



CHP+

Child Health Plan *Plus*

Colorado Children's Health Insurance Program

Fiscal Year 2022–2023 PIP Validation Report

for

DentaQuest

April 2023

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



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1. Executive Summary

The Code of Federal Regulations at 42 CFR Part 438—managed care regulations for the Medicaid program and Children’s Health Insurance Program (CHIP), with revisions released May 6, 2016, effective July 1, 2017, and further revised on November 13, 2020, with an effective date of December 14, 2020—require states that contract with managed care health plans (health plans) to conduct an external quality review (EQR) of each contracting health plan. Health plans include managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), primary care case management entities (PCCM entities), and prepaid ambulatory health plans (PAHPs). The regulations at 42 CFR §438.350 require that the EQR include analysis and evaluation by an external quality review organization (EQRO) of aggregated information related to healthcare quality, timeliness, and access. Health Services Advisory Group, Inc. (HSAG), serves as the EQRO for the State of Colorado, Department of Health Care Policy and Financing (the Department)—the agency responsible for the overall administration and monitoring of Colorado’s Medicaid managed care program and Child Health Plan *Plus* (CHP+), Colorado’s program to implement CHIP managed care.

Pursuant to 42 CFR §457.1520, which requires states’ CHIP managed care programs to participate in EQR, the Department required its CHP+ MCOs to conduct and submit performance improvement projects (PIPs) annually for validation by the State’s EQRO. **DentaQuest**, a PAHP, holds the contract with the State of Colorado for provision of dental services for the Department’s CHP+ managed care program.

For fiscal year (FY) 2022–2023, the Department required health plans to conduct PIPs in accordance with 42 CFR §438.330(b)(1). In accordance with §438.330 (d), MCOs, PIHPs, PAHPs, and PCCM entities are required to have a quality program that (1) includes ongoing PIPs designed to have a favorable effect on health outcomes and beneficiary satisfaction and (2) focuses on clinical and/or nonclinical areas that involve the following:



Measuring performance using objective quality indicators



Implementing system interventions to achieve improvement in quality



Evaluating effectiveness of the interventions



Planning and initiating of activities for increasing or sustaining improvement

As one of the mandatory EQR activities required by 42 CFR §438.358(b)(1)(i), HSAG, as the State’s EQRO, validated the PIPs through an independent review process. In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services

(CMS) publication, *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, October 2019.¹⁻¹

In July 2014, HSAG developed a new PIP framework based on a modified version of the Model for Improvement developed by Associates in Process Improvement and modified by the Institute for Healthcare Improvement.¹⁻² The redesigned PIP methodology is intended to improve processes and outcomes of healthcare by way of continuous quality improvement (QI). The redesigned framework redirects MCOs to focus on small tests of change to determine which interventions have the greatest impact and can bring about real improvement. CMS agreed that given the pace of QI science development and the prolific use of Plan-Do-Study-Act (PDSA) cycles in modern improvement projects within healthcare settings, a new approach was needed and provided HSAG with approval to use this approach in all requesting states.



PIP Components and Process

The key concepts of the rapid-cycle PIP framework include forming a PIP team, setting aims, establishing a measure, determining interventions, testing interventions, and spreading successful changes. The core component of the approach involves testing changes on a small scale—using a series of PDSA cycles and applying rapid-cycle learning principles over the course of the improvement project to adjust intervention strategies—so that improvement can occur more efficiently and lead to long-term sustainability. The duration of rapid-cycle PIPs is approximately 18 months, from the initial Module 1 submission date to the end of intervention testing.

There are four modules with an accompanying reference guide for the MCOs to use to document their PIPs. Prior to issuing each module, HSAG held module-specific trainings with the MCOs to educate them about the documentation requirements and use of specific QI tools for each of the modules. The four modules are defined below:

- **Module 1—PIP Initiation:** Module 1 outlines the framework for the project. The framework includes building a PIP team, describing the PIP topic, and narrowed focus, and providing the rationale and supporting data for the selected narrowed focus. In Module 1, the narrowed focus baseline data collection specifications and methodology are defined, and the MCO sets aims (Global and SMART), completes a key driver diagram, and sets up the SMART Aim run chart for objectively tracking progress toward improvement for the duration of the project.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects (PIPs): A Mandatory EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Feb 27, 2023.

¹⁻² Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009. Available at: <http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>. Accessed on: Feb 27, 2023.

