Quality Assessment and
Performance Improvement
Work Plan

RAE Region 5

Fiscal Year 2020-2021

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020

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.

Colorado Access's 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 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 to

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.

- 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)

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020

2. Quality 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 Management 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, and the health strategy steering committee, the core quality team consists of the following employees:

- **Senior Director of Population Health and Quality:** Krista Beckwith, MSPH, CPC-A
  Krista.Beckwith@coaccess.com
- **Director of Quality Assurance and Improvement**: Mika Gans, MS, LMFT
  Mika.Gans@coaccess.com
- **Quality Improvement Program Managers:**
  - Alex Scialdone, MS, CHFP, CRCR alex.scialdone@coaccess.com
  - Laura Coleman, MPH laura.coleman@coaccess.com
  - Stacy Stapp, MPH stacy.stapp@coaccess.com
  - Jonathan Schmelzer, MPH (contractor) jonathan.schmelzer@coaccess.com
- **Quality Improvement Analysts:**
  - Agnes Markos, MPH agnes.markos@coaccess.com
  - Sagar Chouksey, MS sagar.chouksey@coaccess.com

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020

3. Year Objectives/Top Priorities including a description of the techniques to improve performance, a description of the qualitative and quantitative impact the techniques had on quality and opportunities for improvement identified as well as newly identified opportunities for improvement.

Reducing Over- and Under-Utilization of Services is a FY 2021 (July 1, 2020 – June 30, 2021) 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.

Using the Cost Containment and Quality Improvement (CCQI) report from The Department, the Client Over-Utilization Program (COUP) at Colorado Access has provided targeted and coordinated care management resources for members identified on The Department's CCQI report to meet the needs of high and/or over-utilizing members to promote behaviors around appropriate use of services. FY 2021 interventions will focus on working collaboratively with cross-departmental teams to appropriately identify members included on the CCQI report and providing targeted outreach through care coordinating channels and recruiting Lock-In providers to serve as primary care medical providers (PCMPs) for those identified as high and/or over-utilizers of health services.

Colorado Access has incorporated two forms of risk stratification to examine member utilization patterns into clinical registries. The first form of risk stratification is a Diagnostic Cost Group (DCG) score, a data point provided by The Department and the second is an internal risk stratification model based off of the four-quadrant risk model to ensure appropriate utilization (both over-and under-utilization) of services across member populations. The data within these registries is used for programing, including Potentially Avoidable Cost (PAC), across the organization.

Utilization Management (UM) has instated new retrospective utilization reviews to regularly review utilization of outpatient services to better understand these use patterns and assure that members are receiving medically necessary services. A key area of focus for the UM department in FY 2021 will include close monitoring of the volume and rates of adverse benefit determinations (denials) and volumes and outcomes of member appeals of the UM decision making process, which will identify opportunities for improvement in service utilization.

Colorado Access utilizes the PAC metric to prioritize and drive systematic approaches to sustained quality improvement through monitoring the utilization of specific health services. Colorado Access has moved to a regional approach to address transitions of care and is promoting increased communication between high density provider groups and hospitals to direct members to appropriate follow up care and appropriate service utilization.

Colorado Access is committed to making informed **data-driven decisions** that promote data-driven projects across the organization that ultimately help members thrive.

Claims data, as well as qualitative provider data such as surveying of provider operations will be used to examine opportunities within the framework of the Performance Improvement Projects (PIPs) to drive rapid and measurable change in the behavioral health arena. PIPs leveraged claims data, as well as data from process mapping will drive decision making to improve health outcomes. In FY 2021, Colorado Access will continue to partner with providers, using diverse data points, in order to facilitate intervention opportunities.

