

Colorado Hospital Transformation Program: CPAS Training

Department of Health Care Policy and Financing



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Agenda

- CPAS Portal Overview
- CPAS Access and HTP Contact Updates
- CPAS Document Repository
- CPAS Uploads and Downloads
- Dashboards Overview
- Secure File Transfer Platform (SFTP)



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CPAS Portal Overview



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CPAS Portal Overview

- The Colorado **Collaboration, Performance, and Analytics System** (CPAS) is a platform created for participants to access important HTP information. Participants can access the following:
 - ✓ Document Repository
 - ✓ CPAS Dashboards
 - ✓ HTP Calendar
 - ✓ COHTP Related External links
- The CPAS is a **secure platform** that is regularly used for transmitting quarterly reporting information between the Department and the hospitals.
- CPAS is not a public platform. Participants can only access CPAS using a valid **hospital email and password**.



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CPAS Access and HTP Contacts



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CPAS Access and Log In

- All requested hospital contacts are provided access to a CPAS account under their hospital email address.
- If a hospital would like to request an additional CPAS account, please reach out to cohttp@mslc.com.
- Contacts with CPAS access can login with their username and password at <https://cpasco.mslc.com/user/login>.

Username *

Enter your Colorado CPAS Portal username.

Password *

Enter the password that accompanies your username.

CAPTCHA

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

G j j W 5

What code is in the image? *

Enter the characters shown in the image.

Log in



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Contact Updates

- If your hospital requires a **Contact Update**, please use the following steps:
 - ✓ Email cohttp@mslc.com to initiate the request for contacts update.
 - ✓ MSLC will send your hospital's team a **current CPAS contact form**, which includes the most up-to-date contact list for the requested hospital.
 - ✓ The hospital will update and confirm the information on the form, and return to MSLC.
 - ✓ MSLC will update the contacts in internal systems, and send the hospital confirmation of the update.



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CPAS Document Repository



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CPAS Document Repository

- Each hospital/system contact can access their hospital's **specific CPAS Document Repository**. Both the Department and HTP Hospitals can **upload and download** documents through the Document Repository.
- Hospitals should be mindful to **not upload PHI** via the CPAS portal.
- Document Repositories are organized **by folder**, as shown below:

| <input type="checkbox"/> | | Display name |
|--------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> |  | Application Submission |
| <input type="checkbox"/> |  | HCPF Communication |
| <input type="checkbox"/> |  | Implementation Plan Submission |
| <input type="checkbox"/> |  | Performance Measure Submission |
| <input type="checkbox"/> |  | Quarterly Reporting Submission |
| <input type="checkbox"/> |  | Scoring Review and Reconsideration Period (SRRP) |



CPAS Uploads

- Hospitals can also utilize the Document Repository for uploading documentation during **Milestone Reporting** quarters (Q2 and Q4 of each year) and **Performance Measure Reporting** quarters (Q1 of each year).
- **Milestone Reporting Supporting Documentation Upload File Path:**
 - ✓ Quarterly Reporting > PYxQx Quarterly Reporting > Upload Supporting Documentation Files*
- **Performance Measure Workbook Upload File Path:**
 - ✓ Performance Measure Submission > PYx 2x-2x > Upload Completed Self- Reported Measure Workbook

* Hospitals are permitted to upload a single ZIP file in place of uploading multiple files to fulfill this requirement.



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CPAS Uploads

- For uploading documents, select **“File Upload”** in the appropriate folder.

Home » CO Test Provider Repository » Quarterly Reporting Submission » PY2Q4 Milestone Reporting » CO Test Provider Repository

CO Test Provider Repository

| | | Display name | created |
|--|--|----------------------------|--------------------------|
| | | Go up updated | Wed, 06/08/2022 - 1:39pm |

actions

choose an action



Process

▸ File Upload

CPAS users can upload any file format, including .pdf, .doc, .ppt, .jpeg, .zip, etc. Zip files are especially helpful for upload for milestone reporting periods.

1 folder

▸ Create a folder

▸ Edit Metadatas



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CPAS Uploads

1. Select “**Choose File**” and upload the appropriate file from your computer.
2. Hospitals also have the option to include a description and change the file name during this step.
3. Select “**Upload**” to complete the file upload.

