CHP+
Child Health Plan *Plus*

Colorado Children's Health Insurance Program

Fiscal Year 2023–2024 PIP Validation Report

for

DentaQuest

April 2024

HSAG HEALTH SERVICES ADVISORY GROUP

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HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

Pursuant to 42 CFR §457.1250, which requires states' Children's Health Insurance Program (CHIP) managed care programs to participate in external quality review (EQR), the State of Colorado, Department of Health Care Policy and Financing (the Department) required its Child Health Plan *Plus* (CHP+) managed care organizations (MCOs) to conduct and submit performance improvement projects (PIPs) annually for validation by the State's external quality review organization (EQRO). DentaQuest, a prepaid ambulatory health plan (PAHP) holds a contract with the Department for provision of medical and behavioral health (BH) services for the Department's CHP+ managed care program.

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in performance indicator outcomes that focus on clinical or nonclinical areas. For this year's 2023–2024 validation, DentaQuest submitted two PIPs: *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* and *Social Determinants of Health (SDOH) Screening—Member Survey.* These topics addressed Centers for Medicare & Medicaid Services' (CMS') requirements related to quality outcomes—specifically, the quality, timeliness, and accessibility of care and services.

The clinical *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP addresses quality, timeliness, and accessibility of oral healthcare and services for eligible enrollees under 21 years of age. The PIP Aim statement is as follows: "Do targeted interventions raise the Oral Evaluation measurement rate of eligible [members] enrolled under 21 years of age during the 2023–2024 measurement year?"

The nonclinical *SDOH Screening—Member Survey* PIP addresses quality and accessibility of healthcare and services for DentaQuest CHP+ members by increasing awareness of social factors that may impact member access to needed care and services. The nonclinical topic was mandated by the Department. The PIP Aim statement is as follows: "Do targeted interventions increase the percentage of members completing the Social Determinant of Health survey during the measurement year?"

Table 1-1 outlines the performance indicators for each PIP.

Table 1-1—Performance Indicators

PIP Title	Performance Indicator
Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations	The percentage of eligible enrollees under age 21 years that received at least one oral evaluation dental service during the measurement year.
SDOH Screening—Member Survey	The percentage of enrollees who completed the SDOH member survey during the measurement period.

Rationale

The Code of Federal Regulations at 42 CFR Part 438—managed care regulations for the Medicaid program and 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 EQR of each contracting health plan. Health plans include MCOs. The regulations at 42 CFR §438.358 require that the EQR include analysis and evaluation by an EQRO of aggregated information related to healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG), serves as the EQRO for the Department— the agency responsible for the overall administration and monitoring of Colorado's Medicaid managed care program and CHP+, Colorado's program to implement CHIP managed care. The Department contracts with four CHP+ MCOs across the State.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, CMS publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023 (CMS Protocol 1).[1-1] HSAG's evaluation of the PIP includes two key components of the quality improvement (QI) process:

1. HSAG evaluates the technical structure of the PIP to ensure that DentaQuest designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling methods, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.

2. HSAG evaluates the implementation of the PIP. Once designed, an MCO's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well DentaQuest improves its rates through implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

The goal of HSAG's PIP validation is to ensure that the Department and key stakeholders can have confidence that the MCO executed a methodologically sound improvement project, and any reported improvement is related to, and can be reasonably linked to, the QI strategies and activities conducted by the PAHP during the PIP.

[1-1] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf. Accessed on: Mar 27, 2024.

Validation Overview

For FY 2023–2024, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1). In accordance with §438.330 (d), CHP+ MCOs and PAHPs 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 improvement in quality

Evaluating effectiveness of the interventions

Planning and initiating of activities for increasing or sustaining improvement

To monitor, assess, and validate PIPs, HSAG uses a standardized scoring methodology to rate a PIP's compliance with each of the nine steps listed in CMS Protocol 1. With the Department's input and approval, HSAG developed a PIP Validation Tool to ensure uniform assessment of PIPs. This tool is used to evaluate each of the PIPs for the following nine CMS Protocol 1 steps:

Table 2-1—CMS Protocol Steps

Protocol Steps	
Step Number	**Description**
1	Review the Selected PIP Topic
2	Review the PIP Aim Statement
3	Review the Identified PIP Population
4	Review the Sampling Method
5	Review the Selected Performance Indicator(s)
6	Review the Data Collection Procedures
7	Review the Data Analysis and Interpretation of PIP Results
8	Assess the Improvement Strategies
9	Assess the Likelihood that Significant and Sustained Improvement Occurred

HSAG obtains the data needed to conduct the PIP validation from DentaQuest's PIP Submission Form. This form provides detailed information about DentaQuest's PIP related to the steps completed and evaluated for the 2023–2024 validation cycle.

Each required step is evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*.

In alignment with CMS Protocol 1, HSAG assigns two PIP validation ratings, summarizing overall PIP performance. One validation rating reflects HSAG's confidence that the MCO adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. This validation rating is based on the scores for applicable evaluation elements in steps 1 through 8 of the PIP Validation Tool. The second validation rating is only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflects HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP Validation Tool. For each applicable validation rating, HSAG reports the percentage of applicable evaluation elements that received a *Met* score and the corresponding confidence level: *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

1. **Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)**

   - *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
   - *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
   - *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
   - *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. **Overall Confidence That the PIP Achieved Significant Improvement (Step 9)**

   - *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
   - *Moderate Confidence*: One of the three scenarios below occurred:
     - All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
     - All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

- Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.

- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but 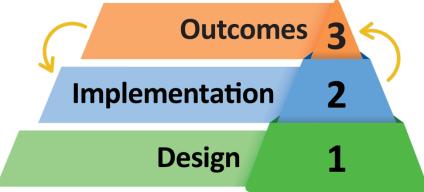not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.

- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Figure 2-1 illustrates the three stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the PIP topic, Aim statement, population, sampling techniques, performance indicator(s), and data collection processes. To implement successful improvement strategies, a strong methodologically sound design is necessary.

Figure 2-1—Stages of the PIP Process

Once DentaQuest establishes its PIP design, the PIP progresses into the Implementation stage. This stage includes data analysis and interventions. During this stage, DentaQuest evaluates and analyzes its data, identifies barriers to performance, and develops interventions targeted to improve outcomes. The implementation of effective improvement strategies is necessary to improve outcomes. The Outcomes stage is the final stage, which involves the evaluation of statistically, clinically, or programmatically significant improvement, and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when performance indicators demonstrate statistically significant improvement over baseline performance through repeated measurements over comparable time periods. If the outcomes do not improve, DentaQuest should revise its causal/barrier analysis processes and adapt QI strategies and interventions accordingly.

Validation Findings

HSAG's validation evaluates the technical methods of the PIP (i.e., the design, data analysis, implementation, and outcomes). Based on its review, HSAG determined the overall methodological validity of the PIP. Table 3-1 summarizes the health plan's PIPs validated during the review period with an overall confidence level of *High Confidence, Moderate Confidence, Low Confidence* or *No Confidence* for the two required confidence levels identified below. In addition, Table 3-1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the PIP Validation Tool that HSAG has identified as essential for producing a valid and reliable PIP.

DentaQuest submitted two PIPs for the 2023–2024 validation cycle. For this year's validation, the *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP and the *SDOH Screening—Member Survey* PIP were evaluated for adhering to acceptable PIP methodology. The PIPs had not progressed to being evaluated for achieving significant improvement; therefore, the second validation rating was *Not Assessed*. DentaQuest resubmitted both PIPs to address initial validation feedback and received a *High Confidence* level for the *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP and a *Low Confidence* level for the *SDOH Screening—Member Survey* PIP after the resubmission. Table 3-1 illustrates the initial and resubmission validation scores for each PIP.

Table 3-1—2023–2024 PIP Overall Confidence Levels for DentaQuest

PIP Title	Type of Review[1]	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Confidence Level[4]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Confidence Level[4]
Increasing the Rate of Enrollees Accessing Preventative Dental Services— Oral Evaluations	Initial Submission	33%	25%	*No Confidence*	*Not Assessed*		
	Resubmission	100%	100%	*High Confidence*	*Not Assessed*		

PIP Title	Type of Review[1]	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
		Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Confidence Level[4]	Percentage Score of Evaluation Elements *Met*[2]	Percentage Score of Critical Elements *Met*[3]	Confidence Level[4]
SDOH Screening—Member Survey	Initial Submission	23%	25%	*No Confidence*	*Not Assessed*		
	Resubmission	85%	88%	*Low Confidence*	*Not Assessed*		

[1] **Type of Review**—Designates the PIP review as an initial submission, or resubmission. A resubmission means the MCO resubmitted the PIP with updated documentation to address HSAG's initial validation feedback.

[2] **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met)*.

[3] **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

[4] **Confidence Level**—Populated from the PIP Validation Tool and based on the percentage scores.

The *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP was validated through the first eight steps of the PIP Validation Tool and received a *High Confidence* level for adhering to acceptable PIP methodology. DentaQuest received *Met* scores for 100 percent of applicable evaluation elements in the Design (Steps 1–6) and Implementation (Steps 7–8) stages of the PIP.

The *SDOH Screening—Member Survey* PIP was also validated through the first eight steps in the PIP Validation Tool and received a *Low Confidence* level for adhering to acceptable PIP methodology. DentaQuest received *Met* scores for 85 percent of applicable evaluation elements in the Design and Implementation stages of the PIP. In the final PIP Validation Tool, DentaQuest received a *Partially Met* score for one critical evaluation element in Step 6—Data Collection Procedures, which resulted in a *Low Confidence* level. For this evaluation element, HSAG provided feedback to DentaQuest on the documented data collection process, recommending that the health plan explore alternative data collection methods for the SDOH screening performance indicator that would allow survey responses to be tracked and counted with a unique identifier. At the time this report was written, HSAG and the Department were in the process of providing additional technical assistance to DentaQuest regarding the data collection methods for the *SDOH Screening—Member Survey* PIP.

