

Quality Improvement Plan  
Name: Colorado Access  
RAE: Region 3  
Date: September 29, 2023



## 1. Purpose/Mission Statement

Please describe your Organization's overall purpose/mission statement. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

The Colorado Access mission is to partner with communities and empower people through access to quality, affordable care. 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 decision-making among members, their families, and providers. The Colorado Access QAPI program 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 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.



### 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.

The objectives and purpose of the QAPI program include:

- Maintain a system for monitoring the quality and effectiveness of care and services that result in appropriate action and systematic follow-up when opportunities are identified.
- Prioritize measures and study topics utilizing current, evidence-based, scientifically proven practice guidelines, indicators, and benchmarks in combination with epidemiological characteristics of the membership, prior performance, and/or Colorado Access strategic direction.
- Systematically collect, review, and analyze valid data and select targeted actions and interventions designed for maximum impact using input from key providers and stakeholders.
- Measure the return on investment of interventions while demonstrating sustainable improvements in care and services.
- Comply with local, state, federal, and accrediting requirements for quality improvement, with special attention to measures and performance levels established by the Colorado Department of Health Care Policy and Financing (the Department) and the Centers for Medicare & Medicaid Services (CMS).



### Service Monitoring

Internally, the administrative systems, workflows and programs that enable Colorado Access to be a health care delivery system are monitored to ensure quality. For example, quantity and origin of grievances and appeals is reviewed, timeliness of claims processing is examined, and trends of quality of care concerns are monitored.

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## 2. Yearly Objectives/Top Priorities

Please describe your quality objectives and top priorities for this fiscal year. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

Reducing **over- and under-utilization** of services is a priority which ties numerous Colorado Access initiatives together to promote quality health care management to members ensuring members are getting the right care at the appropriate time.

Colorado Access continues to make enhancements to the Healthy Mom, Healthy Baby (HMHB) digital engagement program to include more resources that focus on maternal health and early childhood development. The HMHB program is a short message service (SMS)-based wellness program for pregnant and postpartum members, as well as babies. This program provides educational messages timed to gestational age or birth age, as well as interactive surveys and reminders to improve maternal and child health outcomes. Additional surveys and interactive modules help assess prenatal, postpartum, and well-baby visit attendance, as well as risk factors such as prenatal risk assessment or missed childhood vaccinations. Colorado Access will continue to operate and manage the updated HMHB digital engagement intervention to ensure members utilize appropriate health care services in alignment with the extended postpartum coverage period. This intervention also drives equity within health care outcomes as under-utilization of maternal health care affects disadvantaged populations.

Colorado Access continuously monitors the provider network to ensure members can access care within their communities and avoid under-utilization of health services. A data-driven strategy is used to recruit and maintain a provider network of culturally and ability-aligned providers based on the needs of Colorado Access members in their communities. In state fiscal year (SFY) 2024 (July 1, 2023 to June 30, 2024), Colorado Access specifically plans to focus recruitment efforts on culturally responsive and diverse providers, respite providers, substance use disorder (SUD) providers, eating disorder providers, long-term residential mental health, and SUD treatment for adolescents. To enhance incentives for behavioral health providers, Colorado Access plans to implement rate increases and fee structure increases. Innovative, value-based agreements represent an important step toward a health care system centered on improved patient outcomes and reduced medical spending. Value-based agreements drive this shift from transactional care to a system where payers, health systems, and doctors are incentivized by the value of care and patient outcomes, not the volume of care provided. Much of the SFY 2024 focus will be to continue to deepen and enrich the understanding of members and the neighborhoods they live in, enhance and expand the provider network to foster increased engagement with the system, improve access to care, and increase appropriate resource allocations.