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



Approach to Validation

The goal of HSAG’s PIP validation and scoring methodology is to ensure that the Department and key stakeholders can have confidence that the health plan executed a methodologically sound improvement project, and any reported improvement can be reasonably linked to the QI strategies and activities conducted by the health plan during the PIP. HSAG obtained the data needed to conduct the PIP validation from **DentaQuest**’s module submission forms. In FY 2022–2023, these forms provided detailed information about **DentaQuest**’s PIP and the activities completed in Module 4. (See Appendix A. Module Submission Form.) Following HSAG’s rapid-cycle PIP process, each health plan submitted Module 4 according to the approved timeline. HSAG provided scores and feedback and assigned a level of confidence to the PIP in the Module 4 validation tool. If a PIP received less than *High Confidence* on initial review, the health plan had an opportunity to receive technical assistance from HSAG and to complete a single Module 4 resubmission to address the initial validation findings.

PIP Terms

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

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

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

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



Validation Scoring

During validation, HSAG determines if criteria for each module are *Met*. Any validation criteria not applicable (*N/A*) were not scored. At the completion of Module 4, HSAG uses the validation findings from modules 1 through 4 to determine a level of confidence representing the validity and reliability of the PIP. Using a standardized scoring methodology, HSAG will assign a level of confidence.

- **High confidence** = The PIP was methodologically sound; the SMART Aim goal, statistically significant, clinically significant, or programmatically significant improvements was achieved, at least one of the tested interventions could reasonably result in the demonstrated improvement; and the MCO accurately summarized the key findings and conclusions.
- **Moderate confidence** = The PIP was methodologically sound, at least one of the tested interventions could reasonably result in the demonstrated improvement, and one of the following occurred:
 - Non-statistically significant improvement in the SMART Aim measure was achieved and the PIP *did not* demonstrate evidence of statistically significant, clinically significant, or programmatically significant improvement, and the MCO accurately summarized the key findings and conclusions.
 - The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved; however, the MCO *did not* accurately summarize the key findings and conclusions.
- **Low confidence** = The PIP was methodologically sound; however, one of the following occurred:
 - No improvement was achieved during the PIP. The SMART Aim goal *was not* met, statistically significant improvement *was not* demonstrated, non-statistically significant improvement *was not* demonstrated, significant clinical improvement *was not* demonstrated, and significant programmatic improvement *was not* demonstrated.
 - The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved; however, *none* of the tested interventions could reasonably result in the demonstrated improvement.
- **No confidence** = The SMART Aim measure methodology and/or approved rapid-cycle PIP methodology/process *was not* followed through the SMART Aim end date.



PIP Topic Selection

In FY 2022–2023, **DentaQuest** submitted the following PIP topic for validation: *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year.*

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

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



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

Table 1-1—PIP Measure and SMART Aim Statement

PIP Measure	SMART Aim Statement
<i>Dental Service Utilization Among 3–5-Year-Olds Residing in Weld County</i>	By June 30, 2022, use key driver diagram interventions to increase the percentage of members who received any dental service among members ages 3–5 years who reside in Weld County, from 45.47% to 49.30%.

2. Findings



Module 4: PIP Conclusions

In FY 2022–2023, **DentaQuest** continued the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP. The health plan completed Module 4, the final module of the rapid-cycle PIP process during FY 2022–2023. HSAG reviewed initial Module 4 submission forms, provided initial feedback and technical assistance to the health plan, and conducted the final validation on the resubmitted Module 4 submission forms.

The health plan’s final Module 4 submission met all validation criteria. The PIP was methodologically sound, the PIP results demonstrated significant improvement, at least one of the interventions could reasonably result in the demonstrated improvement, and the health plan accurately summarized key findings and conclusions. Based on the validation findings, HSAG assigned the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP a level of *High Confidence*. Below are summaries of key Module 4 validation findings. Complete validation criteria, scores, and feedback from HSAG are provided in Appendix B. Module Validation Tool.



SMART Aim Measure Results

HSAG analyzed **DentaQuest**’s PIP data to draw conclusions about the health plan’s QI efforts. Based on its review, HSAG determined the methodological validity of the PIP and evaluated **DentaQuest**’s success in achieving the SMART Aim goal and in demonstrating statistically, clinically, or programmatically significant improvement.