Scores and feedback for individual evaluation elements and steps are provided for each PIP in Appendix B. Final PIP Validation Tools.

Analysis of Results

Table 3-2 displays data for DentaQuest's *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP.

Table 3-2—Performance Indicator Results for the *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP

Performance Indicator	Baseline (7/1/2022 to 6/30/2023)		Remeasurement 1 (7/1/2023 to 6/30/2024)		Remeasurement 2 (7/1/2024 to 6/30/2025)		Sustained Improvement
The percentage of eligible enrollees under age 21 years that received at least one oral evaluation dental service during the measurement year.	N: 16,865	38.32%					
	D: 44,006						

N–Numerator   D–Denominator

For the baseline measurement period, DentaQuest reported that 38.32 percent of eligible enrollees under age 21 years received at least one oral evaluation dental service during the measurement year.

Table 3-3 displays data for DentaQuest's *SDOH Screening—Member Survey* PIP.

Table 3-3—Performance Indicator Results for the *SDOH Screening—Member Survey* PIP

Performance Indicator	Baseline (7/1/2022 to 6/30/2023)		Remeasurement 1 (7/1/2023 to 6/30/2024)		Remeasurement 2 (7/1/2024 to 6/30/2025)		Sustained Improvement
The percentage of enrollees who completed the SDOH member survey during the measurement period.	N: 0	0%					
	D: 45,435						

N–Numerator   D–Denominator

For the baseline measurement period, DentaQuest reported that 0 percent of enrollees completed the SDOH member survey during the measurement year.

Barriers/Interventions

The identification of barriers through barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. DentaQuest's choice of

interventions, combination of intervention types, and sequence of implementing the interventions are essential to the overall success in improving PIP rates.

Table 3-4 displays the barriers and interventions documented by the health plan for the *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP.

Table 3-4—Barriers and Interventions for the *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP

Barriers	Interventions
Low oral health literacy: parents/caregivers are unaware of the importance of preventive care and oral evaluation	Telephonic and/or mail outreach to enrollee/caregiver to educate them on the importance of preventive care and oral evaluation
Lack of provider awareness that member is overdue for dental visit to complete the oral evaluation	Provide reminder via phone and/or mail to schedule dental visit and complete annual oral evaluation
Low perceived need for oral evaluation; enrollee caregiver does not prioritize preventive dental care	Help enrollees/caregivers schedule appointment
	Provide incentive to motivate enrollees/caregivers to schedule dental visit and obtain oral evaluation
Enrollees/caregivers are unable to identify and access a provider that offers after-hours care	Identify providers who offer after-hours and weekend care and post on website
Misinformation and lack of trust of dental and healthcare providers	Cultural Ambassador Program: Train community organizations on the importance of oral health and preventive visits to share with communities they support

Table 3-5 displays the barriers and interventions documented by the health plan for the *SDOH Screening—Member Survey* PIP.

Table 3-5—Barriers and Interventions for the *SDOH Screening—Member Survey* PIP

Barriers	Interventions
• Low oral health literacy: enrollee/caregiver is unaware they have access to resources to address various SDOH • Enrollee/caregiver is unaware that SDOH survey is available and provides resources upon completion of survey	Outreach to members by phone and/or mail and/or portal alert educating them on the SDOH survey and benefit in completing survey
Enrollee/caregiver does not want to admit that they need assistance or help with SDOH (stigma)	Message on portal and in outreach education to empower members to obtain resources to address identified SDOH
Enrollee/caregiver fear of submitting SDOH survey responses and lack of privacy	Message on portal and in outreach education emphasizing and providing reassurance that responses are anonymous and not traceable to member

Barriers	Interventions
Misinformation and lack of trust of dental and healthcare providers	Cultural Ambassador Program: Train community organizations to reinforce importance of taking advantage of available resources and trust that responses are anonymous to share with communities they support

✅ Conclusions

For this year's validation cycle, DentaQuest submitted the clinical *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP and the nonclinical *SDOH Screening—Member Survey* PIP. DentaQuest reported baseline performance indicator results for both PIPs, and both PIPs were validated through Step 8 (Design and Implementation). The clinical *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP received a *High Confidence* level, and the nonclinical *SDOH Screening—Member Survey* PIP received a *Low Confidence* level for adherence to acceptable PIP methodology in the Design and Implementation stages.

HSAG's PIP validation findings for the clinical *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP suggest a thorough application of the PIP Design stage (Steps 1 through 6). A methodologically sound design created the foundation for DentaQuest to progress to subsequent PIP stages—collecting data and carrying out interventions to positively impact performance indicator results and outcomes for the project. In the Implementation stage (Steps 7 and 8), DentaQuest accurately reported performance indicator data and initiated methodologically sound improvement strategies for the clinical *Increasing the Rate of Enrollees Accessing Preventative Dental Services—Oral Evaluations* PIP. DentaQuest will progress to reporting Remeasurement 1 indicator results for both PIPs, and both PIPs will progress to being evaluated for achieving significant improvement for next year's validation.

HSAG's PIP validation findings for the nonclinical *SDOH Screening—Member Survey* PIP suggest opportunities for improvement in the data collection process used for collecting and reporting performance indicator results. At the time this report was written, HSAG and the Department were in the process of providing additional technical assistance to DentaQuest. The health plan will have an opportunity to revise the data collection process at the conclusion of the current technical assistance activities to support a methodologically sound design and meaningful data collection for the PIP going forward.

✅ Recommendations

Based on the validation of each PIP, HSAG has the following recommendations:

- DentaQuest should continue to work with the Department and HSAG to improve the data collection process for the *SDOH Screening—Member Survey* PIP to ensure the process is methodologically sound and produces meaningful indicator results for evaluating improvement. DentaQuest should update the data collection process for the PIP at the conclusion of the current ongoing technical assistance activities and prior to next year's annual validation.

- Revisit causal/barrier analyses at least annually to ensure timely and accurate identification and prioritization of barriers and opportunities for improvement.
- Use QI tools such as a key driver diagram, process mapping, and/or failure modes and effects analyses to determine and prioritize barriers and process gaps or weaknesses, as part of the causal/barrier analyses.
- Use Plan-Do-Study-Act (PDSA) cycles to meaningfully evaluate the effectiveness of each intervention. The MCO should select intervention effectiveness measures that directly monitor intervention impact and evaluate measure results frequently throughout each measurement period. The intervention evaluation results should drive next steps for interventions and determine whether they should be continued, expanded, revised, or replaced.

Appendix A contains the final PIP Submission Forms that DentaQuest submitted to HSAG for validation. HSAG made only minor grammatical corrections to these forms; the content/meaning was not altered. This appendix does not include any attachments provided with the PIP submission.

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Demographic Information
MCO Name: DentaQuest
Project Leader Name: Logan Horn   Title: Associated Client Partner
Telephone Number: 303-726-6873   Email Address: Logan.Horn@dentaquest.com
PIP Title: *Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations*
Submission Date: 10/31/2023
Resubmission Date (if applicable):   01/22/2024

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 1: Select the PIP Topic. The topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State.

PIP Topic:

The topic Oral Evaluations, Dental Services Performance Improvement Project (PIP) 2023 - 2024 is a state mandated topic.

Provide plan-specific data:

DentaQuest (DQ) will use historical data based on its management of dental benefits under health plans from 2023-2024. This data is used to highlight the need for continued interventions in order to raise the rates of oral evaluation services for children using the Dental Quality Alliance (DQA) measurements.

Describe how the PIP topic has the potential to improve member health, functional status, and/or satisfaction:

Tooth decay continues to be one of the most common chronic diseases of childhood and among U.S. children, five times as prevalent as asthma,[1] **"National Institute of Health (2000)"** and dental care is one of the nation's greatest unmet children's health needs, especially in low-income, minority, and rural communities.[2] "Paul W. Newacheck et al., "The Unmet Health Needs of America's Children," *Pediatrics* 105, no. 4 Pt. 2 (2000): 989**".**

Although significant progress has been made in the delivery of preventive care for Medicaid children in the state of Colorado, there is still opportunity for improvement. According to the Center for Disease Control and Prevention (CDC), dental caries is one of the most common chronic diseases in children in the United States. For 2015-2016, prevalence of total caries (untreated and treated) was 45.8% and untreated caries was 13.0% among youth aged 2019 years. Identifying caries early is important to reverse the diseases process, prevent progression of caries, and reduce the incidence of future lesion.

DentaQuest's PIP will address the topic of increasing the number of all eligible enrollees under 21 years of age who had at least one oral evaluation dental visit during the measurement year. Increasing preventive dental services also follows national guidelines and recommendations under the American Academy of Pediatric Dentistry.

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 1: Select the PIP Topic. The topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State.

Oral examinations are considered crucial for preventative dental health care. Apart from establishing a healthy relationship with a provider, oral evaluations allow those providers to catch problems early, provide education and avoid costly treatment. During an oral evaluation, the dentist is able to check individuals for early possible disease progression and evaluate potential dental problems that may require additional care due to not being visible by the clinical exam, by providing dental x-rays. Additionally, dental care education has proven to be an area that many individuals struggle with. By establishing a dental home early, providers are able to educate not only the patients, but the care givers as well. This education can include daily oral care techniques, as well as provider guidance around diet and the effects it may have on the oral cavity. By combining the oral evaluation with the education, providers and members can monitor and manage any conditions that may arise, keeping emergency visits and costs to a minimum. Maintaining goal oral health can be beneficial for also maintaining one's overall health and dental providers are often a first line of defense regarding health concerns that may impact the body as a whole.

The establishment of a dental home also provides the opportunity for preventative visits to be delivered in a consistent and familiar environment, which can be crucial for members, as they are more likely to receive appropriate preventative and routine oral health care, thereby improving families' oral health knowledge and practices. This is especially important during early formative years, when early childhood caries are a rampant factor for oral health.

Dental disease is linked to many systemic diseases and outcomes such as diabetes, heart disease and preterm low birth weight babies. Preventing dental disease not only improves oral health but also improves systemic health and reduces the cost of care – dental, medical, and emergency care.

