



# CHP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

## Fiscal Year 2019–2020 PIP Validation Report

*for*

## DentaQuest

*April 2020*

*This report was produced by Health Services Advisory Group, Inc. for the  
Colorado Department of Health Care Policy & Financing.*



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## 1. Executive Summary

The Code of Federal Regulations at 42 CFR Parts 438 and 457—managed care regulations for Medicaid and the Children’s Health Insurance Program (CHIP), with revisions released May 6, 2016, and effective July 1, 2017, for Medicaid managed care and July 1, 2018, for CHIP managed care require states that contract with managed care health plans (health plans) to conduct an external quality review (EQR) of each contracting health plan. Health plans include managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), primary care case management entities (PCCM entities), and prepaid ambulatory health plans (PAHPs). The regulations at 42 CFR §438.350 require that the EQR include, conducted by an external quality review organization (EQRO), analysis and evaluation of aggregated information on healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG) serves as the EQRO for the State of Colorado, Department of Health Care Policy and Financing (the Department)—the agency responsible for the overall administration and monitoring of Colorado’s Medicaid managed care program and Child Health Plan *Plus* (CHP+), Colorado’s program to implement CHIP managed care.

Pursuant to 42 CFR §457.1250, which requires states’ CHIP managed care programs to participate in EQR, the Department required its CHP+ health plans to conduct and submit performance improvement projects (PIPs) annually for validation by the state’s EQRO. **DentaQuest**, a PAHP, holds the contract with the State of Colorado for provision of dental services for the Department’s CHP+ managed care program.

For fiscal year (FY) 2019–2020, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1) and §438.330(d)(2)(i-iv), and each PIP must include:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

As one of the mandatory EQR activities required by 42 CFR §438.358(b)(1)(i), HSAG, as the State’s EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.<sup>1-1</sup>

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<sup>1-1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/external-quality-review/index.html>. Accessed on: January 27, 2020.

Over time, HSAG and some of its contracted states identified that while the MCOs had designed methodologically valid projects and received *Met* validation scores by complying with documentation requirements, few MCOs had achieved real and sustained improvement. In July 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and modified by the Institute for Healthcare Improvement.<sup>1-2</sup> The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous quality improvement. The redesigned framework redirects MCOs to focus on small tests of change to determine which interventions have the greatest impact and can bring about real improvement. PIPs must meet CMS requirements; therefore, HSAG completed a crosswalk of this new framework against the Department of Health and Human Services CMS publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG presented the crosswalk and new PIP framework components to CMS to demonstrate how the new PIP framework aligned with the CMS validation protocols. CMS agreed that given the pace of quality improvement science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern improvement projects within healthcare settings, a new approach was needed.

## PIP Components and Process

The key concepts of the new PIP framework include forming a PIP team, setting aims, establishing a measure, determining interventions, testing interventions, and spreading successful changes. The core component of the new approach involves testing changes on a small scale—using a series of PDSA cycles and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. The duration of rapid-cycle PIPs is 18 months.

### PIP Terms

**SMART** (Specific, Measurable, Attainable, Relevant, Time-bound) Aim directly measures the PIP's outcome by answering the following: *How much improvement, to what, for whom, and by when?*

**Key Driver Diagram** is a tool used to conceptualize a shared vision of the theory of change in the system. It enables the MCO's team to focus on the influences in cause-and-effect relationships in complex systems.

**FMEA** (Failure Modes and Effects Analysis) is a systematic, proactive method for evaluating processes that helps to identify where and how a process is failing or might fail in the future. FMEA is useful to pinpoint specific steps most likely to affect the overall process, so that interventions may have the desired impact on PIP outcomes.

**PDSA** (Plan-Do-Study-Act) cycle follows a systematic series of steps for gaining knowledge about how to improve a process or an outcome.

<sup>1-2</sup> Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: February 6, 2020.



For this PIP framework, HSAG developed five modules with an accompanying reference guide. Prior to issuing each module, HSAG held technical assistance sessions with the MCOs to educate about application of the modules. The five modules are defined as:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes the topic rationale and supporting data, building a PIP team, setting aims (Global and SMART), and completing a key driver diagram.
- **Module 2—SMART Aim Data Collection:** In Module 2, the SMART Aim measure is operationalized, and the data collection methodology is described. SMART Aim data are displayed using a run chart.
- **Module 3—Intervention Determination:** In Module 3, there is increased focus into the quality improvement activities reasonably thought to impact the SMART Aim. Interventions in addition to those in the original key driver diagram are identified using tools such as process mapping, failure modes and effects analysis (FMEA), and failure mode priority ranking, for testing via PDSA cycles in Module 4.
- **Module 4—Plan-Do-Study-Act:** The interventions selected in Module 3 are tested and evaluated through a thoughtful and incremental series of PDSA cycles.
- **Module 5—PIP Conclusions:** In Module 5, the MCO summarizes key findings and outcomes, presents comparisons of successful and unsuccessful interventions, lessons learned, and the plan to spread and sustain successful changes for improvement achieved.

## Approach to Validation

HSAG obtained the data needed to conduct the PIP validation from [DentaQuest](#)'s module submission forms. In FY 2019–2020, these forms provided detailed information about [DentaQuest](#)'s PIP and the activities completed in modules 1, 2, and 3. (See Appendix A. Module Submission Forms.)

Following HSAG's rapid-cycle PIP process, the health plan submits each module according to the approved timeline. Following the initial validation of each module, HSAG provides feedback in the validation tools. If validation criteria are not achieved, the health plan has the opportunity to seek technical assistance from HSAG. The health plan resubmits the modules until all validation criteria are met. This process ensures that the PIP methodology is sound prior to the health plan progressing to intervention testing.

The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that any reported improvement is related to and can be directly linked to the quality improvement strategies and activities conducted by the health plan during the PIP. HSAG's scoring methodology evaluates whether the health plan executed a methodologically sound improvement project and confirms that any improvement achieved could be clearly linked to the quality improvement strategies implemented by the health plan.

## Validation Scoring

During validation, HSAG determines if criteria for each module are *Achieved*. Any validation criteria not applicable (N/A) were not scored. As the PIP progresses, and at the completion of Module 5, HSAG will use the validation findings from modules 1 through 5 for each PIP to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence and report the overall validity and reliability of the findings as one of the following:

- **High confidence** = The PIP was methodologically sound, the SMART Aim was achieved, the demonstrated improvement was clearly linked to the quality improvement processes conducted and intervention(s) tested, and the MCO accurately summarized the key findings.
- **Confidence** = The PIP was methodologically sound, the SMART Aim was achieved, and the MCO accurately summarized the key findings. However, some, but not all, quality improvement processes conducted and/or intervention(s) tested were clearly linked to the demonstrated improvement.
- **Low confidence** = (A) the PIP was methodologically sound; however, the SMART Aim goal was not achieved; or (B) the SMART Aim goal was achieved; however, the quality improvement processes conducted and/or intervention(s) tested were poorly executed and could not be linked to the improvement.
- **Reported PIP results were not credible** = The PIP methodology was not executed as approved.

