Hospital Application:*  
*Questions and Review*  
*Criteria*



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# *Executive Summary / Vision Statement*

1. The hospital should articulate how it intends to advance the goals of the HTP.

The response should address:

- The hospital's goals for participation.
- The hospital's initial thinking regarding sustainability.

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.

# *Points of Contact*

2. Please provide all requested contact information
  - Hospital name, Medicaid ID and address, and contact information for the hospital executive and two contacts should be provided, including title, address, phone number and email for each.
  - This information should be provided even if it was provided in CHNE Reports.

**Pass / Fail score:** The response will be reviewed for completeness.

# *Governance Structure & Overall Project Management Capabilities*

3. The hospital should address all of the aspects of governance *of its HTP engagement*:

- A description of the governance structure.
- How the structure reflects the needs and experiences of the hospital.
- How the structure will ensure successful oversight.
- How the structure will ensure management and transparency.
- How the structure will engage members of the community.
- How the structure aligns with the project management structure of the hospital (which should also be detailed).
- How the project management structure aligns with hospital leadership.
- The state of reporting capabilities.

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.



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## *Plan for Ongoing CHNE*

4. The hospital must describe its plan for Continuing Community and Health Neighborhood Engagement at a high level.

- Hospitals are not required to submit action plans.
- Hospitals should demonstrate compliance with the Continuing CHNE requirements.
- This response should address:
  - The stakeholders to be engaged.
  - The types of engagement activities.
  - The expected frequency of engagement activities.

**Pass / Fail score:** The response will be reviewed for completeness in addressing each of the points outlined above.

# *Public Input Requirements*

5. Hospitals must share a draft of the application with stakeholders before submission to allow stakeholders to provide feedback for the hospital's consideration.
- The state will also make application submissions public upon receipt.
    - Stakeholders can provide input to the hospital and state for consideration during the review period.



# Measure Selection

6. The hospital should use the provided narrative box to identify the statewide and local quality measures it will address via HTP initiatives. Please format the response as a numbered list.

Measure selection should:

- Adhere to the specified requirements based on the hospital size and type.
- Align with the community needs identified during the hospital's CHNE process.
- Align with the hospital's improvement priorities.

The response must also include the unique identifier from the measures list for each measure selected. For example, the measure “30 Day All Cause Risk Adjusted Hospital Readmission” should also include the identifier: SW RAH1

*The list of unique identifiers can be found on the HTP website at [www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program](http://www.colorado.gov/pacific/hcpf/colorado-hospital-transformation-program)*

## *Measure Selection (cont.)*

This response should include all measures that the hospital included in the submission of the intervention proposals.

Similarly, each of the measures listed in this response should also be included in the response to Question 2 in the Intervention Proposal section in at least one of the intervention proposals submitted by the hospital.

**Pass / Fail score:** The response will be reviewed for completeness based on the criteria outlined on the previous slide.

# List of Proposed Interventions

7. The hospital must provide a numbered list of all proposed interventions in the narrative box. Following each proposed intervention, the hospital must identify which of the measures (from Question 5) the intervention addresses by using the unique identifier.

*Example:*

1. *Intervention Name*

a. *Applicable measures: SW-RAH1, RAH2, etc.*

All interventions for which the hospital submitted an intervention proposal should be included. Similarly, an Intervention Proposal should be submitted for each intervention included in this response.

**Pass / Fail score:** Responses will be reviewed for completeness based on the criteria outlined above.



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*(Part 2)*  
*Intervention Proposal:  
Questions and Review  
Criteria\**

*\* A separate Intervention Proposal must be submitted for each proposed intervention.*



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# *Name of Intervention*

1. The hospital should identify which of the interventions listed in response to Question 6 of the hospital application this section applies to.

**Pass / Fail score:** Responses will be reviewed for completeness based on the criteria outlined above.



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# *Quality Measures to be Addressed*

2. The hospital must specify which of the statewide and selected local quality measures it will address through the intervention. Responses must align with the intervention-specific list included in the response to Question 6 of the Hospital Application.

Please format the response as a numbered list and include the unique identifier associated with the measure name.

**Pass / Fail score:** Responses will be reviewed for completeness based on the criteria outlined above.

# *Description & Rationale*

3. The hospital should:

- Describe the intervention.
- Explain its rationale for selecting the intervention, including based on how the intervention advances the goals of the HTP.

**Numerical score:** Responses will be reviewed for completeness and approach. The response must include a description of the intervention and demonstrate that the intervention will advance at least one of the HTP goals.

# *Alignment of Intervention & Selected Local Quality Measures with Community Need*

4. The response should demonstrate that the intervention and selected local quality measures align with community needs identified during the CHNE process.

Factors to consider include:

- Alignment with significant community health needs.
- Alignment with service capacity resources and gaps.
- Alignment with community needs.
- Leveraging of available resources.

**Numerical score:** Responses will be reviewed for completeness and approach. The response must demonstrate that the intervention and measures were selected based on - and align with - identified community resources and needs, as outlined above.



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# Evidence Base

5. The hospital must select the most appropriate option for describing the evidence base for the intervention's *use among the target population*.