Our dedicated Dental Management unit will leverage our intellectual capital, clinical expertise, warehouse of program data, network management skills and expertise to analyze utilization data, identify deficiencies in quality to develop appropriate programs to improve the quality of care that will allow us to achieve our goal.

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 2: Define the PIP Aim Statement(s). Defining the Aim statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The statement(s) should:
- Be structured in the recommended X/Y format: "Does doing X result in Y?"
- The statement(s) must be documented in clear, concise, and measurable terms.
- Be answerable based on the data collection methodology and indicator(s) of performance.

Statement(s):

Do targeted interventions raise the Oral Evaluation measurement rate of eligible enrolled under 21 years of age during the 2023-2024 measurement year?

1.

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 3: Define the PIP Population. The PIP population must be clearly defined to represent the population to which the PIP Aim statement(s) and indicator(s) apply.

The population definition must:

◆ Include the requirements for the length of enrollment, continuous enrollment, new enrollment, and allowable gap criteria.
◆ Include the age range and the anchor dates used to identify age criteria, if applicable.
◆ Include all inclusion, exclusion, and diagnosis criteria used to identify the eligible population.
◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify the eligible population, if applicable. Codes identifying numerator compliance should not be provided in Step 3.
◆ Capture all members to whom the statement(s) applies.
◆ Include how race and ethnicity will be identified, if applicable.
◆ If members with special healthcare needs were excluded, provide the rationale for the exclusion.

Population definition:
All CO CHP+ enrollees under 21 years of age eligible for services continuously enrolled for at least 180 days during the measurement period as defined by CMS Child Core Set

Enrollment requirements (if applicable): Continuously enrolled for at least 180 days during the measurement period.

Member age criteria (if applicable):
Individuals under 21 years of age as of last date of measurement period

Inclusion, exclusion, and diagnosis criteria:
Includes the unduplicated number of individuals under 21 years of age who are continuously enrolled for at least 180 days during the measurement period Individuals with special healthcare needs will not be excluded.

Diagnosis/procedure/pharmacy/billing codes used to identify the eligible population (if applicable): N/A

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 4: Use Sound Sampling Methods. If sampling is used to select members of the population (denominator), proper sampling methods are necessary to ensure valid and reliable results. Sampling methods must be in accordance with generally accepted principles of research design and statistical analysis. <u>If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.</u>

The description of the sampling methods must:
- Include components identified in the table below.
- Be updated annually for each measurement period and for each indicator.
- Include a detailed narrative description of the methods used to select the sample and ensure sampling methods support generalizable results.

Measurement Period	Performance Indicator Title	Sampling Frame Size	Sample Size	Margin of Error and Confidence Level
MM/DD/YYYY– MM/DD/YYYY				

Describe in detail the methods used to select the sample:

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental
Services - Oral Evaluations
for DentaQuest

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) must track performance or improvement over time. The indicator(s) must be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research.

The description of the Indicator(s) must:

- Include the complete title of each indicator.
- Include the rationale for selecting the indicator(s).
- Include a narrative description of each numerator and denominator.
- If indicator(s) are based on nationally recognized measures (e.g., HEDIS, CMS Core Set), include the year of the technical specifications used for the applicable measurement year and update the year annually.
- Include complete dates for all measurement periods (with the month, day, and year).
- Include the mandated goal or target, if applicable. If no mandated goal or target enter "Not Applicable."

Indicator 1	Oral Evaluation, Dental Services (OEV)
	The percentage of enrollees under 21 years of age that had at least one oral evaluation dental service in the measurement year. Oral Evaluation, Dental Services for Children is a state mandated PIP topic.
Numerator Description:	Total number of unduplicated* enrollees under 21 years of age continuously enrolled for 180 days during the measurement period that received an oral evaluation as a dental service during the reporting period as defined by CDT code D0120 or D0150 or D0145. * Unduplicated: an individual may only be counted one for each line of data.
Denominator Description:	All CO CHP+ enrollees under 21 years of age eligible for services continuously enrolled for at least 180 days during the measurement period as defined by CMS Child Core Set
Baseline Measurement Period	07/01/2022 to 06/30/2023
Remeasurement 1 Period	07/01/2023 to 06/30/2024
Remeasurement 2 Period	07/01/2024 to 06/30/2025
Mandated Goal/Target, if applicable	

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) must track performance or improvement over time. The indicator(s) must be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research.

The description of the Indicator(s) must:
- ◆ Include the complete title of each indicator.
- ◆ Include the rationale for selecting the indicator(s).
- ◆ Include a narrative description of each numerator and denominator.
- ◆ If indicator(s) are based on nationally recognized measures (e.g., HEDIS, CMS Core Set), include the year of the technical specifications used for the applicable measurement year and update the year annually.
- ◆ Include complete dates for all measurement periods (with the month, day, and year).
- ◆ Include the mandated goal or target, if applicable. If no mandated goal or target enter "Not Applicable."

Indicator 2	[Enter Indicator title]
	[Insert a narrative description, and the rationale for selection, of the indicator. Describe the basis on which the indicator was developed, if internally developed.]
Numerator Description:	
Denominator Description:	
Baseline Measurement Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 1 Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 2 Period	MM/DD/YYYY to MM/DD/YYYY
Mandated Goal/Target, if applicable	
Use this area to provide additional information.	

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator are valid and reliable.

The data collection methodology must include the following:

- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

Data Sources (Select all that apply)

[ ] Manual Data	[X] Administrative Data	[ ] Survey Data
Data Source	Data Source	Fielding Method
[ ] Paper medical record abstraction	[X] Programmed pull from claims/encounters	[ ] Personal interview
[ ] Electronic health record abstraction	[ ] Supplemental data	[ ] Mail
Record Type	[ ] Electronic health record query	[ ] Phone with CATI script
[ ] Outpatient	[ ] Complaint/appeal	[ ] Phone with IVR
[ ] Inpatient	[ ] Pharmacy data	[ ] Internet
[ ] Other, please explain in narrative section.	[ ] Telephone service data/call center data	[ ] Other
	[ ] Appointment/access data	
	[ ] Delegated entity/vendor data _____	_____
[ ] Data collection tool attached (required for manual record review)	[ ] Other _____	Other Survey Requirements:
		Number of waves: _____
	Other Requirements	Response rate: _____
	[ ] Codes used to identify data elements (e.g., ICD-10, CPT codes)- please attach separately.	Incentives used: _____
	[ ] Data completeness assessment attached.	
	[ ] Coding verification process attached.	

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
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- When and how data are collected.
- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

Estimated percentage of reported administrative data completeness at the time the data are generated: __99_____ % complete.

Description of the process used to calculate the reported administrative data completeness percentage. Include a narrative of how claims lag may have impacted the data reported:

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.

Inter-rater reliability (IRR) is not applicable to this data source.

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

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- Identification of data elements and data sources.
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- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

	preventive 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 15th of the measurement year. Final numerators and denominators will be calculated within the next two weeks, by August 30th of the measurement year.	

In the space below, describe the step-by-step data collection process used in the production of the indicator results:

Data Elements Collected:

Data Collection Process:

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Step 7: Indicator Results. Enter the results of the indicator(s) in the table below. For HEDIS-based/CMS Core Set PIPs, the data reported in the PIP Submission Form should match the validated performance measure rate(s).

Enter results for each indicator by completing the table below. *P* values must be reported to four decimal places (i.e., 0.1234). Additional remeasurement period rows can be added, if necessary.

Indicator 1 Title: Dental Quality Alliance: Oral Evaluations

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated Goal or Target, if applicable	Statistical Test Used, Statistical Significance, and *p* Value
07/01/2022–06/30/2023	Baseline	16,865	44,006	38.32%	N/A for baseline	N/A for baseline
07/01/2023–06/30/2024	Remeasurement 1					
07/01/2024–06/30/2025	Remeasurement 2					

Indicator 2 Title: [Enter title of indicator]

Time Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated Goal or Target , if applicable	Statistical Test, Statistical Significance, and *p* Value
MM/DD/YYYY–MM/DD/YYYY	Baseline				N/A for baseline	N/A for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

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Step 7: Data Analysis and Interpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

The data analysis and interpretation of indicator results must include the following for each measurement period:

- Data presented clearly, accurately, and consistently in both table and narrative format.
- A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing p value results must be calculated and reported to four decimal places (e.g., 0.1234).
- Statistical testing must be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement indicating whether factors that could threaten (a) the validity of the findings for each measurement period, including the baseline, and (b) the comparability of each remeasurement period to the baseline was identified. If there were no factors identified, this must be documented in Step 7.

Baseline Narrative:

Baseline numerators and denominators were calculated using the Dental Quality Alliance (DQA) specifications for Oral Evaluation, dental services (OEV), including the 180-day continuous eligibility requirement. The requested baseline time period was 07/01/2022 - 06/30/2023. The numerator for OEV was 16864 and the denominator was 44010 for an OEV of 38.32%. No factors that could threaten the validity of the findings were identified.

Baseline to Remeasurement 1 Narrative:

Baseline to Remeasurement 2 Narrative:

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Step 8: Improvement Strategies. Interventions are developed to target and address causes/barriers identified through the use of quality improvement (QI) processes and tools.

The documentation of Step 8 is organized into the following three sections:

A. Quality Improvement (QI) Team and Activities Narrative Description
B. Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions
C. Intervention Worksheet:
   - Intervention Description
   - Intervention Effectiveness Measure
   - Intervention Evaluation Results - Clinical and Programmatic Improvement
   - Intervention Status

A. Quality Improvement (QI) Team and Activities Narrative Description

QI Team Members:

The approach to quality improvement is multi-faceted and requires collaboration across many DentaQuest departments. This multi-faceted quality improvement (QI) team continues to work toward the success of the PIP and team consists of members from quality, client engagement, provider engagement and data analytics. The Quality Improvement team is dynamic in nature and will include representatives from other departments should the team require additional expertise or contributions that would contribute to the success of the project. This interdepartmental team meets monthly to plan, discuss, analyze, and evaluate all barriers that may impede the success of the OEV. This same team also monitors progress, plans, and discusses interventions and evaluates results of interventions (tests of change) regarding the OEV PIP.