## PIP Topic Selection

In FY 2019–2020, **DentaQuest** submitted the following PIP topic for validation: *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year*.

**DentaQuest** defined a Global Aim and SMART Aim for the PIP. The SMART Aim statement includes the narrowed population, the baseline rate, a set goal for the project, and the end date. HSAG provided the following parameters to the health plan for establishing the SMART Aim for the PIP:

- **Specific**: The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **Measurable**: The indicator to measure the goal: What is the measure that will be used? What is the current data figure (i.e., count, percent, or rate) for that measure? What do you want to increase/decrease that number to?
- **Attainable**: Rationale for setting the goal: Is the achievement you want to attain based on a particular best practice/average score/benchmark? Is the goal attainable (not too low or too high)?
- **Relevant**: The goal addresses the problem to be improved.
- **Time-bound**: The timeline for achieving the goal.

Table 1-1 includes the PIP title and SMART Aim statement selected by **DentaQuest**.

**Table 1-1—PIP Title and SMART Aim Statement**

PIP Title	SMART Aim Statement
<i>Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year</i>	By June 30, 2021, increase the percentage of CHP+ members who reside in the Greeley area who utilized any service among the 3–5-year-old age group from 45.47% to 46.97%.

The narrowed focus of the PIP is to increase the percentage of members 3 through 5 years of age, residing in the Greeley area, who utilize dental services. Table 1-2 summarizes the progress **DentaQuest** has made in completing the five PIP modules.

**Table 1-2—PIP Title and Module Status**

PIP Title	Module	Status
<i>Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year</i>	1. PIP Initiation	Completed and achieved all validation criteria.
	2. SMART Aim Data Collection	Completed and achieved all validation criteria.
	3. Intervention Determination	Completed and achieved all validation criteria.
	4. Plan-Do-Study-Act (PDSA)	Intervention plan submission due in April 2020, with PDSA cycles continuing through SMART Aim end date of June 30, 2021.
	5. PIP Conclusions	Targeted submission for October 2021.

At the time of the FY 2019–2020 PIP validation report, **DentaQuest** had passed Module 1, Module 2, and Module 3, achieving all validation criteria for the PIP. Next, **DentaQuest** will progress to intervention testing in Module 4—Plan-Do-Study-Act. Intervention plan and testing updates for Module 4 will be reported in the FY 2020–2021 PIP validation report.

## 2. Findings

### Validation Findings

In FY 2019–2020, **DentaQuest** completed and submitted Modules 1, 2 and 3 for validation. Detailed module documentation submitted by the health plan is provided in Appendix A. Module Submission Forms.

The following section outlines the validation findings for the three modules. Detailed validation criteria, scores, and feedback from HSAG for each module are provided in Appendix B. Module Validation Tools.

#### **Module 1: PIP Initiation and Module 2: SMART Aim Data Collection**

The objective of Module 1 is for the health plan to ask and answer the first fundamental question, “What are we trying to accomplish?” In this phase, **DentaQuest** determined the narrowed focus, developed its PIP team, established external partnerships, determined the Global Aim and SMART Aim, and developed the key driver diagram.

The objective of Module 2 is for the health plan to ask and answer the question, “How will we know that a change is improvement?” In this phase, **DentaQuest** defined how and when it will be evident that improvement is being achieved.

Table 2-1 presents the FY 2019–2020 Module 1 and Module 2 validation findings for **DentaQuest**’s PIP.

**Table 2-1—Validation Findings for the *Percentage of All Children Enrolled Under the Age of 21 Who Received At Least One Dental Service Within the Reporting Year* PIP**

Module 1—PIP Initiation	
<b>Narrowed Focus Population</b>	Members 3 through 5 years of age who reside in the Greeley area.
<b>SMART Aim Statement</b>	By June 30, 2021, increase the percentage of CHP+ members in the 3–5–year–old age group who reside in the Greeley area who utilized any dental service from 45.47% to 46.97%.
Module 2—SMART Aim Data Collection	
<b>SMART Aim Measure</b>	The percentage of members 3–5 years of age who reside in the Greeley area and utilized any dental service during the rolling 12-month measurement period.
<b>SMART Aim Data Collection Plan</b>	<ul style="list-style-type: none"> <li>• <b>Data Source:</b> Administrative claims.</li> <li>• <b>Methodology:</b> Monthly data collection using a rolling 12-month measurement period.</li> </ul>

### Module 3: Intervention Determination

The objective of Module 3 is for the health plan to determine potential interventions for the project. In this module, the health plan asks and answers the question, “What changes can we make that will result in improvement?”

**DentaQuest** completed a process map and an FMEA to determine the areas within its process that demonstrated the greatest need for improvement, have the most impact on the desired outcomes, and can be addressed by potential interventions. Table 2-2 summarizes the potential interventions **DentaQuest** identified to address high-priority subprocesses and failure modes determined in Module 3.

**Table 2-2—Module 3 Intervention Determination Summary for the *Percentage of All Children Enrolled Under the Age of 21 Who Received At Least One Dental Service Within the Reporting Year* PIP**

Failure Modes	Potential Interventions
<ul style="list-style-type: none"> <li><b>DentaQuest</b> is unable to contact member to provide education about dental benefits</li> <li>Member disregards mailed educational material or does not answer educational phone call</li> </ul>	Educational outreach targeting specific non-compliant members through multiple modes of communication
Dental provider does not use provider portal to notify <b>DentaQuest</b> of missed appointment by member	Provider outreach and education on the importance of notifying <b>DentaQuest</b> via provider portal of missed member appointments
<ul style="list-style-type: none"> <li>Member does not receive geo-coded dental benefits letter</li> <li>Member does not open geo-coded dental benefits letter</li> </ul>	<ul style="list-style-type: none"> <li>Utilize enticing, visually appealing printed material to ensure members will want to read information on dental benefits</li> <li>Outreach to community partners to explore co-branding options for printed dental benefits material</li> </ul>
Local community partners provide inaccurate dental benefits information to members of the community	<ul style="list-style-type: none"> <li>Seek feedback from community members and community partners to improve dental outreach materials</li> <li>Improve accuracy and clarity of all materials, job aides, and presentations before training new community partners</li> <li>Outreach and marketing collaboration to ensure all outreach material is easy to understand</li> </ul>

At the time of this FY 2019–2020 PIP validation report, **DentaQuest** had completed its PIP through Module 3. Next, the health plan will select one or more interventions to test for the PIP and develop an intervention evaluation plan for Module 4—Plan-Do-Study-Act. HSAG will report **DentaQuest**’s intervention testing plan and activities in the next annual PIP validation report.