Based on the initial response, the hospital must include a narrative either:

- Summarizing the evidence base, or
- Explaining why an intervention without an evidence base is being proposed

**Numerical score:** Responses will be reviewed for completeness and approach. Both sections of the question must be completed and the hospital must demonstrate that evidence supports the use of the intervention and that it will impact the applicable quality measures, or demonstrate the appropriateness of selecting the proposed intervention despite the lack of an evidence base.

# *Intersection & Alignment with Ongoing Statewide Initiatives*

6. Intersection with another ongoing statewide initiative is not required. However, if it exists, the hospital must identify the applicable statewide initiative and describe how it will ensure alignment.

**Pass / Fail score:** Responses will be reviewed for completeness.



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# *Intersection & Alignment with Ongoing Statewide Initiatives (cont.)*

## **Statewide Initiatives:**

- Behavioral Health Task Force
- Affordability Road Map
- IT Road Map
- HQIP
- ACC
- SIM Continuation
- Rx Tool
- Rural Support Fund
- SUD Waiver
- Health Care Workforce
- Jail Diversion
- Crisis Intervention



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# *Experience*

7. The hospital must explain whether it or an affiliated community partner has implemented a similar intervention or targeted the same population previously. The response should note how any prior experience will impact the success of the intervention.

**Pass / Fail score:** Responses will be reviewed for completeness.



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## *Existing Interventions (if applicable)*

8. The hospital must identify existing interventions defined as those interventions that the hospital has implemented or is implementing on the day it submits the hospital application.

If the intervention is an existing intervention, the hospital must demonstrate that:

- Use of the existing intervention is the best approach for meeting community needs
- The project will be enhanced to meet HTP goals

**Numerical score:** Responses to be reviewed for completeness and approach based on the criteria above.



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# *Roles & Documentation of Partner Organizations*

9. Partnerships are optional, but if the intervention is a joint effort aimed at impacting a measure, the hospital must complete the provided chart to identify partners, whether it has worked with the partner(s) previously and the partner(s) role(s).



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# *Roles & Documentation of Partner Organizations (cont.)*

Documentation of the partnership(s) must be submitted and can include:

- Contracts
- Memoranda of understanding
- Business association agreements
- Letters of partnership meeting standards enumerated in the application template

**Pass / Fail score:** Responses will be reviewed for completeness.



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# *Application Submission*



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# *Application Submission*

Hospitals will complete two separate documents that will comprise the full application.

- 1. Hospital Application** - Executive summary, contact information, governance, stakeholder engagement, measure selection, intervention inventory.
- 2. Intervention Proposal** - Overview of each proposed intervention; Must be completed separately for each proposed intervention.

All sections must then be combined and submitted as one document in .pdf form with any supporting documentation.

Questions have suggested word limits for responses, but responses will not be cut off.



# Application Submission

Hospitals have one month to submit applications

- Due date is April 30<sup>th</sup>, 2021 by 11:59pm MT.
- Applications will be submitted through a private dashboard accessed through authentication portal using a Data Collection Tool
- If the hospital has any questions or concerns related to the application, please reach out to [COHTP@state.co.us](mailto:COHTP@state.co.us) ahead of this deadline.

Applications will be made public.

Following review, hospitals will have any opportunity to make revisions.



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# *Application Submission as One PDF Document*

Application and accompanying intervention proposals are to be uploaded to the portal as one pdf document.

The following slides contain instructions for converting a Word document to a pdf file and for combining multiple pdf files into one document for submission.

- Note that as there is more than one method for pdf conversion and compilation, this presents only one approach that may vary based on the user preference and the capabilities of your application version(s).

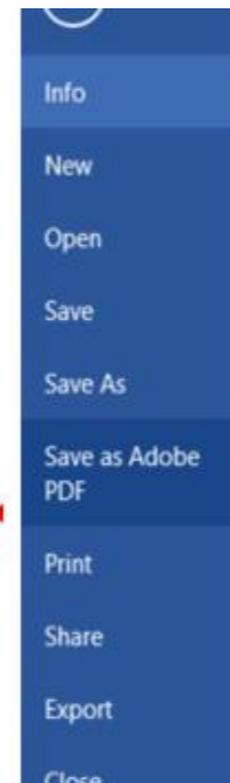
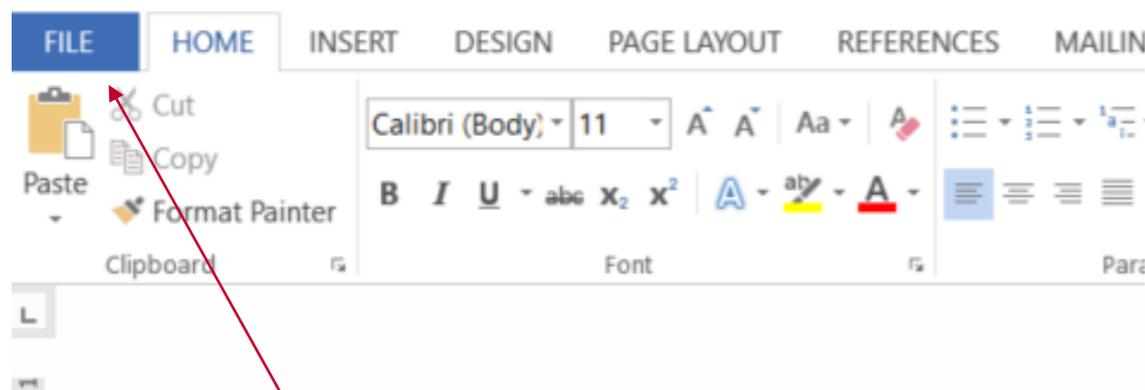