QI process and/or tools used to identify and prioritize barriers: *Description of the processes used to prioritize barriers.*

The QI team completed the fishbone diagram to identify the causes contributing to an outcome and to identify areas for improvement which informed the subsequent barrier analysis to plan and execute interventions. The barriers were prioritized according to Agency for Healthcare Research and Quality (AHRQ) Barrier Identification and Mitigation Tool. The barriers are then prioritized with the most significant having the highest score and the lowest score is representing a barrier that is less impactful on the aim to increase oral evaluation for dental visits for CO CHP+ enrollees.

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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   o   Intervention Status

Providers
- Provider is doing eval but not submitting the code associated with OEV
- Lack of providers offering after hours care

Members
- Oral health literacy parent/guardian unaware of the importance of preventive care and oral eval
- Parent/guardian unaware that child is due for preventive visit and oral evaluation

External
- Culturally based fears/concerns in seeking care
- Parent/guardian has a lack of trust with "insurance company" and providers

Internal
- Difficulty getting time off work
- Difficulty prioritizing routine dental care

Increase percentage of members under age 21 who receive an oral evaluation for dental services

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DQ_CO2023-24_CHP+_PIP-Val_Dental_Submission_F1_0224

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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   o Intervention Status

Barrier Analysis Criteria and calculation

Likelihood Score

How likely is it that a member will experience this barrier?

1. Low   2. Moderate   3. High   4. Very high

Severity Score

How likely is it that experiencing this particular barrier will lead to non-compliance with dental visit?

1. Low   2. Moderate   3. High   4. Very high

Barrier Priority Score

Multiply the likelihood score by the severity score to calculate the barrier priority score.

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for DentaQuest

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  - Intervention Status

Barrier Analysis Results

RANK	BARRIERS	LIKELIHOOD SCORE	SEVERITY SCORE	BARRIER PRIORITY SCORE
1	Low oral health literacy: parents/guardian unaware of the importance of preventive care and oral evaluation	4	4	16
2	Unaware that member is overdue for dental visit to complete the oral evaluation	3	4	12
3	Perception of need: parent does not prioritize dental care	2	4	8
4	Unable to identify/access a provider offering afterhours care	2	2	4
5	Misinformation and lack of trust based on culturally based concerns	1	2	2

Appendix A: State of Colorado 2023-24 PIP Submission Form
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
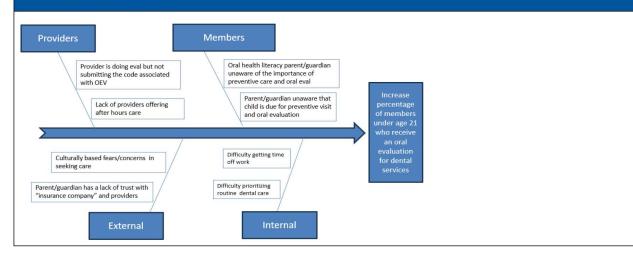**for DentaQuest**

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The documentation of Step 8 is organized into the following three sections:

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   - Intervention Description
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   - Intervention Evaluation Results - Clinical and Programmatic Improvement
   - Intervention Status

B. **Barriers/Interventions Table:** In the table below, list interventions currently being evaluated, and barrier(s) addressed by each intervention. For each intervention, complete a Step 8 Intervention Worksheet. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Intervention Title	Barrier(s) Addressed
Telephonic and/or mail outreach to member to educate them on the importance of preventive care and oral evaluation	Low oral health literacy: parents/guardian unaware of the importance of preventive care and oral evaluation
Provide reminder via phone and/or mail to schedule dental visit and obtain annual oral evaluation	Unaware that member is overdue for dental visit to complete the oral evaluation
Provide assistance to schedule appointment	Perception of need: parent does not prioritize dental care
Provide incentive to motivate parent to schedule dental visit and obtain oral evaluation	Perception of need: parent does not prioritize dental care

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

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B. Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions
C. Intervention Worksheet:
   - Intervention Description
   - Intervention Effectiveness Measure
   - Intervention Evaluation Results - Clinical and Programmatic Improvement
   - Intervention Status

Identify Providers who offer after hours and weekend care and post on website	Unable to identify/access a provider offering afterhours care
Cultural Ambassador Program: Train community organizations on the importance of oral health and preventive visits to share with communities they support.	Misinformation and lack of trust based on culturally based concerns

C. Intervention Worksheet: Intervention Effectiveness Measure and Evaluation Results
   Complete a Step 8 Intervention Worksheet for each intervention currently being evaluated. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Appendix A: State of Colorado 2023-24 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Demographic Information
MCO Name: DentaQuest
Project Leader Name: Logan Horn   Title: Associated Client Partner
Telephone Number: 303-726-6873   Email Address: Logan.Horn@dentaquest.com
PIP Title: *Social Determinants of Health (SDOH) Screening – Member Survey*
Submission Date: 10/31/2023
Resubmission Date (if applicable):   01/22/2024

Appendix A: State of Colorado 2023-24 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Step 1: Select the PIP Topic. The topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State.

PIP Topic:

The topic Social Determinants of Health, Member Survey Performance Improvement Project (PIP) FFY 2023 – FFY 2024 is a state mandated topic.

Provide plan-specific data:

There is no plan specific or published data available for this PIP topic. DentaQuest (DQ) will use a member facing survey on the member portal to better understand Colorado's social determinants of health (SDoH) and provide referral sources necessary for members to further eliminate barriers to care. The survey data is used to highlight the need for continued interventions in order to minimize barriers to care and improve oral health.

Describe how the PIP topic has the potential to improve member health, functional status, and/or satisfaction:

Understanding health outcomes and patterns of health care utilization associated with member's cumulative social determinant of health (SDOH) risk is essential to supporting better health care. The member beneficiaries face challenges related to SDOH, including but not limited to access to nutritious food, affordable and accessible housing, quality education, and opportunities for meaningful employment. Growing evidence indicates that these challenges can lead to poorer health outcomes for beneficiaries and higher health care costs for programs. Furthermore, these programs can exacerbate health disparities for a broad range of populations.

According to the World Health Organization, one's health can be associated with economic status, finding a link between those in the lowest poverty have the worst health. Health outcomes are determined by more than biological factors or access to quality healthcare. Social determinants of health acknowledge that the environmental conditions present in a community can have a significant impact on the health of members as well. Resources that improve the quality of life can have a significant influence on population health outcomes.

Our dedicated Dental Management unit will leverage our intellectual capital, clinical expertise, warehouse of program data, network management skills and expertise to analyze SDoH survey data to identify deficiencies in quality and develop appropriate interventions to address SDoH and overcome barriers to care.

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Step 2: Define the PIP Aim Statement(s). Defining the Aim statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The statement(s) should:
- Be structured in the recommended X/Y format: "Does doing X result in Y?"
- The statement(s) must be documented in clear, concise, and measurable terms.
- Be answerable based on the data collection methodology and indicator(s) of performance.

Statement(s):

Do targeted interventions increase the percentage of members completing the Social Determinant of Health survey during the measurement year?
1.

Appendix A: State of Colorado 2023-24 PIP Submission Form
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Step 3: Define the PIP Population. The PIP population must be clearly defined to represent the population to which the PIP Aim statement(s) and indicator(s) apply.

The population definition must:

- Include the requirements for the length of enrollment, continuous enrollment, new enrollment, and allowable gap criteria.
- Include the age range and the anchor dates used to identify age criteria, if applicable.
- Include all inclusion, exclusion, and diagnosis criteria used to identify the eligible population.
- Include a list of diagnosis/procedure/pharmacy/billing codes used to identify the eligible population, if applicable. Codes identifying numerator compliance should not be provided in Step 3.
- Capture all members to whom the statement(s) applies.
- Include how race and ethnicity will be identified, if applicable.
- If members with special healthcare needs were excluded, provide the rationale for the exclusion.

Population definition:
All CO CHP+ enrollees

Enrollment requirements (if applicable):
There is no enrollment criteria.

Member age criteria (if applicable):
There is no age criteria.

Inclusion, exclusion, and diagnosis criteria:
Inclusion criteria: the unduplicated number of CO CHP+ enrollees
Exclusion criteria: N/A
Diagnosis criteria: N/A

Diagnosis/procedure/pharmacy/billing codes <ins>used to identify the eligible population</ins> (if applicable): N/A

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Step 4: Use Sound Sampling Methods. If sampling is used to select members of the population (denominator), proper sampling methods are necessary to ensure valid and reliable results. Sampling methods must be in accordance with generally accepted principles of research design and statistical analysis. If sampling was not used, please leave table blank and document that sampling was not used in the space provided below the table.

The description of the sampling methods must:

- Include components identified in the table below.
- Be updated annually for each measurement period and for each indicator.
- Include a detailed narrative description of the methods used to select the sample and ensure sampling methods support generalizable results.

Measurement Period	Performance Indicator Title	Sampling Frame Size	Sample Size	Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Describe in detail the methods used to select the sample: Sampling was not used.

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Step 5: Select the Performance Indicator(s). A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) must track performance or improvement over time. The indicator(s) must be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research.

The description of the Indicator(s) must:
- Include the complete title of each indicator.
- Include the rationale for selecting the indicator(s).
- Include a narrative description of each numerator and denominator.
- If indicator(s) are based on nationally recognized measures (e.g., HEDIS, CMS Core Set), include the year of the technical specifications used for the applicable measurement year and update the year annually.
- Include complete dates for all measurement periods (with the month, day, and year).
- Include the mandated goal or target, if applicable. If no mandated goal or target enter "Not Applicable."