## 3. Conclusions and Recommendations

### Conclusions

The validation findings suggest that **DentaQuest** successfully completed Module 1 and Module 2 and designed a methodologically sound project. The health plan also successfully completed Module 3 and identified opportunities for improving the process related to utilizing dental services for members 3 to 5 years of age, residing in the Greeley area. **DentaQuest** further analyzed opportunities for improvement in Module 3 and considered potential interventions to address the identified process flaws or gaps to increase the percentage of members who received a dental visit. Next, **DentaQuest** will initiate Module 4 by selecting an intervention to test and documenting a plan for evaluating the impact of the intervention through PDSA cycles. HSAG will report Module 4 review findings for the intervention testing plan in the FY 2020–2021 PIP validation report.

### Recommendations

- **DentaQuest** should ensure that each intervention selected for testing is a change to the current process, to address identified flaws or gaps, and is expected to have a positive impact on the SMART Aim measure.
- When planning a test of change, **DentaQuest** should think proactively (i.e., scaling/ramping up to build confidence in the change and eventually implementing policy to sustain changes).
- **DentaQuest** should clearly identify and communicate the necessary steps that will be taken to carry out an intervention including details that define who, what, where, and how the intervention will be carried out when designing the intervention testing plan.
- To ensure a methodologically sound intervention testing methodology, **DentaQuest** should determine the best method for identifying the intended effect of an intervention prior to testing. Intervention testing measures and data collection methodologies should allow the health plan to rapidly determine the direct impact of the intervention. The testing methodology should allow the health plan to quickly gather data and make data-driven revisions to facilitate achievement of the SMART Aim goal.
- **DentaQuest** should continue testing interventions for the PIP through the SMART Aim end date of June 30, 2021.

## Appendix A. Module Submission Forms

Appendix A contains the Module Submission Forms provided by the health plan.



State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission  
Percentage of Children Enrolled Under the Age of 21 Who  
Received at Least One Dental Service Within the Reporting Year  
*for DentaQuest*



Managed Care Organization (MCO) Information	
MCO Name:	DentaQuest, LLC
PIP Title:	Percentage of Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year
Contact Name:	Rick Spencer
Contact Title:	CHP+ Project Manager
E-mail Address:	Richard.Spencer@DentaQuest.com
Telephone Number:	303.253.5048
Submission Date:	October 14, 2019
Resubmission Date:	November 5, 2019





State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission



Percentage of Children Enrolled Under the Age of 21 Who  
Received at Least One Dental Service Within the Reporting Year  
*for DentaQuest*

### PIP Topic Rationale

In the space provided below, document the narrative rationale for selecting the PIP topic and specify how the topic aligns with the State's Quality Strategy. The topic should be based on current knowledge and challenges of the population. The narrative should also describe how the PIP topic has the potential to improve member health, functional status, and/or satisfaction.

Topic #2 was selected: Evaluating Utilization. Utilization of Services (NQF# 2511): Percentage of all enrolled children under age 21 who received at least one dental service within the reporting year. This is in alignment with the CMS 416 Measure used for evaluating NQF# 2511. Specifically, we want to focus the improvement plan around an increase in the utilization of children in the 3- to 5-year-old category. By helping to impact the performance measurement of an annual dental visit and its aim to reduce oral and overall health care costs, this parallels the State's Quality Strategy.

Many parents are unaware of this dental coverage, resulting in unused benefits. In 2013, 91% of kids with CHP+ or Medicaid visited a doctor, but only 40% visited a dentist. The current utilization rate for the dental benefit is 42.09%. It has increased slightly over the past several years (due in part to Delta Dentals extensive text-message campaign to educate parents about the importance of oral health and to increase awareness of the CHP+ dental benefit), but not significantly.

We decided to focus on 3- to 5-year-olds because an impact in this age range can have a lasting impact throughout these children's lives, resulting in better oral health habits and lower oral health costs. The earlier children and their parents acquire the habit of visiting the dentist regularly, the more likely it is to have a lasting effect. Additionally, poor oral health has a great cost to both patients and the larger health care system. Untreated, often preventable oral diseases send more than 2.1 million Americans to the emergency room each year, costing the health care system \$1.9 billion annually ("Emergency Department Visits for Dental Conditions – A Snapshot," Health Policy Institute, 2014). Cavities and periodontal disease are almost 100% preventable, and there is a connection between oral health and overall health. Patients can avoid serious and costly health problems through regular dental visits and consistent oral health care.



State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission  
Percentage of Children Enrolled Under the Age of 21 Who  
Received at Least One Dental Service Within the Reporting Year  
*for DentaQuest*



### PIP Topic Rationale

In the space provided below, document the narrative rationale for selecting the PIP topic and specify how the topic aligns with the State's Quality Strategy. The topic should be based on current knowledge and challenges of the population. The narrative should also describe how the PIP topic has the potential to improve member health, functional status, and/or satisfaction.

Working parents struggle to find time to take their kids to the dentist. A lack of after-hours dentists who take CHP+ is a challenge and the fact that many dentists won't accept young children and often discourage early dental care for children age three and younger add to the issue. Pediatricians and other primary care providers often do not encourage dental visits for young children, which would help build awareness for parents. In rural and underserved communities, the availability of CHP+ providers are limited or wait times may be long because providers limit the number of CHP+ patients accepted.



State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission



Percentage of Children Enrolled Under the Age of 21 Who  
Received at Least One Dental Service Within the Reporting Year  
for DentaQuest

### PIP Topic Rationale

Please complete the following tables to support the topic selection. Table 1—*Planwide Data for Topic* should include the overall planwide data for the PIP topic (e.g., annual measure rate). Table 2—*Comparative Data by Subgroup* should include the data stratified by category that supports the selection of the narrowed focus. Table 3—*Narrowed Focus Baseline Data* should represent the baseline data for the narrowed focus.

Table 1—Planwide Data for Topic		
Measurement period: (most recent 12-months)	07/01/2018 to 06/30/2019	
Numerator description (narrative):	# of members with 90 days continuous enrollment in CHP+ who have received any dental service.	
Denominator description (narrative):	Total # of members with 90 days continuous enrollment in CHP+.	
Numerator (numeric): 51,804	Denominator (numeric): 123,067	Rate: 42.09%

Table 2—Comparative Data by Subgroup			
Category (e.g., provider, facility, county, age group)	Numerator	Denominator	Rate
1. < 1 year old	24	851	2.82%
2. 1-2 years old	2,829	9,938	28.46%
3. 3-5 years old	8,953	20,591	43.48%
4. 6-9 years old	13,883	27,418	50.63%



State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission



Percentage of Children Enrolled Under the Age of 21 Who  
Received at Least One Dental Service Within the Reporting Year  
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5. 10-14 years old	16,188	34,728	46.61%
6. 15-18 years old	9,011	25,183	35.78%
7. Turned 19 in this fiscal year	916	4,358	21.01%

Table 3—Narrowed Focus Baseline Data

Narrowed Focus (e.g., selected provider, facility, county, age group): 3-5 year olds in the Greeley		
Measurement period:	07/01/2018 to 06/30/2019	
Numerator description (narrative):	# of members between 3-5 years old with 90 days continuous enrollment in CHP+ who reside in the Greeley Area (80631, 80634, and 80620 zip codes) who have received any dental service.	
Denominator description (narrative):	Total # of members between 3-5 years old with 90 days continuous enrollment in CHP+ who reside in the Greeley Area (80631, 80634, 80620 zip codes).	
Numerator (numeric): 432	Denominator (numeric): 950	Rate: 45.47%

**Narrowed Focus Baseline Data Collection Methodology** [Check the data source and include a narrative description of the step-by-step process for how the baseline data was collected and calculated].