File Upload

Uploaded file will be saved to the current directory.

Upload file

No file chosen

Description

New name

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

CPAS Uploads (cont.)

- The file will now be visible in your hospital's CPAS document repository, with a **time stamp** of the upload.

CO Test Provider Repository

| <input type="checkbox"/> | | Display name | created |
|--------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|
| |  | Go up | Wed, 06/08/2022 - 1:39pm |
| <input type="checkbox"/> |  | CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Blank.xlsx <i>new</i> | Fri, 09/08/2023 - 9:38am |



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CPAS Downloads

- Hospitals can also **retrieve important documents** via the CPAS document repository.
 - ✓ Hospital survey links are made available at the beginning of every reporting quarter in the **Quarterly Reporting Submission** folder.
 - ✓ Hospital determination letters and official communication from the Department are made available in the **HCPF Communication** folder at the end of each review period.
 - ✓ A **Blank Self-Reported Measures Workbook** is uploaded to the “Performance Measure Submission” folder prior to PYxQ1 reporting period.
 - ✓ Other documents such as the **SRRP Form, Milestone Amendment Form**, and the **Quarterly Reporting Tool** can also be retrieved from the document repository.



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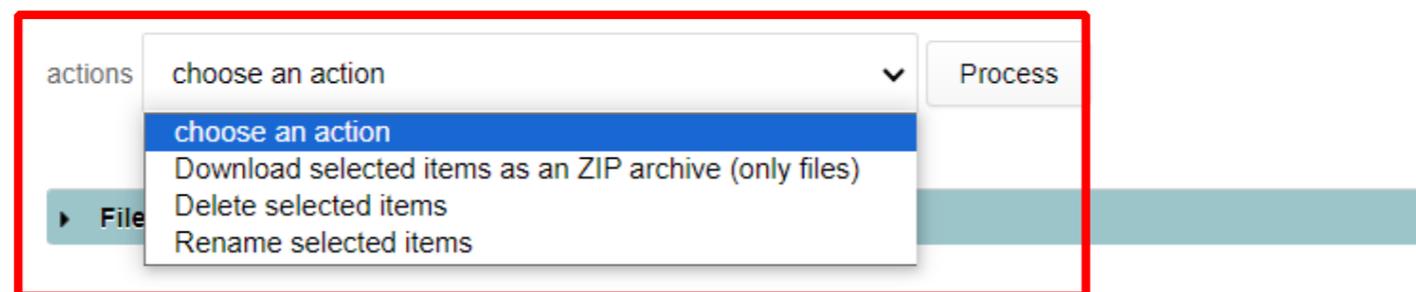
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Actions Drop Down List

- The “**Actions**” drop down list allows hospitals to download files, rename files, and delete files from the Document repository after an upload.
- Clicking on any file name in the document repository will also **prompt a download** of the selected file.

CO Test Provider Repository

| <input type="checkbox"/> | Display name | created | size |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|
| <input type="checkbox"/> |  Go up | Wed, 06/08/2022 - 1:39pm | |
| <input type="checkbox"/> |  CHASE ID-Hospital Name_PY 1 Self-Reported Measures_Blank.xlsx new | Fri, 09/08/2023 - 9:38am | 155.41 KB |



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Dashboard Overview



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Dashboard Overview

- **Dashboards** allow the state and hospitals to view, track, and analyze performance in HTP. The Report page allows access to information related to applications, implementation plans, performance measures, quarterly reporting, and financing information.
- The following **Dashboards** are accessible to all HTP participants:
 - ✓ Program Participation Dashboard
 - ✓ Reporting Requirements Dashboard
 - ✓ Intervention/Milestone Detail Dashboard
 - ✓ Intervention/Milestone Summary Dashboard
 - ✓ Performance Measure Detail Dashboard
 - ✓ Performance Measure Summary Dashboard
 - ✓ Financial Summary Dashboard



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Dashboard Landing Page

- Selecting “**Reports**” on CPAS will guide participants to the **Dashboard Landing Page**.
- Clicking on the appropriate **Report tab** will populate the selected report for your hospital.

Program Participation

The dashboard displays hospital contact information for the program and hospital attributes, such as affiliation to a hospital system or regional accountable entity (RAE) and demographic information.

