CHP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

Fiscal Year 2020–2021 PIP Validation Report

for

DentaQuest

April 2021

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

HSAG HEALTH SERVICES ADVISORY GROUP

Table of Contents

1. Executive Summary 1-1
PIP Components and Process 1-2
Approach to Validation 1-3
Validation Scoring 1-4
PIP Topic Selection 1-4

2. Findings 2-1
Validation Findings 2-1
PIP Close-Out Summary 2-1
Module 1: PIP Initiation 2-1

3. Conclusions and Recommendations 3-1
Conclusions 3-1
Recommendations 3-1

Appendix A. Module Submission Form A-1

Appendix B. Module Validation Tool B-1

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) 2020–2021, 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
- Evaluating effectiveness of the interventions
- Planning and initiating activities for increasing and sustaining improvement

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]

[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 June 8, 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.[1-2] 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, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity,* October 2019.

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 approximately 18 months, from the initial Module 1 submission date to the end of intervention testing.

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.

[1-2] 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 February 6, 2020.

For this PIP framework, HSAG uses four modules with an accompanying reference guide to assist MCOs in documenting PIP activities for validation. Prior to issuing each module, HSAG holds technical assistance sessions with the MCOs to educate about application of the modules. The four modules are defined as:

- **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 quality improvement 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

HSAG obtained the data needed to conduct the PIP validation from **DentaQuest**'s module submission forms. In FY 2020–2021, these forms provided detailed information about **DentaQuest**'s PIP and the activities completed in Module 1. (See Appendix A. Module Submission Form.)

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 *Met.* Any validation criteria not applicable (*N/A*) were not scored. As the PIP progresses, and at the completion of Module 4, HSAG will use the validation findings from modules 1 through 4 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 2020–2021, **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 aged 3–5 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	Initial submission due April 15, 2021.
	3. Intervention Testing	Targeted initiation June/July 2021.
	4. PIP Conclusions	Targeted for October 2022.

At the time of the FY 2020–2021 PIP validation report, **DentaQuest** had passed Module 1, achieving all validation criteria for the PIP. **DentaQuest** has progressed to Module 2, Intervention Determination. Module 2 and Module 3 validation findings will be reported in the FY 2021–2022 PIP validation report.

2. Findings

Validation Findings

At the end of FY 2019–2020, **DentaQuest** closed out the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP, which was initiated in FY 2019–2020. The health plan submitted a PIP close-out report to document the final status of the project.

In FY 2020–2021, **DentaQuest** initiated a new PIP, *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year*. The health plan submitted Module 1 for validation in December 2020. 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. HSAG reviewed Module 1 and provided feedback and technical assistance to the health plan until all Module 1 criteria were achieved.

Below are summaries of the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP close-out report and the validation findings for Module 1 for the new PIP. Detailed validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tool.

PIP Close-Out Summary

From October 2019 through February 2020, **DentaQuest** completed modules 1 through 3 for the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP. When the PIP was closed out in April 2020, **DentaQuest** had not yet progressed to testing interventions or determining outcomes for the project; therefore, the FY 2019–2020 PIP close-out report did not include interventions, successes, or lessons learned.

Module 1: PIP Initiation

Table 2-1 presents the FY 2020–2021 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 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 Validation Findings	
SMART Aim Statement	By June 30, 2022, use key driver diagram interventions to increase the percentage of members who received any dental service among members aged 3–5 who reside in Weld County, from 45.47% to 49.3%.
Preliminary Key Drivers	• Awareness of dental benefits • Access to dental services • Provider participation to encourage benefit utilization • Caregiver understanding of the importance of oral health in primary teeth
Potential Interventions	• Provide outreach and education to member/caregiver on dental benefits and the importance of early oral health • Collaborate with community partners to distribute dental benefit information • Document and distribute information on flexible dental provider office hours • Partner with schools to engage children and parents in oral health and prevention