Indicator 1	Social Determinant of Health (SDoH) Member Survey
	Percentage of CO CHP+ enrollees who completed the SDoH member survey during the measurement period. This is a state mandated topic.
Numerator Description:	Number of CO CHP+ enrollees who complete the SDoH member survey during the measurement period.
Denominator Description:	Number of unduplicated CO CHP+ enrollees enrolled as of the last day of the measurement period.
Baseline Measurement Period	07/01/2022 to 06/30/2023
Remeasurement 1 Period	07/01/2023 to 06/30/2024
Remeasurement 2 Period	07/01/2024 to 06/30/2025
Mandated Goal/Target, if applicable	N/A
Indicator 2	[Enter Indicator title]
	[Insert a narrative description, and the rationale for selection, of the indicator. Describe the basis on which the indicator was developed, if internally developed.]
Numerator Description:	

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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- Include the rationale for selecting the indicator(s).
- Include a narrative description of each numerator and denominator.
- If indicator(s) are based on nationally recognized measures (e.g., HEDIS, CMS Core Set), include the year of the technical specifications used for the applicable measurement year and update the year annually.
- Include complete dates for all measurement periods (with the month, day, and year).
- Include the mandated goal or target, if applicable. If no mandated goal or target enter "Not Applicable."

Denominator Description:	
Baseline Measurement Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 1 Period	MM/DD/YYYY to MM/DD/YYYY
Remeasurement 2 Period	MM/DD/YYYY to MM/DD/YYYY
Mandated Goal/Target, if applicable	
Use this area to provide additional information.	

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Step 6: Valid and Reliable Data Collection. The data collection process must ensure that data collected for each indicator are valid and reliable.

The data collection methodology must include the following:

- Identification of data elements and data sources.
- When and how data are collected.
- How data are used to calculate the indicator percentage.
- A copy of the manual data collection tool, if applicable.
- An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

Data Sources (Select all that apply)

[ ]Manual Data	[ ] Administrative Data	[X] Survey Data
Data Source	Data Source	Fielding Method
[ ] Paper medical record abstraction	[ ] Programmed pull from claims/encounters.	[ ] Personal interview
[ ] Electronic health record abstraction	[ ] Supplemental data	[ ] Mail
	[ ] Electronic health record query	[ ] Phone with CATI script
Record Type	[ ] Complaint/appeal	[ ] Phone with IVR
[ ] Outpatient	[ ] Pharmacy data	[X] Internet
[ ] Inpatient	[ ] Telephone service data/call center data	[ ] Other
[ ] Other, please explain in narrative section.	[ ] Appointment/access data	
	[ ] Delegated entity/vendor data _____	_____
	[ ] Other _____	Other Survey Requirements:
[ ] Data collection tool attached (required for manual record review)		Number of waves: _____
	Other Requirements	Response rate: _____
	[ ] Codes used to identify data elements (e.g., ICD-10, CPT codes)- please attach separately.	Incentives used: _____
	[ ] Data completeness assessment attached.	
	[ ] Coding verification process attached.	
	Estimated percentage of reported administrative data completeness at the time the data are generated: _____ % complete.	

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

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- ◆ When and how data are collected.
- ◆ How data are used to calculate the indicator percentage.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of the reported administrative data completeness percentage and the process used to determine this percentage.

	Description of the process used to calculate the reported administrative data completeness percentage. Include a narrative of how claims lag may have impacted the data reported:	
	Survey is available to all CO CHP members via the member portal. All members have access to the member portal and the survey. The survey is designed to be anonymous; however, when a member completes a survey, the system records that a survey was completed. Monthly survey reports are provided to the DQ PIP team based on the number of surveys that were completed anonymously.	
	The denominator will be the total membership enrolled in CO CHP at the end of the measurement period.	
	The number of surveys completed by members as recorded by the system will be divided by the total number of members enrolled in CO CHP at the end of the measurement period (denominator). The result will be converted to a percentage and represent the percentage of enrollees who complete the SDoH survey.	
	The time periods used for measurement end June 30th of the measurement year.	
	Claims lag does not impact the data reported.	

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In the space below, describe the step-by-step data collection process used in the production of the indicator results:
Data Elements Collected: Number of surveys that were completed by member as recorded by system is zero. Number of members actively enrolled in CO CHP as of June 30, 2023, was based on the enrollment data received from the state of CO. Data Collection Process: Denominator data is calculated based on enrollment data received from the state of CO and there were no surveys completed during the measurement period, so no data was collected.

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Step 7: Indicator Results. Enter the results of the indicator(s) in the table below. For HEDIS-based/CMS Core Set PIPs, the data reported in the PIP Submission Form should match the validated performance measure rate(s).

Enter results for each indicator by completing the table below. *P* values must be reported to four decimal places (i.e., 0.1234). Additional remeasurement period rows can be added, if necessary.

Indicator 1 Title: Social Determinants of Health Member Survey

Measurement Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated Goal or Target, if applicable	Statistical Test Used, Statistical Significance, and *p* Value
07/01/2022–06/30/2023	Baseline	0	45,435	0%	N/A for baseline	N/A for baseline
07/01/2023–06/30/2024	Remeasurement 1					
07/01/2024–06/30/2025	Remeasurement 2					

Indicator 2 Title: [Enter title of indicator]

Time Period	Indicator Measurement	Numerator	Denominator	Percentage	Mandated Goal or Target , if applicable	Statistical Test, Statistical Significance, and *p* Value
MM/DD/YYYY–MM/DD/YYYY	Baseline				N/A for baseline	N/A for baseline
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 1					
MM/DD/YYYY–MM/DD/YYYY	Remeasurement 2					

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Step 7: Data Analysis and Interpretation of Results. Clearly document the results for each indicator(s). Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation of the results.

The data analysis and interpretation of indicator results must include the following for each measurement period:

- Data presented clearly, accurately, and consistently in both table and narrative format.
- A clear and comprehensive narrative description of the data analysis process, the percentage achieved for the measurement period for each indicator, and the type of two-tailed statistical test used. Statistical testing p value results must be calculated and reported to four decimal places (e.g., 0.1234).
- Statistical testing must be conducted starting with Remeasurement 1 and comparing to the baseline. For example, Remeasurement 1 to the baseline and Remeasurement 2 to the baseline. For purposes of the validation, statistical testing does not need to be conducted between measurement periods (e.g., Remeasurement 1 to Remeasurement 2).
- Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- A statement indicating whether factors that could threaten (a) the validity of the findings for each measurement period, including the baseline, and (b) the comparability of each remeasurement period to the baseline was identified. If there were no factors identified, this must be documented in Step 7.

Baseline Narrative: Baseline denominators was calculated according to the total number of members who were enrolled in CO CHP during the measurement period. The numerator was calculated according to the total number of surveys that were completed during the measurement period indicating the member completed a survey. The baseline time period was 07/01/2022 - 06/30/2023. The numerator for survey completion was 0 and the denominator was 45,435. The baseline result was 0% of the population completed Social Determinants of Health (SDoH) Member Survey.

The survey is anonymous therefore DentaQuest (DQ) is unable to determine if the members who respond to the survey are unique members which threatens the validity of the findings. The survey tool not registering completion or sending a notification could also threaten the validity of the findings since the survey is anonymous and DQ is unable to verify whether the member completing the survey was captured in the report.

Baseline to Remeasurement 1 Narrative:
Baseline to Remeasurement 2 Narrative:

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Step 8: Improvement Strategies. Interventions are developed to target and address causes/barriers identified through the use of quality improvement (QI) processes and tools.

The documentation of Step 8 is organized into the following three sections:

A. Quality Improvement (QI) Team and Activities Narrative Description
B. Barriers/Interventions Table: Prioritized barriers and corresponding intervention descriptions
C. Intervention Worksheet:
   - Intervention Description
   - Intervention Effectiveness Measure
   - Intervention Evaluation Results - Clinical and Programmatic Improvement
   - Intervention Status

A. Quality Improvement (QI) Team and Activities Narrative Description

QI Team Members:

The approach to quality improvement is multi-faceted and requires collaboration across many DentaQuest departments. This multi-faceted quality improvement (QI) team continues to work toward the success of the PIP and team consists of members from quality, client engagement, provider engagement and data analytics. The Quality Improvement team is dynamic in nature and will include representatives from other departments should the team require additional expertise or contributions that would contribute to the success of the project. This interdepartmental team meets bi-weekly to plan, discuss, analyze and evaluate all barriers that may impede the success of the Social Determinants of Health (SDoH) survey PIP. This same team also monitors progress, plans and discusses interventions and evaluates results of interventions (tests of change) regarding the SDoH Survey PIP.

QI process and/or tools used to identify and prioritize barriers:

The QI team completed the fishbone diagram to identify the causes contributing to an outcome and to identify areas for improvement which informed the subsequent barrier analysis to plan and execute interventions. The barriers were prioritized according to Agency for Healthcare Research and Quality (AHRQ) Barrier Identification and Mitigation Tool. The barriers are then prioritized with the most significant having the highest score and the lowest score is representing a barrier that is less impactful on the aim to increase the percentage of members completing the SDoH survey.

The fishbone diagram is below.

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  - Intervention Effectiveness Measure
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  - Intervention Status

Barrier Analysis Criteria and calculation

Likelihood Score

How likely is it that a member will experience this barrier?

1. Low   2. Moderate   3. High   4. Very high

Severity Score

How likely is it that experiencing this particular barrier will lead to member not wanting to complete SDoH survey?

1. Low   2. Moderate   3. High   4. Very high

Barrier Priority Score

Multiply the likelihood score **by** the severity score to calculate the barrier priority score.

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BARRIER ANALYSIS

RANK	BARRIERS	LIKELIHOOD SCORE	SEVERITY SCORE	BARRIER PRIORITY SCORE
1	Low oral health literacy: parents/guardian unaware they have access to resources to address various SDoH	3	4	12
2	Unaware that SDoH survey is available and provides resources upon completion of survey	4	4	16
3	Perception of need: parent does not want to admit that they need assistance or help with SDoH	2	4	8
4	Fear of retaliation based on submitted survey responses	1	4	4
5	Misinformation and lack of trust based on culturally based concerns	2	2	4

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Step 8: Improvement Strategies. Interventions are developed to target and address causes/barriers identified through the use of quality improvement (QI) processes and tools.

