Colorado Children's Health Insurance Program

Fiscal Year 2021–2022 PIP Validation Report

for

DentaQuest

April 2022

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 Part 438—managed care regulations for the Medicaid program and Children's Health Insurance Program (CHIP), with revisions released May 6, 2016, effective July 1, 2017, and further revised on November 13, 2020, with an effective date of December 14, 2020—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 analysis and evaluation by an external quality review organization (EQRO) of aggregated information related to 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 §457.1520, which requires states' CHIP managed care programs to participate in EQR, the Department required its CHP+ MCOs 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) 2021–2022, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1). In accordance with §438.330 (d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction and (2) focuses on clinical and/or nonclinical areas that involve the following:

- Measuring performance using objective quality indicators
- Implementing system interventions to achieve quality improvement (QI)
- Evaluating effectiveness of the interventions
- Planning and initiating activities for increasing and 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, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.[1-1]

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.[1-2] The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous QI. 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. CMS agreed that given the pace of QI 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 and provided HSAG with approval to use this approach in all requesting states.

PIP Components and Process

The key concepts of the rapid-cycle 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 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 approximately 18 months, from the initial Module 1 submission date to the end of intervention testing.

There are four modules with an accompanying reference guide for the MCOs to use to document their PIPs. Prior to issuing each module, HSAG held module-specific trainings with the

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.

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, October 2019. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf. Accessed on: Feb 23, 2022.

[1-2] 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.ihi.org/resources/Pages/HowtoImprove/default.aspx. Accessed on: Feb 23, 2022.

MCOs to educate them about the documentation requirements and use of specific QI tools for each of the modules. The four modules are defined below:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes building a PIP team, describing the PIP topic and narrowed focus, and providing the rationale and supporting data for the selected narrowed focus. In Module 1, the narrowed focus baseline data collection specifications and methodology are defined, and the MCO sets aims (Global and SMART), completes a key driver diagram, and sets up the SMART Aim run chart for objectively tracking progress toward improvement for the duration of the project.
- **Module 2—Intervention Determination:** In Module 2, there is increased focus on the QI activities reasonably expected to impact the SMART Aim. The MCO updates the key driver diagram from Module 1 after completing process mapping, failure modes and effects analysis (FMEA), and failure mode priority ranking, for a more in-depth understanding of the improvement strategies that are most likely to support achievement of the SMART Aim goal.
- **Module 3—Intervention Testing:** In Module 3, the MCO defines the intervention plan for the intervention to be tested, and the intervention effectiveness measure and data collection process are defined. The MCO will test interventions using thoughtful incremental PDSA cycles and complete PDSA worksheets.
- **Module 4—PIP Conclusions:** In Module 4, the MCO summarizes key findings, compares successful and unsuccessful interventions, and reports outcomes achieved. The MCO will synthesize data collection results, information gathered, and lessons learned to document the impact of the PIP and to consider how demonstrated improvement can be shared and used as a foundation for further improvement after the project ends.

Approach to Validation

The goal of HSAG's PIP validation and scoring methodology is to ensure that the Department and key stakeholders can have confidence that the health plan executed a methodologically sound improvement project, and any reported improvement can be reasonably linked to the QI strategies and activities conducted by the health plan during the PIP. HSAG obtained the data needed to conduct the PIP validation from **DentaQuest**'s module submission forms. In FY 2021–2022, these forms provided detailed information about **DentaQuest**'s PIP and the activities completed in Module 2 and Module 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.

Validation Scoring

During validation, HSAG determines if criteria for each module are *Met.* Any validation criteria not applicable (*N/A*) were not scored. At the completion of Module 4, HSAG uses the validation findings from modules 1 through 4 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.

- ***High confidence*** = The PIP was methodologically sound; the SMART Aim goals, statistically significant, clinically significant, or programmatically significant improvements were achieved for both measures; at least one tested intervention for each measure could reasonably result in the demonstrated improvement; and the MCO accurately summarized the key findings and conclusions.
- ***Moderate confidence*** = The PIP was methodologically sound, at least one tested intervention could reasonably result in the demonstrated improvement, and at least one of the following occurred:

  ☐ The SMART Aim goal, statistically significant, clinically significant, or programmatically significant improvement was achieved *for only one measure*, and the MCO accurately summarized the key findings and conclusions.

  ☐ Non-statistically significant improvement in the SMART Aim measure was achieved *for at least one measure*, and the MCO accurately summarized the key findings and conclusions.

  ☐ The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved *for at least one measure*; however, the MCO *did not* accurately summarize the key findings and conclusions.

- ***Low confidence*** = One of the following occurred:

  ☐ The PIP was methodologically sound. However, no improvement was achieved for either measure during the PIP. The SMART Aim goals *were not* met, statistically significant improvement *was not* demonstrated, non-statistically significant improvement *was not* demonstrated, significant clinical improvement *was not* demonstrated, and significant programmatic improvement *was not* demonstrated.

  ☐ The PIP was methodologically sound. The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved *for at least one measure*; however, *none* of the tested interventions could reasonably result in the demonstrated improvement.

  ☐ The rolling 12-month data collection methodology was followed for only one of two SMART Aim measures for the duration of the PIP.

- ***No confidence*** = The SMART Aim measure methodology and/or approved rapid-cycle PIP methodology/process *was not* followed through the SMART Aim end date.