The final SMART Aim measure results for **DentaQuest**’s PIP are presented in Table 2-1. HSAG used the reported SMART Aim measure data to determine whether the SMART Aim goal was achieved and whether statistically significant improvement over baseline results was demonstrated.

Table 2-1—SMART Aim Measure Results

SMART Aim Measure	Baseline Rate	SMART Aim Goal Rate	Highest Rate Achieved	Statistically Significant Improvement Achieved (Y/N)
The percentage of members who received any dental service among members ages 3–5 years who reside in Weld County.	45.47%	49.30%	59.86%	Yes

To guide the project, **DentaQuest** established a goal to increase the percentage of members 3 to 5 years of age in Weld County who received any dental service from 45.47 percent to 49.30 percent by the SMART Aim end date of June 30, 2022. At the conclusion of the project, **DentaQuest**'s reported SMART Aim measure results demonstrated that the goal was exceeded, with the highest rate achieved, 59.86 percent, representing a statistically significant increase of 14.39 percentage points above the baseline rate. The health plan's final SMART Aim run chart and SMART Aim measure data are provided in Appendix A. Module Submission Form.



Intervention Testing Results

In addition to evaluating the SMART Aim measure results, HSAG also evaluated the PIP intervention testing results for demonstrating significant clinical and programmatic improvement. In Module 4, **DentaQuest** completed and submitted PDSA worksheets to report final intervention testing results for the PIP. HSAG evaluated PDSA worksheet documentation for each intervention to determine whether the intervention evaluation results demonstrated significant clinical or programmatic improvement. Table 2-2 summarizes **DentaQuest**'s interventions described in the Module 4 PDSA worksheets, any improvement demonstrated by the intervention evaluation results, and the final status of the intervention at the end of the project.

Table 2-2—Final Intervention Testing Results

Intervention Description	Type of Improvement Demonstrated by Intervention Evaluation Results	Final Intervention Status
Free online provider training on preventing early childhood dental caries, with continuing education credits, offered to dentists in Weld County	No improvement	Abandoned
Outreach with incentive offered to members and their caregivers to seek dental services by offering appointment scheduling assistance and a backpack with age-appropriate oral health materials for completing the visit	Significant <i>clinical</i> improvement	Adapted

DentaQuest tested one provider-focused intervention, an online training to educate dentists on best practices for preventing early childhood dental caries, and one member/caregiver-focused intervention, an outreach campaign offering an incentive and scheduling assistance for accessing dental services. At the conclusion of intervention testing, **DentaQuest** reported that the provider-focused intervention did not demonstrate improvement and was abandoned. **DentaQuest** reported that, although the training was free and provided continuing education credits for participating providers, none of the targeted dentists engaged in the training. In contrast, the health plan reported that the member/caregiver-focused intervention was successful in achieving clinically significant improvement in the percentage of members 3 to 5 years of age in Weld County who utilized dental services during the intervention testing

period. A key component of the intervention was real-time assistance provided as part of the caregiver outreach to connect members with a dental provider and facilitate appointment scheduling. The health plan reported that it would adapt the intervention to include the option of providing education via voicemail message, in addition to providing education during live calls, to address outreach calls that are unanswered by member caregivers.



Lessons Learned

An important part of the QI process is to consider how the information gathered and lessons learned during the PIP can be applied in future improvement efforts. **DentaQuest** reported successes, challenges, and lessons learned as part of the Module 4 submission.

DentaQuest documented the following lessons learned from the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP:

- When planning provider-focused interventions, it is important to consider, and plan for, barriers to provider engagement. If providers are not engaged in the intervention, there is not potential for impact on provider knowledge or practices. **DentaQuest** will conduct additional barrier analysis of provider engagement prior to initiating future provider-focused interventions.
- Challenges related to coronavirus disease 2019 (COVID-19) had a significant impact on improvement strategies aimed at increasing dental utilization. As a result of the public health emergency, **DentaQuest** learned the importance of being able to respond to unexpected constraints and approach barriers creatively. For the member/caregiver outreach intervention, **DentaQuest** identified virtual outreach opportunities for reaching members and caregivers, rather than relying on in-person outreach through schools or primary care visits, as originally planned.