The value-based payment program at Colorado Access aligns with the CMS strategy in which value-based programs reward providers with incentive payments for the quality of care they provide to members. These programs are part of the larger quality strategy at Colorado Access to reform how services are delivered and paid for by measuring clinical metrics that aim to promote better care and health outcomes for members while ultimately lowering and avoiding unnecessary costs. Colorado Access is working with inpatient behavioral health establishments to better solidify member connections to follow-up appointments after inpatient stays. By monitoring a 7-day follow-up after an inpatient stay metric, Colorado Access can increase continuity of care, ensure appropriate step-down of services to

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support individuals in lower levels of care, and improve health outcomes by incentivizing both inpatient and outpatient providers.

Colorado Access is committed to making informed **data-driven decisions** that promote informed and evidence-based projects across the organization by identifying areas where care can be optimized leading to better patient outcomes.

Data is one of the most valuable assets at Colorado Access as it creates a foundation for targeted and effective programs that deliver appropriate care and best serve members. Data serves many organizational needs and provides valuable information and insight. With the recent focus of the Department to move to nationally recognized metrics and CMS Core Measures, Colorado Access will continue to support and collaborate with the Department around performance metric prioritization and implementation. Colorado Access will continue to work to implement standardized metrics developed off the CMS Core Measure specifications so that data is aligned across projects and departments. Performance will be monitored and targeted programming, interventions, and dynamic payment contracts will be developed based on findings and identified opportunities for improvement.

In SFY 2024, Colorado Access will continue to seek new opportunities to solicit provider and member feedback to inform data-driven programming and decision-making through diverse channels. To enhance communication and feedback with providers, Colorado Access plans to increase trust and collaboration with providers as many of the challenges providers face include staffing shortages and other pandemic-related concerns. Soliciting provider feedback on barriers practices face will provide Colorado Access with the opportunity to partner with practices on focused improvement interventions. Lastly, Colorado Access will increase Member Advisory Council (MAC) and Performance Improvement Advisory Committee (PIAC) impact and engagement by utilizing valuable input and feedback from these groups to make data-driven decisions for organization-wide projects.

Colorado Access closely monitors behavioral health service utilization by creating dynamic dashboards that track utilization trends. These dashboards highlight large month-over-month changes, prompting quality, compliance, provider network services, utilization management (UM), and other clinical teams to examine the data to guard against inappropriate billing practices, as well as fraud, waste, and abuse. Additional analyses include budget-to-actual comparisons to evaluate new fee schedules and performance data to drive value-based payments to identify patient needs and demands.



**Access to care** is another top priority for Colorado Access because it is a fundamental component of accountable care to deliver high-quality, cost-effective health care and plays a pivotal role in promoting patient-centered care, improving health outcomes, and achieving goals.

Monitoring access to care and appointment timeliness is key to ensuring members have access to appropriate care and services in a timely manner. Colorado Access monitors various provider timeliness categories, including physical health and behavioral health services, to ensure timely and appropriate routine and urgent services are available to members. Colorado Access conducts mock appointment request telephone calls or online inquiries, otherwise known as Secret Shopper calls, that mirror common member behavior to test the consistency of provider behavior and availability of services. This activity checks for timeliness of appointment availability to validate compliance with standards, as well as the quality of calls. Colorado Access enhanced the Secret Shopper program to include a tailored access to care training to train providers on access to care standards ahead of conducting Secret Shopper. This training is hosted on the Colorado Access learning management system (LMS). Once providers have successfully completed this training, they are eligible for Secret Shopper inquiries to test their compliance with access to care standards. Additionally, a process was developed in partnership with the PNS department to use the evidence-based measure of Third Next Available Appointment (TNAA) in the case of a failed Secret Shopper call or if additional information is required to assess the provider. Secret Shopper training and program enhancements will be monitored as this program is continued into SFY 2024 to continue emphasis on member-centered care.

Colorado Access identifies, investigates, and addresses potential quality of care concerns (QOCs) to ensure members are provided with high-quality health care services. 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. In SFY 2024 Colorado Access will continue collaboration with the Department to implement a quality of care grievance (QOCG) monitoring process in alignment with the Region 3 contract and update all applicable training, documentation, and process documents to ensure a smooth and seamless transition.