In Module 1, **DentaQuest** set a goal to increase the percentage of members 3 to 5 years of age in Weld County who receive any dental service to 49.3 percent by June 30, 2022. The health plan completed a key driver diagram in Module 1 that identified evidence-based key drivers and potential interventions to support achievement of this goal. **DentaQuest**'s identified key drivers focused on member/caregiver understanding of the importance of early oral health, awareness of dental benefits, and access to services, as well as provider involvement and engagement in promoting service utilization. **DentaQuest** has identified member/caregiver-focused, provider-focused, and community-based interventions that may be tested for the PIP. As the health plan progresses to Module 2, **DentaQuest** will further analyze the processes related to dental service utilization among narrowed focus members through process mapping and FMEA. The health plan will have the opportunity to update key drivers and interventions in the key driver diagram at the conclusion of Module 2, prior to selecting interventions to test through PDSA cycles in Module 3. Validation findings for Module 2 and Module 3 will be described in the FY 2021–2022 PIP report.

3. Conclusions and Recommendations

Conclusions

The validation findings suggest that **DentaQuest** successfully completed Module 1 and designed a methodologically sound project. **DentaQuest** was also successful in building internal and external quality improvement teams and developing collaborative partnerships with targeted providers and community partners.

Recommendations

- When mapping and analyzing the process(es) related to dental service utilization for the PIP, **DentaQuest** should clearly illustrate the step-by-step flow of current processes specific to narrowed focus members.
- **DentaQuest** should clearly identify the steps in the process map(s) that represent the greatest opportunities for improvement and further analyze those process steps through an FMEA. For each process step included in the FMEA, the health plan should identify failure modes, causes, and effects that can be logically linked to each step.
- When ranking failure modes identified through the FMEA, **DentaQuest** should assign the highest priority ranking to those failure modes that are believed to have the greatest impact on achieving the SMART Aim.
- **DentaQuest** should review and update the key driver diagram after completing the process map(s), FMEA, and failure mode ranking to include any newly identified interventions and/or drivers. The key driver diagram should be updated regularly to incorporate knowledge gained and lessons learned as **DentaQuest** progresses through determining and testing interventions.
- **DentaQuest** should identify or develop interventions to test for the PIP that are likely to address high-priority failure mode(s) and leverage key drivers in support of achieving the SMART Aim goal.
- For each intervention that will be tested for the PIP, **DentaQuest** should develop a methodologically sound testing plan including steps for carrying out the intervention, collecting timely and meaningful intervention effectiveness data, and analyzing the results of intervention effectiveness measures.

Appendix A. Module Submission Form

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

State of Colorado
Performance Improvement Project (PIP)
Module 1 — PIP Initiation 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, LLC
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	December 7, 2020
Resubmission Date (if applicable)	February 19, 2021

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

PIP Team

Instructions:

- In Table 1, list the project team members, including their titles and roles and responsibilities.
- The team should include an executive-level sponsor and data analyst.
- If applicable, a representative from the selected narrowed focus should be included on the team.

Table 1—Team Members

Name	Title	Role and Responsibilities
Aaron Washburn	Vice President, Client Engagement	Executive Sponsor
Jon Janovec	Business Process & Quality Assurance Manager	Data collection, analysis, and reporting
Katie Brands Shrawder	Senior Clinical Quality Improvement Specialist	PIP Facilitator, Community Outreach
Suprena Crawford & Sarony Young	Outreach Coordinator	Provide Outreach and Education
Donna Phelps	Provider Relations Representative	Provider Outreach and Education
Maureen Hartlaub	Contract Manager	Coordinate with HSAG and DQ
Logan Horn	Associate Client Partner	Coordinate with HSAG and DQ

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

PIP Topic and Narrowed Focus

Instructions: In Table 2, document the rationale for selecting the topic and narrowed focus.

- The topic should be selected through a comprehensive analysis of MCO member needs and services.
- The narrative should describe how the topic has the potential to improve member health, functional status, and/or satisfaction.
- If the topic was mandated by the state, indicate this in the documentation.

Table 2—PIP Topic and Narrowed Focus

PIP Topic Description
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. 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 Dental's 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.
Narrowed Focus Description
We decided to focus on 3- to 5-year-olds who reside in Weld County, Colorado 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. DentaQuest has decided to focus on Weld County because of our presence in the community, excellent working relationships with community schools, and strong provider network in the area. We felt we could make a true impact in Weld county. 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 Form
Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year
for DentaQuest

PIP Topic and Narrowed Focus

Instructions: In Table 2, document the rationale for selecting the topic and narrowed focus.