3. Conclusions and Recommendations



Conclusions

DentaQuest developed a methodologically sound improvement project that met both State and federal requirements. The health plan tested two interventions using the required QI processes and tools. At the conclusion of the PIP, the health plan accurately reported results that demonstrated achievement of the SMART Aim goal, statistically significant improvement over baseline performance, and clinically significant improvement linked to the member/caregiver-focused intervention. Based on the validation findings, HSAG assigned a level of *High Confidence* to the *Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year* PIP.



Recommendations

HSAG has the following recommendations:

- **DentaQuest** should apply lessons learned and knowledge gained from its efforts and HSAG’s feedback throughout the PIP to future PIPs and other QI activities.
- **DentaQuest** should thoroughly evaluate barriers to intervention participation for members and providers before an intervention is initiated and throughout the intervention testing process.
- **DentaQuest** should continue improvement efforts in the PIP topic area, and for the successful interventions, consider spreading beyond the narrowed focus. The conclusion of a project should be used as a springboard for sustaining the improvement achieved and attaining new improvements.

Appendix A. Module Submission Form

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



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Managed Care Organization (MCO) Information	
MCO Name	DentaQuest
PIP Title	<i>Percentage of All Children Enrolled Under the Age of 21 Who Received at Least One Dental Service Within the Reporting Year</i>
Contact Name	Logan Horn
Title	CHP+ Project Manager
Email Address	Logan.Horn@dentaquest.com
Telephone Number	303-726-6873
Submission Date	October 21, 2022
Resubmission Date (if applicable)	January 20, 2023

Provide the following final documents with the Module 4 Submission

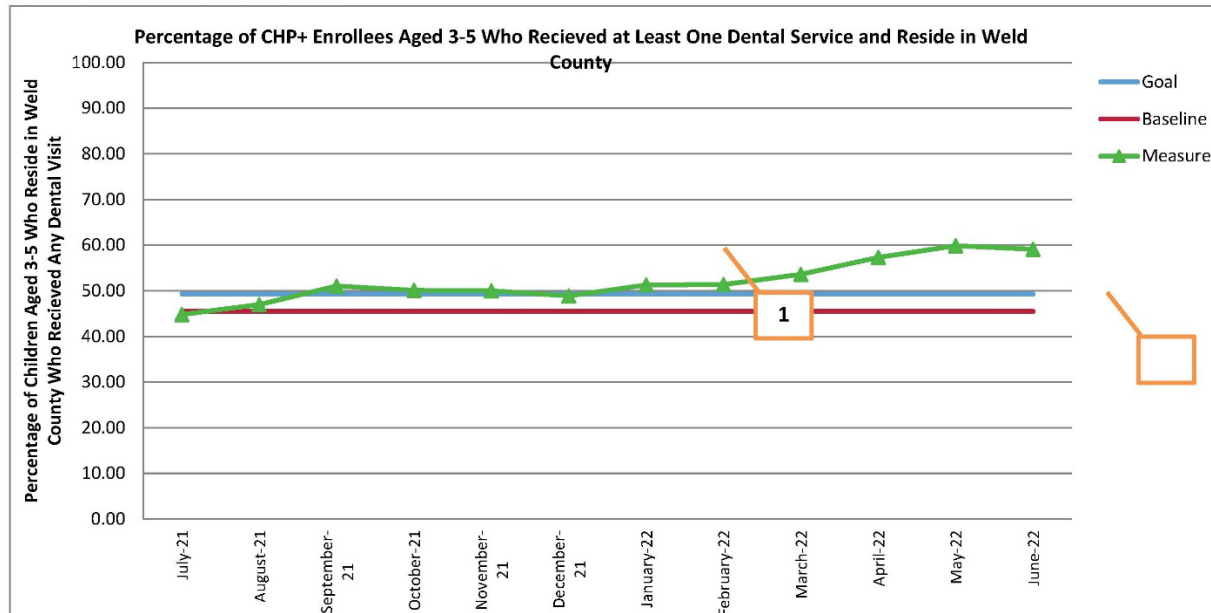
- ◆ Completed PDSA Worksheets attached



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Final SMART Aim Run Chart



ROLLING 12-MONTH ATTESTATION

The MCO confirms that the reported SMART Aim run chart data are based on rolling 12-month measurements.