Colorado Access initiated a member satisfaction survey through internal customer service based on results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®1</sup>) Survey and striving to elevate the member's voice. Surveys are conducted through a voice survey administered after a member's call to customer service. When survey respondents indicate that their needs are not met, customer service representatives are able to immediately provide referrals to members who express the desire for additional support. Continuing in SFY 2024, Colorado Access will analyze the results of the fifth iteration of the member satisfaction surveys. Survey responses and member feedback will be used to drive targeted interventions to improve member satisfaction and experience of care. Additionally, survey results will be presented and discussed at the MAC meeting and shared internally with Colorado Access leadership and key strategy workgroups to identify additional areas of opportunity based on member feedback.

Colorado Access prioritizes **diversity, equity, and inclusion (DEI)** to foster a culture that minimizes bias and recognizes and addresses systemic inequities to create an environment that respects and values member differences along varying dimensions and addresses health disparities leading to better health for members.

Colorado Access launched an internal DEI learning module series that all Colorado Access staff are required to complete to ensure a base education across the organization. Series topics include increasing DEI at Colorado Access, empathy, self-reflection, privilege, bias, intersectionality, prejudice, stereotyping, and other DEI-related topics. The DEI learning module series provides Colorado Access staff with the opportunity to reflect on the impact of these topics and increases organizational awareness and understanding of DEI principles. Additionally, this series allows Colorado Access staff to increase cultural competence and awareness by gaining a better understanding of some of the challenges members face when accessing quality and culturally appropriate health care services.

Certain racial and/or ethnic groups may bear a disproportionate burden of disease compared with other groups which reflects individual and systemic disparities and inequities in health care. Standardizing race and ethnicity stratification data is an enhanced focus for Colorado Access as data stratification allows for a better understanding of where health disparities and gaps in care exist, and how these issues can be targeted and addressed. Colorado Access aims to provide comprehensive race and ethnicity data categories and subcategories, where applicable, which increases data accuracy and promotes inclusivity. Additionally, it is important that unintentional biases in reporting are reduced to promote a balanced, evidence-based discussion on the implications of findings based on data stratified by race and ethnicity.

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

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Colorado Access recognizes the importance of examining the unique characteristics of the Medicaid population to tailor services appropriately. Race and ethnicity data has allowed Colorado Access to review and interpret data results, consider what organizational and institutional factors may contribute to member health disparities, identify how services can be modified and developed to address health disparities, assess the impact of culturally tailored and targeted services, and track changes in health disparities over time. Colorado Access data analysts have collected, organized, and categorized all available sources of race and ethnicity data to allow for more appropriate and improved data consumption. Work continues in stratifying programs, metrics, and population trends by race and ethnicity data to help Colorado Access better understand where racial and ethnic health disparities exist, and if those disparities are increasing or decreasing based on program intervention or population cohorts, allowing for a more targeted approach to meet the specific needs of this population.

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### 3. Program Leadership

Please list the individuals who are in your quality program. Please include their contact information. Note: Only update this when applicable, when there are no updates, just copy and paste from a previous submission.

#### **The quality improvement department**

Staff members contribute to the development and advancement of quality care and service delivery, and support quality initiatives by participating in quality management committees, work groups, governing councils, and projects. With oversight and support from the Colorado Access executive leadership team, including Regional Accountable Entity (RAE) program directors, the core quality team consists of the following employees:

- **Director of quality improvement:**
  - Mika Gans, MS, LMFT, CPHQ [REDACTED]
- **Quality improvement program managers:**
  - Laura Coleman, MPH [REDACTED]
  - Lauren Ratliff, MPH [REDACTED]
  - Stacy Stapp, MPH [REDACTED]
  - Sarah Thomas, MPH [REDACTED]



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#### 4. SWOT Analysis & Action Plan

Please provide a SWOT (Strengths, weakness, opportunities and threats) for any program/project that the Department has specified needed more information. If you have not been asked by the Department to provide more information, please leave this page blank.