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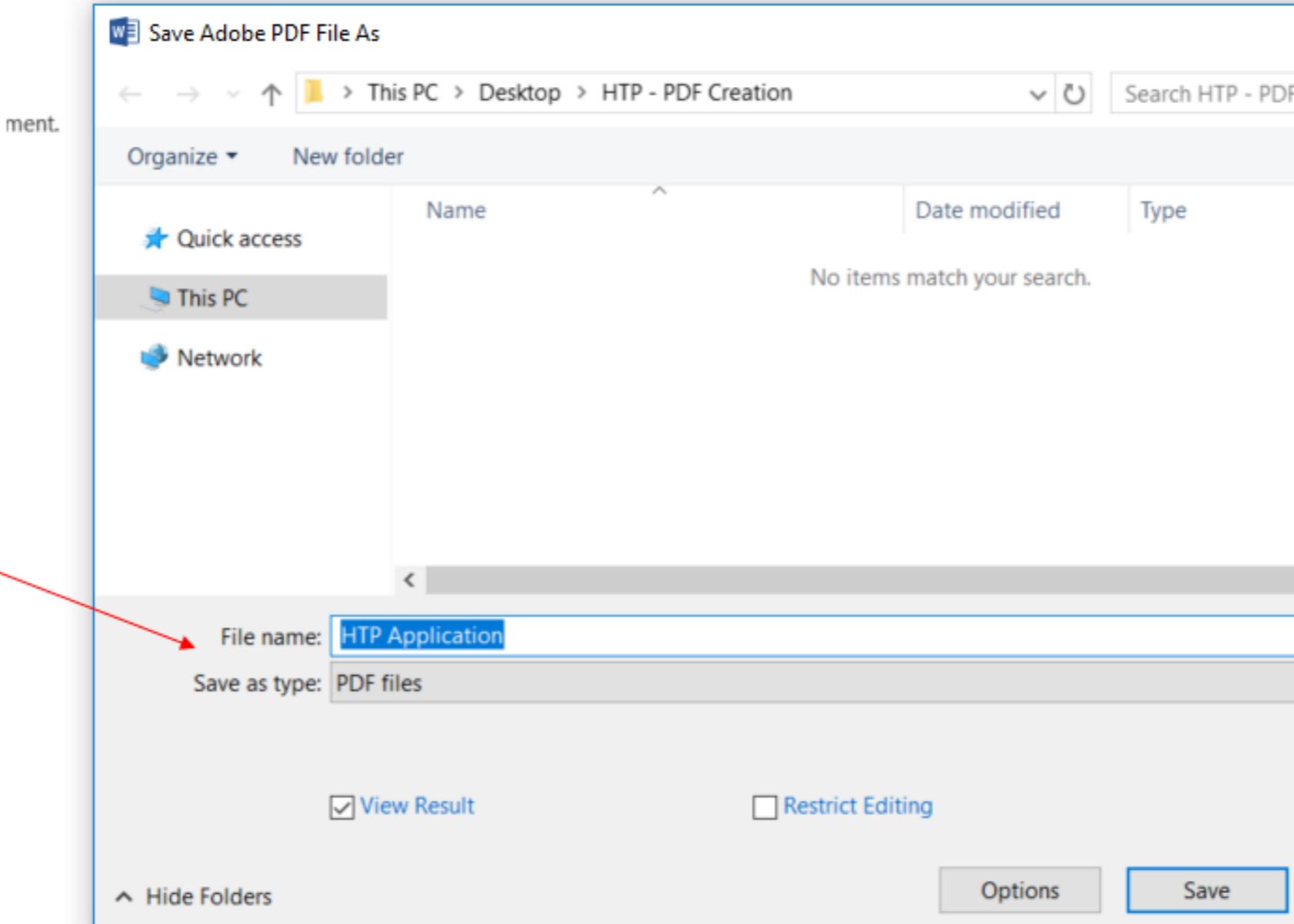
Colorado Healthcare Affordability and  
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# Convert Word Document to PDF