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- o Intervention Evaluation Results - Clinical and Programmatic Improvement
- o Intervention Status

B. **Barriers/Interventions Table:** In the table below, list interventions currently being evaluated, and barrier(s) addressed by each intervention. For each intervention, complete a Step 8 Intervention Worksheet. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

Intervention Title	Barrier(s) Addressed
Outreach to members by phone and/or mail and/or portal alert educating them on the SDoH survey and benefit in completing survey	Low oral health literacy: parents/guardian unaware they have access to resources to address various SDoH
Outreach to members by phone and/or mail and/or portal alert educating them on the SDoH survey and benefit in completing survey	Unaware that SDoH survey is available and provides resources upon completion of survey
Message on portal and in outreach education to empower members to receive resources they are entitled to.	Perception of need: parent does not want to admit that they need assistance or help with SDoH

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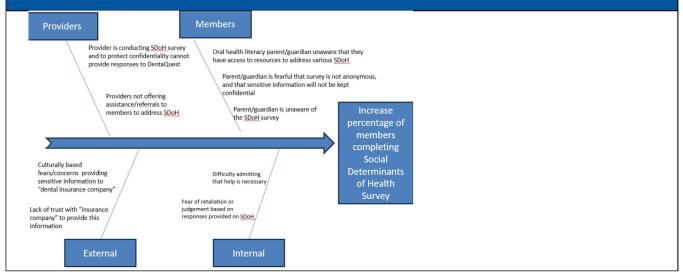**for DentaQuest**

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   o Intervention Status

Message on portal and in outreach education to emphasizing and providing reassurance that responses are anonymous and not traceable to member.	Fear of retaliation based on submitted survey responses
Cultural Ambassador Program: Train community organizations to reinforce importance of taking advantage of available resources and trust that responses are anonymous to share with communities they support.	Misinformation and lack of trust based on culturally based concerns

C. **Intervention Worksheet: Intervention Effectiveness Measure and Evaluation Results**
   Complete a Step 8 Intervention Worksheet for each intervention currently being evaluated. The worksheet must be completed to the point of intervention progression at the time of the annual PIP submission.

The following contains the final PIP Validation Tools for DentaQuest.

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Demographic Information			
MCO Name:	DentaQuest		
Project Leader Name:	Logan Horn	**Title:**	Associated Client Partner
Telephone Number:	303-726-6873	**Email Address:**	Logan.Horn@dentaquest.com
PIP Title:	*Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations*		
Submission Date:	October 31, 2023		
Resubmission Date:	January 22, 2024		

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for DentaQuest

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 1. Review the Selected PIP Topic: The PIP topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State. The PIP topic:			
1. Was selected following collection and analysis of data. *NA* is not applicable to this element for scoring.	C*	*Met*	
Results for Step 1			
Total Evaluation Elements**	**1**	**1**	**Critical Elements*****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 2. Review the PIP Aim Statement(s): Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The statement:			
1. Stated the area in need of improvement in clear, concise, and measurable terms. *NA* is not applicable to this element for scoring	C*	*Met*	The health plan described the population as enrollees aged 0-18 years in the Aim statement; however, this age range did not align with age ranges documented in other areas of the PIP submission form. In Step 1, the health plan stated that the PIP would focus on ages 1-20 years, in Step 3, the health plan specified an age range of 1-18 years, and the 2023 OEV-CH (from the CMS child core set measure specifications) includes all ages under 21 years. HSAG's understanding is that the topic should align with the CMS core set measure specifications and, therefore, include all eligible enrollees under 21 years of age. The health plan should correct the documented age range throughout the PIP submission form to consistently align with the CMS core set measure specifications for Oral Evaluation (OEV-CH) or provide the rationale for including an age range that differs from the measure specifications. **Resubmission January 2024:** The health plan addressed the initial feedback and the validation score for this evaluation element was changed to *Met*.

Results for Step 2			
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 3. Review the Identified PIP Population: The PIP population should be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population:			
1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. *NA* is not applicable to this element for scoring.	C*	*Met*	The health plan described the population as enrollees aged 1-18 years in Step 3; however, this age range did not align with age ranges documented in other areas of the PIP submission form. In Step 1, the health plan stated that the PIP would focus on ages 1-20 years, in Step 2, the health plan specified an age range of 0-18 years, and the 2023 OEV-CH (from the CMS child core set measure specifications) includes all ages under 21 years. HSAG's understanding is that the topic should align with the CMS core set measure specifications and, therefore, include all eligible enrollees under 21 years of age. The health plan should correct the documented age range throughout the PIP submission form to consistently align with the CMS core set measure specifications for Oral Evaluation (OEV-CH) or provide the rationale for including an age range that differs from the measure specifications. **Resubmission January 2024:** The health plan addressed the initial feedback and the validation score for this evaluation element was changed to *Met*.
Results for Step 3			
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

*   "C" in this column denotes a critical evaluation element.
**   This is the total number of all evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 4. Review the Sampling Method: (If sampling was not used, each evaluation element will be scored *Not Applicable [NA]*). If sampling was used to select members in the population, proper sampling methods are necessary to provide valid and reliable results. Sampling methods:			
1. Included the sampling frame size for each indicator.		*N/A*	
2. Included the sample size for each indicator.	C*	*N/A*	
3. Included the margin of error and confidence level for each indicator.		*N/A*	
4. Described the method used to select the sample.		*N/A*	
5. Allowed for the generalization of results to the population.	C*	*N/A*	

Results for Step 4			
Total Evaluation Elements**	**5**	**2**	**Critical Elements****
Met	0	0	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	5	2	*NA*

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 5. Review the Selected Performance Indicator(s): A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. The indicator(s) of performance:			
1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	C*	Met	HSAG identified the following opportunities for improvement: (1) The health plan should correct the age range documented in the numerator and denominator descriptions so that the age range is correctly and consistently documented throughout the PIP submission form. (2) In the denominator description, the health plan specified that members are eligible to receive early and periodic screening, diagnostic and treatment (EPSDT) services; however, being eligible to receive EPSDT services was not specified in Step 3 for the PIP population. The health plan should correct the denominator description so that it aligns with the Step 3 PIP population definition. **Resubmission January 2024:** The health plan addressed the initial feedback and the validation score for this evaluation element was changed to *Met*.
2. Included the basis on which the indicator(s) was developed, if internally developed.		N/A	

Results for Step 5			
Total Evaluation Elements**	**2**	**1**	**Critical Elements****
Met	1	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
NA	1	0	NA

*   "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 6. Review the Data Collection Procedures: The data collection process must ensure that the data collected on the indicator(s) were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures included:			
1. Clearly defined sources of data and data elements collected for the indicator(s). *NA* is not applicable to this element for scoring.		*Met*	
2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). *NA* is not applicable to this element for scoring.	C*	*Met*	**General Feedback:** The health plan described the data collection process for the performance indicators as part of the process used to determine administrative data completeness.
3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	C*	*N/A*	
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		*Met*	

Results for Step 6			
Total Evaluation Elements**	**4**	**2**	**Critical Elements****
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	1	1	*NA*

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Results for Step 1 - 6			
Total Evaluation Elements	**14**	**8**	**Critical Elements**
Met	7	5	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
NA	7	3	NA

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 7. Review Data Analysis and Interpretation of Results: Clearly present the results for each indicator. Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation for each indicator. Through data analysis and interpretation, real improvement, as well as sustained improvement, can be determined. The data analysis and interpretation of the indicator outcomes:			
1. Included accurate, clear, consistent, and easily understood information in the data table.	C*	*Met*	The health plan did not complete Step 7 in the PIP submission form. In the resubmission, the health plan should add the baseline indicator data (numerator, denominator, and percentage) for the baseline measurement period (7/1/22 - 6/30/23) to the Step 7 Indicator Results table. **Resubmission January 2024:** The health plan added baseline indicator data to the Step 7 indicator results table, addressing the initial feedback. The validation score for this evaluation element was changed to *Met*.
2. Included a narrative interpretation of results that addressed all requirements.		*Met*	The health plan did not complete Step 7 in the PIP submission form. In the resubmission, the health plan should add a narrative description of the baseline indicator results for the baseline measurement period (7/1/22 - 6/30/23) under the Baseline Narrative heading in Step 7. **Resubmission January 2024:** The health plan added a narrative description of the baseline indicator results in Step 7, addressing the initial feedback. The validation score for this evaluation element was changed to *Met*.
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		*Met*	The health plan did not complete Step 7 in the PIP submission form. In the resubmission, the health plan should include a statement in the Step 7 Baseline Narrative that reports whether any factors were identified that may threaten the validity of the baseline indicator results. If the health plan did not identify any factors that may have impacted the validity of the baseline results, a statement of this fact should be added to the baseline narrative in the resubmission. If factors that impacted validity were identified, the health plan should provide a brief description of the identified factors and the steps taken to address those factors. **Resubmissions January 2024:** The health plan reported no factors were identified that threatened validity of the baseline results. The initial feedback was addressed and the validation score for this evaluation element was changed to *Met*.