Financial Summary

The dashboard displays financial summary and detail information by program component and program year. This includes total, earned, unearned, redistribution and net program adjustment amounts.

State Reporting Requirements

The dashboard displays all required reporting for all program years with the due date. At the end of a review cycle, the timeliness, achievement, and earned or unearned percentage outcome is displayed. (State)

Hospital Reporting Requirements

The dashboard displays all required reporting for all program years with the due date. At the end of a review cycle, the timeliness, achievement, and earned or unearned percentage outcome is displayed. (Hospital)

Intervention/Milestone Summary

The dashboard displays hospital intervention and measure information, and summarizes milestone achievement per-quarter.

Intervention/Milestone Detail

The dashboard displays detailed hospital intervention, measure, and milestone description information. At the end of a review cycle, the achievement, amendment status, and earned or unearned percentage outcome is displayed.

Performance Measure Summary

The dashboard summarizes annual performance measure benchmark and achievement threshold information, high performing hospital status information, and earned or unearned percentage outcomes.

Performance Measure Detail

The dashboard displays detailed hospital annual performance measure results, benchmark and achievement threshold scoring status, and whether the hospital is a high performing hospital for each hospital-selected measure.



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Program Participation Dashboard

- The **Program Participation Dashboard** displays hospital contact information, hospital attributes, and demographic information.
- Hospitals can refer to the Program Participation Dashboard during the contact update process to review their current HTP contacts.

Selecting “Excel Export” on any dashboard will begin the download of the hospital dashboard information.

Program Participation

| CHASE ID | Hospital Name | RAE | System | DOI Region | County | Bed Count | Urban/Rural | Category |
|-------------------|---------------|-------|----------------|----------------|--------------|-----------|-------------|------------------|
| | | | | | | 698 | Urban | Large (91+ beds) |
| Contact Position | Name | Email | Address Line 1 | Address Line 2 | Phone Number | | | |
| Primary Contact | | | | | | | | |
| Secondary Contact | | | | | | | | |
| Financial Analyst | | | | | | | | |



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Reporting Requirements Dashboard

- The **HTP Reporting Requirements Dashboard** outlines all reporting requirements for HTP participants.
- The dashboard is **updated quarterly** and displays all reporting component due dates, scoring / achievement, and associated at-risk for each reporting requirement.

Required Reporting

Required Reporting addresses Application, Implementation Plan, and Sustainability Plan.

Excel Export

| PY/QTR | Report Requirement | At Risk % | Due Date | Timeliness | Achievement | Earned % | Unearned % |
|--------------------|---------------------|-----------|--------------------|------------|-------------|----------|------------|
| Application Period | Application Plan | 1.5 % | April 30, 2021 | On Time | Approved | 1.5 % | 0.0 % |
| PY1 | Implementation Plan | 1.5 % | September 30, 2021 | On Time | Approved | 1.5 % | 0.0 % |
| PY5 | Sustainability Plan | 8.0 % | April 30, 2027 | | | 0.0 % | 0.0 % |

Quarterly Reporting

Quarterly Reporting addresses ongoing Interim Activity, Milestone Activity, CHNE Activity, and Performance Measure Data Reporting

| PY/QTR | Report Requirement | At Risk % | Due Date | Interim Activity | Milestone | CHNE | Clinical Quality Data | Timeliness | Achievement | Earned % | Unearned % |
|--------|--------------------|-----------|------------------|------------------|-----------|------|-----------------------|------------|-------------|----------|------------|
| PY1Q3 | Quarterly Report | 0.5 % | July 31, 2022 | Due | NA | Due | NA | On Time | Complete | 0.5 % | 0.0 % |
| PY1Q4 | Quarterly Report | 0.5 % | October 31, 2022 | Due | NA | Due | NA | On Time | Complete | 0.5 % | 0.0 % |
| PY2Q1 | Quarterly Report | 0.5 % | January 31, 2023 | Due | NA | Due | Due | On Time | Complete | 0.5 % | 0.0 % |
| PY2Q2 | Quarterly Report | 0.5 % | April 30, 2023 | NA | Due | Due | NA | On Time | Complete | 0.5 % | 0.0 % |
| PY2Q3 | Quarterly Report | 0.5 % | July 31, 2023 | Due | NA | Due | NA | On Time | Complete | 0.5 % | 0.0 % |