- The topic should be selected through a comprehensive analysis of MCO member needs and services.
- The narrative should describe how the topic has the potential to improve member health, functional status, and/or satisfaction.
- If the topic was mandated by the state, indicate this in the documentation.

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

Narrowed Focus Baseline Measurement

Instructions:

- **For Table 3a:**
  - The information should represent the baseline measurement period specifications used for baseline data collection and not the rolling 12-month SMART Aim measure methodology that is attested to below.
  - The baseline should represent the most recent 12-month fixed time period based on the module submission due date to HSAG and take into consideration claims completeness for the 12-month measurement period.
- **For Table 3b:**
  - If two or more entities are selected as the narrowed focus, only one combined percentage should be entered in the table.
  - The summed numerators are divided by the summed denominators and multiplied by 100 to arrive at the combined percentage.
  - The information should represent the narrowed focus baseline measurement information and include the dates, numerator value, denominator value, and percentage.

Table 3a—Narrowed Focus Baseline Specifications	
Numerator Description	# of members between 3-5 years old with 90 days continuous enrollment in CHP+ who reside in Weld County who have received any dental service during the baseline period.
Denominator Description	Total # of members between 3-5 years old with 90 days continuous enrollment in CHP+ who reside in Weld County during the baseline period.
Age Criteria (if applicable)	Members aged 3-5
Continuous Enrollment Specifications (if applicable)	90 days continuous enrollment during the baseline period.
Allowable Gap in Enrollment (if applicable)	No gap in enrollment during the baseline period
Anchor Date (if applicable)	06/30/2020

State of Colorado
Performance Improvement Project (PIP)
Module 1 — PIP Initiation 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 3a—Narrowed Focus Baseline Specifications	
Denominator Qualifying Event/Diagnosis with Time Frame (if applicable)	NA

Table 3b—Narrowed Focus Baseline Data		
Measurement Period (recent 12 months) (use MM/DD/YYYY format)	Start Date:07/01/2019	End Date: 06/30/2020
Numerator: 607	Denominator: 1,335	Percentage: 45.47%

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

Instructions: **For Table 3c**, check the applicable data source and describe the step-by-step process for how the baseline data were collected for the selected narrowed focus.