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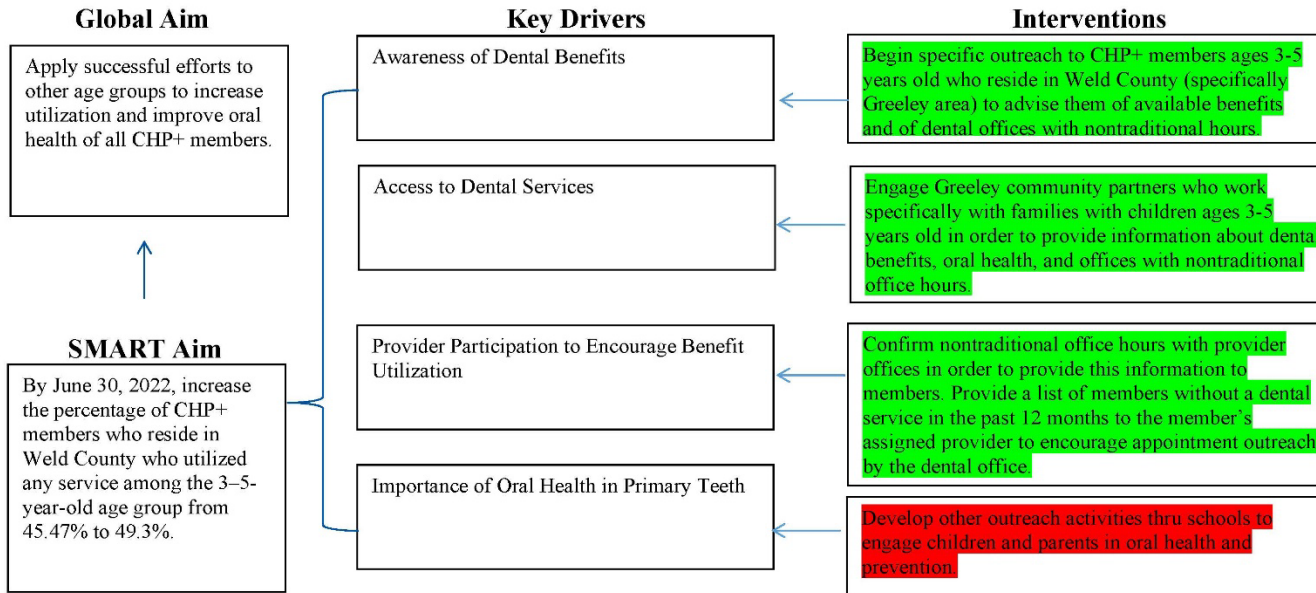
Final Monthly SMART Aim Measure Data

Table 1—SMART Aim Measure Monthly Data				
SMART Aim rolling 12-Month Measurement Period (MM/DD/YYYY-MM/DD/YYYY)	Reporting Month	Numerator	Denominator	Percentage
8/1/2020 - 7/31/2021	July	203	453	44.81%
9/1/2020 - 8/31/2021	August	217	462	46.97%
10/1/2020 - 9/30/2021	September	222	435	51.03%
11/1/2020 - 10/31/2021	October	225	449	50.11%
12/1/2020 - 11/30/2021	November	219	438	50.00%
1/1/2021 - 12/31/2021	December	218	446	48.88%
2/1/2021 - 1/30/2022	January	220	429	51.28%
3/1/2021 - 2/28/2022	February	226	440	51.36%
4/1/2021 - 3/30/2022	March	245	457	53.61%
5/1/2021 - 4/30/2022	April	251	438	57.31%
6/1/2021 - 5/31/2022	May	258	431	59.86%
7/1/2021 - 6/30/2022	June	263	445	59.10%



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Final Key Driver Diagram





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Project Conclusions

Table 2—Project Conclusions	
Project Conclusions	<p>This PIP achieved the SMART Aim goal of increasing the percentage of CHP+ members who reside in Weld County who utilized any service among the 3–5-year-old age group. The original goal was to increase utilization from 45.47% to 49.3% by June 30 2022 and final result at the end of the measurement period was 59.1%. This exceeded the goal by 9.8 percentage points. Of note, the denominator was significantly smaller during this remeasurement period. The baseline denominator used to calculate the 45.47% utilization of the 3–5-year-old members in Weld County was 1,335. The measurement timeframe was 7/1/2019-6/30/2020 which was prior to the Public Health Emergency (PHE). The PHE was instituted in response to the pandemic and many people who previously did not qualify for Medicaid became eligible which includes the CHP+ population. For the remeasurement period the denominator was 445. This represents 33% of the baseline denominator and is 890 members less than the baseline denominator. The decrease in the denominator can be attributed to the PHE. While the denominator difference is significant, this did not change the approach or success of the member focused intervention.</p> <p>The member focused intervention was introduced in February 2022 the percentage of members ages 3-5 who reside in Weld County who had a dental visit was 51.36%. The percentage of members ages 3-5 who reside in Weld County who had a dental visit at the end of the measurement period was 59.1%. This is an improvement of 7.74 percentage points following the member focused intervention concluding that the intervention implemented was successful.</p>