1. Open the Word document
2. Select the “File” tab
3. Then Select "Save as Adobe PDF"



# Follow Prompts to Save as Type: PDF Files

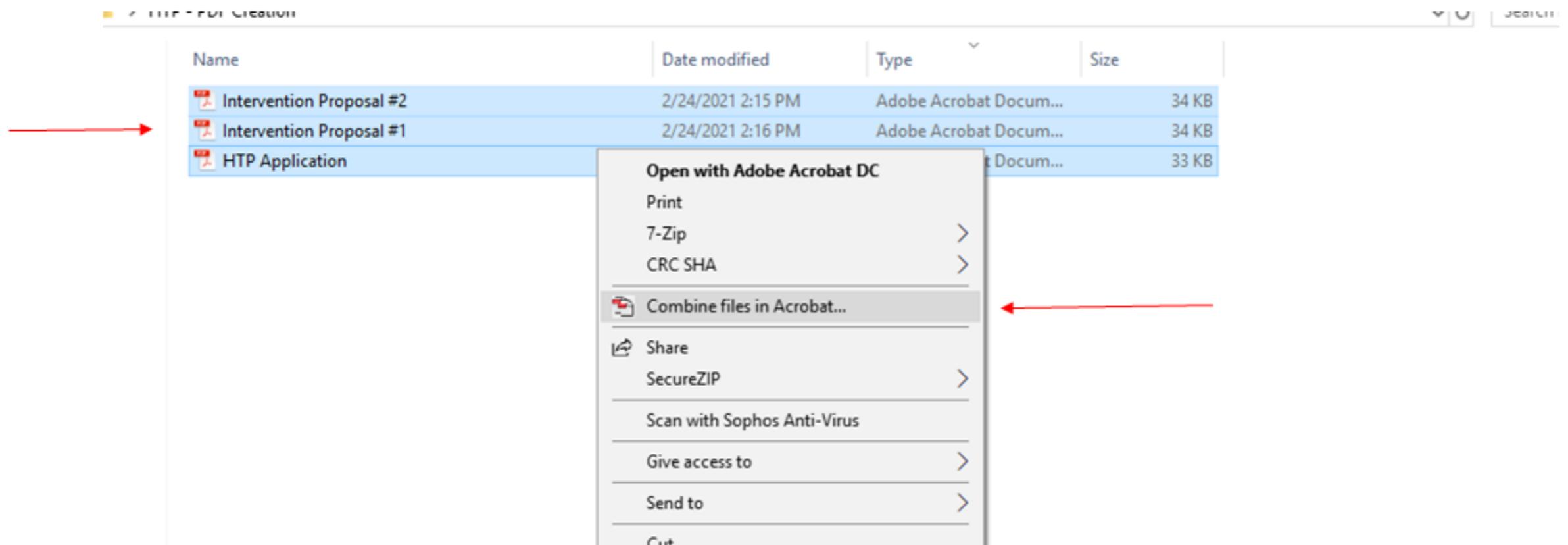


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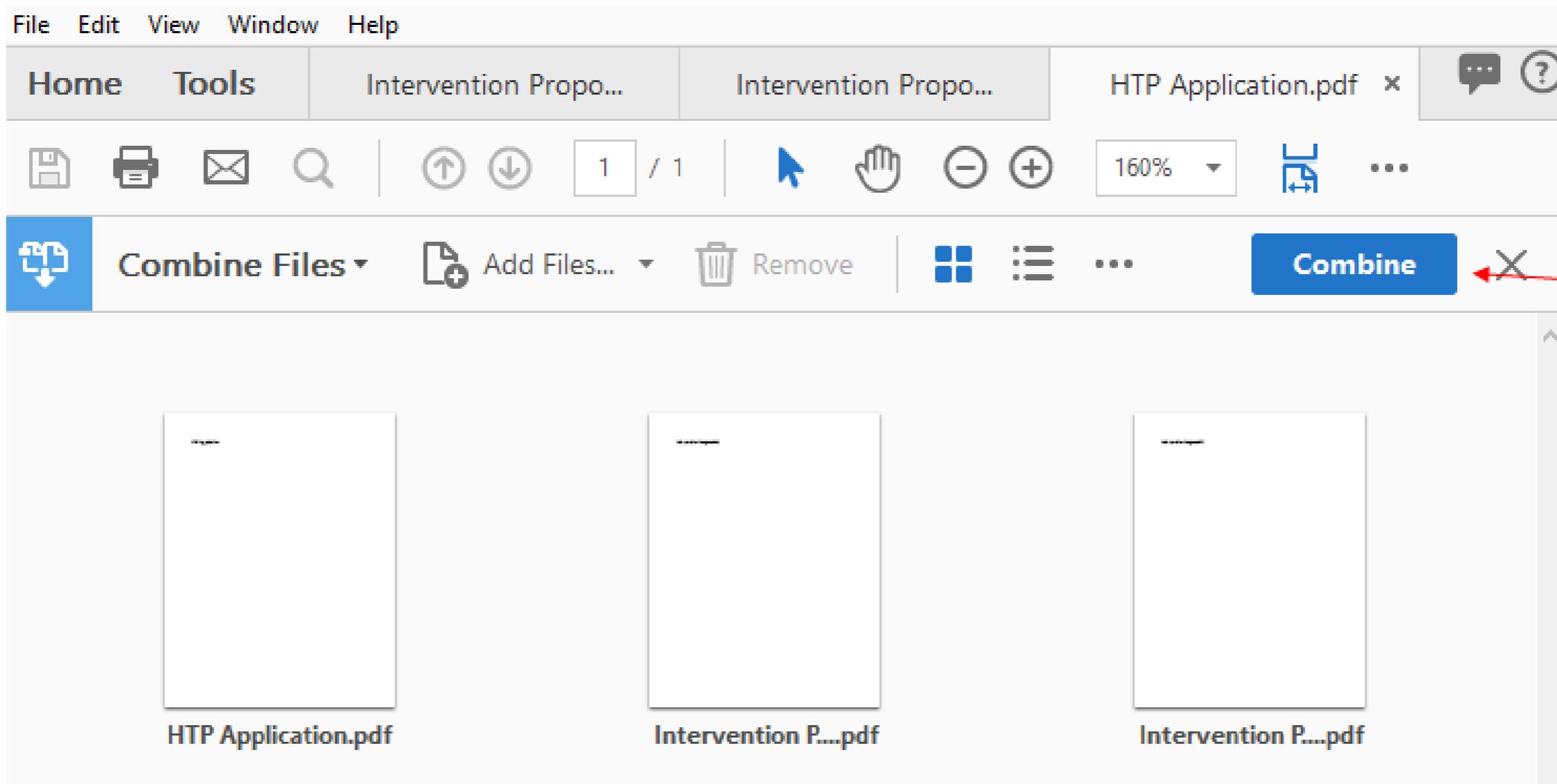
Colorado Healthcare Affordability and Sustainability Enterprise