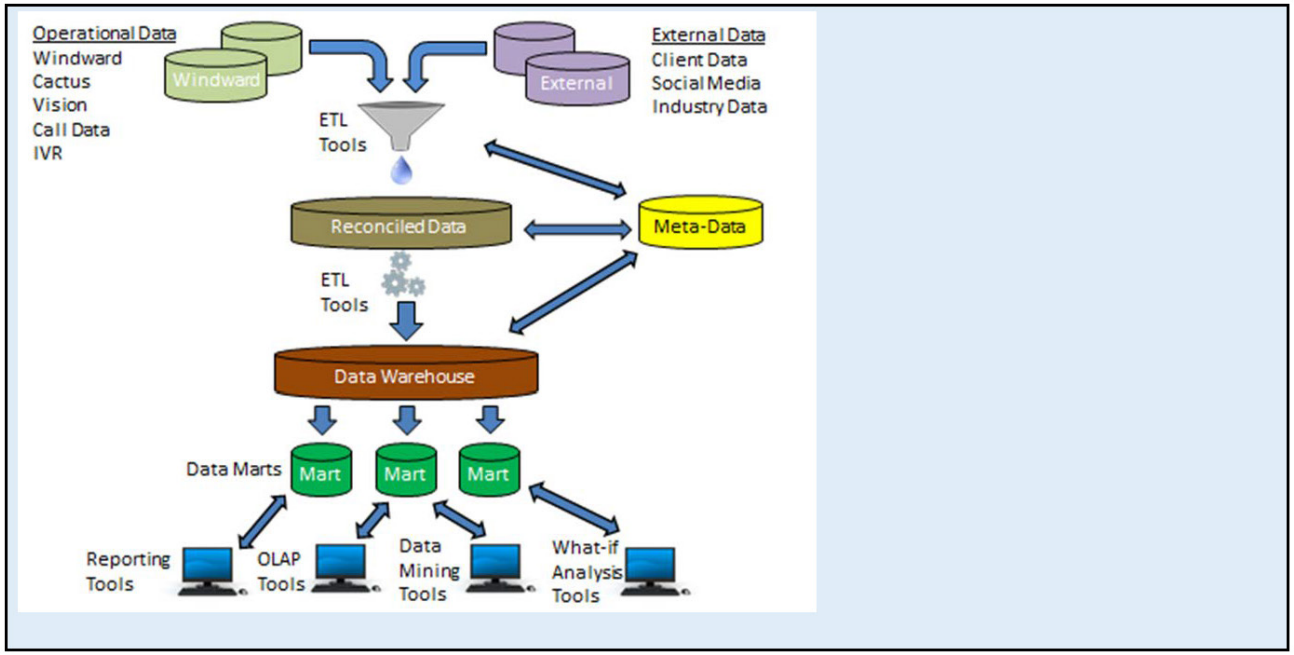
Table 3c—Narrowed Focus Baseline Data Collection Methodology		
Data Sources		
☒ Administrative (Queried electronic data. For example, claims/encounters/pharmacy/electronic health record/registry, etc.)	☐ Hybrid (Combination of administrative and medical record review data. Include a blank example of the data collection tool used for medical record review [e.g., log, spreadsheet])	☐ Other—specify:
Describe the step-by-step data collection process and data elements collected: DQ 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. DQ's provider engagement department worked closely with capitated offices and conducted audits and record reviews to ensure that all claims data was being transmitted to DQ accordingly. (Please note that as of January 1, 2016, DQ no longer has capitated providers in network.) We rely on CO CHP+ to provide accurate information on the eligibility file but load the file and confirm the numbers with CO CHP+ as to the number of members on the file for accuracy purposes. Inter-rater reliability (IRR) is not applicable to this data source.		

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

Using SAS, the list of eligible members and the list of members with an encounter will be merged together on the member's ID for the any dental service measure. Numerators and denominators will be calculated from these merged lists, from the total members and those receiving the qualifying services. A second Business Analytics analyst will review the SAS code and results.

The time periods used for measurement end June 30th of the measurement year. To allow ample time for providers to submit claims and for claims processing, a 6-week run-out period will be used allowing for claims paid out through August 11th of the measurement year. Final numerators and denominators will be calculated within the next two weeks, by August 25th of the measurement year. These rates will also be calculated on a 12-month-rolling basis.

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



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

SMART Aim (Specific, Measurable, Attainable, Relevant, and Time-bound)

Instructions: In the space below, complete the SMART Aim statement.

- The SMART Aim must be specific, measurable, attainable, relevant, and time-bound.
- The SMART Aim goal should represent statistically significant (95 percent confidence level, $p < 0.05$) improvement over the baseline performance for the narrowed focus.
- 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 part of the final validation.

By June 30, 2022, use key driver diagram interventions to increase the percentage of members who received any dental service among members aged 3-5 who reside in Weld County, from 45.47% to 49.3%.

Note: Once Module 1 has passed, the SMART Aim statement should never be modified. If changes need to occur, the MCO must contact HSAG prior to making any changes to the approved methodology.

