



**Quality Assessment and
Performance Improvement
Work Plan**

RAE Region 5

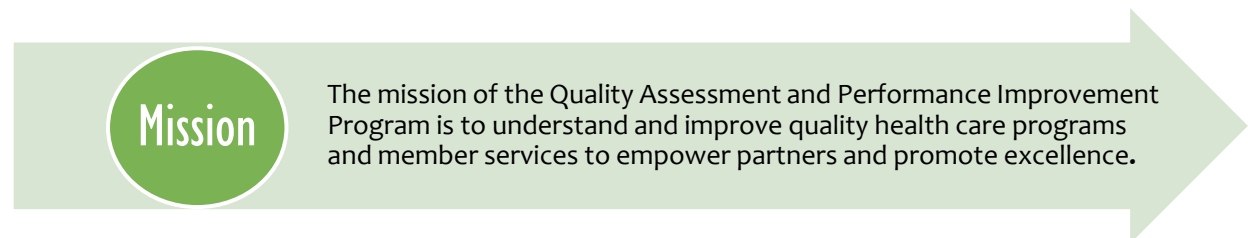
State Fiscal Year 2021-2022

Quality Improvement Plan
Name: Colorado Access
RAE Region: 5
Date: September 30, 2021

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 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.



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
- 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. 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 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, 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
[REDACTED]
- **Director of quality assurance and improvement:** Mika Gans, MS, LMFT
[REDACTED]
- **Quality improvement program managers:**
 - Alex Scialdone, MS, CHFP, CRCR [REDACTED]
 - Laura Coleman, MPH [REDACTED]
 - Stacy Stapp, MPH [REDACTED]
- **Quality improvement analyst:**
 - Agnes Markos, MPH [REDACTED]
 - Open position
- **Quality improvement contractor:**
 - Cynthia Hernandez [REDACTED]

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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 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.

Behavioral health medical record reviews are utilized to monitor and assess the quality and appropriateness of care for members to ensure high-quality services are delivered and treatment is properly documented. This activity monitors over-utilization in coding for assessments and therapy ensuring members are receiving appropriate frequency of care. In state fiscal year (SFY) 2022 (July 1, 2021-June 30, 2022), the behavioral health medical record review process will be thoroughly evaluated to identify opportunities to improve processes and increase efficiency. Additionally, Colorado Access is evaluating and exploring new service codes and/or treatment modalities to identify opportunities where additional medical record reviews will increase network oversight and ensure members are receiving appropriate care and services through monitoring over- and under-utilization.

One of the Colorado Access initiatives include monitoring the provider network to ensure members can access care within their communities and avoid under-utilization. The provider network recruitment and maintenance strategy group was established to not only recruit providers in identified areas of need, but to also analyze the current state of the provider network, identify active providers, identify providers who have submitted claims in the past 18 months, and identify where gaps in the network exist. Part of the work is also researching providers with zero claims in the last 18 months to determine if they are still in business, are seeing new members, and if they are utilizing telehealth. In addition to the provider recruitment efforts mentioned above, this group is also actively engaged in network analysis through researching claims data. Colorado Access is identifying low-volume providers, defined as providers who have submitted one to 500 claims in the last 18 months, and shares that list with care management and utilization management (UM) departments to assist them in connecting members to care. Colorado Access is reaching out to currently contracted providers who are either not seeing members or who have low claim volume and encouraging them to open or expand their member panels.

Colorado Access identified an increased need for behavioral health services based on the stress and increased isolation caused by the stay-at-home orders put in place for COVID-19. Colorado Access is supporting increased utilization of behavioral health services. Identifying in-office visits as a barrier to utilizing the behavioral health benefit video and phone service modalities were made available so providers could deliver telehealth services. The increase in the use of telehealth has made the availability of behavioral health services more accessible to a larger number of members, has allowed members to access much of the statewide behavioral health network, and has decreased transportation barriers for many members.