- ☒ Administrative (claims/encounters)  
☐ Hybrid  
☐ Other—specify:



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**Narrative description:** HCPF has provided the data shown in the tables above; however, after July 1, 2019, data will be collected from DentaQuest's claims and eligibility system database. The data will also include parameters for eligibility. CHP+ membership is centralized under specific group numbering so we can identify CHP+ members, including their coverage period(s). Using the specific age bands, we identified the utilization in the 3-5 year old age range as being lower than the next two older age bands and where we might be able to have the most impact. Using the Greeley zip codes as our target area, the number of kids who met the specific requirements for eligibility and age range were compared to see who had dental services paid for from 07/01/2018 to 06/30/2019 that reside in those Greeley zip codes we identified.



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**SMART Aim (Specific-Measurable-Attainable-Relevant-Timebound)**

In the space below, complete the Aim statement. The SMART Aim should include the narrowed focus, baseline rate, goal, and end date. Also provide a narrative description of the goal setting process and data used to determine the goal. Use the narrowed focus baseline rate from Table 3 to set a goal for the PIP. When setting the goal, the PIP team should consider how many members will be impacted. Additionally, the PIP team should consider how much improvement can realistically be achieved by the SMART Aim end date.

**At the end of the project, HSAG will use the SMART Aim to evaluate the outcomes of the PIP and assign a level of confidence as a part of the final validation. The SMART Aim goal should represent a meaningful improvement over the baseline performance. The goal should impact a sufficient number of members and be attainable by the project end date. The PIP will not be assigned a level of *High Confidence* or *Confidence* unless the SMART Aim goal is achieved.**





State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission



Percentage of Children Enrolled Under the Age of 21 Who  
Received at Least One Dental Service Within the Reporting Year  
*for DentaQuest*

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**By June 30, 2021, increase the percentage of CHP+ members in the 3-5 year old age group who reside in the Greeley area who utilized any dental service from 45.47% to 46.97%.**

**SMART Aim goal-setting process and supporting data:** Of the core age groups we serve in CHP+, the 3-5-year-old age group had the lowest utilization rates. Greeley was chosen to be the focus of this project because their utilization is similar in the 3-5-year-old category and to have a more rural and distinctive population area to define and focus our project. These measures are derived the same way our Table 1 and 2 measures are determined. There has been slow growth in CHP+ utilization across all age groups. With more direct and coordinated approaches with CHP+ members, we feel the goal to increase this result to 46.97% aligns with previously targeted Delta goals, and it becomes much more attainable.



State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission



Percentage of Children Enrolled Under the Age of 21 Who  
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for DentaQuest

### PIP Team

Complete the table below to include project team members. The team must include an executive-level sponsor and data analyst. External partners should include narrowed-focused representation.

Table 4—Internal Team Members		
Name	Title	Role and Responsibilities
Rick Spencer	CHP+ Project Manager	Coordination with HSAG and DQ
Jon Janovec	Business Process & Quality Assurance Manager	Data collection, analysis, and reporting
Lori Howley	Vice President, Client Engagement	Executive Sponsor
Ahmad Landrum	Outreach Supervisor	Community Outreach
Betsy Holeman	Outreach Coordinator	Community Outreach
Donna Phelps	Provider Relations Representative	Provider Outreach and Education
Lisa Larkin-Allen	Provider Relations Representative Supervisor	Provider Outreach and Education
Maureen Hartlaub	Contract Manager	Coordination with HCPF and DQ

Table 5—External Partners		
Organization Name	Main Contact	Role and Responsibilities
United Way of Weld County Promises for Children, Weld County Early Childhood Council	Adriana Carillo, Coordinator Sheri Hannah-Ruh, Director	Coordinate Collaborative Outreach efforts with Outreach Team
Multiple Dental Offices in Greeley Area	TBD	Consultation and coordination of outreach activities
Greeley-Evans School District 6 Preschool Program	Jennifer Behrmann, Principal	Coordinate Collaborative Outreach efforts with Outreach Team



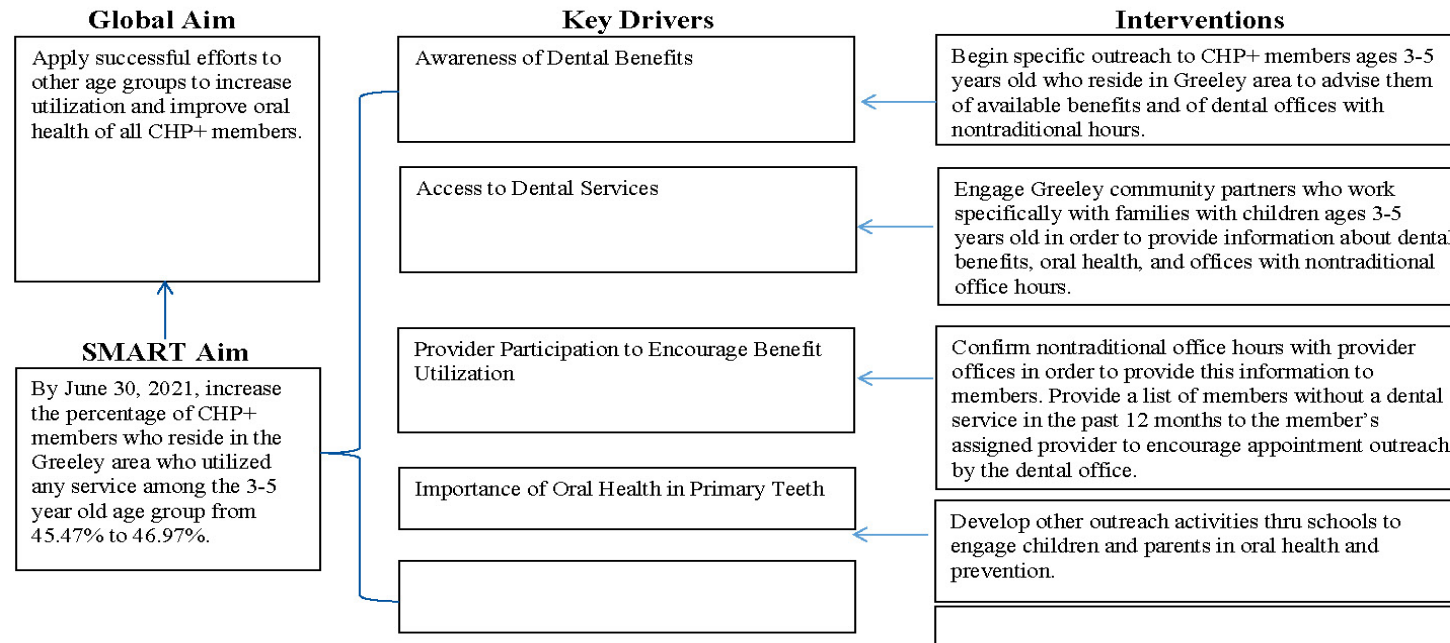


State of Colorado  
Performance Improvement Project (PIP)  
Module 1 — PIP Initiation Submission