Using claims, provider, and other data sources, Key Performance Indicators (KPIs) will be evaluated in search of intervention opportunities to improve the well-being of members within Region 5. Data for these measures drive interventions and allow Colorado Access to gain knowledge of member and provider trends. A Pay for Performance workgroup, facilitated by the quality department, and multiple taskforces with internal and external stakeholders were created to examine metrics and develop mutually reinforcing activities across the provider network to improve performance. Colorado Access has leveraged provider partners to inform interventions and prioritization of the KPIs with stakeholder and provider workgroups, levering Governing Counsel provider partners and outside community organizations. Using informative data visualization, quality has designed innovative tools so that the dental and well-visit task force can make data-driven decisions to drive interventions and share knowledge. In FY 2021, Colorado Access will continue to use data to inform intervention opportunities, examine deficit performance of the provider network, and use data to drive decision making. In addition, unique approaches to the analysis of data, as well the subsequent identification and implementation of interventions will need to be undertaken to address health outcomes in relation to these metrics.

Using claims data, provider audits and assessments, The Department's Primary Care Alternative Payment Model (APM) metric results, and Pay for Performance metric results, Colorado Access will measure and rank PCMP performance. Provider results will be blended, analyzed, tiered, and utilized to determine monthly capitation rates that directly tie to practice performance and capabilities. In FY 2021, Colorado Access will also work to devise and implement cost of care metrics that measure providers' ability to effectively manage members with chronic and/or complex health care needs. A specific area of focus will be reducing emergency department spending among members with chronic conditions. Future metrics will include reducing preventable inpatient stays and readmissions. The results of these data inquiries and value-based payment programs will help Colorado Access identify practices that are best suited for members with specific health care needs. This will help us achieve the goal of ensuring members receive the right care at the right place at the right time.

Colorado Access implemented a data governance committee focused on making data accessible, ensuring data is engaging, and safeguarding data governance. Recent initiatives include

documentation of data definitions and data lineage, prioritization of data warehouse initiatives, educating and engaging data stewards across the organization about changes in data or availability of data, and continually updating and assigning data owners for inbound data from The Department, providers, and other stakeholders to help message and manage data changes.

Access to Care is another top priority for Colorado Access because it is central to providing members with the right care at the appropriate time.

The practice of continuously monitoring Quality of Care concerns (QOCs) has been cultivated to include refining communication with consulting medical directors, collecting medical records timely, and accurately tracking concerns using a detailed QOC log to identify trends, engage providers in educational and improvement opportunities, and execute corrective action plans (CAPs) in a timely manner. In FY 2021, Colorado Access will focus efforts on maintaining timely and efficient referral and communication with The Department regarding physical health QOCs and implement strategies to close 90% of QOCs within 90 days of submission to the quality department, ultimately improving the quality of care members receive.

Seeing a need to hear the member voice, Colorado Access took initiative to develop and administer a member satisfaction survey to solicit feedback on member experience with providers and experience with telehealth services. Questions included inquiry on appointment type (i.e. physical health, behavioral health, etc.), timeliness of the appointment, the quality of care received, and satisfaction of care, among other questions. Surveys were conducted through two venues, a survey link sent to members via email and through a voice survey administered after a member's call to customer service. To enhance member experience and better meet member's needs, referrals were given to members who expressed to customer service representatives their desire for additional support. Continuing in FY 2021, Colorado Access will continue to conduct member satisfaction surveys and adapt and update questions based on member feedback and the changing healthcare landscape. Additionally, survey results will be presented and discussed at the Member Advisory Council (MAC) meeting and shared internally with Colorado Access leadership and key strategy workgroups to identify additional areas of member feedback.

Colorado Access, through its subsidiary, AcessCare Services (ACS), created the Virtual Care Collaboration and Integration (VCCI) program, a short-term treatment program designed to increase access to behavioral health services, 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 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. Telehealth allows for expanded access to care for members, and FY 2021 goals will focus on increasing the number of discrete services provided through the VCCI program by 20% and conducting at least 50 direct telehealth encounters with members that are referred from Colorado Access care managers to the VCCI Direct Care program.