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

Data is one of the most valuable assets at Colorado Access. Data serves many organizational needs and provides valuable information and insight. Data governance helps to ensure that all relevant data in the organization is preserved, usable, accessible, and protected. Active and effective data governance enables the data analytics and reporting functions of the business and is an integral part of member outreach and provider relations. Data governance supports research and internal support functions to help us better serve members. In SFY 2022 there is an enhanced focus on strengthening processes and procedures relating to data governance to create and promote a data-driven culture within Colorado Access.

In SFY 2022, Colorado Access will continue to find new opportunities to utilize member feedback to tailor and improve the Consumer Assessment of Healthcare Providers and Systems (CAHPS®¹) survey communication. Proactive communication, consistent messaging, and CAHPS resource guides will be utilized to help improve member education and encourage completion of the CAHPS survey, resulting in more meaningful individual level respondent level data analysis and intervention identification. Colorado Access will utilize the Member Advisory Council (MAC) and other sources of member feedback to drive process improvement around communication and information regarding survey administration, with the goal of increasing CAHPS response rates.

A group of leaders within Colorado Access developed a training for management that created a shared definition for data-driven decision making to ensure collective understanding of the how to use facts, metrics and data to guide strategic business decisions. Additionally, this group has built a training and guide to data-driven decisions that has been shared with executive leaders within the organization. In SFY 2022, the key elements of this training will be distributed organization-wide which will include critical steps in making data-driven decisions.

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

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.

Monitoring access to care and appointment timeliness is key to ensuring members are able to access appropriate care and services in a timely manner. Colorado Access monitors various provider timeliness categories, including physical health and behavioral health services, to assure timely and appropriate routine and urgent services are available to members. Colorado Access monitors providers on access to care standards by conducting calls to providers that mirror common member behavior to test the consistency of the provider behavior and availability of services offered to members through a series of calls. This activity checks for timeliness of appointment availability to validate compliance with standards as well as quality of calls. In SFY 2022, Colorado Access will continue to partner with Signal Behavioral to execute Secret Shopper calls to ensure substance use disorder (SUD) providers adhere to access to care standards. This continued partnership will ensure that industry best practices and enhanced SUD call scripts are incorporated into existing workflows for enhanced data collection and increased network oversight.

Colorado Access initiated a member satisfaction survey through internal customer service based on results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys and striving to incorporate the member voice. When COVID-19 began, the questions for the member satisfaction survey were quickly updated to inquire about care that was delivered through telehealth and satisfaction of that care. Survey 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. Additionally, when respondents indicated through survey responses that their needs were not met, customer service representatives immediately provided referrals to members who expressed the desire for additional support. Continuing in SFY 2022, Colorado Access will conduct member satisfaction surveys and adapt and update questions based on member feedback and the changing health care landscape. 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, through its subsidiary, AccessCare 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

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warm hand-offs to longer-term, higher acuity levels of care for patients in need of greater behavioral health support. With the intention of increasing the accessibility of the VCCI program to participating primary care practice sites, ACS developed a Health Insurance Portability and Accountability Act (HIPAA)-secure online referral and scheduling platform that will allow VCCI primary care practices the option of coordinating the referral and scheduling of services online, in addition to the option of coordinating services telephonically. This increased functionality also includes an eConsult component. The platform will be implemented with participating VCCI practice sites in SFY 2022 to increase the ease of use and accessibility of VCCI services.

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.

In SFY 2022, Colorado Access will be implementing a cultural responsiveness training which will be a requirement for all providers in the network. Through the Colorado Access learning management system (LMS), providers will be assigned a suite of videos discussing various areas of cultural responsiveness. Provider progress will be tracked to ensure completion, and certificates will be provided upon completion of all curriculum. This inclusive curriculum will enhance cultural competency and proficiency among network providers by demonstrating how understanding the context of a member's cultural beliefs, experiences, and perspectives can help to ensure that members are treated respectfully and fairly.

Member access to physical and behavioral health care during the pandemic, especially for members attributed to providers who were unable to offer telehealth services became a barrier, adding to health disparities. Colorado Access is engaging in innovative work completing at least two value-based behavioral health contracts that support and focus on services for at least one traditionally underserved population. Reducing health disparities with targeted provider contracts will continue to be a focus within SFY 2022 by increasing the amount of value-based programming targeting providers who are engaging in this work.