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Results for Step 7			
Total Evaluation Elements**	**3**	**1**	**Critical Elements*****
Met	3	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

*   "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 8. Assess the Improvement Strategies: Interventions were developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies were developed from an ongoing quality improvement process that included:			
1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	C*	*Met*	The health plan did not complete Section A in Step 8. HSAG expected that the health plan would have identified quality improvement (QI) team members and conducted initial barrier analyses by the 10/31/23 submission date to facilitate improvement strategies for the Remeasurement 1 period. The health plan should update this section of the PIP submission form for the resubmission. **Resubmission January 2024:** The health plan added documentation of the QI team members and the causal/barrier analysis processes, addressing the initial feedback. The validation score for this evaluation element was changed to *Met*.
2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	*Met*	The health plan did not complete Section B in Step 8. HSAG expected that the health plan would have conducted initial barrier analyses and identified barriers to improvement by the 10/31/23 submission date. Also, by the January resubmission date, which is mid-way through the Remeasurement 1 period, interventions should be planned if not initiated. The health plan should update this section of the PIP submission form for the resubmission. **Resubmission January 2024:** The health plan added prioritized barriers and interventions identified to overcome those barriers, addressing the initial feedback. The validation score for this evaluation element was changed to *Met*.
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		*Not Assessed*	
4. An evaluation of effectiveness for each individual intervention.	C*	*Not Assessed*	
5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.		*Not Assessed*	
Results for Step 8			
Total Elements**	**5**	**3**	**Critical Elements*****
Met	2	2	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
NA	0	0	NA

*   "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

Appendix B: State of Colorado 2023-24 PIP Validation Tool
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Results for Step 7 - 8			
Total Evaluation Elements	8	4	Critical Elements
Met	5	3	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
NA	0	0	NA

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Appendix B: State of Colorado 2023-24 PIP Validation Tool
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 9. Assess the likelihood that Significant and Sustained Improvement Occurred: Improvement in performance is evaluated based on evidence that there was improvement over baseline indicator performance. Significant clinical improvement in processes and outcomes OR significant programmatic improvement in processes and outcomes is evaluated based on reported intervention evaluation data and the supporting documentation. Sustained improvement is assessed after improvement over baseline indicator performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over baseline indicator performance. For significant clinical or programmatic improvement, the MCO must include how it plans to sustain the improvement achieved beyond the current measurement period.			
1. The remeasurement methodology was the same as the baseline methodology.	C*	*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
2. There was improvement over baseline performance across all performance indicators.		*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.		*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
Results for Step 9			
Total Evaluation Elements**	**4**	**1**	**Critical Elements***
Met	0	0	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

* "C" in this column denotes a critical evaluation element.
** This is the total number of all evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Appendix B: **State of Colorado 2023-24 PIP Validation Tool**
Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Performance Improvement Projects

Table B—1 2023-24 PIP Validation Tool Scores for *Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations* for DentaQuest										
Review Step	**Total Possible Evaluation Elements** (Including Critical Elements)	**Total Met**	**Total Partially Met**	**Total Not Met**	**Total N/A**	**Total Possible Critical Elements**	**Total Critical Elements Met**	**Total Critical Elements Partially Met**	**Total Critical Elements Not Met**	**Total Critical Elements N/A**
1. Review the Selected PIP Topic	1	1	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
3. Review the Identified PIP Population	1	1	0	0	0	1	1	0	0	0
4. Review the Sampling Method	5	0	0	0	5	2	0	0	0	2
5. Review the Selected Performance Indicator(s)	2	1	0	0	1	1	1	0	0	0
6. Review the Data Collection Procedures	4	3	0	0	1	2	1	0	0	1
7. Review Data Analysis and Interpretation of Results	3	3	0	0	0	1	1	0	0	0
8. Assess the Improvement Strategies	5	2	0	0	0	3	2	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	*Not Assessed*				1	*Not Assessed*			
Totals for All Steps	**26**	**12**	**0**	**0**	**7**	**13**	**8**	**0**	**0**	**3**

Table B—2 2023-24 Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Step 1 through Step 8) for *Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations* for DentaQuest	
Percentage Score of Evaluation Elements *Met* *	*100%*
Percentage Score of Critical Elements *Met* **	*100%*
Confidence Level***	*High Confidence*

Table B—3 2023-24 Overall Confidence That the PIP Achieved Significant Improvement (Step 9) for *Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations* for DentaQuest	
Percentage Score of Evaluation Elements *Met* *	*Not Assessed*
Percentage Score of Critical Elements *Met* **	*Not Assessed*
Confidence Level***	*Not Assessed*

* The percentage score of evaluation elements *Met* is calculated by dividing the total number *Met* by the sum of all evaluation elements *Met, Partially Met,* and *Not Met.* The Not Assessed and Not Applicable scores have been removed from the scoring calculations.
** The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met, Partially Met,* and *Not Met.*
*** Confidence Level: See confidence level definitions on next page.

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Increasing the Rate of Enrollees Accessing Preventative Dental Services - Oral Evaluations
for DentaQuest

Performance Improvement Projects

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the MCO's PIP based on CMS Protocol 1 to determine whether the MCO adhered to an acceptable methodology for all phases of design and data collection, and conducted accurate data analysis and interpretation of PIP results. HSAG's validation of the PIP determined the following:

High Confidence:	High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
Moderate Confidence:	Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
Low Confidence:	Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
No Confidence:	No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

Confidence Level for Acceptable Methodology:	***High Confidence***

HSAG assessed the MCO's PIP based on CMS Protocol 1 and determined whether the MCO produced evidence of significant improvement. HSAG's validation of the PIP determined the following:

High Confidence:	All performance indicators demonstrated *statistically significant* improvement over the baseline.
Moderate Confidence:	To receive *Moderate Confidence* for significant improvement, one of the three scenarios below occurred:
	1. All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
	2. All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
	3. Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
Low Confidence:	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
No Confidence:	The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Confidence Level for Significant Improvement:	***Not Assessed***

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Appendix B: State of Colorado 2023-24 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Demographic Information			
MCO Name:	DentaQuest		
Project Leader Name:	Logan Horn	**Title:**	Associated Client Partner
Telephone Number:	303-726-6873	**Email Address:**	Logan.Horn@dentaquest.com
PIP Title:	*Social Determinants of Health (SDOH) Screening – Member Survey*		
Submission Date:	October 31, 2023		
Resubmission Date:	January 22, 2024		

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for DentaQuest

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 1. Review the Selected PIP Topic: The PIP topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve member health, functional status, and/or satisfaction. The topic may also be required by the State. The PIP topic:			
1. Was selected following collection and analysis of data. *NA* is not applicable to this element for scoring.	C*	*Met*	
Results for Step 1			
Total Evaluation Elements**	**1**	**1**	**Critical Elements*****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Appendix B: State of Colorado 2023-24 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 2. Review the PIP Aim Statement(s): Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The statement:			
1. Stated the area in need of improvement in clear, concise, and measurable terms. *NA* is not applicable to this element for scoring	C*	*Met*	
Results for Step 2			
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

* "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Appendix B: State of Colorado 2023-24 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 3. Review the Identified PIP Population: The PIP population should be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population:			
1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. *NA* is not applicable to this element for scoring.	C*	*Met*	The health plan specified an age criteria of 0-18 years, but did not provide the anchor date for age determination. The health plan should revise the age criteria documented in Step 3 to specify the date that will be used to determine enrollee age for inclusion in the PIP population. **Resubmission January 2024:** The health plan removed the age criteria from the population definition; therefore, the initial feedback no longer applies. The validation score for this evaluation element was changed to *Met*.
		Results for Step 3	
Total Evaluation Elements**	**1**	**1**	**Critical Elements****
Met	1	1	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

*   "C" in this column denotes a critical evaluation element.
**   This is the total number of all evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 4. Review the Sampling Method: (If sampling was not used, each evaluation element will be scored *Not Applicable [NA]*). If sampling was used to select members in the population, proper sampling methods are necessary to provide valid and reliable results. Sampling methods:			
1. Included the sampling frame size for each indicator.		*N/A*	
2. Included the sample size for each indicator.	C*	*N/A*	
3. Included the margin of error and confidence level for each indicator.		*N/A*	
4. Described the method used to select the sample.		*N/A*	
5. Allowed for the generalization of results to the population.	C*	*N/A*	
Results for Step 4			
Total Evaluation Elements**	**5**	**2**	**Critical Elements****
Met	0	0	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	5	2	*NA*

*   "C" in this column denotes a *critical* evaluation element.
** This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 5. Review the Selected Performance Indicator(s): A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. The indicator(s) of performance:			
1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	C*	Met	The health plan did not include the SDOH screening survey tool the health plan is using for the PIP. As announced during the August 2023 IQuIC meeting, the SDOH screening tool used for the PIP must be included as an attachment with the PIP submission. The screening tool must, at a minimum, address the four social determinants identified by the Department in February 2023: housing instability, food insecurity, transportation problems, and utility needs. For the resubmission, the health plan should attach the SDOH screening survey tool. **Resubmission January 2024:** The health plan included the SDOH screening survey tool which included all required social determinants. The health plan addressed the initial feedback and the validation score for this evaluation element was changed to *Met*.
2. Included the basis on which the indicator(s) was developed, if internally developed.		Met	

Results for Step 5			
Total Evaluation Elements**	**2**	**1**	**Critical Elements****
Met	2	1	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
NA	0	0	NA

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 6. Review the Data Collection Procedures: The data collection process must ensure that the data collected on the indicator(s) were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures included:			
1. Clearly defined sources of data and data elements collected for the indicator(s). *NA* is not applicable to this element for scoring.		*Met*	The health plan checked "Survey Data" and "Internet" as the data sources for calculating performance indicator results. While the SDOH screening survey will be collected through the internet, the Step 6 data sources should include how the health plan will determine the *percentage of enrollees* who complete the SDOH screening survey on the internet. **Resubmission January 2024:** Based on the documented data collection process in the resubmission, HSAG has no further feedback on the data sources. The validation score for this evaluation element was changed to *Met*.
2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). *NA* is not applicable to this element for scoring.	C*	*Partially Met*	The health plan did not document in Step 6 the process for collecting data to calculate annual measurement results for the performance indicator defined in Step 5. In Step 6 of the PIP submission form, under the Data Collection Process header, the health plan should add a decryption of the process that is being used to collect data for the performance indicator defined in Step 5. The data collection process description should clearly demonstrate how data will be collected to identify enrollees counted in the numerator and denominator of the performance indicator for each annual measurement period. For the numerator, the health plan should specify how a completed SDOH screening is defined. **Resubmission January 2024:** The health plan added a description of the data collection process; however, based on the data collection process description, which relied on anonymous SDOH screening survey responses, it was unclear if members could be counted more than once in the numerator. In addition, it was unclear how the health plan could use the SDOH screening results to support individual member needs, if surveys are collected anonymously. The validation score for this evaluation element was changed to *Partially Met*. HSAG recommends a technical assistance call to ensure DentaQuest is using a methodologically sound data collection method for producing indicator results.
3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	C*	*N/A*	

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 6. Review the Data Collection Procedures: The data collection process must ensure that the data collected on the indicator(s) were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures included:			
4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.		Met	The health plan documented that administrative data used for calculating baseline indicator results was estimated to be 99% complete; however, it appeared that this documentation should be removed. The health plan did not report that administrative data sources were collected. Estimated administrative data completeness is only applicable in Step 6 if the data used to calculate indicator results is based on administrative claims data. The health plan should remove the estimated percentage of completeness if not applicable to the data collection process used for indicator results. **Resubmission January 2024:** The health plan removed the administrative data completeness percentage and addressed the initial validation feedback. The validation score for this evaluation element has been changed to *Met*.