Percentage of Children Enrolled Under the Age of 21 Who  
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for DentaQuest

Key Driver Diagram



Date: 11/05/2019 Version: 2



State of Colorado  
 Performance Improvement Project (PIP)  
 Module 2 — SMART Aim Data Collection Submission  
 Percentage of Children Enrolled Under the Age of 21 Who  
 Received at Least One Dental Service Within the Reporting Year  
*for DentaQuest*



Managed Care Organization (MCO) Information	
MCO Name:	DentaQuest, LLC
PIP Title:	Dental PIP – Evaluating Utilization
Contact Name:	Rick Spencer
Contact Title:	CHP+ Project Manager
E-Mail Address:	<a href="mailto:Richard.Spencer@DentaQuest.com">Richard.Spencer@DentaQuest.com</a>
Telephone Number:	303.253.5048
Submission Date:	October 14, 2019
Resubmission Date:	November 5, 2019



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### SMART Aim Measure

Please complete the SMART Aim Measure table using the rolling 12-month methodology. Please see Section 8 in the Rapid-Cycle PIP Reference Guide for an explanation and example of the rolling 12-month methodology.

Table 1—Rolling 12-Month SMART Aim Measure	
Numerator description (narrative):	# of CHP+ members ages 3-5 years old who reside in the Greeley area who have received any dental service within the rolling 12-month measurement period. These measurements are derived from the CMS 416 Measure as stated in Module 1.
Denominator description (narrative):	# of CHP+ members ages 3-5 years old who reside in the Greeley area. These measurements are derived from the CMS 416 Measure as stated in Module 1.
Age criteria (if applicable):	Ages 3-5 years old
Continuous enrollment specifications (if applicable):	90 days or more continuous enrollment in the rolling 12-month period
Allowable gap in enrollment (if applicable):	Not applicable
Anchor date (if applicable):	Age as of the last day of the reporting period within the rolling 12-month measurement period.
Denominator qualifying event/diagnosis with time frame (if applicable):	Not applicable
Reporting month definition:	Evaluated each month on a rolling 12-month basis



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### Data Collection Methodology

#### Data Collection Plan

In the space below, explain the step-by-step data collection process by including the following:

- ◆ Identification of data elements and data sources (describe where the data is coming from).
- ◆ Person(s) responsible for collecting the data.
- ◆ If multiple staff members are collecting the data, document the protocols that are in place to ensure that all staff members are uniformly and consistently collecting the data.
- ◆ Include how and when the data will be collected (frequency of data). Include sample data collection tool(s), if applicable (e.g., logs, spreadsheets).
- ◆ The sample data collection tool(s) should be simple and collect “just enough” data to evaluate the SMART Aim.

#### Data Elements

##### Claim Data

- unique system identifier
- procedure code
- treatment date

##### Member Data

- Unique system Identifier (State ID)
- Member address is in the identified Greeley zip codes of 80631, 80634, or 80620 zip codes
- Date of birth on last day of reporting period
- Coverage Month

Person(s) responsible for collecting the data.

- Jon Janovec – Business Process & Quality Assurance Manager



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### Data Collection Methodology

#### Data Collection Plan

In the space below, explain the step-by-step data collection process by including the following:

- ◆ Identification of data elements and data sources (describe where the data is coming from).
- ◆ Person(s) responsible for collecting the data.
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- ◆ Include how and when the data will be collected (frequency of data). Include sample data collection tool(s), if applicable (e.g., logs, spreadsheets).
- ◆ The sample data collection tool(s) should be simple and collect “just enough” data to evaluate the SMART Aim.

Data Collection – Data will be collected on a monthly frequency for the most recent rolling 12-month period by the 15<sup>th</sup> of each month. Data collection will be based on claims and enrollment data collected as a part of normal DentaQuest operations.

ROLLING 12-MONTH REPORTING EXAMPLE BELOW:

1. **July 2020** – 8/1/2019 through 7/31/2020
2. **August 2020** – 9/1/2019 through 8/31/2020
3. **September 2020** – 10/1/2019 through 9/30/2020
4. **October 2020** – 11/1/2019 through 10/31/2020
5. **November 2020** – 12/1/2019 through 11/30/2020
6. **December 2020** – 1/1/2020 through 12/31/2020



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### Data Collection Methodology

#### Data Collection Plan

In the space below, explain the step-by-step data collection process by including the following:

- ◆ Identification of data elements and data sources (describe where the data is coming from).
- ◆ Person(s) responsible for collecting the data.
- ◆ If multiple staff members are collecting the data, document the protocols that are in place to ensure that all staff members are uniformly and consistently collecting the data.
- ◆ Include how and when the data will be collected (frequency of data). Include sample data collection tool(s), if applicable (e.g., logs, spreadsheets).
- ◆ The sample data collection tool(s) should be simple and collect “just enough” data to evaluate the SMART Aim.

- 
7. **January 2021** – 2/1/2020 through 1/31/2021
  8. **February 2021** – 3/1/2020 through 2/29/2021
  9. **March 2021** – 4/1/2020 through 3/31/2021
  10. **April 2021** – 5/1/2020 through 4/30/2021
  11. **May 2021** – 6/1/2020 through 5/31/2021
  12. **June 2021** – 7/1/2020 through 6/30/2021

Paid run-out claims can be processed up to 12 months from the incurred date. More than 95% of the incurred claims are paid within two months so we would recommend using a 90-day runout period for each of the 12 rolling month reports. For example, the first report would be provided on November 15, 2020 for the **July 2020** report (as noted above).





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### Data Collection Methodology

#### Data Calculation

In the space below, provide a complete description of the data calculation process. Be sure to answer the following questions:

- ◆ Who is entering the data for calculation?
- ◆ Who is calculating the data?
- ◆ How are the percentages/rates calculated?

Include a systematic process with an ordered sequence of steps. Each step depends on the outcomes of the previous step. This can be defined in a narrative or with algorithms/flowcharts.

---

Person(s) responsible for collecting the data.

- Jon Janovec – Business Process & Quality Assurance Manager

Person(s) responsible for calculating the data.

- Jon Janovec – Business Process & Quality Assurance Manager

Rates are calculated

- Members age 3 to 5 that reside in the identified Greeley zip codes (80631, 80634, and 80620 zip codes) as of that last day of the reporting period that had at least one dental appointment (Members based on denominator pool)/Members age 3 to 5 that reside in the identified Greeley zip codes as of that last day of the reporting period that have 90 days continuous coverage.

NOTE FOR CHART TEMPLATE BELOW:

I was unable to format the dates in the chart to report the last day of each month rather than the first day of each month.