Colorado Access continues to build a more effective and diverse provider network by analyzing the network at a more granular level to better understand members, the neighborhoods they live in, and the providers who serve them. The focus of SFY 2022 will be on health equity within the provider network by expanding on existing provider demographic information data, including, but not limited to, language, gender, minority owned, population served, and provider location. Incorporating this information into the provider directory and internal databases will inform programming decisions, with a particular focus on meeting the needs of the diverse membership.

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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	State Fiscal Year 2022 Projects/Initiatives	Targeted Completion Date	Status
Performance Improvement Projects			
Performance Improvement Projects (PIPs)	Depression Screening in Well-Visits for Members Aged 12 and Older: By June 30, 2022, use PIP deliverable interventions to increase the percentage of depression screens in well visits among members age 12 and older who receive care at Every Child Pediatrics and Inner City Health Center, from 56.39% to 61.99%.	June 30, 2022	Provide ongoing support to Every Child Pediatrics and Inner City Health Center on best-practices for increasing depression screening and review data to identify areas of opportunity for improvement.
	Follow-Up Within 30 Days After Positive Depression Screen for Members Aged 12 and Older: By June 30, 2022, use PIP deliverable interventions to increase the percentage of follow-up after depression screen visits completed among members age 12 and older within 30 days of screening positive at Every Child Pediatrics and Inner City Health Center from 44.18% to 70.59%.	June 30, 2022	Provide ongoing support to Every Child Pediatrics and Inner City Health Center on best-practices for increasing follow-up within 30 days after positive depression screen rates and review data to identify areas of opportunity for improvement.
Plan, Do, Study, Act (PDSA) Cycles	Identify two opportunities for process improvement and initiate two rapid-cycle PDSAs in SFY 2022.	June 30, 2022	Continually identify opportunities to implement PDSAs for ongoing process improvement.
Performance Measurement			
Key Performance Indicators (KPIs), Behavioral Health Incentive Measures (IMs), and Performance Pool Measures	Continue to collaborate with and support the Department's move toward more nationally recognized, standardized measures such as the CMS core measures.	Ongoing	Support the Department's to transition to standardized, nationally recognized measures and identify opportunities to develop and align strategies with the Department's priorities.
	Continue to develop strategies and collaborations that align with the Department's priorities.	Ongoing	
	Continue to develop metrics internally in order to report, monitor, and intervene in areas of care aligned with state-defined performance metrics.	Ongoing	Calculate and track progress on outcome measures over time using internal data methodology.

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	Continue with the provider workgroups while expanding the scope of the work to align with prioritized conditions and chronic disease management.	Ongoing	Internal work groups have been engaged to examine these 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.
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 OBH issued ECHO survey to identify and prioritize areas for performance improvement where appropriate and initiate internal collaboration to address where gaps exist.
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey	Continue ongoing customer service focused quality monitoring programs and increased training and education 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.
	Analyze and share the CAHPS data to identify and correct deficiencies in member experience and the provider network, including: <ul style="list-style-type: none"> ○ Present the Region 5 Patient-Centered Medical Home (PCMH) CAHPS results to the MAC to solicit additional feedback and implement at least one suggestion as a process improvement project. ○ Present Region 5 PCMH CAHPS results and collaborate with customer service, care management, provider relations, and practice support and implement at least one process 	Annual	Analyze CAHPS survey results to identify key drivers for customer satisfaction and opportunities for improvement. Present survey results and solicit feedback from the MAC and internal departments and stakeholders.