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	<p>This success can be attributed to DentaQuest’s culturally sensitive interventions that not only provided the additional incentive of a backpack but, most importantly, removed barriers to care for families of young children to access oral health services. Additionally, DentaQuest member survey data support anecdotal information that pent up demand for oral health services following the relaxation of COVID restrictions that drove utilization is also a factor in the increased percentage.</p> <p>An educational offering was extended to providers as an intervention to encourage utilization of dental benefit for members that are ages 3-5. This intervention had no impact on the results as no providers participated in the training. While this will not be used in the future, the lack of engagement for this topic will be used to inform provider interventions in the future.</p>
<p>Intervention Testing Conclusions</p>	<p>The member-based intervention demonstrated a clinically significant improvement. Reminding members (parents) of the importance of a dental visit along with an incentive to encourage making and keeping dental appointment resulted in 13.63% of the members completing a dental visit. Having the assistance real-time to set up an appointment was a significant factor in addressing access to care barriers and an additional contributing factor to the success of the intervention. The success of this intervention will be considered for future PDSA cycles and quality improvement initiatives.</p> <p>The provider-based intervention which provided educational offering was not successful. Of the providers notified about the education, zero participated. This intervention will be abandoned.</p>
<p>Spread of Successful Interventions</p>	<p>The dissemination of the success of this intervention is best seen in the increased awareness of the availability of CHP+ dental benefits and the relationships established between members and their Dental Homes. Budget constraints prohibit regularly carrying out member calls and providing incentives. However, the increased number of young members completing dental visits leads to increased oral health knowledge and stronger connections between members and their families and community dental providers. This also may mean that the child is more likely to seek oral health care as an adult.</p>



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<p>Challenges Encountered During Project</p>	<p>Working parents struggle to find time to take their kids to the dentist. A lack of after-hours dentists who take CHP+ was a challenge and the fact that many dentists won't accept patients aged three and younger contributed to the challenges encountered during the Project. Pediatricians and other primary care providers are not aware of dental benefits available to their patients and often do not encourage dental visits for young children, which would help build awareness for parents. In rural and underserved communities, the availability of CHP+ providers can be limited or wait times may be long because providers limit the number of CHP+ patients accepted. Additionally, COVID restrictions presented a significant obstacle to program staff's ability to engage with school personnel to reach parents and caregivers. This required a shift to include interventions that allowed DentaQuest to virtually engage with families and providers to promote the Project. Despite offering providers an on-demand education, no providers participated in the opportunity.</p>
<p>Lessons Learned/Information Gained Throughout the Project</p>	<p>COVID related changes to in-person attendance for preschools and schools derailed the Project's original interventions which included plans to partner with school staff to communicate with children and families. This forced program staff to pivot and develop other creative interventions that were more "COVID friendly." The need to change course in the middle of an intervention created the imperative to always develop a variety of outreach strategies, including utilizing direct call campaigns and other media platforms and partnering with oral health providers to engage children and parents in oral health. Consideration of a control group when developing the intervention plan should be a consideration for all future interventions. Provider education and provider interventions should undergo a barrier analysis prior to including in the intervention plan. Understanding these barriers and potential solutions is necessary to determine the appropriateness of the intervention.</p>



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Sustainability of Improvement

In DentaQuest's efforts to sustain the increased percentage of 3 -5-year-old CHP+ members in Weld County who utilized dental benefits, DentaQuest will continue to maintain communication with families through annual dental visit reminder campaigns and promotion of Colorado specific DentaQuest Wellness Initiatives including:

- **Dental Home:** All CHP+, including CHP+ members who utilized services as a result of this Project, and Health First Colorado members are assigned to a Dental Home in Colorado. Dental Home establishes an ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way. DentaQuest will leverage the initiative to promote members' assigned Dental Home as a consistent place to receive care and one that supports for continuity of care.
- **Broken Appointments:** Broken dental appointments contribute to poor oral health outcomes for members. This Initiative offers support for oral health providers by allowing dental offices to notify DentaQuest when a member misses a scheduled appointment. DentaQuest customer service agents will then contact members to educate them on the importance of maintaining dental appointments and provide assistance in rescheduling broken appointments and support with other barriers to keeping a dental appointments, such as transportation. DentaQuest will also leverage this Initiative to help sustain Project improvements.