Colorado Access' efforts to provide appropriate supports and services to members with special health care needs, defined as individuals with physical and developmental disabilities, chronic conditions, substance use disorders, severe mental illness, and traumatic brain injuries, are included within its larger population management strategic plan that proactively identifies these members through several methods. Colorado Access utilizes its comprehensive risk stratification framework to segment members into one of three intervention tiers associated with The Department's population framework model. Colorado Access focuses on delivering extended care coordination and clinical care management to decrease unnecessary costs and support appropriate utilization and engagement with health care services for this population. Prioritization has been placed on educating members, providers, and staff about Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit information, and referrals to community resources benefits and procedures. FY 2021 goals include assisting members in accessing EPSDT benefits, such as respite and residential services for members diagnosed with a qualifying condition and continuing staff, member, provider, and community partner education about the EPSDT benefits, which expands access to care for members with special health care needs. Colorado Access will provide clinical and extended care coordination services to members with special health care needs with a focus on decreasing unnecessary visits and supporting appropriate utilization and engagement of underused healthcare services to ensure the opportunity to use preventative care is realized.

Colorado Access prioritizes **diversity, equity, and inclusion** 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 has established a diversity, equity, and inclusion workgroup to highlight information and tools to help the organization make changes that will lead to more diverse, inclusive, and equitable care for members.

Colorado Access leverages qualitative and quantitative data from internal and external partners to identify and prioritize health inequity for diverse communities. Colorado Access will support and empower communities of color to reduce health inequity by developing a health equity agenda for Colorado Access with meaningful input from members and community partners. This will include a shared health equity vision, with the goal of aligning internal Colorado Access

diversity, equity, and inclusion work, including boarder companywide performance measures.

Care managers utilize various assessment tools designed to address social determinants of health and apply motivational interviewing techniques to support member engagement and identification of needs. Based on the member's individualized social determinants of health needs, the care manager provides the member with the pertinent resources and referral information necessary to address these needs via phone, email, or direct mail. A member-centric, member-driven care plan is developed for all members receiving extended care coordination services. The care plan includes specified action steps and activities to assist the member with achievement of their goals. The care manager works closely with each member, their provider, and other community partners/agencies to mitigate and overcome barriers to treatment that are caused by social determinants of health needs, which in turn serves to strengthen member management of their health and improve health outcomes. Colorado Access has also created a comprehensive internal resource directory that care managers utilize to access up-to-date community resources that specifically address social determinants of health needs.

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020
Please fill out the following template for all projects that are associated with the programs listed in the gray boxes.

Goal	Fiscal Year 2021 Projects/ Initiative	Targeted Completion Date	Status
Performance Improvement Projects			
Performance Improvement Projects (PIPs)	**Behavioral health:** Collaborate with provider partners to ensure a successful PIP as directed by Health Services Advisory Group (HSAG).	June 30, 2021	Continue collaboration with The Department and HSAG to impliment a behavioral health PIP.
Performance Measurement			
Key Performance Indicators (KPIs), Behavioral Health Incentive Measures (IMs), and Performance Pool Measures	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.	Annually	Maintain an understanding of current methodologies, as well as changes to KPI and IM methodologies, evaluating key areas of opportunity, prioritizing key measures, and developing implementation plans to create measurable impact.
	Maintain a Department of Corrections (DOC) programing workgroup to pay close attention to this special population and transitioning this population into the community.	Ongoing	Internal work groups have been engaged to examine these measures and develop mutually reinforcing activities.
	Establish and report on 2-3 medication adherence metrics as directed by The Department.	Ongoing	Calculate and track progress on outcome measures over time using internal data methodology.
	Execute action plans and implementation milestones for identified KPI, IM, and Performance Pool Measure opportunities by leveraging data, Plan-Do-Study-Act cycles, and external partnerships.	Ongoing	
Member Experience of Care Improvement-Driven Projects			
Experience of Care & Health Outcomes (ECHO) Survey	The Office of Behavioral Health (OBH) will be conducting their own ECHO survey and Colorado Access will collaborate with OBH to support the completion of the survey.	Annually	Review the results of the ECHO survey to identify and prioritize areas for performance improvement where appropriate and initiate internal collaboration to address where gaps exist.