Colorado Access has not been asked by the Department to provide more information or SWOT analysis.

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Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

| Goal   | Fiscal Year 2024 Objective(s)   | Targeted Due Date | Update  |
|--|---|-------------------|---|
| <b>Performance Improvement Projects (PIPs)</b>   |   |                   |   |
| Collaborate with both external and internal partners on a new PIP, as directed by Health Services Advisory Group (HSAG). | Continue collaboration with both internal and external partners to successfully execute a clinical and non-clinical PIP and monitor progress towards improvement. | Ongoing           | Continue collaboration with the Department and HSAG to implement a new rapid-cycle PIP. |
| Choose the behavioral health PIP clinical topic and submit this selection to the Department.                             |   | October 31, 2023  | Submit the selected behavioral health PIP clinical topic to the Department.             |
| Develop a social determinants of health (SDoH) PIP strategy to satisfy PIP requirements.                                 |   | October 31, 2023  | Collaborate with internal departments to develop the SDoH PIP strategy.                 |
| Create and monitor projects targeting the improvement of selected PIP topics.  |   | October 31, 2025  | Provide ongoing support to providers to ensure targeted improvement.                    |

| Collection and Submission of Performance Measurement Data  |  |         |  |
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| Continue to collaborate with and support the Department's move toward more nationally recognized, standardized measures such as the CMS Core Measures and develop strategies and collaborations that align with the Department's priorities around performance metrics.                            | Improve health outcomes by achieving and maintaining metric success. | Ongoing | Support the Department's transition to standardized, nationally recognized measures and identify opportunities to develop and align strategies with the Department's priorities. |
| Continue to develop new metrics internally to report, monitor, and intervene in areas of care aligned with state-defined performance metrics and maintain dashboards for performance metrics to allow for performance measure data to be accessible to the organization for tracking and trending. |  | Ongoing | Calculate and track progress on measure outcomes over time using internal data methodology and dashboards for rate tracking and analysis.  |
| Continue to expand and improve provider relationships by utilizing routine and ad hoc workgroups, learning collaboratives, and other venues to focus on sharing best practices and improving metric performance.   |  | Ongoing | Workgroups have been engaged to strengthen provider relationships, examine measures, and develop mutually reinforcing activities.  |
| 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.  |  | Ongoing | Address health disparities by analyzing and stratifying race and ethnicity data to support equity-focused decisions and programming.   |



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| <p>Continue to innovate around performance metric management by standardizing tools and methodologies designed to evaluate the effectiveness of programming and interventions and improve upon strategies around managing performance metrics with the metric steward program.</p> |  | <p>Ongoing</p>          | <p>Utilize the metric steward program and standardization tools to improve performance and metric management.</p>   |
| <p>Continue to operate the HMHB digital engagement intervention and track associated process metrics for the impactable population in order to educate members.</p>  | <p>Improve maternal and child health outcomes through targeted digital engagement.</p>   | <p>Ongoing</p>          | <p>Continue to operate the HMHB digital engagement program and continue to outreach high-risk pregnant members to assess needs, coordinate care, ensure proper prenatal care, and connect members to resources, as appropriate.</p> |
| <p>Continue to provide care coordination or extended care coordination, depending on the identified needs of the member.</p>   |  |                         |   |
| <p><b>Member Experience of Care</b></p>  |  |                         |   |
| <p>Continue customer service-focused quality monitoring programs including the monitoring of Net Promoter System (NPS) scores and increasing interdepartmental collaboration and learning from the customer service department.</p>  | <p>Use a variety of data sources including NPS scores and CAHPS data to understand member satisfaction and experience of care.</p> | <p>Ongoing</p>          | <p>Continue customer service-focused quality monitoring programs to increase NPS score monitoring.</p>  |
| <p>Analyze and share upcoming CAHPS data to identify and correct deficiencies in member experience and the provider network.</p>   |  | <p>January 31, 2024</p> | <p>Analyze CAHPS data to identify key drivers for customer satisfaction and opportunities to improve member experience.</p>   |
| <p>Continue CAHPS communication strategies to increase CAHPS response rates by working across departments, including marketing.</p>  |  | <p>Ongoing</p>          | <p>Identify opportunities to expand CAHPS communication strategies to increase education and response rates for more meaningful CAHPS data.</p>   |