PIP Topic Selection

In FY 2021–2022, **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:

- **S**pecific: The goal of the project: What is to be accomplished? Who will be involved or affected? Where will it take place?
- **M**easurable: The indicator to measure the goal: What measure will be used? What current data (i.e., count, percent, or rate) are available for that measure? How much increase or decrease in the indicator will demonstrate improvement?
- **A**ttainable: Rationale for setting the goal: Is the desired achievement based on a particular best practice/average score/benchmark? Is the goal attainable (not too low or too high)?
- **R**elevant: The goal addresses the problem to be improved.
- **T**ime-bound: The timeline for achieving the goal.

Table 1-1 includes the SMART Aim statement established by **DentaQuest**.

Table 1-1—SMART Aim Statement

PIP Measure	SMART Aim Statement
Dental Service Utilization Among 3–5-Year-Olds Residing in Weld County	By June 30, 2022, use key driver diagram interventions to increase the percentage of members who received any dental service among members ages 3–5 years who reside in Weld County, from 45.47% to 49.3%.

The focus of the PIP is to increase the percentage of members 3 to 5 years of age, residing in Weld County, who received any dental service during the measurement year. The goal of 49.3 percent represents a statistically significant improvement over the baseline performance.

Table 1-2 summarizes the progress **DentaQuest** has made in completing the four PIP modules.

Table 1-2—PIP Topic and Module Status

PIP Topic	Module	Status
Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year	1. PIP Initiation	Completed and achieved all validation criteria.
	2. Intervention Determination	Completed and achieved all validation criteria.
	3. Intervention Testing	In progress. Module 3 submission forms submitted to date have achieved all validation criteria. The PAHP will test interventions until June 30, 2022, and submit a new Module 3 submission form when a new intervention is initiated.
	4. PIP Conclusions	Targeted for October 2022.

At the time this FY 2021–2022 PIP validation report was produced, **DentaQuest** had passed Module 1 and Module 2, achieving all validation criteria for the PIP. **DentaQuest** had also passed all validation criteria for the Module 3 submission form submitted for each intervention being tested and was continuing to test interventions. The health plan will conclude all intervention testing on June 30, 2022. Module 4 validation findings will be reported in the FY 2022–2023 PIP validation report.

Validation Findings

In FY 2021–2022, **DentaQuest** continued the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP. The health plan passed Module 2 and Module 3 of the rapid-cycle PIP process during FY 2021–2022. HSAG reviewed Module 2 and Module 3 submission forms and provided feedback and technical assistance to the health plan until all validation criteria were achieved. Below are summaries of the Module 2 and Module 3 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. Detailed validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tools.

Module 2: Intervention Determination

The objective of Module 2 is to ask and answer the fundamental question, "What changes can we make that will result in improvement?" In this phase, **DentaQuest** developed process maps, conducted FMEAs, and updated key driver diagrams to identify potential interventions for the PIP. The detailed process maps, FMEA results, and updated key driver diagrams that **DentaQuest** documented in the Module 2 submission form are included in Appendix A. Module Submission Forms. Table 2-1 presents the FY 2021–2022 Module 2 validation findings for **DentaQuest**'s *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP.

Table 2-1—Module 2 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

Priority Failure Modes	Key Drivers	Potential Interventions
• Member and parent/guardian have additional barriers such as availability or financial hardship that prohibit them from scheduling an appointment • Parent/Guardian of member does not know where to find dental provider • Parent/Guardian of member does not open/does not receive educational packet on dental benefits and importance of preventive care on primary (baby) teeth • Dental office lacks appointment availability	• Awareness of dental benefits • Access to dental services • Provider participation to encourage benefit utilization • Parent/Guardian understanding of the importance of oral health in primary teeth	• Outreach to CHP+ members ages 3–5 years old and parents/guardians who reside in Weld County to advise them of available benefits and of dental offices with nontraditional hours • Engage Greeley community partners who work with families and children ages 3–5 years old to provide information about dental benefits and oral health and to address additional barriers faced by member • Assist network providers to implement nontraditional modes of care, such as a dental day at a

Priority Failure Modes	Key Drivers	Potential Interventions
• Member's dentist is not in network and cannot refer member to an in-network dentist • Member services gets disconnected from member's parent/guardian.		pre-school, for members facing additional barriers • Provide a list of members due for annual dental services to the members' assigned provider to encourage appointment outreach by the dental office • Implement dental home care model in CO CHP+ population • School outreach activities to engage children and parents in oral health and prevention • Educational outreach to parents/guardians of members ages 3–5 years on the importance of routine oral care and preventive dental visits beginning at a young age

In Module 2, **DentaQuest** identified potential interventions that can reasonably be expected to support achievement of the SMART Aim goal by addressing priority failure modes and leveraging key drivers. The potential interventions **DentaQuest** identified to increase dental care utilization among members 3–5 years of age in Weld County focused on member/caregiver outreach and education and working with dental care providers and community partners to expand access to dental services.

Module 3: Intervention Testing

Module 3 initiates the intervention testing phase of the PIP process. During this phase, **DentaQuest** developed the intervention *Plan* component of the PDSA cycle. In FY 2021–2022, **DentaQuest** submitted testing plans for two interventions. In addition to validating the intervention plans submitted for Module 3, HSAG also conducted an intervention testing check-in with the health plan to provide support and technical assistance, if needed, as **DentaQuest** carried out PDSA cycles to evaluate intervention effectiveness. Table 2-2 summarizes the FY 2021–2022 Module 3 validation findings for **DentaQuest**'s two interventions.