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020

Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey	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.	Annually	Colorado Access will continue the customer service quality monitoring program, including continuous monitoring of Net Promoter System (NPS) scores.
	Continue ongoing customer service focused trainings to improve the member experience.	Ongoing	Audit customer service representative calls for soft skills, use of systems and other tools, documentation, and accuracy of information provided. If trends are identified, additional training will be provided to both the department and/or individual customer service representative.
	Continue implementation of the member satisfaction survey and analyze data for significant findings and actionable changes based on member responses.	Ongoing	Analyze survey results to identify key drivers for customer satisfaction and opportunities for improvement.
Grievances	Implement a grievance quality monitoring program to audit the timeliness of grievances and ensure they are resolved within 15 business days.	June 30, 2021	Implement a quality monitoring program to audit the timeliness of grievances in addition to other metrics.
	Achieve 100% compliance for contractually required grievance timeframes.	Ongoing	Monitor grievance processing to ensure 100% compliance with timeliness.
Mechanisms to Detect Over- and Under-Utilization of Care			
Utilization Management	Maintain compliance with contractual UM turnaround times at 95% or higher.	Ongoing	Monitor compliance with UM decision-making timeframes.
	Maintain IRR scores of 90% or higher for all UM staff.	Ongoing	Monitor compliance with IRR scores.
	Monitor appeal rates for opportunities to improve UM decision-making.	Ongoing	Monitor appeal rates 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.	Ongoing	Monitor the quality of UM decision making and documentation of the decision-making process through chart reviews.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Coordination	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.	Ongoing	Continue to coordinate the provision of EPSDT benefits for children and adolescents under the age of 21.
	Assist members in accessing EPSDT benefits, including those covered by Fee-for-Service, such as respite and residential services for members diagnosed with intellectual or developmental disabilities (IDD).	Ongoing	Assess member needs and connect members with PCMPs, specialists, EPSDT benefit information, and referrals to community resources.
	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.
	Complete an EPSDT training for care management facilitated with staff from The Department.	June 30, 2021	Complete an EPSDT webinar training published by The Department.
	Evaluate workflows to ensure alignment with guidance developed within The Department's children & youth with special health care needs program design work.	Ongoing	Continue to evaluate workflows to ensure alignment with The Department's children & youth with special health care needs program design work.
Secret Shopper	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.	Ongoing	Educate providers on Access to Care standards through provider newsletter communications and/or face-to-face provider quarterly forums.
	Examine and explore access to care data monitoring opportunities.	Ongoing	Collaborate with other internal Colorado Access workgroups to monitor data and target any providers who need support or monitoring.
	Implement and analyze a member satisfaction survey that looks at member access to care.	June 30, 2021	Implement a member satisfaction survey that will inquire with members about their access to care.

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020

Behavioral Health Penetration Rates	Increase the overall behavioral health penetration rate across Region 5 by 0.5%.	June 30, 2021	Increase behavioral health penetration rates through promoting behavioral health services and provider contracting.
Network Adequacy	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.	Ongoing	Continue building relationships with specialty, ancillary, hospital, behavioral health, and primary care providers throughout the state to ensure the needs of our members are met with an adequate network of providers.
	In order to help ensure that this extensive network adequately meets the needs of certain populations, the focus in FY 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.	Ongoing	Focus on ensuring access to providers in these categories: adult and pediatric primary care, OB/GYNs, adult and pediatric behavioral health, substance use disorder (SUD), adult and child psychiatrists, psychiatric prescribers (including nurse practitioners), and family planning providers. Expand the current SUD network to ensure there is an adequate network of in-patient SUD providers capable of serving members.
	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.	Ongoing	Continue to monitor provider-to-member ratios to identify areas that need prioritization for targeted provider outreach.
Telehealth	Establish an eConsult component to the Virtual Care Collaboration and Integration (VCCI) VCCI program by Quarter 3 (Q3) FY 2021 and perform at least 35 eConsults in FY 2021.	June 30, 2021	Add an eConsult component to the VCCI program, allowing participating primary care practices to receive behavioral health