# Combining PDF Files into One PDF Document

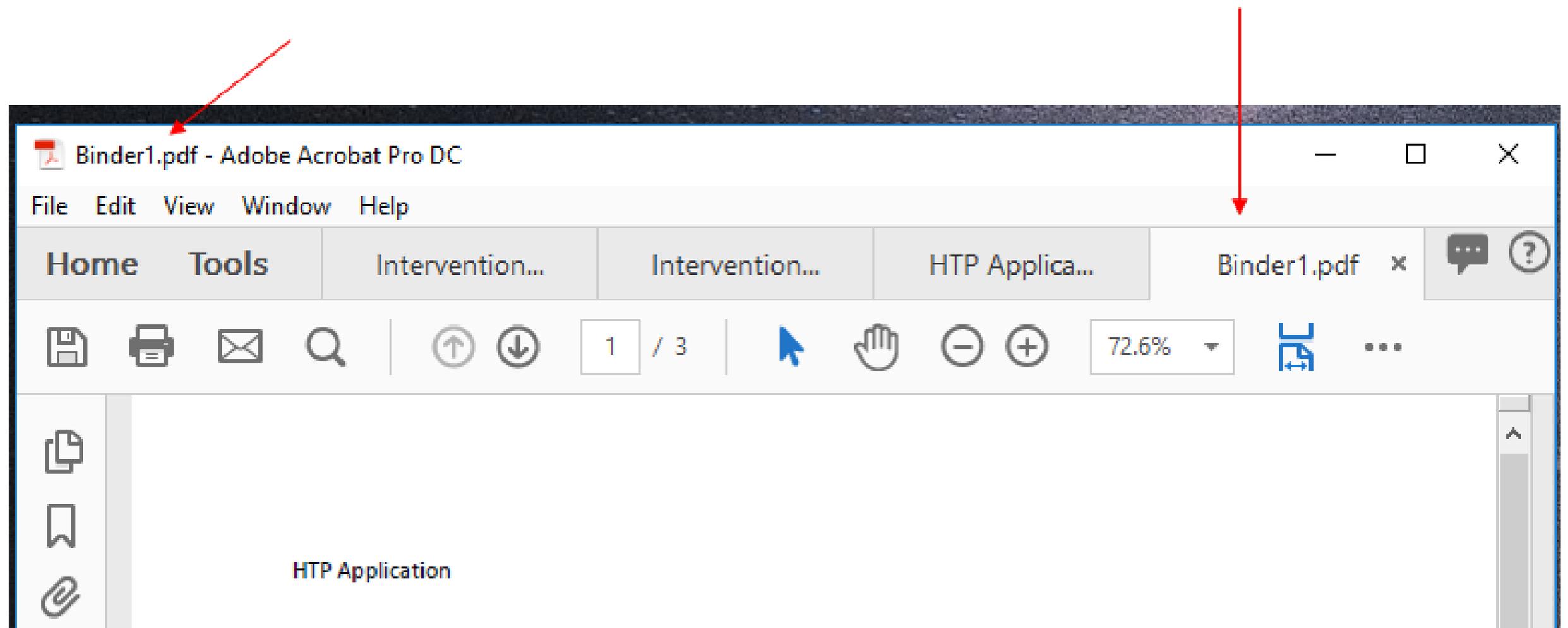
1. Holding Shift key, select all pdf files you wish to combine
2. Right click
3. Select "Combine files in Acrobat"