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	improvement project.		
	Continue and expand member, provider, and Colorado Access employee CAHPS communication strategies implemented in 2021 to increase CAHPS response rates and education for more meaningful individual level respondent level data analysis and intervention identification and implementation.	Ongoing	Identify opportunities to expand member, provider, and Colorado Access employee CAHPS communication strategies to increase education and response rates for more meaningful CAHPS data.
Grievances	Achieve 100% compliance for contractually required grievance timeframes.	June 30, 2022	Monitor grievance processing to ensure 100% compliance with timeliness.
	Maintain an average quality audit score of 95% or higher.	Ongoing	Continue the quality monitoring program to audit the timeliness of grievance resolutions, in addition to other metrics.
Member Satisfaction Survey	Issue a new iteration of the member satisfaction survey in SFY 2022.	October 31, 2021	Analyze survey results of a new member satisfaction survey to identify key drivers for member satisfaction and opportunities for improvement.
	Present the results of the member satisfaction survey to the MAC to address gaps, receive feedback, and provide members with data around member experience of care.	June 30, 2022	Utilize the MAC for valuable feedback regarding the member satisfaction survey and member experience of care.
	Use survey results to drive interventions within the provider population to improve care.	Ongoing	Analyze member satisfaction survey results to identify intervention opportunities within the provider population to improve care.
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 inter-rater reliability (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.

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	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 residential services for members diagnosed with intellectual and developmental disabilities (IDD).	Ongoing	Assess member needs and connect members with primary care medical providers (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.
	Implement workflows to ensure alignment with guidance developed within the Department's Children and 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	Enroll at least 30 providers in the Region 5 Secret Shopper program to assess member experience and access to care; develop process to use third next available appointment (TNAA) on unsuccessful Secret Shopper calls.	June 30, 2022	Continue the Secret Shopper program and utilize the TNAA process for unsuccessful Secret Shopper outreaches.
	Review and update all sections of the provider manual to improve provider knowledge and expectations regarding access to care; issue at least two reminders of access to care timeliness standards and provider requirements in the provider newsletter, <i>Navigator</i> .	June 30, 2022	Educate providers on access to care standards through provider newsletter communications and update the provider manual to outline provider expectations regarding access to care.

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	Continue developing the SUD Secret Shopper program; review and update all behavioral health and physical health call scripts for alignment with the SUD call scripts and obtainment of additional datapoints for evaluation and member experience improvements.	Ongoing	Implement improvements to the Secret Shopper program by updating SUD call scripts and implementing improvements to the program where necessary for enhanced data collection and network oversight.
	Develop and complete at least one process improvement activity with the care management and customer service to increase data sharing and integrity and improve provider selection for Secret Shopper.	June 30, 2022	Identify opportunities to implement process improvement activities to increase data sharing and integrity.
Behavioral Health Penetration Rates	Maintain the overall behavioral health penetration rate across Region 5.	June 30, 2022	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	
Network Adequacy	The provider network recruitment and maintenance strategy group will continue to use the new tools developed in the analysis of the network and implementation of new recruitment and maintenance strategies, with particular focus on DEI.	Ongoing	Utilize the provider network recruitment and maintenance strategy group to implement new network recruitment and maintenance strategies while focusing on DEI.
	Expand on existing provider demographic information data for Colorado Access to utilize, including but not limited to language, gender, minority owned, population served, and provider location. Incorporate this information into the provider directory and internal databases to inform programming decisions.	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.
Telehealth	Implement the online platform with VCCI practice sites to increase the ease of use, accessibility, and care coordination of the VCCI program.	June 30, 2022	Add an eConsult component to the VCCI program, allowing participating primary care practices to receive behavioral health guidance and support

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			asynchronously via email and/or chat.
	Through the online platform, perform at least 25 eConsults in SFY 2022.	June 30, 2022	Refer eligible members to the VCCI DC program to receive behavioral health care directly in their homes over telehealth.
	Collaborate with Colorado Access care management to render 25 telehealth encounters to Colorado Access members through the VCCI Direct Care (DC) program.	June 30, 2022	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.
	Continue to look for partnerships with entities like The Delores Project and Catholic Charities that will increase access to behavioral health care for Colorado Access members.	June 30, 2022	Increase access to behavioral health services by seeking out partnerships with entities like The Delores Project and Catholic Charities.
Client Over-Utilization Program (COUP)	Care management and practice supports will identify a PCMP provider will collaborate with Colorado Access on an ongoing basis to strengthen core services provided to COUP members.	Ongoing	Actively recruit Lock-In providers to ensure appropriate services are provided to COUP members.
	Conduct quarterly cross-departmental collaboration to ensure operational alignment and continuously improve processes related to the COUP Lock-In program.	June 30, 2022	Facilitate quarterly cross-departmental collaboration to increase operational efficiency and ensure alignment of the COUP Lock-In program.
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 provide 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.
	Continue to implement CAPs as necessary for providers 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