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Intervention/Milestone Detail Dashboard

- The **Intervention/Milestone Detail Dashboard** displays each hospital's Implementation Plan and associated milestone information for each of the hospital's interventions.
- Hospitals can utilize the intervention dropdown to **select one or all of their interventions** on the dashboard.

| | |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Intervention #: | 3 |
| Intervention: | <input type="text" value="Behavioral Health Care Coordination"/> |
| Primary Measures: | SW-BH1 |
| Existing Intervention: | No |
| Target Population: | Our target population is defined as eligible Medicaid patients discharged to home from the hospital or emergency department (ED) with a principal or secondary diagnosis of mental illness or substance use disorder (SUD) who give consent or for whom state and federal statutes allow notification without consent. |
| Milestone Amendment Submitted: | No |
| Course Correction: | No |

Hospitals can select the All or a specific intervention name using the drop down provided. Resulting intervention information will display below.



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Intervention/Milestone Detail Dashboard

- **The Intervention dashboards** were initially released with hospitals' approved Implementation Plans. This includes all intervention details and supporting documentation descriptions for all milestones.
- The dashboards are later updated at the **end of each milestone reporting cycle** with milestone scoring and achievement information.
- If a hospital submits a Milestone Amendment, approved amendments will also be reflected in the Intervention dashboards.

Milestone and functional area details and supporting documentation descriptions

Milestone scoring and achievement information

| PYQTR | Milestone Code | Intervention Name | Phase | Functional Area(s) | Impact Milestone | Amendment | At Risk % | Earned % | Unearned % |
|----------------|------------------|-------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|------------------|-------------|-------------|-----------------|---------------------|
| PY2Q2 | INT3.PY2Q2 | Behavioral Health Care Coordination | Planning and Implementation | People | No | No | 0.25% | 0.25% | 0.00% |
| Milestone Code | Functional Areas | Milestone Description | Impact Milestone | Supporting Documentation (SD) Description | Amendment | Attestation | SD Received | Achievement Met | Achievement Not Met |
| INT3.PY2Q2.1 | People | Establish a workgroup with the RAE | No | A charter document that outlines the workgroup has been established with the RAE. | No | Yes | Yes | Met | NA |

Intervention/Milestone Detail Dashboard

- An **Excel Export** option is available for hospitals to download the entirety of their Implementation Plan.
- Hospitals can also utilize this export to populate the **Quarterly Reporting Tool**. Hospitals can download the Quarterly Reporting Tool excel template from their CPAS Document Repositories to track quarterly requirements and submissions.

Click for download of export.

| Excel Export | | | | | | | | | | |
|----------------|------------------|-------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|------------------|-------------|-------------|-----------------|---------------------|--|
| PYQTR | Milestone Code | Intervention Name | Phase | Functional Area(s) | Impact Milestone | Amendment | At Risk % | Earned % | Unearned % | |
| ^ PY2Q2 | INT3.PY2Q2 | Behavioral Health Care Coordination | Planning and Implementation | People | No | No | 0.25% | 0.25% | 0.00% | |
| Milestone Code | Functional Areas | Milestone Description | Impact Milestone | Supporting Documentation (SD) Description | Amendment | Attestation | SD Received | Achievement Met | Achievement Not Met | |
| INT3.PY2Q2.1 | People | Establish a workgroup with the RAE | No | A charter document that outlines the workgroup has been established with the RAE. | No | Yes | Yes | Met | NA | |

1 of 1 pages (1 item)



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Intervention Summary Dashboard

- The **Intervention/Milestone Summary Dashboard** displays hospital measure and intervention information, as well as summarizes milestone achievement information.
- This dashboard provides a high-level overview of the hospital's quarterly report and at-risk status, and is updated during milestone reporting periods.

At-risk earned and unearned on a hospital and intervention basis is displayed here.