# Confirm all files you want to combine are shown and select "Combine"

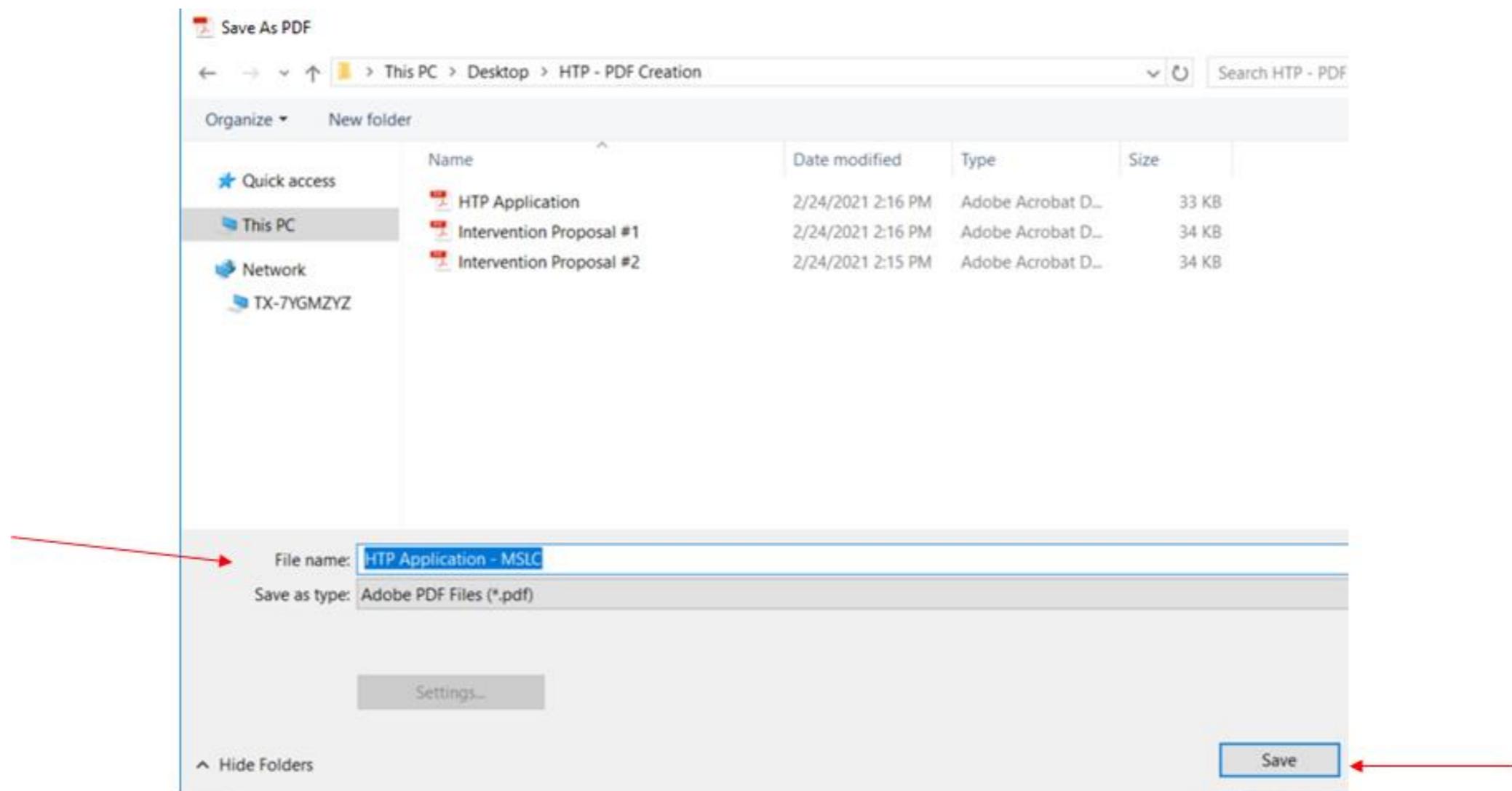


# *Will combine into a document titled "Binder"*



# Select "File" and Save to Rename

1. Name Document for Upload: HTP Application - Hospital Name
2. Select Save



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# *Questions*



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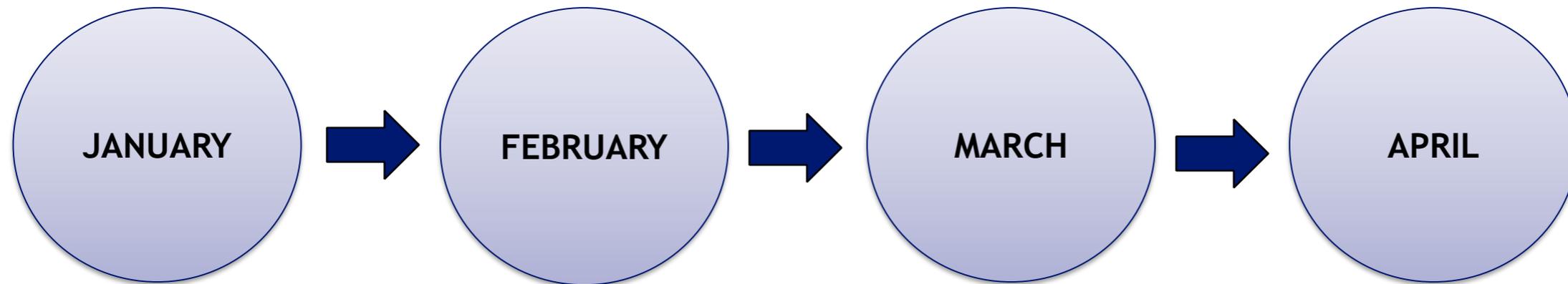
*Collaboration,  
Performance and  
Analytics System (CPAS)  
Overview and Tutorial*