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

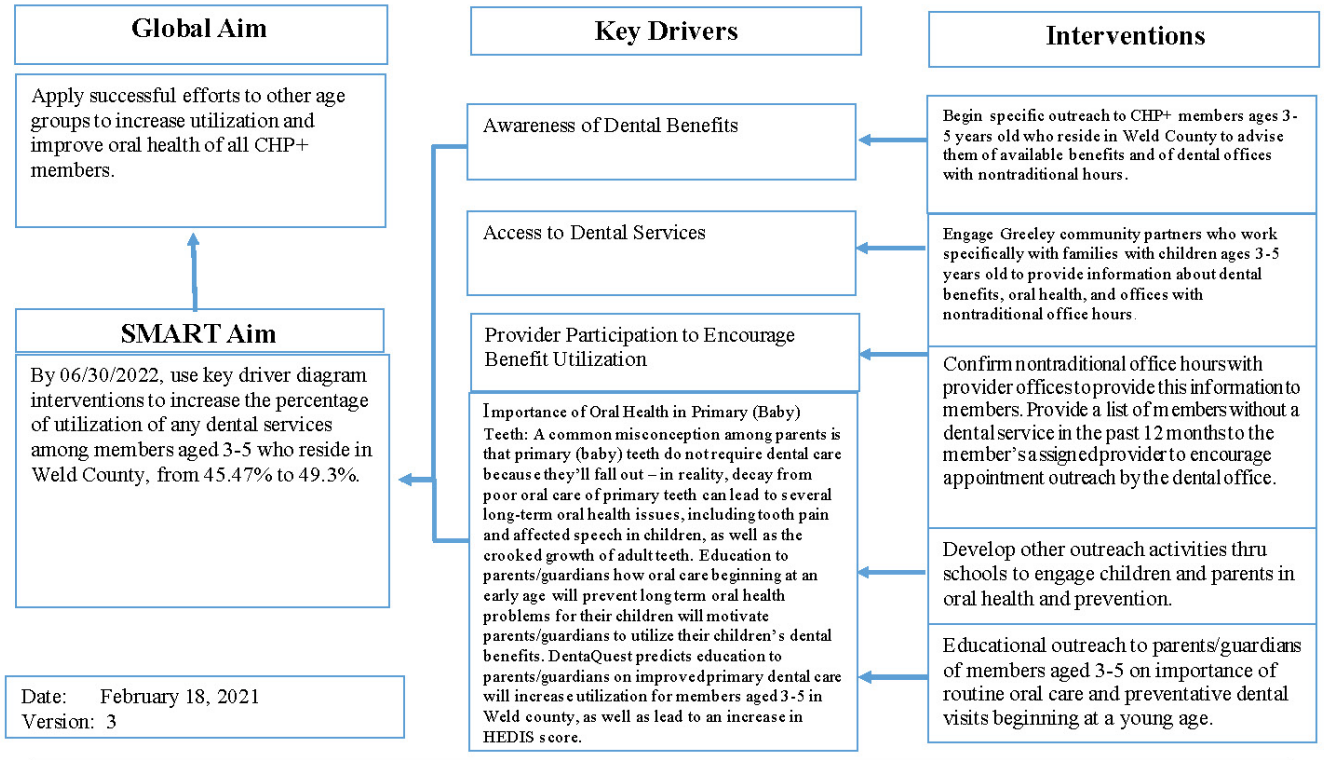
Key Driver Diagram

Instructions: Complete the key driver diagram templates on the following pages.

- The key drivers and interventions listed at this stage of the PIP process should be based on the MCO's knowledge, experience, and research and literature review.
- Drivers are factors that contribute directly to achieving the SMART Aim and "drive" improvement. Key drivers are written in support of achieving the improvement outlined in the SMART Aim. For example, "Member transportation to appointment" would support achieving a SMART Aim. Refer to Section 3 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* "Key Driver Diagram" for additional instructions for completing the key driver diagram.
- The identified interventions should be culturally and linguistically appropriate for the narrowed focus population.
- Single interventions can address more than one key driver. Add additional arrows as needed.

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

Key Driver Diagram



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

SMART Aim Rolling 12-Month Measure Methodology and Run Charts

Rolling 12-Month Measure Methodology

The MCO will use a rolling 12-month measurement data collection methodology to determine if each SMART Aim goal was achieved.

Data collection for the rolling 12-month measurements should align with the baseline data collection method. For example, if the baseline data were collected administratively, then the rolling 12-month measurement data should be collected administratively. The MCO will compare each rolling 12-month data point with the SMART Aim goal to determine if the goal was achieved. The MCO should start the rolling 12-month calculations following HSAG's approval of Module 1.

Refer to Section 8 of the *Rapid-Cycle Performance Improvement Project (PIP) Reference Guide, Version 6–2* ("Rolling 12-Month SMART Aim Measure Methodology") for a description of how to calculate rolling 12-month measurements. To confirm understanding of the rolling 12-month methodology requirement, check the box below.