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			create strong correction plans for improvement.
	Evaluate the behavioral health medical record review process and determine opportunities for process improvement.	Ongoing	Identify opportunities to improve efficiency of the behavioral health medical record review process.
	Expand oversight of the provider network by finding opportunities to audit new service codes or modalities.	Ongoing	Identify new service codes or modalities to include on medical record reviews to expand oversight of the provider network.
Denver Health Collaboration	<p>Colorado Access and Denver Health Medical Plan will continue to meet quarterly to review program integrity, ensure collaboration between the two agencies, and monitor activities and status of members referred to Colorado Access for engagement in mental health services, including behavioral health, substance use disorder, and department of corrections populations. Topics for review include the following work on mental health programming and service delivery</p> <ul style="list-style-type: none"> ○ Current strengths ○ Process improvement needs ○ Risk management considerations ○ Inter-agency 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.
	Continue tracking member referrals from Denver Health Medical Plan to Colorado Access within the electronic health record.	Ongoing	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.

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	Explore ways to increase engagement/enrollment of members with complex needs through partnering with external providers, including identification of one practice/provider in Region 5 to pilot a partnership that will support complex members.	June 30, 2022	Identify opportunities to build relationships and collaborate with external partners to increase care coordination, engagement, and support for complex members.
	Continue intentional relationship building with key external partners (counties, case management agencies (CMAs), other community organizations) to best support care coordination for members with special health care needs.	Ongoing	
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 medical leadership to conduct ad hoc QOC review meetings when needed, in addition to bi-weekly meetings.
	Analyze trends of QOCs to evaluate patterns of quality concerns within the network to find training opportunities for providers.	Ongoing	Identify opportunities for increased provider training relating to QOC and inform the network of QOC patterns and trends.
	Increase communication and collaboration with the Department to ensure QOCs are thoroughly investigated and closed out timely.	Ongoing	Collaborate with the Department to ensure QOCs are thoroughly 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 of opportunity.	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 Health Services Advisory Group (HSAG) to examine further opportunities for improvement.

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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, including vaccine apathy, hesitancy, and resistance.
	Continue to work with the Department to identify topics for discussion and facilitate sessions of the learning collaborative on a rotating basis.	Monthly	
	Emphasize focus on health equity and vaccination outreach to Health First Colorado (Colorado's Medicaid Program) members as well as a significant focus on effective messaging to address vaccine apathy, hesitancy, and resistance.	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	
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.
Performance Improvement Advisory Committee (PIAC)	Present the recommendations template (a formal record of PIAC recommendations related to deliverables, policy changes, and performance data) to the Performance Improvement Advisory Committee (PIAC) for discussion and feedback.	June 30, 2022	Discuss the recommendations template with the MAC and utilize the template for two topics to implement accountability for program improvements.
	Expand meaningful engagement with the PIAC by utilizing the recommendations template for two topics in SFY 2022 to track recommendations, identify responsible entities, and create accountability for program improvements.	June 30, 2022	

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Member Advisory Committee	The MAC will decide on one physical or behavioral health diagnosis to create messaging for the larger Colorado Access membership to increase the broader population's education. The MAC will then create all material and messaging that will go into this member outreach.	June 30, 2022	Collaborate with the MAC to create material and messaging to be included in member outreach for one physical or behavioral health diagnosis.
	Colorado Access will connect each MAC member with one opportunity to join a council, committee, or event to provide other organizations with their lived experience.	June 30, 2022	Provide MAC members with the opportunity to discuss their lived experience by connecting members to councils, committees, or outside organizations.