			guidance and support asynchronously via email and/or chat.
	Conduct at least 50 direct telehealth encounters with Colorado Access members that are referred from Colorado Access care managers to the VCCI Direct Care (DC) program in FY 2021.	June 30, 2021	Refer eligible members to the VCCI DC program to receive behavioral health care directly in their homes over telehealth.
	Increase the number of discrete services provided through the VCCI program by 20% in FY 2021.	June 30, 2021	The VCCI program will facilitate connections and warm hand-offs to longer-term, higher acuity levels of care for patients in need of greater behavioral health support.
Client Over-Utilization Program (COUP)	Continue to outreach members who have been identified on The Department's CCQI report to include in appropriate care management and Lock-In interventions.	Ongoing	Members identified on the CCQI report receive targeted and coordinated care management resources to promote behaviors around appropriate use of services.
	Conduct quarterly cross-departmental collaboration to identify members that would benefit from COUP Lock-In.	Ongoing	Participate in and facilitate 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 provider groups and individual providers on a case-by-case basis based on the members identified on the COUP list.	June 30, 2021	Work to recruit lock-in providers, focusing on federally qualified provider groups and individual providers on a case-by-case basis.
Quality and Appropriateness of Care Furnished to Members with Special Health Care Needs			
Behavioral Health Medical Records Review	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.	Ongoing	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.

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2020

	Continue to implement CAPs as necessary for provider's who do not meet the 80% passing threshold.	Ongoing	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.
	Provide at least two behavioral health chart audit trainings at the monthly community mental health center (CMHC) operations meeting.	June 30, 2021	Provide behavioral health chart audit trainings and discuss best practices at CMHC operations meetings.
Denver Health Collaboration	Colorado Access and Denver Health will meet quarterly to review program integrity and ensure collaboration between the two agencies, including the following: o Behavioral health program outcomes o Behavioral health program strengths o Behavioral health program process improvement needs o Risk management considerations o Inter-agency behavioral health program collaboration opportunities	Ongoing	Colorado Access and Denver Health will continue to jointly review and identify opportunities to strengthen collaboration of care management between the two organizations.
	Create a tracking mechanism to calculate referral numbers from Denver Health to Colorado Access within the electronic health record.	June 30, 2021	Continue to monitor referrals from Denver Health to ensure referrals are assigned and addressed timely and assess for improvement in communication practices.
Care Management for Members with Special Health Care Needs	Continue to identify measurement metrics to assist in monitoring effectiveness of care management interventions.	Ongoing	Continue to enhance risk stratification models that identify members for outreach to ensure appropriate interventions are provided.
	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.	Ongoing	Participate in a risk stratification taskforce, to further fine tune identification of members appropriate for care management interventions.

	Launch a quality and audit process workgroup to enhance data entry and quality assurance to support care management deliverables.	June 30, 2021	Create a data quality assurance processes to enhance the quality of deliverables and data reporting capabilities.
Quality of Care Concern Monitoring			
Quality of Care Concerns (QOCs)	Close 90% of QOCs within 90 days of submission to the quality improvement department.	Ongoing	Close QOCs in a timely manner by utilizing a detailed QOC log and working with the medical director to conduct ad hoc QOC review meetings when needed, in addition to bi-weekly meetings.
	Maintain timely and efficient communication with the medical director regarding QOCs to ensure QOCs are investigated and closed out in a timely manner.	Ongoing	Communicate with the medical director to ensure QOCs are investigated and closed out timely.
External Quality Review Driven Projects			
External Quality Review Organization (EQRO) Audit	Use learnings from the EQRO activity to drive business practices to maintain quality improvement in identified areas.	Annually	Implement additional checks and safeguards to ensure the organization is compliant with contract requirements through inter-departmental mock audit trials.
411 Encounter Data Validation Audit	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.	Ongoing	Participate in a Quality Improvement Project (QuIP) with the guidance of HSAG to examine further opportunities for improvement.
Internal Advisory Committees and Learning Collaboratives			
Learning Collaboratives	Continue to attend learning collaborative meetings with appropriate Colorado Access representation, contribute where appropriate, and identify areas for collaboration.	Monthly	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.
	Continue to work with The Department to identify topics for discussion and facilitate sessions of the collaborative on a rotating basis.	Monthly	

	Continue quality learning collaborative meetings with Denver Health Medical Plan and Colorado Access quality staff to share best practices and identify areas for collaboration.	Ongoing	Participate in learning collaborative meetings to enhance collaboration and share best practices between Colorado Access and Denver Health Medical Plan.
Provider Learning Collaboratives	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.	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.