Intervention/ Milestone - Summary

Excel Export

| Hospital Name | CHASE ID | Total Interventions | PY2Q2 Earned % | PY2Q2 Unearned % | PY2Q4 Earned % | PY2Q4 Unearned % | PY3Q2 Earned % | PY3Q2 Unearned % | PY3Q4 Earned % | PY3Q4 Unearned % |
|---------------|----------|---------------------|----------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| ^ | 3 | 10 | 2.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % |

| Intervention # | Intervention Title | Primary Measures | Existing Intervention | PY2Q2 Earned % | PY2Q2 Unearned % | PY2Q4 Earned % | PY2Q4 Unearned % | PY3Q2 Earned % | PY3Q2 Unearned % | PY3Q4 Earned % | PY3Q4 Unearned % |
|----------------|-------------------------------------------------------|------------------|-----------------------|----------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| 1 | Readmissions Reduction Program | SW-RAH1 | No | 0.200 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % |
| 2 | Social Determinants of Health Screen and Notification | SW-CP1 | Yes | 0.200 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % |
| 3 | Behavioral Health Care Coordination | SW-BH1 | No | 0.200 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % |
| 4 | ALTOs ED | SW-BH3 | Yes | 0.200 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % |
| 5 | Utilization Management Program | SW-PH1 | No | 0.200 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % | 0.000 % |



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Performance Measure Detail Dashboard

- The **Performance Measure Detail Dashboard** displays hospital annual performance measure result information, measure benchmarks, achievement/scoring status, and high performing hospital status.
- The dashboard displays measure information for both self-reported measures and claims measures.

| Measure Performance - Detail | | | | | | Benchmark, achievement threshold, and high performing hospital status | | | | | | | | | |
|---------------------------------|---------------|--------|------------|----------------------|--------------------|-----------------------------------------------------------------------|---------|--------|---------------------|-----------------|-------------------------|----------------------------|---------------------------|------------------------------------|--------------------------|
| Measure identifying information | | | | | | Measure results | | | | | | | | | |
| Program Year | Hospital Name | CHA ID | Measure ID | Reporting Method | Local vs Statewide | Numerat | Denomi | Result | Benchmark Method | Benchmark Value | Benchmark Met / Not Met | Achieveme Threshold Method | Achieveme Threshold Value | Achieveme Threshold: Met / Not Met | High Performing Hospital |
| PY1 | | | SW-RAH1 | Claims-Based Measure | Statewide | 0.022 | 0.095 | 0.225 | Fixed Benchmark | N/A | N/A | Median Performance | N/A | N/A | N/A |
| PY1 | | | SW-CP1 | Hospital Reported | Statewide | NDA | 646.00 | NDA | Fixed Benchmark | N/A | N/A | Median Performance | N/A | N/A | N/A |
| PY1 | | | SW-BH1 | Hospital Reported | Statewide | NDA | 2423.00 | NDA | Fixed Benchmark | N/A | N/A | Median Performance | N/A | N/A | N/A |
| PY1 | | | SW-BH3.1 | Hospital Reported | Statewide | 658.00 | 2603.00 | 252.79 | Average Performance | N/A | N/A | Median Performance | N/A | N/A | N/A |



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Performance Measure Detail Dashboard

- Hospitals may also view the **Benchmark and Achievement Threshold Methodology Descriptions**, which is a reference table that provides measure description and benchmark information.

Benchmark and Achievement Threshold Methodology Descriptions

| Measure ID | Measure Description | Benchmark Type | PY3 Benchmark Method | PY4 Benchmark Method | PY5 Benchmark Method | Achievement Threshold Method |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| BH1 | Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the Emergency Department | Fixed Benchmark | 80% | 85% | 90% | Median (50th percentile) performance of hospitals that did not meet the benchmark during the applicable performance year. |
| BH2 | Initiation of Medication Assisted Treatment (MAT) in Emergency Department or Hospital Owned Certified Provider Based Rural Health Center | Fixed Benchmark | 0.700 | 0.750 | 0.800 | Median (50th percentile) performance of hospitals that did not meet the benchmark during the applicable performance year. |
| COE1 | Increase the successful transmission of a summary of care record to a patient's primary care physician or other healthcare professional within one business day of discharge from an inpatient facility to home | Fixed Benchmark | 0.420 | 0.500 | 0.580 | Median (50th percentile) performance of hospitals that did not meet the benchmark during the applicable performance year. |
| COE2 | Implementation/Expansion of Telemedicine Visits | Year Over Year Improvement | 5% improvement of hospital's baseline score | 5% improvement of hospital's PY3 benchmark | 5% improvement of hospital's PY4 benchmark | Individual hospital's baseline year performance for all program years. |
| COE3 | Implementation/Expansion of e-Consults | Year Over Year Improvement | 5% improvement of hospital's baseline score | 5% improvement of hospital's PY3 benchmark | 5% improvement of hospital's PY4 benchmark | Individual hospital's baseline year performance for all program years. |



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Performance Measure Summary Dashboard

- The **Performance Measure Summary Dashboard** summarizes annual performance threshold information, high-performing hospital status information, and earned/uneared percentage outcomes. This is displayed for performance years only (PY3-PY5).