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# Colorado CPAS: Hospital Access



- Confirm hospital contacts
- Hospitals respond to email with contact Additions or Deletions

- Hospital contacts receive user name and password instructions
- Hospital contacts log-in to CPAS

- Hospital Application Upload training

- April 1 - April 30 Hospitals Submit HTP Applications



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# Colorado CPAS: Log-In



LOG IN FORGOT PASSWORD

HOME EXTERNAL LINKS CALENDARS



Welcome to Colorado CPAS (Collaboration, Performance, and Analytics System), a web-based portal that supports Colorado's Hospital Transformation Program (HTP). This portal is used as a means of document submission and information exchange between Myers and Stauffer, LC and participating HTP hospitals. The portal will house materials for hospital applications, implementation plans, and quarterly reporting. The portal will be integrated with the Data Collection Tool to collect performance measure data. Access the HCPF Colorado Hospital Transformation Program webpage for additional information via the External Links tab. Hospitals may submit questions at [cohtp@state.co.us](mailto:cohtp@state.co.us).



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# Colorado CPAS: Enter Username and Password



[LOG IN](#) [FORGOT PASSWORD](#)

[HOME](#) [EXTERNAL LINKS](#) [CALENDARS](#)

Username \*

Enter your Colorado CPAS Portal username.

Password \*

Enter the password that accompanies your username.

**CAPTCHA**

*This question is for testing whether or not you are a human visitor and to prevent automated spam submissions.*



What code is in the image? \*

Enter the characters shown in the image.

# Colorado CPAS: Select Application Submission

The screenshot shows the top navigation bar of the Colorado CPAS website. On the left, there are logos for CHASE (Colorado Healthcare Affordability and Sustainability Enterprise) and Colorado CPAS (Collaboration, Performance and Analytics System). On the right, there are links for MY ACCOUNT, LOG OUT, and FORGOT PASSWORD. Below the logos is a dark navigation bar with the following menu items: HOME, EXTERNAL LINKS, CALENDARS, DOCUMENT REPOSITORY, and APPLICATION SUBMISSION. The 'APPLICATION SUBMISSION' link is highlighted with a red box, and a red arrow points to it from above. The main content area features a large landscape photograph of a mountain range with snow-capped peaks and a lake in the foreground. Below the photograph is a text box with the following content:

Welcome to Colorado CPAS (Collaboration, Performance, and Analytics System), a web-based portal that supports Colorado's Hospital Transformation Program (HTP). This portal is used as a means of document submission and information exchange between Myers and Stauffer, LC and participating HTP hospitals. The portal will house materials for hospital applications, implementation plans, and quarterly reporting. The portal will be integrated with the Data Collection Tool to collect performance measure data. Access the HCPF Colorado Hospital Transformation Program webpage for additional information via the External Links tab. Hospitals may submit questions at [cohtp@state.co.us](mailto:cohtp@state.co.us).

# Colorado CPAS: Application Submission: Select Hospital

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Colorado CPAS Collaboration, Performance and Analytics System

MY ACCOUNT LOG OUT FORGOT PASSWORD

HOME EXTERNAL LINKS CALENDARS DOCUMENT REPOSITORY APPLICATION SUBMISSION

CO TEST PROVIDER APPLICATION SUBMISSION

Welcome to Colorado CPAS (Collaboration, Performance, and Analytics System), a web-based portal that supports Colorado's Hospital Transformation Program (HTP). This portal is used as a means of document submission and information exchange between Myers and Stauffer, LC and participating HTP materials for hospital applications, implementation plans, and quarterly reporting. The portal will be integrated with the Data Collection Tool to collect performance measure data. Access the HCPF Colorado Hospital Transformation Program webpage for additional information pitals may submit questions at [cohtp@state.co.us](mailto:cohtp@state.co.us)

[https://cpasco-dev.mslc.com/application\\_submission](https://cpasco-dev.mslc.com/application_submission)

# Colorado CPAS: Select File Upload

Home » »

## CO Test Provider Application Submission

Resources showing all content (mslc roles)

- ▶ File Upload
- This folder is empty
- > Edit Metadatas



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# Colorado CPAS: Choose File and Upload

Home » »

## CO Test Provider Application Submission

Resources showing all content (mslc roles)

**File Upload**

Uploaded file will be saved to the current directory.