Table 2-2—Module 3 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

Intervention Description	Failure Mode(s) Addressed	Key Driver(s) Addressed	Intervention Effectiveness Measure(s)
Free online provider training on preventing early childhood dental caries, with continuing education credits, offered to general and pediatric dentists in Weld County	• Parent/Guardian of member does not receive reinforcing education on importance of care on primary teeth	• Parent/Guardian understanding of the importance of oral health in primary teeth	• Percentage of general and pediatric dentists in Weld County who were notified of the availability of the "ECC [Early Childhood Caries] Management for the General Dentist" online training and who completed the training
Outreach with incentive offered to members and their caregivers to seek dental services by offering appointment scheduling assistance and a backpack with age-appropriate oral health materials for completing the visit	• Parent/Guardian of member does not open/does not receive educational packet on dental benefits and importance of preventive care on primary (baby) teeth	• Parent/Guardian understanding of the importance of oral health in primary teeth	• Percentage of eligible members who were successfully reached for a direct call offering the incentive for completing a dental visit • Percentage of members ages 3–5 years who reside in Weld County and have not received a dental visit in the previous 18 months who completed a dental visit during the intervention period

In Module 3, **DentaQuest** selected two interventions to test for the PIP. The detailed intervention testing plans **DentaQuest** documented in the Module 3 submission forms are included in Appendix A. Module Submission Forms. The interventions addressed process gaps in supporting caregiver awareness of the importance of oral health in primary teeth among children 3–5 years of age. For each intervention, **DentaQuest** defined one or more intervention effectiveness measures to evaluate the impact of the intervention and provide data to guide intervention revisions. The health plan was continuing to test the interventions at the time this FY 2021–2022 PIP validation report was produced. **DentaQuest** will report final intervention testing results and conclusions as part of the Module 4 submission in FY 2022–2023, and the final Module 4 validation findings will be included in the FY 2022–2023 PIP report.

3. Conclusions and Recommendations

Conclusions

The validation findings suggest that **DentaQuest** successfully completed Module 2 of the rapid-cycle PIP process, using QI science-based tools to identify process gaps and failures, and to select PIP interventions. **DentaQuest** also passed Module 3 for two interventions, developing a methodologically sound plan for evaluating effectiveness of each intervention through PDSA cycles. **DentaQuest** will continue to test interventions for the PIP through the end of FY 2021–2022. The health plan will submit final intervention testing results, PIP outcomes, and project conclusions for validation in FY 2022–2023.

Recommendations

- **DentaQuest** should collect complete and accurate intervention effectiveness data for each tested intervention. The health plan should record intervention testing results and interpretation of results in the PDSA worksheet for each intervention, which will be submitted as part of Module 4—PIP Conclusions in FY 2022–2023.
- **DentaQuest** should ensure that the approved SMART Aim data collection methodology defined in Module 1 is used consistently to calculate SMART Aim measure results throughout the project. Using consistent data collection methodology will allow valid comparisons of SMART Aim measure results over time.
- For any demonstrated improvement in outcomes or programmatic or clinical processes, **DentaQuest** should develop and document a plan for sustaining the improvement beyond the end of the project.
- At the end of the project, **DentaQuest** should synthesize conclusions and lessons learned to support and inform future improvement efforts. In addition to documenting any improvement achieved through the project, the health plan should document which interventions had the greatest impact, including the evaluation data used to determine intervention effectiveness.

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 2 — Intervention Determination Submission Form
Percentage of All 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
PIP Title	*Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year*
Contact Name	Maureen Hartlaub
Contact Title	CHP+ Project Manager
Email Address	Maureen.hartlaub@dentaquest.com
Telephone Number	720.467.3098
Submission Date	April 17, 2021
Resubmission Date (if applicable)	

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Process Map

Instructions:

- Map the current process for members to receive at the narrowed focus level.
- Document each step of the process and highlight in yellow the steps within the process that have been identified as gaps or opportunities for improvement.
- Refer to Section 4 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (Module 2—Intervention Determination) for information on how to complete a process map.

Please See Attachment for Process Map

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Failure Modes and Effects Analysis (FMEA)

Instructions: In Table 1, document the Failure Mode(s), Failure Cause(s), and Failure Effects(s) for the steps from the process map that were identified as a gap or opportunity for improvement.

- The steps in this table should be listed based on their potential for impacting the SMART Aim (i.e., the step having the greatest potential for impacting the SMART Aim should be listed first and the step having the lowest priority would be listed last.
- List at least two steps from the process map in the FMEA table.
- Use the same process map language for each step documented in the FMEA table.
- If multiple failure modes/causes/effects are entered for a step, use bullets to identify each one. Add additional rows to the table, if needed.
- Refer to Section 4 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* (Module 2—Intervention Determination) for information on how to complete the FMEA.

Table 1—Failure Modes and Effects Analysis Table

Steps from the Process Map	Failure Mode(s) (What could go wrong?)	Failure Cause(s) (Why would the failure happen?)	Failure Effect(s) (What are the consequences?)
Parent/Guardian of member receives Welcome Packet, ID card, and information about their dental benefits.	• Parent/Guardian of member does not open/does not receive packet; therefore does not utilize benefits or reinforce importance of preventive care on primary (baby) teeth.	• DentaQuest could have the incorrect address for member. • Parent/guardian of member does not recognize DentaQuest name and does not open packet because he/she thinks it may be spam	Member is unaware of their benefits and does not receive the dental care he/she needs.