Measure Performance - Summary

Excel Export

| Hospital Name | CHASE ID | Program Year | Measure Total | Annual performance achievement | | | At-risk earned / unearned | | | | |
|---------------|----------|--------------|---------------|--------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------|----------|------------|
| | | | | Count of Measures that Met Benchmark | Count of Measures that Did Not Meet Benchmark | Count of Measures that Met Achievement Threshold (Where Benchmark was Not Met) | Count of Measures that Did Not Meet Benchmark and Achievement Threshold | Count of Measures Where Hospital Was Considered a High Performing Hospital | At Risk % | Earned % | Unearned % |
| | | PY3 | 7 | 0 | 7 | 0 | 7 | 0 | 0.0 % | 0.0 % | 0.0 % |
| | | PY4 | 7 | 0 | 7 | 0 | 7 | 0 | 0.0 % | 0.0 % | 0.0 % |
| | | PY5 | 7 | 0 | 7 | 0 | 7 | 0 | 0.0 % | 0.0 % | 0.0 % |
| | | PY3 | 7 | 0 | 7 | 0 | 7 | 0 | 0.0 % | 0.0 % | 0.0 % |



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Financial Summary Dashboard

- **The Financial Summary Table** displays both financial detail and summary information.
- Hospitals are able to navigate through this dashboard to find current **HTP financial distributions**, including the total HTP funding dollars and the total at-risk funding earned for each at-risk category.

Financial Summary

|  Excel Export | | | | | | | |
|--------------------------------------------------------------------------------------------------|-------------------|--------------------|--------------------|----------------------|----------------------------|-------------------------|--------|
| Reporting Period | Total HTP Funding | At-Risk Funding | Earned \$ | (Unearned \$) | Redistribution | Net Program Adjustments | |
| Application Period | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY1 | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY2 | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY3 | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY4 | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY5 | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| HTP Sum: \$\$\$ | | At-Risk Sum \$\$\$ | Earned Sum: \$\$\$ | Unearned Sum: \$\$\$ | Redistribution Sum: \$\$\$ | Net Program Sum | \$\$\$ |

Financial Summary Dashboard

- **The Financial Detail Table** displays financial detail for every at-risk activity.
- For The Financial Dashboards are updated on an **annual basis**. Updates are made after close out of the program year, and during the annual financial reconciliation period.

Financial Detail

| PY/QTR | Report Requirement | Hospital Name | CHASE ID | HTP Funding | At-risk Funding | Earned \$ | (Unearned \$) | Redistribution | Net Program Adjustments |
|--------------------|-----------------------|---------------|----------|-------------|-----------------|-----------|---------------|----------------|-------------------------|
| Application Period | Application Plan | | | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY1 | Implementation Plan | | | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY1Q3 | Quarterly Report | | | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY1Q4 | Quarterly Report | | | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY2Q1 | Quarterly Report | | | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |
| PY2Q2 | Milestone Achievement | | | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ | \$\$\$ |



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Secure File Transfer Platform (SFTP)



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Secure File Transfer Platform (SFTP)

- The **SFTP** is a secure platform that the Department utilizes to transfer sensitive information to hospitals, and vice versa.
 - ✓ The SFTP can be accessed by navigating to <https://transfer.mslc.com/>.
 - ✓ Hospitals will be notified via email if files are uploaded to their SFTP account.
 - ✓ Each contact who establishes an account will receive and sign a **Terms of Use Agreement** from Myers and Stauffer.
 - ✓ Please email cohtp@mslc.com for SFTP access questions or support.
- Upon transfer, hospitals should download any sensitive data/claims files to a secure location on your device within **14 days**. After 14 days, the files on the SFTP will be automatically deleted.



Thank You

Department of Health Care Policy & Financing



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