Upload file

CO Test Pro...plication.pdf

Description

New name

Just put filename with NO EXTENSION here if you want to rename the file you want to upload

# Colorado CPAS: Upload Successful



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Colorado  
**CPAS**  
Collaboration, Performance and Analytics System

MY ACCOUNT LOG OUT FORGOT PASSWORD

HOME EXTERNAL LINKS CALENDARS DOCUMENT REPOSITORY APPLICATION SUBMISSION

Home » CO Test Provider Application Submission » CO Test Provider Application Submission

## CO Test Provider Application Submission

View Edit

Resources showing all content (mslc roles)

<input type="checkbox"/>	Display name	created	size	modified	Description
<input type="checkbox"/>	 CO Test Provider - HTP Application.pdf <i>new</i>	Mon, 02/08/2021 - 2:21pm	30.05 KB	Mon, 02/08/2021 - 2:21pm	CO Test Provider - HTP Application.pdf

actions choose an action Process

### File Upload

1 file - 30.05 KB

> Edit Metadatas



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# *Application Submission Instructions*

CPAS portal URL and user account information will be sent mid-February

1. Log in to CO CPAS
2. Enter Username and Password
3. Select Hospital Name under Application Submission
4. Select File Upload to open window
5. Select Choose File and double click on the file for upload. Select Upload.
6. Successful upload will result in Application showing in window.



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# *CPAS Application Submission - Live Demo*



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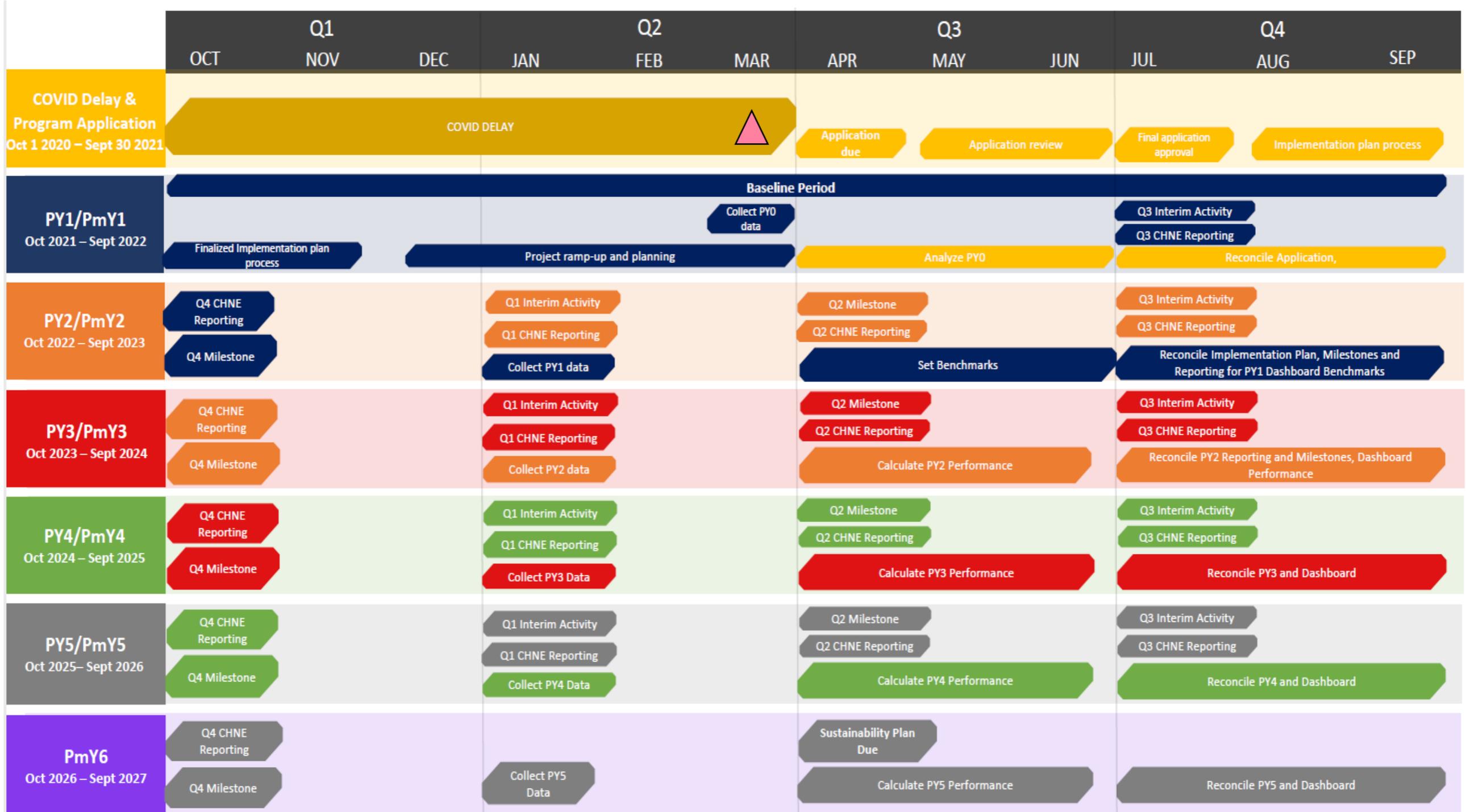
# *Updated Program Timeline*



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# Reporting Timeline



For the purposes of this program timeline, the following abbreviations will be used  
 PY = Program year  
 PmY = Payment year

 = TODAY

# *Questions*



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# *Thank You*

Department of Health Care Policy & Financing



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