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Parent/guardian of member wants to make a dental appointment with their family dentist. Member calls to make an appointment to only find out that the dental office does not take CO CHP+.	• Parent/guardian contacts member's dentist is not in network and cannot refer member to an in-network dentists • Parent/guardian of member does not know where to find dental provider	• Parent/guardian of member does not call DQ member services • Parent/guardian of member does not use DQ's Find a Dentist tool because he/she is unaware of the tool or does not know how to use it • Member's family dentist is not in-network	Member does not receive the dental care he/she needs and becomes frustrated with the process.
Parent/guardian of member calls DQ customer service and speaks with a representative. Representative is able to find a dental office accepting new patient and takes CO CHP+. Representative transfers member to dental office to make an appointment.	• Member services gets disconnected from member • Parent/guardian of member has additional barriers such as availability or financial hardship that prohibit them from making an appointment. • Dental office does not have available appointment	• Dental office only has appointments available during parents' workday • Parent/guardian is unable to pay associated copay • DQ does not receive head of household from the state.	• Member does not receive the dental care he/she needs and becomes frustrated. • Possibility of member abrasion if DQ's systems fail.

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Failure Mode Priority Ranking

Instructions: In Table 2, list from highest- to lowest-priority at least two failure modes identified in the FMEA.

- The MCO should assign a numeric ranking to the failure modes from the highest-priority level (number one) to the lowest-priority level (last failure mode selected) based on FMEA results.
- The failure modes with the highest priority should take precedence when determining interventions to test.
- The MCO should rank the failure modes based on their potential to impact the SMART Aim rather than ranking failure modes based on which may be easiest to change.
- The highest-priority failure modes are those with the most leverage for impacting the SMART Aim.
- Use the same language for the listed failure mode that was used in the FMEA table.

Table 2—Failure Mode Priority Ranking

Priority Ranking	Failure Modes
1	Member and parent/guardian have additional barriers such as availability or financial hardship that prohibit them from making at appointment.
2	Parent/guardian of member does not know where to find dental provider.
3	Parent/Guardian of member does not open/does not receive packet; therefore, does not utilize benefits or reinforce importance of preventive care on primary (baby) teeth.
4	Dental office does not have available appointments.
5	Member's dentist is not in network and cannot refer member to an in-network dentists.
6	Member services gets disconnected from member's parent/guardian.

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Key Driver Diagram

Instructions: Update the key driver diagram from Module 1.

- At this stage of the PIP process, the MCO should use the findings from the process map, FMEA, and failure mode ranking to update drivers and interventions in each key driver diagram, as necessary. The MCO should ensure that the interventions are culturally and linguistically appropriate for the targeted population.
- Single interventions can address more than one key driver. Add additional arrows as needed.
- After passing Module 3 for each planned intervention and completing the testing of each intervention, the MCO should update the appropriate key driver diagram to reflect the status of each tested intervention (adapted, adopted, abandoned, or continue testing). The MCO should use the following color coding to distinguish the intervention status:
  - Green highlight for successful adopted interventions.
  - Yellow highlight for interventions that were adapted or not tested.
  - Red highlight for interventions that were abandoned.
  - Blue highlight for interventions that require continued testing.
- The finalized key driver diagram will be submitted at the end of the PIP with Module 4.

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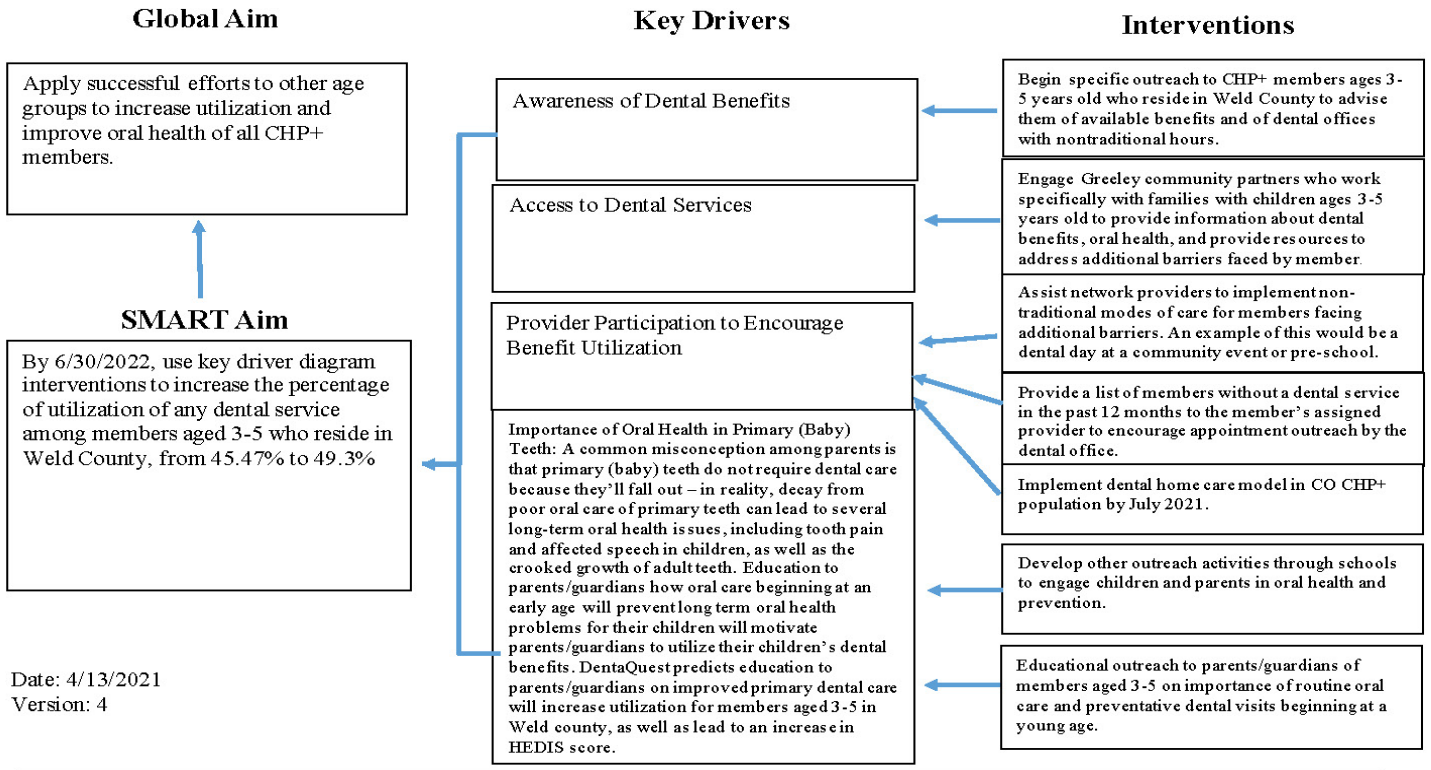
Key Driver Diagram