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| Continue analysis of respondent-level responses to identify more meaningful intervention identification and implementation.   |   | Ongoing          | Utilize respondent-level CAHPS responses to identify meaningful interventions for implementation.  |
| Achieve 100% compliance for contractually required grievance timeframes.  |   | June 30, 2024    | Monitor grievance processing to ensure 100% compliance with timeliness.  |
| Maintain an average quality monitoring score of 95% or higher.  |   | June 30, 2024    | Continue the quality monitoring program to audit the timeliness of grievance resolutions and ensure adherence to grievance procedures.   |
| Effectively execute the upgrade of the Guiding Care system used to process and track grievances and train all grievance staff on resulting changes to system use and revised workflows.   |   | June 30, 2024    | Successfully execute the Guiding Care system update to enhance grievance handling and tracking. Update relevant procedures and training materials to ensure a smooth transition for current and new grievance staff. |
| Create and implement a revised training program and associated training materials, including improvements to the Guiding Care system, that will educate current staff and new hires.  |   |                  |  |
| Analyze results of the fifth iteration of the member satisfaction survey.   | Utilize member satisfaction survey results to gauge member experience of care and identify opportunities for improvement. | October 31, 2023 | Analyze survey results of a new member satisfaction survey and utilize the MAC for valuable feedback regarding member satisfaction and experience of care.   |
| Present the results of the member satisfaction survey to the MAC to enhance understanding of survey responses, receive feedback around pressing issues that emerge from survey results and intervention ideas, as well as provide members with data around member experience of care. |   |                  |  |



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| Use survey results to drive interventions within the provider population and Colorado Access to improve care.   |  | Ongoing | Identify key drivers for member satisfaction, dissatisfaction, and opportunities for improvement.  |
| <b>Under and Over-Utilization of Services</b>   |  |         |  |
| Maintain compliance with contractual UM turnaround times at 95% or higher.  | Ensure compliance with contractual UM requirements through continuous monitoring and evaluation. | Ongoing | Monitor compliance with UM decision-making timeframes through regular inter-rater reliability (IRR) and appeal rate monitoring and UM chart reviews.                           |
| 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.  |  |         |  |
| Continue to provide medically necessary services, referrals, and appropriate clinical and extended care coordination to children and adolescents accessing Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services within the capitated behavioral health benefit. | Coordinate the provision of EPSDT benefits for children and adolescents under the age of 21.     | Ongoing | Outreach members, assess needs, and connect members with primary care medical providers (PCMPs), specialists, EPSDT benefit information, and referrals to community resources. |
| Continue to assist members with accessing EPSDT benefits, including those covered by Fee-for-Service (FFS), such as residential services for members diagnosed with intellectual or developmental disabilities (IDD).   |  |         |  |
| Continue to operate the EPSDT digital engagement and direct mail interventions and track associated process metrics.  |  |         |  |