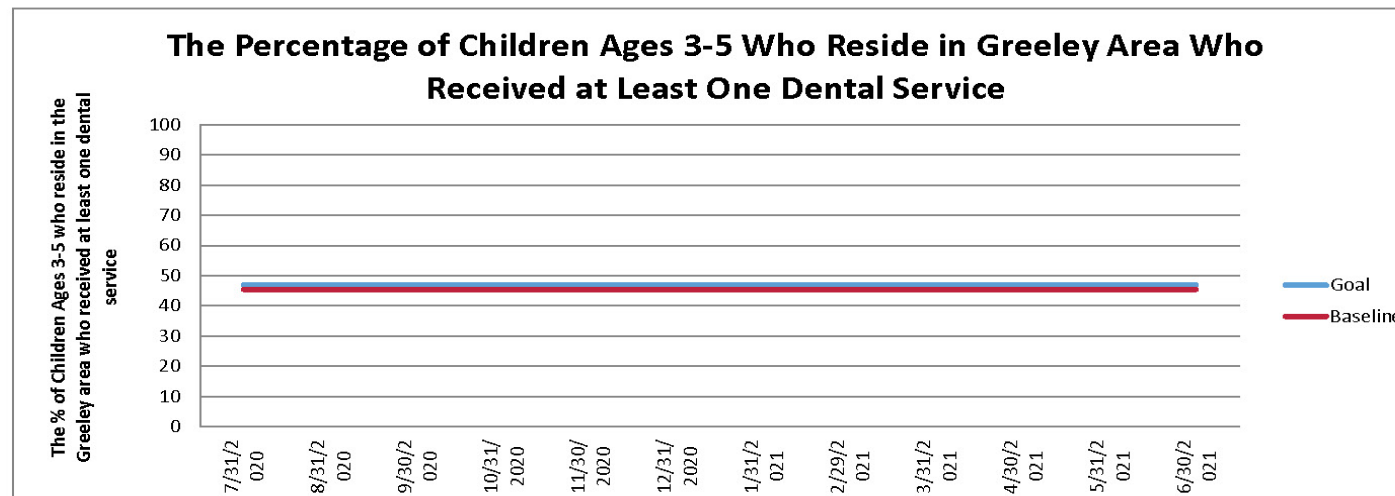
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### Run Chart

Edit the run chart template below to include:

- ◆ Enter the run chart's title (i.e., The Percentage of Diabetic Eye Exams for Provider A).
- ◆ Enter the y-axis title (i.e., The Percentage of Diabetic Eye Exams).
- ◆ Enter x-axis dates with max of monthly intervals (i.e., starting after the baseline to the SMART Aim end date).
- ◆ Enter the baseline and SMART Aim goal percentages.
- ◆ For SMART Aim measures using a percentage, the y-axis should be scaled 0 to 100 percent.







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Managed Care Organization (MCO) Information	
MCO Name:	DentaQuest, LLC
PIP Title:	Percentage of Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year
Contact Name:	Rick Spencer
Contact Title:	CHP+ Contract Manager
E-mail Address:	<a href="mailto:Richard.spencer@dentaquest.com">Richard.spencer@dentaquest.com</a>
Telephone Number:	303.253.5048
Submission Date:	January 31, 2020



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### Process Mapping

Indicate when the process map(s) was completed and list all team members involved. Describe the role and responsibilities for each individual team member. The team should include a data analyst. The analyst can assist with determining data needed for prioritization of subprocesses and failure modes and proposed interventions.

Table 1—Process Mapping Team	
Development Period	
11/30/2019 to 01/31/2020	
Team Members Involved	Role/Responsibilities
Ahmad Landrum	Outreach Supervisor-Project Overview
Katie Brands Shrawder	Senior National Outreach Specialist-Project Overview
Betsy Holeman	Outreach Coordinator- Community Outreach
Suprena Crawford	Outreach Coordinator- Community Outreach
Sarony Young	Outreach Coordinator- Community Outreach
Sai Seethala	Director of Business Intelligence- Business Analyst
Rick Spencer	CHP+ Project Manager- Provider Outreach and Education
Maureen Hartlaub	Contract Manager- Coordination with HCPF and DQ



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### Failure Modes and Effects Analysis (FMEA)

Indicate when the FMEA was completed and list all team members involved. Describe the role and responsibilities for each individual team member. The team should include a data analyst. The analyst can assist with determining data needed for prioritization of subprocesses and failure modes and proposed interventions.

Table 2—Failure Modes and Effects Analysis Team	
Development Period	
11/30/2019 to 01/31/2020	
Team Members Involved	Role/Responsibilities
Ahmad Landrum	Outreach Supervisor-Project Overview
Katie Brands Shrawder	Senior National Outreach Specialist-Project Overview
Betsy Holeman	Outreach Coordinator- Community Outreach
Suprena Crawford	Outreach Coordinator- Community Outreach
Sarony Young	Outreach Coordinator- Community Outreach
Sai Seethala	Director of Business Intelligence- Business Analyst
Rick Spencer	CHP+ Project Manager- Provider Outreach and Education
Maureen Hartlaub	Contract Manager- Coordination with HCPF and DQ



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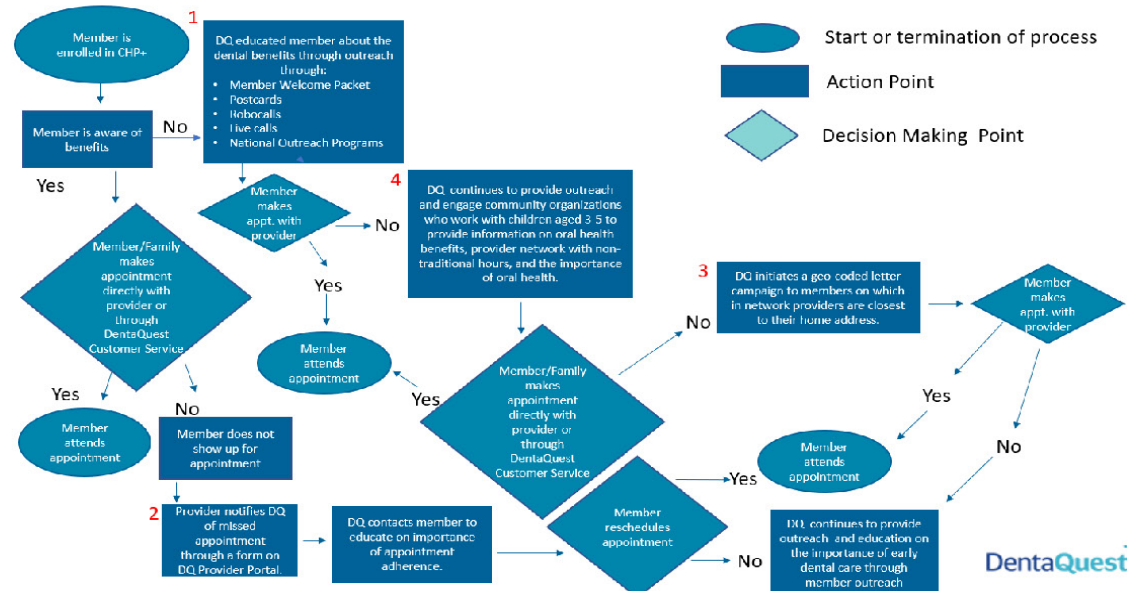


### Process Mapping

Develop a process map that aligns with the SMART Aim measure from the perspective of the person most impacted by the overall process (typically the member). The MCO may need to complete and submit more than one process map (i.e., member-level, provider-level, MCO-level, new members, existing members, etc.).