Date: 4/13/2021
Version: 4

State of Colorado
Performance Improvement Project (PIP)
Module 3 — Intervention Testing Submission Form
Percentage of All 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
PIP Title	*Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year*
Intervention Name:	Continuing Education to General Dentists
Contact Name	Logan Horn
Contact Title	Associate Client Partner
Email Address	Logan.horn@greatdentalplans.com
Telephone Number	303-726-6873
Submission Date	**June 18, 2021**
Resubmission Date (if applicable)	**July 30, 2021**

State of Colorado
Performance Improvement Project (PIP)
Module 3 — Intervention Testing Submission Form
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for **DentaQuest**

Intervention Testing Plan

Instructions:

- In Table 1, provide the specific details about the intervention including the intervention being tested; failure mode and key driver addressed; step-by-step process to conduct the intervention test; and the predicted results.
- If the intervention was documented in the Module 2 submission form, use the same language to describe the key driver, failure mode, and intervention.
- If the intervention was not included the Module 2 submission form, the intervention should be added to the final key driver diagram in Module 4.

Table 1—Intervention Plan	
Intervention Being Tested	The training "ECC Management for The General Dentist" will be promoted to general and pediatric dentists in Weld County. The focal point of the training is the importance of preventing early childhood caries. It highlights the benefits of including young children in a provider's practice and helps them empower parents/caregivers to manage oral health at home. The PIP team believes this will be an excellent way to prepare providers for future interventions that will focus on younger children. Additional training can be found here: Special Topics Series | CareQuest Institute for Oral Health
Failure Mode Addressed	Parent/guardian of member does not receive reinforcing education on importance of care on primary teeth
Key Driver Addressed	Importance of oral health in primary (baby) teeth
Intervention Process Steps (*List the step-by-step process required to carry out this intervention.*)	1. Contact providers in Weld County through email and fax on the availability of free continuing education (CE) credits upon completion of the course/training. We will also post a notification on the web portal for providers. 2. Partner with provider engagement representatives to push additional training and CE credit to providers. PE reps will also be available for providers to ask questions.

State of Colorado
Performance Improvement Project (PIP)
Module 3 — Intervention Testing Submission Form
Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year
for DentaQuest

Table 1—Intervention Plan	
	3. Additional notification to providers who have not completed the ECC Management for The General Dentist 14 days after the initial notification was sent to providers as a reminder to complete the training. The secondary notification will be an email notice. 4. Engage with CareQuest Institute on a weekly basis for listing of providers who have completed the training. 5. DentaQuest will analyze how many providers have completed the training to determine the success of the intervention.
What are the predicted results of this test?	DQ believes that providers will complete the "ECC Management for the General Dentist" after receiving notification of the its availability and the free CE credit. In the expert and clinical experience of the PIP team, we have observed that some dental providers do not serve young children, even though preventative care should begin when the first tooth erupts. DQ predicts completion of the course will educate providers that young children, specifically children aged 3-5, should be included in their scope of practice. The PIP team believes the test of change will give providers the tools needed to best serve young, child members and educate their parent/guardian on the importance of preventative oral health. We also believe it will prepare providers for future provider and member-based interventions. As an example, our next intervention will be to place live calls with scheduling assistance to parents/guardians of members in Weld county between 3-5 years old. We believe the provider training will make providers who previously may have turned away young children more receptible to including younger children in their scope of practice when their parent/guardian calls to schedule an appointment, thus expanding access of care for members. Expanded access to care will help increase the rate of members aged 3-5 in Weld county who receive any dental care.

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Table 1—Intervention Plan	
	The PIP team will track how many providers completed the training weekly. After two weeks, any providers in Weld county who have not completed the training will receive an additional notification of the availability of training and the importance of serving young members. The intervention will be evaluated 4 weeks after deployment for success.