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| Continue to educate staff, members, providers, and community partners about EPSDT benefits.   |   | Ongoing       | Revise and improve EPSDT training materials and continue efforts in training staff and providers about EPSDT benefits.   |
| Train 10 providers per quarter via the access to care training module. Ensure representation among physical health, behavioral health, and SUD providers.   | Increase member access to care by ensuring provider compliance with contractual access to care standards.   | Quarterly     | Utilize access to care training modules to train providers on access to care standards to increase understanding and adherence to these standards. Continue to assess access to care through the Secret Shopper program. |
| Enroll 10 providers per quarter in the Secret Shopper program to assess member experience and access to care compliance. Ensure representation among physical health, behavioral health, and SUD providers. |   |               |  |
| Issue at least one reminder of access to care timeliness standards and provider requirements in a provider newsletter.  |   | June 30, 2024 | Remind providers of access to care standards through provider newsletter communications.   |
| Explore program limitations and develop Plan, Do, Study, Act (PDSA) opportunities to improve limitations.   |   | June 30, 2024 | Engage with providers and internal departments to understand access to care barriers and find opportunities to improve Secret Shopper program limitations.   |
| Pilot a TNAA measurement request within the Colorado Access annual PCMP assessment to gain a point-in-time measure of appointment availability for the PCMP network.  |   |               |  |
| Maintain the overall behavioral health penetration rate across Region 3 throughout the public health emergency (PHE) unwind.  | Expand behavioral health network capacity to increase access and utilization of behavioral health services. | June 30, 2024 | Maintain behavioral health penetration rates by promoting behavioral health services, provider contracting, and identifying opportunities to expand network capacity.  |
| Look for opportunities to expand capacity for behavioral health services.   |   | Ongoing       |  |



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| <p>Direct a data-driven strategy to recruit and maintain a provider network of culturally and ability-aligned providers based on the needs of Colorado Access members in their communities.</p> <ul style="list-style-type: none"> <li>○ Implement an integrated recruitment strategy in collaboration with all provider-facing teams.</li> <li>○ Utilize heat maps to look at geographic overlay of members to providers.</li> </ul>   |   | Ongoing | <p>Increase provider recruitment efforts by using data-driven strategies and innovative tools such as heat maps to better understand member-to-provider ratios and geographic considerations.</p> |
| <p>Expand and diversify the behavioral health workforce.</p> <ul style="list-style-type: none"> <li>○ Focus recruitment efforts on DEI, respite providers, SUD providers, long-term residential mental health and SUD treatment for adolescents, and eating disorder treatment providers. Partner with community cultural navigator(s) to recruit and build relationships with bilingual providers.</li> <li>○ Work with Metro State University (MSU) Denver to fund school of social work scholarship program, enhancing/diversifying the behavioral health career pipeline. Begin first cohort of scholars in August/September 2023.</li> </ul> | <p>Build and maintain a robust provider network to ensure contractual network adequacy standards are met.</p> | Ongoing | <p>Implement innovative network recruitment and maintenance strategies through community partnerships while focusing on DEI.</p>  |





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| <p>Utilize DEI data collected in the credentialing process to enhance and increase the accessibility of the provider directory and improve member engagement.</p> <ul style="list-style-type: none"> <li>○ Ensure credentialed providers are listed in the Colorado Access internal directory with information related to cultural competency, race/ethnicity, gender, Americans with Disabilities Act of 1990 (ADA), and languages spoken, and that members can easily access this information when searching for a provider.</li> <li>○ Ensure that the provider directory shows all providers accepting patients at the practitioner level, rather than at the practice level to improve access and timeliness of services.</li> </ul> |  | Ongoing       | Enhance provider data to capture language, gender, minority-owned, population served, and provider location, among others, and incorporate this data into directories and databases to inform programming and further enhance the network. |
| Engage 15 members through the Virtual Care Collaboration and Integration (VCCI) Behavioral Health Transitions of Care (BH TOC) program.   | Increase access to behavioral health care by leveraging technology and innovative care delivery models to provide psychiatry and clinical counseling services. | June 30, 2024 | Refer eligible members to the VCCI BH TOC program to increase access to behavioral health services.  |
| Implement a model change to long-term VCCI therapy services, and track results along with utilization.  |  | June 30, 2024 | Gauge satisfaction with VCCI services and use feedback to identify successes and opportunities for improvement.  |
| Establish a customer satisfaction monitoring process that includes surveys, feedback collection, and data analysis to measure and improve customer satisfaction levels within the VCCI program.   |  |               |  |