The relationship between a person's oral and physical health is well-established. A physician's recommendation to see a dentist carries tremendous weight with families. Consequently, enlisting medical providers to help promote oral health with their patients is imperative. DentaQuest plans to sustain Project gains, by working closely with Northeast Health Partners/RAE Region 2, which includes Weld County, to encourage and support their medical providers in promoting good oral health and accessing dental care.



Appendix B. Module Validation Tool

Appendix B contains the Module Validation Tool provided by HSAG.



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Criteria	Score	HSAG Feedback and Recommendations
1. The rolling 12-month data collection methodology was followed for the SMART Aim measure for the duration of the PIP.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	Based on the Module 4 documentation, HSAG identified the following: <ul style="list-style-type: none"> The health plan reported monthly measurement periods instead of rolling 12-month measurement periods in Table 1. The denominator data, in conjunction with the reported monthly measurement periods demonstrated a departure from the approved measurement methodology because the denominators reported in Table 1 for the SMART Aim measure were substantially lower than the baseline denominator. The baseline denominator of 1,335 was more than twice as large as the largest rolling 12-month denominator reported in Module 4. <p>Resubmission January 2023: The health plan corrected the measurement periods and data provided in Table 1 and provided an explanation for the shift in the denominator size from baseline to the rolling 12-month measurements, to address HSAG’s initial feedback. The score for this criterion has been changed from <i>Not Met</i> to <i>Met</i>.</p>



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Criteria	Score	HSAG Feedback and Recommendations
2. The MCO provided evidence to demonstrate at least one of the following: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> The SMART Aim goal was achieved. <input checked="" type="checkbox"/> Statistically significant improvement over the narrowed focus baseline percentage was achieved (95 percent confidence level, $p < 0.05$). <input type="checkbox"/> Non-statistically significant improvement in the SMART Aim measure. <input checked="" type="checkbox"/> Significant <i>clinical</i> improvement in processes and outcomes. <input type="checkbox"/> Significant <i>programmatic</i> improvement in processes and outcomes. 	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	The health plan did not report rolling 12-month SMART Aim measurements; therefore, HSAG could not assess for improvement in the SMART Aim measure. However, the health plan provided data to support the determination of significant clinical improvement associated with the member outreach/incentive intervention. Resubmission January 2023: The health plan corrected the measurement periods and data provided in Table 1; therefore, HSAG was able to determine the following types of improvement in dental utilization among members 3-5 years of age in Weld County were demonstrated: <ul style="list-style-type: none"> The SMART Aim goal was achieved. Statistically significant improvement over baseline was achieved. Significant <i>clinical</i> improvement was demonstrated by the <i>Incentivize members aged 3-5 with a backpack filled with age-appropriate materials to promote good oral health intervention.</i>
3. If improvement, as outlined for Criterion 2, was demonstrated, at least one of the tested interventions could reasonably result in the demonstrated improvement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	The health plan provided intervention effectiveness data supporting the conclusion that the member outreach/incentive intervention resulted in clinical improvement (greater percentage of members targeted by the intervention who obtained a dental service compared to a control group who did not receive the intervention).



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Criteria	Score	HSAG Feedback and Recommendations
4. The MCO completed the Plan-Do-Study-Act (PDSA) worksheet(s) with accurately reported data and interpretation of testing results.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	<p>HSAG identified the following opportunities for improvement:</p> <ul style="list-style-type: none"> The health plan only submitted a PDSA worksheet for one of the two interventions that were approved for Module 3. The health plan submitted a PDSA worksheet for the member outreach/incentive intervention but did not submit a PDSA worksheet for the online provider training intervention that was approved for testing in August 2021. In the completed PDSA worksheet for the member outreach/incentive intervention, the health plan only reported results for one of the two intervention effectiveness measures defined in the approved Module 3. In the completed PDSA worksheet, the health plan reported a comparison of intervention results to results for a control group as the primary evidence of significant clinical improvement; however, the approved Module 3 plan did not include the use of a control group. <p>Resubmission January 2023: The health plan submitted two completed PDSA worksheets as part of the resubmission, addressing both interventions approved for Module 3. The updated PDSA worksheet documentation addressed HSAG’s initial feedback. The score for this evaluation element was changed from <i>Not Met</i> to <i>Met</i>.</p>