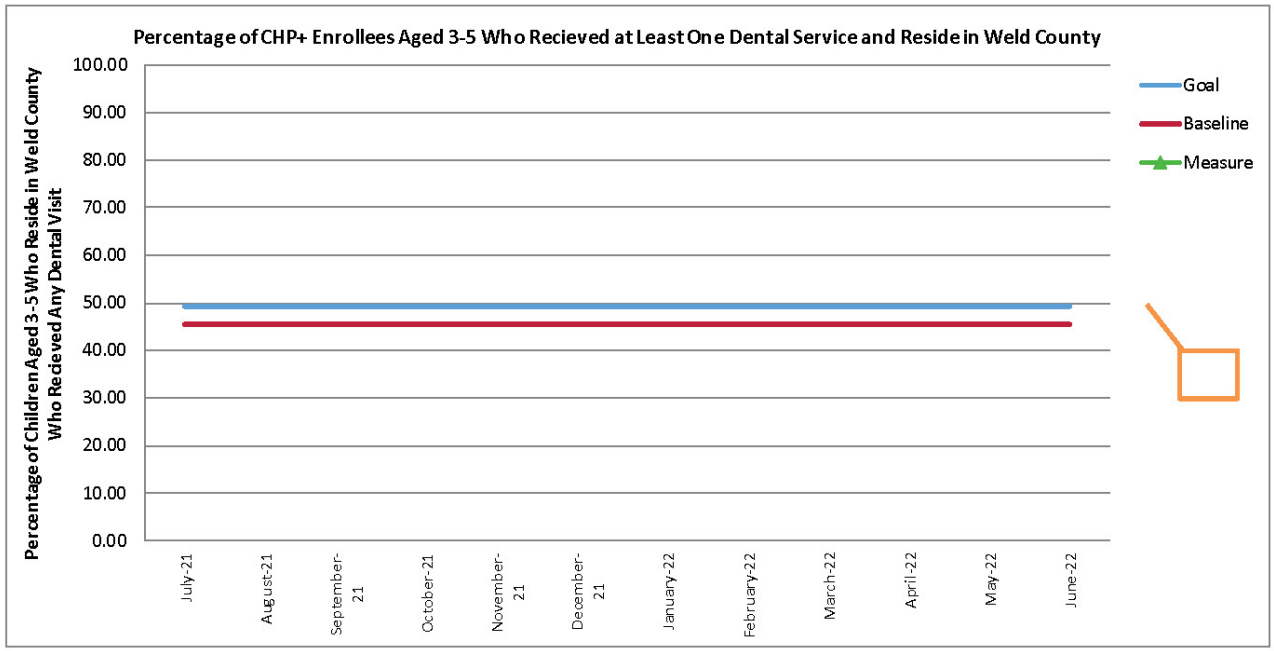
ROLLING 12-MONTH ATTESTATION
☒ **The MCO confirms that the reported SMART Aim run chart data will be based on rolling 12-month measurements.**

Run Chart Instructions: Edit the run chart template below to include:

- Enter the run chart's title (e.g., The Percentage of Diabetic Eye Exams for Provider A).
- Enter the y-axis title (e.g., The Percentage of Diabetic Eye Exams).
- Enter x-axis dates with monthly intervals through the SMART Aim end date.
- Enter the narrowed focus baseline and SMART Aim goal percentages.
- The y-axis should be scaled 0 to 100 percent.

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

SMART Aim Rolling 12-Month Measure Run Chart



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

Please note- the dates are entered correctly on the excel sheet but do not display correctly due to a formatting glitch. This was discussed with HSAG on 02/09/2021.

Appendix B. Module Validation Tool

Appendix B contains the Module Validation Tool provided by HSAG.