Clearly identify subprocesses (opportunities for improvement) within the process map. These subprocesses will be used in the FMEA table. Assign a numerical value to each identified subprocess based on having the greatest potential of impacting the SMART Aim. In addition to providing the process map(s), provide a narrative description of the PIP team's process and rationale for the selection of subprocesses with the greatest impact on the SMART Aim.

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**Description of process and rationale for selection of subprocesses:**

1. DentaQuest (referred to as DQ) educated member about the dental benefits through outreach.

DentaQuest utilized the Risk Priority Number assessment model to rank the subprocesses. We gave the first sub processes a 10 as a likelihood of occurrence because we feel that it is very possible that members will not receive the information from the MCO. We then assigned the first subprocesses a 7 for the Likelihood of Detection because DQ will be informed if a member cannot be reached by the phone. If a member cannot be reached by one method, DQ will employee a different method. The consequences of the subprocess breaking down completely is failure of delivery of the message to the patient and we rated that a severity of 10. In sum, these rankings marked this subprocesses as the one with the most potential to affect our SMART Aims.

2. Provider notifies DQ of missed appointment through the DQ Provider Portal. DQ then contacts member to educate on importance of appointment adherence.

DentaQuest utilized the Risk Priority Number Assessment to rank the subprocesses. This subprocess was identified as the number 2 subprocess to have the most potential to affect out SMART Aims, with number one being the most likely. This subprocess was assigned a likelihood of occurrence an 8 because the providers may view submitting an additional form for a patient they did not see and/or preform services on as wasted time. We also ranked this with a likelihood of detection as a 10 because we would not be aware of a patient missing an appointment unless the provider informed us. This subprocess also earned a severity ranking of an 8 because if the subprocess does fail, we cannot encourage the member to make and keep a new appointment. After all the scores were calculated, this subprocess ranked as the second sub process to have the largest impact on our SMART Aims.

3. DQ initiates a geo-coded letter campaign to members on which in network providers are closest to their home address.





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DQ utilized the Risk Priority Number Assessment as the ranking process for these subprocesses. After the calculations, this subprocess was identified as the third most likely to have a significant affect on our SMART Aim. This earned a score of 10 on likelihood of occurrence because many people throw away mail before reading the contents. This subprocess also earned a likelihood of detection as 8 because we would be notified if the letter was marked as undeliverable or return to sender. For the severity ranking, this subprocess earned a 5 because the member will be targeted in other forms of outreach through a different subprocess. Overall, this subprocess was ranked third for influencing the SMART Aims.

4. DQ engages community partners who work with children aged 3-5 to provide information on oral health benefits, provider network with non-standard hours, and the importance of oral health.

DentaQuest utilized the Risk Priority Number Assessment to rank the subprocesses. This subprocess was identified as the one to *least* be likely to influence the SMART Aims. This subprocess earned a score of 5 in likelihood of occurrence because all the material the Colorado Outreach team utuulizes is vetted and proofread many times over before it is used for educational purposes. It also earned a 4 under likelihood of detection because the CO Outreach team works closely with community partners and is confident that they would be able to identify any misinformation. The subprocess also earned a severity score of a 5 because the CO Outreach team is very confident the community partners will engage members with the correct information.



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### Failure Modes and Effects Analysis

From the completed process map(s), enter up to three subprocesses that have the potential to make the greatest impact on the SMART Aim. The assigned priority number in the process map should align with the subprocess number in the FMEA table. This will help clearly link each opportunity for improvement to an identified subprocess.

Complete the table with the corresponding failure modes, failure causes, and failure effects.

Note: The MCO should ensure that the same language is used consistently to describe the failure modes throughout Modules 3, 4, and 5.

Table 3—Failure Modes and Effects Analysis Table			
Subprocesses	Failure Modes (What could go wrong?)	Failure Causes (Why would the failure happen?)	Failure Effects (What are the consequences?)
1. DQ educated member about the dental benefits through outreach through: <ul style="list-style-type: none"> <li>• Postcards</li> <li>• Robocalls</li> <li>• Live calls</li> <li>• Member Welcome Packet</li> <li>• National Outreach Program</li> </ul>	DQ unable to contact member.	Incorrect contact information for member.	Member lacks knowledge of dental benefits and does not access care.
	Member does not answer phone or throws mailer in trash	Member does not recognize number or acknowledge DQ as a trusted source.	Member does not follow through to make a dental appointment.





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2. Provider notifies DQ of missed appointment through the DQ Provider Portal. DQ then contacts member to educate on importance of appointment adherence	Provider does not submit form on Provider Portal to DQ	Provider does not see importance of submitting form on Provider Portal	DQ is unable to contact member to educate on importance of appointment adherence.
	Member does not answer phone when DQ calls	Member does not recognize number	Member does not receive education.
3. DQ initiates a geo-coded letter campaign to members on which in network providers are closest to their home address	DQ is unable to reach the member	Member has not updated address with health plan, which provides member information to DQ	Member does not receive information
	Member does not receive information	Member does not open letter.	Member does not information. Member must take initiative to find resource on their own.
4. DQ engages community partners who work with children aged 3-5 to provide information on oral health benefits, provider network with non-standard hours, and the importance of oral health	Community partners provide misinformation on dental benefits	DQ training not received correctly by community partners. Additional training needed.	Members do not access benefits and dental needs go unmet.



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**Description of priority ranking process (i.e., Risk Priority Number (RPN) method). If the RPN method was used, please provide the numeric values from the calculations:**

DentaQuest utilized the Risk Priority Number method of ranking the subprocesses

Table 4-Risk Priority Number Method				
Subprocesses	Likelihood of Occurrence	Likelihood of Detection	Severity	RPN
1. DQ educated member about the dental benefits through outreach through: <ul style="list-style-type: none"> <li>• Postcards</li> <li>• Robocalls</li> <li>• Live calls</li> <li>• Member Welcome Packet</li> <li>• National Outreach Program</li> </ul>	10	7	10	700
2. Provider notifies DQ of missed appointment through DQ Provider Portal. DQ then contacts member to educate on importance of appointment adherence	8	10	8	640
3. DQ initiates a geo-coded letter campaign to members on which in network	10	8	5	400



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Table 4-Risk Priority Number Method				
Subprocesses	Likelihood of Occurrence	Likelihood of Detection	Severity	RPN
providers are closest to their home address				
4. DQ engages community partners who work with children aged 3-5 to provide information on oral health benefits, provider network with non-standard hours, and the importance of oral health	5	4	5	100

Each subprocess was assigned a value based on the likelihood of occurrence, likelihood of detection, and severity. These numbers were then calculated to give each subprocesses a Risk Priority Number. The Risk Priority Number was then used to determine which of the subprocesses has the greatest likelihood to affect the SMART aims determined at the beginning of this process.