Intervention Effectiveness Measure

Instructions:

- In Table 2, provide the intervention measure title, numerator description, and denominator description. This measure should specifically measure the intervention's effectiveness.
- In Table 3, complete the information for how data will be collected for the intervention test. If applicable, include a blank copy of the data collection tool (e.g., spreadsheets, tracking log).
- Refer to Section 5 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* ("Module 3—Intervention Testing").

Table 2—Intervention Effectiveness Measure	
Intervention Measure Title	**(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A)** **Percentage of Providers Who Completed/Received CE Credit for the ECC Management Training**
Numerator Description	Number of general and pediatric dentists in Weld county who were notified of the availability of "ECC Management for The General Dentist" *and* completed the training
Denominator Description	Number of general and pediatric dentists in Weld County who were notified of the availability of "ECC Management for The General Dentist" training

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Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Elements	Listing of providers who have completed the training Please see attached tracking logs Data elements collected include: name of course completed, course description, date completed, credit earned, email, provider first name, provider last name, NPI, provider address, provider city, provider state, provider zip, provider county
Describe the Data Sources	Each provider who completes their CE will log on with their CareQuest account to access the training. This is unique to each provider. The PIP team will use the account log records and list of providers who have earned the credit from CareQuest to track providers who have completed the trainings and how many credits were rewarded.
Describe how Data will be Collected	A member of the CareQuest Institute for Oral Health logs and sends the listing of providers who have completed the training and the listing of providers who have earned the CE to a member of the PIP team to track how many providers have completed the training.
Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	CareQuest uses a program called Drupal to administer their webpage. Drupal is a content management software. It has been used on websites ranging from government pages to corporate sites. The organization has published best practices for web designers to follow. There is also a large community of users who provide modules for other developers to use. CareQuest's site admin continually monitors the site for performance and accuracy. Here is how Drupal renders a page assuming the use of an Apache webserver: 1. A user makes a webserver request by clicking on a URL.

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Table 3—Intervention Effectiveness Measure Data Collection Process	
	2. Drupal reads the (Apache) configuration file *.htaccess* (which developers can edit to override web server settings); *.htaccess* tells Drupal to execute *index.php*, a script file. 3. *Index.php* bootstraps the process by loading up the APIs in the *include* folder, initializing the database; then it initializes session handling, loads the libraries, and prepares to handle the request. 4. The Menu API, one of the APIs loaded up, now checks for the module responsible for getting content from the database for that URL. Modules are event-driven and listen to the Menu API for requests. At this point, Drupal gets to skip steps 5 – 8 if: a. page caching is turned on b. the page has already been rendered once during the caching interval c. the user is public ('anonymous') Caching stores pages in memory in their rendered form so that Drupal can just serve up the page without having to assemble it again. This means that 'static' pages that don't interact with users are good candidates for being cached. On a website with lots of static pages, this can represent a significant performance boost. 5. When the module gets the request, it goes to the database and loads up content from the appropriate node, but it also fires up hooks to allow other modules to interact. These other modules might add business logic, extra functionality, make changes to the content, bring in more content, and/or hand off to other modules by firing up other hooks. This handing-off and delegation is what makes Drupal event-driven. Modules build the content and respond to events.

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Table 3—Intervention Effectiveness Measure Data Collection Process	
	6. Assuming there are no errors, when all the content is available the module(s) hand back control to the Menu API, which determines which theme should be used and hands the raw, unformatted data to the Theme layer. 7. The Theme styles the content and may also call more hooks, or change the content. Then it hands a fully-formed HTML page back to Menu API, which hands the page to the user's browser for rendering. 8. The browser renders the page for the user, the user clicks on another link, and the entire process starts all over again. (A High Level Look at How Drupal Works | SMARTT Vancouver) Providers must create an individualized login for CareQuest. CareQuest sends a verification to the provider to ensure that it is the provider who created the account. Providers must then verify their email and information in order to access CareQuest's website. Providers verify their own data in real time. Once a provider has verified their information, they have access to all of CareQuest's courses. After a provider completes a course, a certificate of completion is available to the provider to download and keep for their records. It is recorded in CareQuest's systems that the provider completed the CE, but it is up to the provider to keep the certificate and prove to credentialing boards that the credit was earned. Weekly, a CareQuest employee will use Drupal to report how many providers have completed the training. This information will be forwarded to the PIP team to cross reference with a listing of active providers in Weld County. The listing of active providers originates in a self-reporting system called Enterprise

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Table 3—Intervention Effectiveness Measure Data Collection Process	
	Reporting Services (ERS). ERS Source transaction data is replicated to a mirror server from which data transformation is performed and optimized for business intelligence reporting and analytical purposes. The data transformation into DQ's reporting databases is preformed daily during work hours in an incremental load process via programming scripts managed through scheduled jobs. Additionally, nightly programming scripts are run via scheduled jobs for the data incremental loads. Furthermore, weekly programming scripts are run via scheduled jobs to facilitate full data synchronization and ensure data completeness. This data is then distributed to the corresponding reporting tables in our downstream data marts. Business intelligence staff are then responsible for developing and maintaining programming scripts and jobs that collect, translate, and load data into our reporting database. All transactional source systems data is validated against the current data structure specifications as defined in the current data dictionary. All transformation and processing jobs are monitored for successful completion. Data load validations are done to ensure successful loading of data at relevant intervals as determined by data load frequency requirements.