Results for Step 6			
Total Evaluation Elements**	**4**	**2**	**Critical Elements****
Met	2	0	*Met*
Partially Met	1	1	*Partially Met*
Not Met	0	0	*Not Met*
NA	1	1	*NA*

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

Results for Step 1 - 6			
Total Evaluation Elements	**14**	**8**	**Critical Elements**
Met	7	4	Met
Partially Met	1	1	Partially Met
Not Met	0	0	Not Met
NA	6	3	NA

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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 7. Review Data Analysis and Interpretation of Results: Clearly present the results for each indicator. Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation for each indicator. Through data analysis and interpretation, real improvement, as well as sustained improvement, can be determined. The data analysis and interpretation of the indicator outcomes:			
1. Included accurate, clear, consistent, and easily understood information in the data table.	C*	Met	The health plan did not complete Step 7 in the PIP submission form. For this year's annual PIP validation, the health plan should report baseline indicator results. In the resubmission, the health plan should add data for the baseline numerator, denominator, and percentage in the Baseline row of the Step 7 results table. *Resubmission January 2024:* The health plan added the baseline indicator data to the Step 7 results table, addressing the initial feedback. The validation score for this evaluation element has been changed to *Met*.
2. Included a narrative interpretation of results that addressed all requirements.		Met	The health plan did not complete Step 7 in the PIP submission form. For this year's annual PIP validation, the health plan should report baseline indicator results. In the resubmission, under the Baseline Narrative header in Step 7, the health plan should include a brief narrative description of the baseline indicator results. *Resubmission January 2024:* The health plan added a narrative interpretation of the baseline indicator results in Step 7, addressing the initial validation feedback. The validation score for this evaluation element has been changed to *Met*.
3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.		Partially Met	The health plan did not complete Step 7 in the PIP submission form. For this year's annual PIP validation, the health plan should report baseline indicator results. In the resubmission, the health plan should ensure that the Baseline Narrative documentation includes a statement on whether any factors were identified that may threaten the validity of the baseline results. If no factors were identified, a statement of this fact should be included. If factors were identified, the documentation should describe the factors and steps taken to address the identified factors. *Resubmission January 2024:* The health plan stated that the data collection process, which does not allow identification of unique members, impacted the validity of the results. HSAG recommends a technical assistance call to discuss how this factor can be addressed. The validation score for this evaluation element has been changed to *Partially Met*.

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Social Determinants of Health (SDOH) Screening – Member Survey
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Performance Improvement Projects

Results for Step 7			
Total Evaluation Elements**	**3**	**1**	**Critical Elements*****
Met	2	1	*Met*
Partially Met	1	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Social Determinants of Health (SDOH) Screening – Member Survey
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Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 8. Assess the Improvement Strategies: Interventions were developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies were developed from an ongoing quality improvement process that included:			
1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	C*	Met	The health plan did not complete Section A in Step 8. HSAG expected that the health plan would have identified quality improvement (QI) team members and conducted initial barrier analyses by the 10/31/23 submission date to facilitate improvement strategies for the Remeasurement 1 period. The health plan should update this section of the PIP submission form for the resubmission. **Resubmission January 2024:** The health plan added documentation of the QI team members and the causal/barrier analysis processes, addressing the initial validation feedback. The validation score for this evaluation element was changed to *Met*.
2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	C*	Met	The health plan did not complete Section B in Step 8. HSAG expected that the health plan would have conducted initial barrier analyses and identified barriers to improvement by the 10/31/23 submission date. By the January resubmission date, which is mid-way through the Remeasurement 1 period, interventions should be planned if not initiated. The health plan should update this section of the PIP submission form for the resubmission. **Resubmission January 2024:** The health plan added prioritized barriers and interventions identified to overcome those barriers, addressing the initial validation feedback. The validation score for this evaluation element was changed to *Met*.
3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.		Not Assessed	
4. An evaluation of effectiveness for each individual intervention.	C*	Not Assessed	
5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.		Not Assessed	
Results for Step 8			
Total Elements**	**5**	**3**	**Critical Elements***
Met	2	2	Met
Partially Met	0	0	Partially Met
Not Met	0	0	Not Met
NA	0	0	NA

*   "C" in this column denotes a *critical* evaluation element.
**   This is the total number of *all* evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Results for Step 7 - 8			
Total Evaluation Elements	**8**	**4**	**Critical Elements**
Met	4	3	Met
Partially Met	1	0	Partially Met
Not Met	0	0	Not Met
NA	0	0	NA

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Performance Improvement Projects

Evaluation Elements	Critical	Scoring	Comments/Recommendations
Performance Improvement Project Validation			
Step 9. Assess the likelihood that Significant and Sustained Improvement Occurred: Improvement in performance is evaluated based on evidence that there was improvement over baseline indicator performance. Significant clinical improvement in processes and outcomes OR significant programmatic improvement in processes and outcomes is evaluated based on reported intervention evaluation data and the supporting documentation. Sustained improvement is assessed after improvement over baseline indicator performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over baseline indicator performance. For significant clinical or programmatic improvement, the MCO must include how it plans to sustain the improvement achieved beyond the current measurement period.			
1. The remeasurement methodology was the same as the baseline methodology.	C*	*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
2. There was improvement over baseline performance across all performance indicators.		*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.		*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.
4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.		*Not Assessed*	The PIP had not progressed to the point of being assessed for improvement.

Results for Step 9			
Total Evaluation Elements**	**4**	**1**	**Critical Elements*****
Met	0	0	*Met*
Partially Met	0	0	*Partially Met*
Not Met	0	0	*Not Met*
NA	0	0	*NA*

*   "C" in this column denotes a critical evaluation element.
**   This is the total number of all evaluation elements for this step.
*** This is the total number of critical evaluation elements for this step.

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Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total N/A	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements N/A
Table B—1 2023-24 PIP Validation Tool Scores for Social Determinants of Health Screening – Member Survey for DentaQuest										
1. Review the Selected PIP Topic	1	1	0	0	0	1	1	0	0	0
2. Review the PIP Aim Statement(s)	1	1	0	0	0	1	1	0	0	0
3. Review the Identified PIP Population	1	1	0	0	0	1	1	0	0	0
4. Review the Sampling Method	5	0	0	0	5	2	0	0	0	2
5. Review the Selected Performance Indicator(s)	2	2	0	0	0	1	1	0	0	0
6. Review the Data Collection Procedures	4	2	1	0	1	2	0	1	0	1
7. Review Data Analysis and Interpretation of Results	3	2	1	0	0	1	1	0	0	0
8. Assess the Improvement Strategies	5	2	0	0	0	3	2	0	0	0
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4	*Not Assessed*				1	*Not Assessed*			
Totals for All Steps	**26**	**11**	**2**	**0**	**6**	**13**	**7**	**1**	**0**	**3**

Table B—2 2023-24 Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Step 1 through Step 8) for *Social Determinants of Health Screening – Member Survey* for DentaQuest	
Percentage Score of Evaluation Elements *Met* *	85%
Percentage Score of Critical Elements *Met* **	88%
Confidence Level***	*Low Confidence*

Table B—3 2023-24 Overall Confidence That the PIP Achieved Significant Improvement (Step 9) for *Social Determinants of Health Screening – Member Survey* for DentaQuest	
Percentage Score of Evaluation Elements *Met* *	*Not Assessed*
Percentage Score of Critical Elements *Met* **	*Not Assessed*
Confidence Level***	*Not Assessed*

* The percentage score of evaluation elements *Met* is calculated by dividing the total number *Met* by the sum of all evaluation elements *Met, Partially Met,* and *Not Met.* The Not Assessed and Not Applicable scores have been removed from the scoring calculations.

** The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met, Partially Met,* and *Not Met.*

*** Confidence Level: See confidence level definitions on next page.

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Appendix B: State of Colorado 2023-24 PIP Validation Tool
Social Determinants of Health (SDOH) Screening – Member Survey
for DentaQuest

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the MCO's PIP based on CMS Protocol 1 to determine whether the MCO adhered to an acceptable methodology for all phases of design and data collection, and conducted accurate data analysis and interpretation of PIP results. HSAG's validation of the PIP determined the following:

High Confidence:	High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
Moderate Confidence:	Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
Low Confidence:	Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
No Confidence:	No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

Confidence Level for Acceptable Methodology:	*Low Confidence*

HSAG assessed the MCO's PIP based on CMS Protocol 1 and determined whether the MCO produced evidence of significant improvement. HSAG's validation of the PIP determined the following:

High Confidence:	All performance indicators demonstrated *statistically significant* improvement over the baseline.
Moderate Confidence:	To receive *Moderate Confidence* for significant improvement, one of the three scenarios below occurred:
	1. All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
	2. All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
	3. Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.
Low Confidence:	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
No Confidence:	The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

Confidence Level for Significant Improvement:	*Not Assessed*

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