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| <p>Explore opportunities to identify a community partner to work with AccessCare Services (ACS) to increase access to behavioral health care for Region 3 members.</p>  |   | <p>Ongoing</p>       | <p>Expand partnerships with community partners to increase access to behavioral health services.</p>  |
| <p>Care management will create and implement care coordination workflows and Colorado's Homeless Management Information System (HMIS) staff training for the purpose of strengthening care management and service coordination for Client Over-Utilization Program (COUP) classified members.</p> | <p>Increase support, care coordination, and other interventions for members who have over/inappropriate utilization of pharmaceuticals and demonstrate signals that they may be struggling to properly manage their medical conditions.</p> | <p>June 30, 2024</p> | <p>Utilize HMIS data and improved care coordination workflows to increase collaboration with external partners to address barriers such as SDoH and gaps in care that may be driving overutilization and/or inappropriate utilization patterns.</p> |
| <p>Care management will utilize HMIS to collaborate with external partners and other organizations to strengthen communication and to further reduce duplicative service offerings.</p>   |   |                      |   |
| <p><b>Quality and Appropriateness of Care Furnished to Members</b></p>  |   |                      |   |
| <p>Provide oversight of behavioral health and SUD services by conducting chart audits and provide feedback based on the behavioral health and SUD chart audit tools to improve the documentation of charts.</p>   | <p>Monitor behavioral health and SUD services to ensure members receive high-quality, clinically appropriate services.</p>  | <p>Ongoing</p>       | <p>Conduct chart audits on providers billing for behavioral health and SUD services to ensure the quality and appropriateness of care for members with special health care needs is provided.</p>   |
| <p>Seek opportunities to increase co-audits with the Colorado Access compliance team to decrease the audit burden on providers.</p>   |   | <p>June 30, 2024</p> | <p>Collaborate with the Colorado Access compliance team to increase the frequency of co-audits and explore other opportunities to align audits.</p>   |



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| <p>Family Voices and Colorado Cross Coalition Disability (CCDC) will complete a current state evaluation and create a list of pain points and opportunities to improve support for members with special health care needs.</p> | <p>Increase care management engagement with members with special health care needs to ensure appropriate care and interventions are provided.</p> | <p>June 30, 2024</p>                   | <p>Conduct a current state evaluation for recommendations on improvements and structure in a future state, including recommended training to support Colorado Access staff, providers, families, and community partners. Increase support to navigate and build relationships with additional key stakeholders to support this population.</p> |
| <p>Family Voices and CCDC will recommend and develop training to support Colorado Access staff, providers, families, and community partners.</p>   |   | <p>Ongoing</p>                         | <p>Identify opportunities to build relationships and collaborate with external partners to increase care coordination, engagement, and support for members with special health care needs.</p>   |
| <p>Colorado Access will continue to build relationships with additional key stakeholders and increase support to navigate working with special health care needs.</p>  |   | <p><b>Quality of Care Concerns</b></p> |  |
| <p>Close 90% of QOCs within 90 days of submission to the quality improvement department.</p>   | <p>Ensure quality care is provided to members by investigating QOCs timely and thoroughly.</p>  | <p>Ongoing</p>                         | <p>Close QOCs in a timely manner by utilizing a detailed QOC log and working with medical leadership to conduct ad hoc QOC review meetings when needed, in addition to bi-weekly meetings.</p>   |
| <p>Maintain timely and efficient communication with the Department regarding QOCs.</p>   |   | <p>Ongoing</p>                         | <p>Collaborate with the Department to ensure QOCs are thoroughly investigated and closed out timely.</p>   |
| <p>Implement a QOCG monitoring process in alignment with the Region 3 contract and update all applicable training, documentation, and process documents to ensure a smooth and seamless transition.</p>                        |   | <p>June 30, 2024</p>                   | <p>Collaborate with the Department to implement a QOCG monitoring process and update all training and documentation to ensure a smooth and seamless transition.</p>  |