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### Intervention Determination

In the Intervention Determine table, enter at a minimum, the top three ranked failure modes and the identified intervention to address the failure mode.

Table 5—Intervention Determination Table	
Failure Modes	Interventions
DQ unable to contact member with educational material about dental benefits, member disregards material mailed to home address, or member does not answer educational phone call.	DentaQuest will target specific non-compliant members with more than one form of interventions in hopes of reaching the member through one of the utilized forms.
Dental provider does not submit form on Provider Portal to DQ.	The National Outreach team will work with Provider Engagement to educate providers on importance of submitting form on Provider Portal through educational materials and provider outreach.
Member does not receive geo-coded letter or member does not open geo-coded letter from DentaQuest.	DentaQuest will utilize an enticing, visually appealing print material to ensure that members will want to read the information. DentaQuest will conduct outreach to community partners to explore co-branding options. DQ will continue to regularly receive eligibility files and updated information from the health plans.
DentaQuest engages community partners to provide education on benefits and local providers to pass on to members of the community. There is a breakdown in communication and the member receives inaccurate information.	CO outreach team will ensure that all materials, job aides, and presentations are accurate before training new community partners. Also, the National Outreach team will work with marketing to ensure that all outreach material is easy to understand. DentaQuest will seek feedback from community members and/or partners to further better the outreach materials.

## Appendix B. Module Validation Tools

Appendix B contains the Module Validation Tools provided by HSAG.



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 Performance Improvement Project (PIP)  
 Module 1 — PIP Initiation Validation — Percentage of All Children  
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 Service Within the Reporting Year  
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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
1. The selected narrowed focus was supported by data.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>HSAG identified the following data-related issues in Module 1:</p> <ul style="list-style-type: none"> <li>The health plan should correct the data reported in Table 2 for the 15-18-year-old subgroup. HSAG calculated a rate of 35.78 percent, based on the reported numerator and denominator.</li> <li>The health plan should revisit the data collection methodology (“Hybrid”) reported on page 4 of Module 1. The baseline hybrid data collection methodology (using both claims and medical record data) is not comparable to the administrative data collection methodology reported for the SMART Aim measure in Module 2. The health plan must use a comparable data collection methodology for the baseline measurement and subsequent remeasurements.</li> </ul> <p><b>Re-review November 2019:</b> The health plan addressed HSAG’s feedback in the resubmission by correcting the data reported in Table 2 and documenting an administrative baseline data collection methodology. The criterion was achieved.</p>
2. The team members were identified for both internal MCO staff and external partners, including representation for the narrowed focus.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	





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 Module 1 — PIP Initiation Validation — Percentage of All Children  
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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
3. The SMART Aim was stated accurately and included all required components and rationale (narrowed focus, baseline rate, goal, and end date).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. The drivers and interventions were clearly stated, logically linked to the SMART Aim, and have the potential to impact the SMART Aim.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**PIP Initiation (Module 1)**

☒ Pass

Date: November 18, 2019



**Performance Improvement Project (PIP)**  
**Module 2 — SMART Aim Data Collection Validation**  
**Percentage of All Children Enrolled Under the Age of 21 Who**  
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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
1. The SMART Aim measure numerator and denominator were accurate, well-defined, and aligned with the SMART Aim.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. The SMART Aim data collection methodology supported the rapid-cycle process and included: <ul style="list-style-type: none"> <li>a) Data source(s)</li> <li>b) Step-by-step process was in alignment with the baseline data collection methodology.</li> <li>c) Team members collecting data.</li> </ul>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>The documentation suggested that the data collection methodology for the baseline measurement reported in Module 1 differed from the SMART Aim measure data collection methodology reported in Module 2. In Module 1, on page 4, the health plan checked “Hybrid” data collection (claims and medical record data) for the baseline measurement methodology. In Module 2, on pages 3-5, the documented data collection methodology appeared to be based on Administrative data collection (claims data). The baseline data collection process in Module 1 must be comparable to the SMART Aim measure data collection process in Module 2. The health plan should correct the documentation to reflect comparable data collection methodologies in Modules 1 and 2.</p> <p><b>Re-review November 2019:</b> In the resubmission, the health plan addressed HSAG’s feedback and revised the Module 1 documentation to reflect an administrative baseline data collection methodology that was comparable to the SMART Aim measure data collection methodology documented in Module 2. The criterion was achieved.</p>



**Performance Improvement Project (PIP)**  
**Module 2 — SMART Aim Data Collection Validation**  
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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
3. If a data collection tool was used, the tool(s) was appropriate and captured all required data elements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Not Applicable.</i> A data collection tool was not used.
4. The run/control chart included the titles, SMART Aim goal, baseline rate, and data collection interval.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>General Comment:</b> It appeared that the note at the bottom of page 6 should be removed since the dates on the run chart reflected the last day of each month.

**SMART Aim Measure (Module 2)**

☒ Pass

Date: November 18, 2019



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
1. The documentation included the team members responsible for completing the process map(s) and failure mode and effects analysis (FMEA).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. The documentation included a process map(s) illustrating the step-by-step flow of the current process. The subprocesses identified in the process map(s) as opportunities for improvement were prioritized and assigned a numerical ranking.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3. The MCO included a description of the process and rationale used for the selection of subprocesses in the FMEA table.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Each subprocess in the FMEA table aligned with a numerically ranked opportunity for improvement in the process map(s), and was logically linked to the documented failure modes, causes, and effects.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. The MCO described the failure mode priority ranking process. If the RPN method was used, the MCO provided the numeric calculations.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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Criteria	Achieved (Y/N)	HSAG Feedback and Recommendations
6. The interventions listed in the Intervention Determination table were appropriate based on the ranked failure modes.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>General Comment:</b> The health plan must ensure the following for the intervention(s) selected for testing in Module 4:</p> <ul style="list-style-type: none"> <li>The intervention is <u>a change to the current process that is expected to have a positive impact on the SMART Aim measure</u> (percentage of members in the narrowed focus who receive a dental service).</li> <li>The specific steps for carrying out the intervention are clearly defined and thoroughly documented in the Module 4 Plan.</li> <li>An effectiveness measure, specific to the intervention, must be clearly defined and data collection plan documented in the Module 4 Plan.</li> <li><u>Timely data collection and analyses are feasible</u> to evaluate intervention effectiveness and identify any revisions needed to achieve the SMART Aim goal by the SMART Aim end date. <u>An administrative data collection process subject to typical claims lag is not acceptable for the intervention effectiveness measure.</u></li> </ul>

**Intervention Determination (Module 3)**

☒ Pass

Date: February 20, 2020