State of Colorado
Performance Improvement Project (PIP)
Module 1 — PIP Initiation 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 dental plan provided the description and rationale for the selected narrowed focus, and the reported baseline data support an opportunity for improvement.	☒ Met ☐ Not Met	The dental plan should revise the narrowed focus description to include a description of the geographic area of focus, in addition to the member age range. In addition, the geographic area should be defined in detail to clarify whether the narrowed focus will include members residing only in Greeley or in all of Weld County. **Re-review March 2021:** The dental plan addressed all of HSAG's initial feedback. The criterion was has been *Met*.
2. The narrowed focus baseline specifications and data collection methodology supported the rapid-cycle process and included: a) Complete and accurate specifications b) Data source(s) c) Step-by-step data collection process d) Narrowed focus baseline data that considered claims completeness	☒ Met ☐ Not Met	HSAG identified the following opportunities for improvement: • The health plan should revise the numerator and denominator descriptions to clarify whether narrowed focus members reside in Weld County or Greeley, Co. The geographic area for the narrowed focus should be consistently defined throughout the PIP documentation. • The numerator and denominator descriptions should include, "…during the baseline measurement period." • The continuous enrollment requirements should include, "…during the baseline measurement period." • Within the step-by-step data collection process, the narrative states the "preventive measure". The dental plan should clarify if the measure will capture only preventative dental services or all dental services received. **Re-review March 2021:** The dental plan addressed all of HSAG's initial feedback. The criterion has been *Met*.

State of Colorado
Performance Improvement Project (PIP)
Module 1 — PIP Initiation 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
3. The SMART Aim were stated accurately and included all required components: a) Narrowed focus b) Intervention(s) c) Baseline percentage d) Goal percentage e) End date	☒ Met ☐ Not Met	HSAG identified the following opportunities for improvement: • The SMART Aim goal should represent statistically significant improvement over baseline performance. Assuming the same size denominator as the baseline measurement period, a goal of 46.97% does not represent statistically significant improvement over the baseline of 45.47%. The goal should be at minimum 49.3 percent given the baseline rate of 45.47 percent. • The dental plan should consistently describe the narrowed focus geographic area – if the narrowed focus includes only members residing in Greeley, Colorado, the statement should be revised to reference Greeley, rather than Weld County. **Re-review March 2021:** The dental plan addressed all of HSAG's initial feedback. The criterion has been *Met*.
4. The SMART Aim run chart included all required components: a) Run chart title b) Y-axis title c) SMART Aim goal percentage line d) Narrowed focus baseline percentage line e) X-axis months	☒ Met ☐ Not Met	HSAG identified the following opportunities for improvement: • The dental plan should revise the dates on the x-axis of the run chart. The dates plotted on the run chart should reflect the last day of the last month in each rolling 12-month measurement. Each date label on the x-axis should be formatted to show the exact day, month, and year. The dental plan should begin plotting rolling 12-month measurements after Module 1 is approved; therefore, HSAG would not

State of Colorado
Performance Improvement Project (PIP)
Module 1 — PIP Initiation 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
		expect to have a date before January 31, 2021 as the first date listed on the x-axis. • The dental plan will need to revise the goal percentage line in the run chart, in response to HSAG's feedback for Criterion 3. **Re-review March 2021:** The dental plan addressed all of HSAG's initial feedback. The criterion has been *Met*.
5. The dental plan completed the attestation and confirmed the SMART Aim run chart measurement data will be based on the rolling 12-month methodology.	☒ Met ☐ Not Met	
6. The dental plan accurately completed all required components of the key driver diagram. The drivers and interventions were logically linked and have the potential to impact the SMART Aim goal in the key driver diagram.	☒ Met ☐ Not Met	HSAG identified the following opportunities for improvement: • The dental plan should clarify the key driver description, "Importance of Oral Health in Primary Teeth." The description should be revised to explain how the driver will support achievement of the SMART Aim goal (increasing utilization of dental services among members 3-5 years of age). • The dental plan will need to revise the SMART Aim in the key driver diagram in response to HSAG's feedback for Criterion 3.

State of Colorado
Performance Improvement Project (PIP)
Module 1 — PIP Initiation 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
		Re-review March 2021: The dental plan addressed all of HSAG's initial feedback. The criterion has been *Met*.
Additional Recommendations: None.		

PIP Initiation (Module 1)

☒ Pass

Date: March 3, 2021