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Criteria	Score	HSAG Feedback and Recommendations
5. The narrative summary of the project conclusions was complete and accurate.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	HSAG identified the following opportunities for improvement: <ul style="list-style-type: none"> The health plan did not include intervention markers, to identify the timing of the intervention, on the final SMART Aim Run Chart. This required detailed was noted in the instructions on the Module 4 submission form template. The health plan reported monthly measurements, rather than rolling 12-month measurements for the SMART Aim measure in Table 1. In Table 2-Project Conclusions, the health plan did not address the substantial shift in denominator size from the baseline SMART Aim measurement to the rolling 12-month measurements. In Table 2-Project Conclusions, the health plan reported, “The original goal was to increase utilization from 45.47% to 46.97%...” This statement did not align with the SMART Aim goal of 49.3%, documented in the approved Module 1 submission. In Table 2-Project Conclusions, the health plan reported that the SMART Aim goal was achieved; however, none of the reported SMART Aim measurement data in Table 1 supported this conclusion. All reported measurements were below the baseline measurement and the goal. HSAG was unable to replicate the reported September SMART Aim percentage (8.25%). Based on the reported numerator and denominator for this measurement period, HSAG calculated 8.57%.



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Criteria	Score	HSAG Feedback and Recommendations
		Resubmission January 2023: The health plan addressed all of HSAG’s initial feedback in the resubmission. The score for this evaluation element has been changed from <i>Not Met</i> to <i>Met</i> .
6. If improvement, as outlined for Criterion 2, was demonstrated, the MCO documented plans for sustaining improvement beyond the SMART Aim end date.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable	



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Based on the validation findings, HSAG determined the following confidence level for this PIP:

- High confidence:** The PIP was methodologically sound, the SMART Aim goal, statistically significant, clinically significant, or programmatically significant improvement was achieved, at least one of the tested interventions could reasonably result in the demonstrated improvement, and the MCO accurately summarized the key findings and conclusions.
- Moderate confidence:** The PIP was methodologically sound, at least one of the tested interventions could reasonably result in the demonstrated improvement, and one of the following occurred:
- Non-statistically significant improvement in the SMART Aim measure was achieved and the PIP *did not* demonstrate evidence of statistically significant, clinically significant, or programmatically significant improvement, and the MCO accurately summarized the key findings and conclusions.
 - The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved; however, the MCO *did not* accurately summarize the key findings and conclusions.
- Low confidence:** The PIP was methodologically sound; however, one of the following occurred:
- No improvement was achieved during the PIP. The SMART Aim goal *was not* met, statistically significant improvement *was not* demonstrated, non-statistically significant improvement *was not* demonstrated, significant clinical improvement *was not* demonstrated, and significant programmatic improvement *was not* demonstrated.
 - The SMART Aim goal, statistically significant, non-statistically significant, clinically significant, or programmatically significant improvement was achieved; however, *none* of the tested interventions could reasonably result in the demonstrated improvement.
- No Confidence:** The SMART Aim measure methodology and/or approved rapid-cycle PIP methodology/process *was not* followed through the SMART Aim end date.



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Summary of Validation Findings:

DentaQuest addressed all of HSAG's initial feedback in the January 2023 resubmission; therefore, HSAG assigned a level of *High Confidence* to the PIP based on the resubmitted Module 4 submission form and PDSA worksheet documentation. The documentation demonstrated the following:

- Significant improvement was achieved for members 3 to 5 years of age, residing in Weld County, who received any dental service:
 - The SMART Aim goal was achieved.
 - Statistically significant improvement over baseline performance was achieved.
 - The health plan clearly documented intervention testing results for the member/caregiver outreach and incentive intervention that supported significant *clinical* improvement in dental service utilization.
- Interventions were carried out according to the approved Module 3 plan and the health plan provided detailed intervention testing results, clear rationale for intervention or evaluation revisions, and summaries of lessons learned from intervention testing.
- Clear, comprehensive, and accurate summaries of key findings and conclusions from the PDSA cycles and from the project, overall.