| External Quality Review  |   |          |  |
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| Use learnings from the external quality review organization (EQRO) activity to drive business practices to maintain quality improvement in identified areas of opportunity.  | Ensure compliance with contract requirements.   | Annually | Implement additional checks and safeguards to ensure the organization is compliant with contract requirements through inter-departmental mock audit trials.  |
| 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.                               | Participate in the annual 411 encounter validation audit and utilize audit findings for continuous improvement.                     | Ongoing  | Participate in a Quality Improvement Project (QuIP) with the guidance of HSAG to examine further opportunities for improvement.  |
| Advisory Committees and Learning Collaboratives  |   |          |  |
| Continue to attend learning collaborative meetings with appropriate Colorado Access representation, contribute where appropriate, and identify areas for collaboration.  | Participate in multi-disciplinary statewide learning collaboratives.  | Monthly  | Actively contribute to learning collaborative agenda topics, helping facilitate meaningful discussion and collaborating with the Department and other participating partners to identify meaningful topics of discussion.  |
| Continue to work with the Department to identify topics for discussion and facilitate sessions of the learning collaborative on a rotating basis.  |   |          |  |
| 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. | Provide high levels of support to providers to increase provider engagement and strengthen relationships with the provider network. | Ongoing  | Facilitate multiple learning opportunities for providers including quarterly in-person provider forum meetings, virtual meetings, in-office trainings, and ad hoc support as needed and requested by the provider network. |

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| <p>Incorporate NPS satisfaction scores into provider network services (PNS) workflows and conduct quarterly provider surveys to improve team processes and continuously maintain high levels of support.</p>  |  | <p>June 30, 2024</p> | <p>Use NPS satisfaction scores to improve processes and drive targeted provider support.</p>   |
| <p>Utilize quarterly provider survey results during check-ins to address any issues or barriers to provider engagement, engagement frequency, data utilization, and overall experience.</p>   |  | <p>Quarterly</p>     | <p>Use provider survey results to address barriers and drive targeted provider support.</p>  |
| <p>Actively close the feedback loop between PIAC meeting recommendations and what happens to those recommendations once they have been recorded and shared.</p>   | <p>Increase PIAC impact and engagement by utilizing PIAC input and feedback for organization-wide projects.</p>                            | <p>June 30, 2024</p> | <p>Ensure PIAC recommendations are documented and appropriate next steps are taken.</p>  |
| <p>Create opportunities for PIAC subcommittees to pursue topics in a deeper manner than a two-hour meeting allows.</p>  |  | <p>June 30, 2024</p> | <p>Offer PIAC subcommittee members extended meetings to allow attendees to pursue topics of interest, in addition to regularly scheduled meetings.</p>   |
| <p>Present the work of the PIAC to Colorado Access staff such as population health, the SDoH framework team, and the PHE unwind workgroup to ensure that the community voice of the PIAC is offered to staff responsible for implementing the work.</p> |  | <p>Ongoing</p>       | <p>Engage with the PIAC to incorporate meaningful feedback on internal work projects and programming across the organization.</p>  |
| <p>Recruit and retain a diverse group of MAC members by attending community events that Colorado Access supports to engage and recruit diverse and underrepresented members to serve on the MAC.</p>  | <p>Ensure the MAC is comprised of a diverse group of members and that MAC members have a platform and visibility within the community.</p> | <p>Ongoing</p>       | <p>Leverage innovative and DEI-focused recruitment and retainment efforts to recruit a diverse group of MAC members to ensure member voice and lived experience are at the forefront of the MAC.</p> |

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| <p>Connect all MAC members to an additional group, council, committee, or stakeholder group. This goal is to have the MAC engage with the community at large as well as bring information back from a member perspective to Colorado Access.</p> |   | <p>Ongoing</p>       | <p>Increase visibility and awareness of the MAC by attending community events and providing interested members with information on the purpose and importance of the MAC.</p> |
| <p><b>Quality and Compliance Monitoring Activities</b></p>   |   |                      |   |
| <p>Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2024.</p>  | <p>Promote continuous, organization-wide process improvement.</p> | <p>June 30, 2024</p> | <p>Continually identify opportunities to implement PDSAs for ongoing process improvement.</p>   |