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Managed Care Organization (MCO) Information	
MCO Name	DentaQuest LLC
PIP Title	*Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year*
Intervention Name:	Oral Health Promotion Kit
Contact Name	Logan Horn
Contact Title	Associate Client Partner
Email Address	Logan.Horn@dentaquest.com
Telephone Number	303-726-6873
Submission Date	
Resubmission Date (if applicable)	**12/23/2021**

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Intervention Testing Plan

Instructions:

- In Table 1, provide the specific details about the intervention including the intervention being tested; failure mode and key driver addressed; step-by-step process to conduct the intervention test; and the predicted results.
- If the intervention was documented in the Module 2 submission form, use the same language to describe the key driver, failure mode, and intervention.
- If the intervention was not included the Module 2 submission form, the intervention should be added to the final key driver diagram in Module 4.

Table 1—Intervention Plan	
Intervention Being Tested	Incentivize members aged 3-5 with a backpack filled with age appropriate materials to promote good oral health.
Failure Mode Addressed	Parent/Guardian of member does not open/does not receive packet; therefore, does not utilize benefits or reinforce importance of preventive care on primary (baby) teeth.
Key Driver Addressed	Importance of Oral Health in Primary (Baby) Teeth: A common misconception among parents is that primary (baby) teeth do not require dental care because they'll fall out – in reality, decay from poor oral care of primary teeth can lead to several long-term oral health issues, including tooth pain and affected speech in children, as well as the crooked growth of adult teeth. Education to parents/guardians how oral care beginning at an early age will prevent long term oral health problems for their children will motivate parents/guardians to utilize their children's dental benefits. DentaQuest predicts education to parents/guardians on improved primary dental care will increase utilization for members aged 3-5 in Weld county, as well as lead to an increase in HEDIS score.
Intervention Process Steps (*List the step-by-step process required to carry out this intervention.*)	1. Contact parents/guardians of children 3 -5 in Weld County via live call whose children have not had a dental visit in the last eighteen months* to encourage them to make an appointment for their child(ren) and offer to assist in making the appointment during the call. Notify parent/guardian that all children who complete the dental appointment by May 1, 2022

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Table 1—Intervention Plan	
	will receive an Oral Health Promotion Kit. The kit will include age-appropriate oral health supplies (e.g. children's toothbrush, toothpaste, and flossers) coloring book and stickers. *The timeframe of eighteen months was selected to target those members who are most in need of a dental visit and not only those members who routinely access care every six months. 2. Notify pediatric CHP+ dental providers in Weld County to ensure that they are aware of the incentive and prepared to answer questions from patients. 3. Engage with live call vendor on a weekly basis to track progress and completion of call campaign. 4. No later than May 6, 2022 request list from DentaQuest data analytics of verified claims data on completed dental visits for identified population. 5. Per arrangement with shipping vendor to submit one final list of members who are eligible for the incentive, and, to allow for sufficient run-out time for families to schedule dental appointments, send verified claims data list of confirmed members who completed dental appointment by May 1, 2022 for vendor to pack and ship Oral Health Promotion Kits to all participating children.
What are the predicted results of this test?	At least 15% of targeted children who were successfully contacted by the vendor will complete a dental visit by May 1, 2022. For this intervention a successful contact is defined as a member that answered and participated in the direct call.

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Intervention Effectiveness Measure

Instructions:

- In Table 2, provide the intervention measure title, numerator description, and denominator description. This measure should specifically measure the intervention's effectiveness.
- In Table 3, complete the information for how data will be collected for the intervention test. If applicable, include a blank copy of the data collection tool (e.g., spreadsheets, tracking log).
- Refer to Section 5 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* ("Module 3—Intervention Testing").

Table 2—Intervention Effectiveness Measure	
Intervention Measure Title	**(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A)** **Percentage of members who complete a dental visit**
Numerator Description	Number of members aged 3-5 who reside in Weld County who complete a dental visit by May 1, 2022
Denominator Description	Number of members aged 3-5 who reside in Weld County have not had a dental visit in the previous eighteen months.

Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Elements	List of children 3 – 5 in Weld County who have not had a dental visit in the past eighteen months. The State of Colorado will not provide DentaQuest with the Head of Household information for members.
Describe the Data Sources	DentaQuest Data Science CHP+ member list and claims data.
Describe how Data will be Collected	DentaQuest dental claims data to confirm which children completed a dental appointment compared to call list of children eligible to take part in incentive.

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Table 3—Intervention Effectiveness Measure Data Collection Process	
Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	Member list data will be collected one time at the beginning of the initiative and claims data will be collected one time on May 1, 2022. To address data completeness, DentaQuest provides weekly random audits of claims submission and validates against dental records. Additionally, DentaQuest LLC hereby certifies that all claims and member eligibility data gathered is accurate and complete. Provider reimbursement for DQ network providers is based on a fee-for-service based Global Budget reimbursement methodology, which requires an actual claim record of services to be submitted to DQ for payment. DQ is confident that all known claim encounter records were submitted by its contracted providers and were recorded in its enterprise databases at the time this measurement data was extracted and is included in all required encounter data reporting. We rely on Colorado Health Care Policy and Financing (HCPF) to provide accurate information on the eligibility file but load the file and confirm the numbers with HCPF as to the number of members on the file for accuracy purposes.

Table 2a—Intervention Effectiveness Measure	
Intervention Measure Title	**(e.g., The number or percentage of eye exams scheduled on Saturday for Provider A)**
	Percentage of members that met criteria to participate in the incentive that were successfully contacted as part of the direct call campaign. For this intervention a successful contact is defined as a member that answered and participated in the direct call.

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Table 2a—Intervention Effectiveness Measure	
Numerator Description	Number of members aged 3-5 who reside in Weld County that were successfully contacted as part of the direct member call campaign. For this intervention a successful contact is defined as a member that answered and participated in the direct call.
Denominator Description	Number members aged 3-5 who reside in Weld County that were eligible to participate in the incentive. The timeframe of eighteen months was selected to target those members who are most in need of a dental visit and not only those members who routinely access care every six months.

Table 3a—Intervention Effectiveness Measure Data Collection Process	
Describe the Data Elements	List of children 3 – 5 in Weld County eligible to take part in the incentive
Describe the Data Sources	Weekly report and final call disposition summary report from the vendor
Describe how Data will be Collected	DentaQuest will review direct member call campaign disposition in weekly reports and in a final summary report from the vendor.
Describe how often Data will be Collected and how data completeness will be addressed (e.g. – real-time data exchange with narrowed focus entity)	DentaQuest will review direct member call campaign disposition reports from vendor on a weekly basis and a final summation report that both list the total number of calls made, successfully completed calls, number of appointments scheduled with vendor representative while on the call, name of provider where appointment was made, and households that did not take part in the incentive and the reason why (e.g. did not answer phone, wrong number, or refused to take part in the call.)

Appendix B. Module Validation Tools

Appendix B contains the Module Validation Tools provided by HSAG.

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Module 2 — Intervention Determination Validation Tool
Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year
for **DentaQuest**

Criteria	Score	HSAG Feedback and Recommendations
1. The MCO included a process maps that clearly illustrates the step-by-step flow of the current processes for the narrowed focus.	☒ Met ☐ Not Met	
2. The prioritized steps in the process map identified as gaps or opportunities for improvement were highlighted in yellow.	☒ Met ☐ Not Met	
3. The steps documented in the FMEA table aligned with the steps in the process map that were highlighted in yellow as gaps or opportunities for improvement.	☒ Met ☐ Not Met	
4. The failure modes, failure causes, and failure effects were logically linked to the steps in the FMEA table.	☒ Met ☐ Not Met	
5. The MCO prioritized the listed failure modes and ranked them from highest to lowest in the Failure Mode Priority Ranking table.	☒ Met ☐ Not Met	

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Criteria	Score	HSAG Feedback and Recommendations
6. The key drivers and interventions in the key driver diagram were updated according to the results of the corresponding process map and FMEA. In the key driver diagram, the MCO included interventions that were culturally and linguistically appropriate and have the potential for impacting the SMART Aim goal.	☒ Met ☐ Not Met	

Additional Recommendations:

- The health plan should ensure that the language used to describe failure modes is used consistently throughout and between submission forms. For example, for Module 2, the language used to describe the failure modes in Table 1 (FMEA table) should be the same language used for the failure modes listed in Table 2 (Failure Mode Ranking Table). Consistent language should also be used between module submission forms. HSAG recommends copying/pasting to easily ensure consistent language is used.
- The health plan should ensure that each failure mode listed in the FMEA table (Table 2) has a failure cause listed. For example, there did not appear to be a failure cause listed that was clearly linked to the failure mode, "Member services gets disconnected from member."

Intervention Determination (Module 2)

☒ Pass

Date: May 4, 2021

State of Colorado
Performance Improvement Project (PIP)
Module 3 — Intervention Testing Validation Tool
Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year
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Criteria	Score	HSAG Feedback and Recommendations
1. The Intervention Plan included at least one corresponding key driver and one failure mode from Module 2.	☒ Met ☐ Not Met	
2. The health plan included all components for the Intervention Plan.	☒ Met ☐ Not Met	
3. The *Intervention Effectiveness Measure(s)* was appropriate for the intervention.	☒ Met ☐ Not Met	
4. The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.	☒ Met ☐ Not Met	
Additional Recommendations: • The health plan should closely monitor monthly intervention effectiveness measure results to determine if the intervention will be sufficient in supporting achievement of the SMART Aim goal. • The health plan should use intervention effectiveness measure results to help determine the best time to initiate the member/caregiver-focused intervention described as a next step in the predicted results section for this intervention. DentaQuest should submit a separate Module 3 submission form to HSAG for review prior to initiating the new intervention.		

Intervention Testing (Module 3)

☒ Pass

Date: August 9, 2021

State of Colorado
Performance Improvement Project (PIP)
Module 3 — Intervention Testing Validation Tool
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Intervention: Oral Health Promotion Kit

Criteria	Score	HSAG Feedback and Recommendations
1. The Intervention Plan included at least one corresponding key driver and one failure mode from Module 2.	☒ Met ☐ Not Met	
2. The MCO included all components for the Intervention Plan.	☒ Met ☐ Not Met	
3. The *Intervention Effectiveness Measure(s)* was appropriate for the intervention.	☒ Met ☐ Not Met	
4. The data collection process was appropriate for the intervention effectiveness measure(s) and addressed data completeness.	☒ Met ☐ Not Met	
Additional Recommendations: None.		

Intervention Testing (Module 3)

☒ Pass

Date: January 18, 2022